KENT AND MEDWAY SUSTAINABILITY AND TRANSFORMATION PLAN

Appendix 1

Please fill in key information details below

Name of footprint and no:

Kent and Medway

Region:

NHS South

Further information on the approach being adopted in Kent and Medway is available in the STP Initiation Document that accompanies this template, this is a working document that will evolve as work progresses on the STP.

Nominated lead of the footprint including organisation/function:

Glenn Douglas, Chief Executive, Maidstone and Tunbridge Wells NHS Trust (glenn.douglas@nhs.net / 01622 226412)

The development of the STP will focus around four local planning footprints within the Kent and Medway area. In addition to identifying a Senior Responsible Officer for the STP, local leads have been identified who will lead the local planning arrangements and work with the SRO.

Organisations within footprints:

Ashford CCG
Canterbury and Coastal CCG
Dartford, Gravesham & Swanley CCG
Medway CCG
South Kent Coast CCG
Swale CCG
Thanet CCG
West Kent CCG

Dartford and Gravesham NHS Trust
East Kent University Hospitals Foundation NHS Trust
Maidstone and Tunbridge Wells NHS Trust
Medway Foundation NHS Trust
Kent and Medway NHS and Social Care Partnership Trust

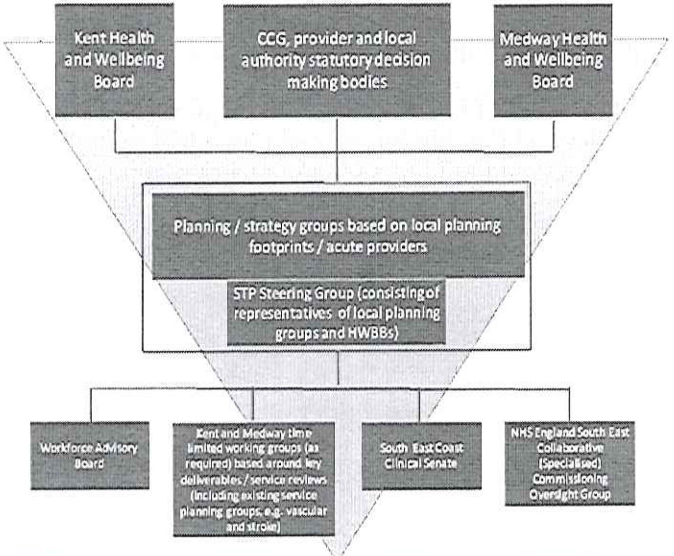
Kent County Council
Medway Council
Kent Community Health NHS Foundation Trust
Medway Community Health
Kent and Medway GP practices, dentists, pharmacies and opticians
South East Coast Ambulance Foundation Trust

Section 1: Leadership, governance & engagement

Planning will take place at a local footprint planning level identified as:

West Kent　　Medway　　East Kent　　North Kent

Planning across Kent and Medway will focus only on those issues that cannot be planned by individual CCGs (or collaboration between local CCGs) and providers. The governance arrangements will evolve as work on the STP progress but will facilitate joint decision making, including making sure there is maximum operational devolution. To this end a K&M Steering Group has been convened, whose representation is being drawn from the local planning groups and local authorities.



Formal decision making will remain with the local authorities and NHS bodies as currently defined by statute but including a reporting line to the Kent and the Medway Health and Well-Being Boards.

For each of the local planning groups and the Kent and Medway STP Steering Group:

- A lead or SRO / chair has been identified to lead the planning process
- A named senior manager to provide programme support

Discussions have taken place and agreement has been reached on those areas of work that need to be progressed at a local level and those items that need to be progressed at Kent and Medway level (see Section 3). Work is now taking place to initiate the Kent and Medway work areas and identify leads for these, although a number of these are areas of work that are already being progressed.

In addition, to working groups around specific areas of work, provider and commissioner strategy leads are meeting to support the STP process.

The role of the Kent and Medway STP Steering Group has been identified as:

- establishing a senior leadership team from across health and social care to support strategic planning, including enabling the development of a shared vision and objectives
- to agree those projects and initiatives / strategies that need to be progressed at a Kent and Medway level;
- establish a planning arrangement to ensure the successful delivery of the Kent and Medway initiatives / strategies;
- identify collective strategic priorities and hold each other to account for their delivery;
- Working with the local Integration Pioneer Programme to support innovation;
- ensure links and consistency with Better Care Fund plans; and
- problem solving to ensure the effective delivery of shared objectives.

Section 1: Leadership, governance & engagement

Local government engagement: Local authorities are an integral part of the strategic planning and delivery process, including working across health organisations and local authorities to develop approaches to adopting a "place based pound". Both Kent County Council and Medway Council are represented on the relevant local planning groups and on the Kent and Medway STP Steering Group. Representation covers both officers (from social care and public health) and elected members. It is envisaged that governance arrangements will evolve and this includes changing as the programme of work associated with the STP moves between different phases. This will include working with local authorities to look at the role of the Health and Wellbeing Boards.

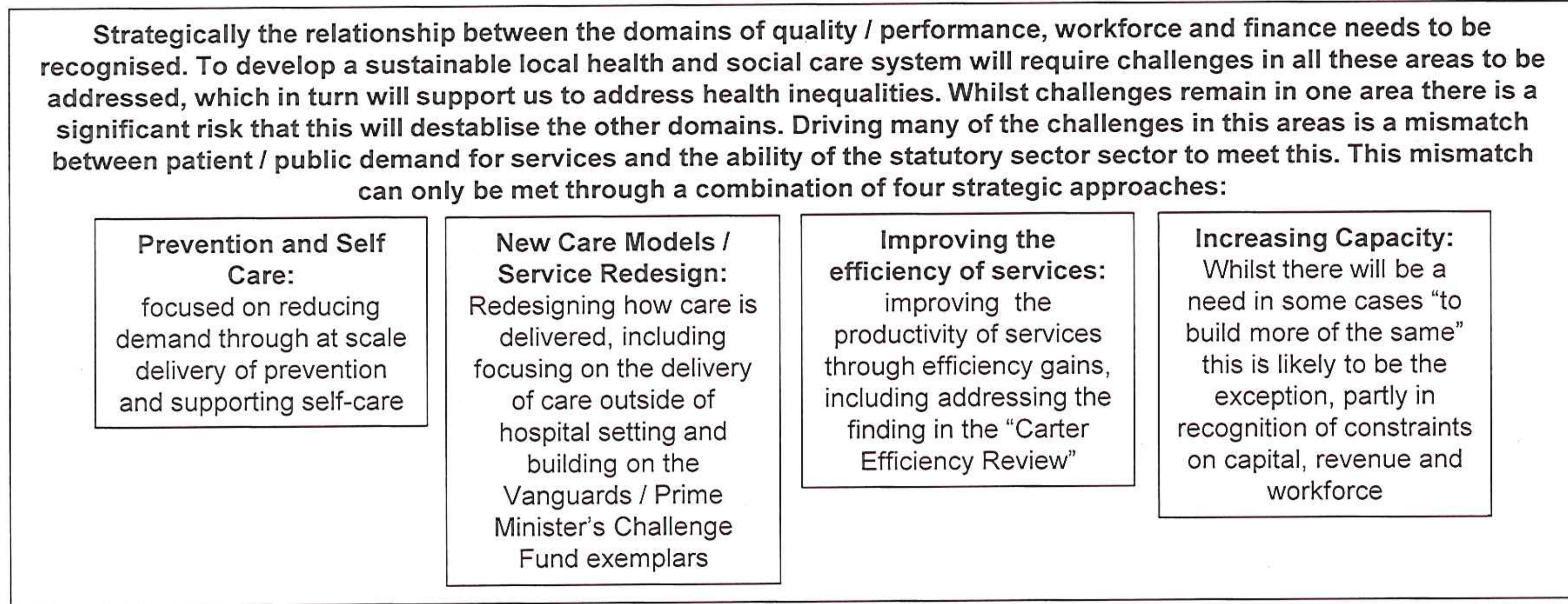
An inclusive process - engaging patients and public in our work: Patients and the public will be involved in the STP work at both local and a Kent and Medway level. At an appropriate juncture the need to establish some form of engagement advisory group will be considered. The role of this might be to review emerging plans and advise on the engagement process.

Engaging clinicians and other health and social care staff: Clinicians and staff are central to the strategic planning process and the ability to implement plans, and gain support for these, will be heavily determined by the degree of clinical ownership. Where possible we would like to see areas of work clinically owned. However, we are also well aware of the limited time available to clinicians and this has featured in the STP discussions. Early drafts of the STP initiation document considered the need for a clinical reference group but this approach was rejected in favour of ensuring good clinical representation on the different planning groups (and using existing groups like the Commissioning Assembly and Clinical Networks), The need for some form of clinical forum will be kept under review.

Kent and Medway stakeholders recognise that the success of its STP will be predicated on its ability to engage meaningfully and authentically with the people who live work and contribute to life in the region. We will ensure that communication and engagement plans are developed at the outset of all programmes and that resources are set aside to support this work. These strategies will comply with statutory duties and associated national guidance published by NHS England and encompass the following important factors:

- Detailed stakeholder maps that will help us tailor our activities
- Engaging with partnerships beyond the NHS ,reflecting the role of the independent sector in providing health and social care
- Protecting and promoting the NHS brand and reputation by focusing clearly on what we do (methodologies and channels), what we say (ensuring this is accessible, open and transparent) and what others say (monitoring feedback and acting upon it)
- Supporting individual participation, enabling people more choice and control around their care
- Utilising a range of patient and public engagement tools that give our communities more influence on the decisions being made
- Using insight and feedback to understand people's experiences of the services, with a view to improving patient experience and outcomes
- Build on existing arrangements (e.g. patient participation groups, Kent / Medway HealthWatch, representation on working groups)
- Collaborating across boundaries (geographical, organisational, community) as necessary to share intelligence and data

Section 2a: The improvement journey



Strategically the relationship between the domains of quality / performance, workforce and finance needs to be recognised. To develop a sustainable local health and social care system will require challenges in all these areas to be addressed, which in turn will support us to address health inequalities. Whilst challenges remain in one area there is a significant risk that this will destablise the other domains. Driving many of the challenges in this areas is a mismatch between patient / public demand for services and the ability of the statutory sector sector to meet this. This mismatch can only be met through a combination of four strategic approaches:

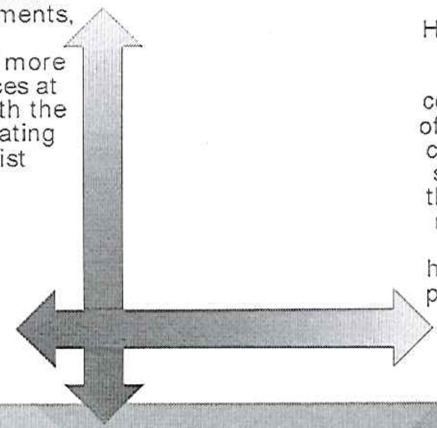
Prevention and Self Care:
focused on reducing demand through at scale delivery of prevention and supporting self-care

New Care Models / Service Redesign:
Redesigning how care is delivered, including focusing on the delivery of care outside of hospital setting and building on the Vanguards / Prime Minister's Challenge Fund exemplars

Improving the efficiency of services:
improving the productivity of services through efficiency gains, including addressing the finding in the "Carter Efficiency Review"

Increasing Capacity:
Whilst there will be a need in some cases "to build more of the same" this is likely to be the exception, partly in recognition of constraints on capital, revenue and workforce

As different strategic approaches emerge in relation to the priority areas that will be focused on through the STP (as outlined later), aligning to the above strategic focus areas, it is clear that when these are considered in aggregate that there will be implications on how we deliver health and social care. In particular, a strategic focus on: the integration and consolidation of more specialist services (including through the further development of hub and spoke arrangements); and on the integration of primary and community care (and social care).



Section 2a: Improving the health of people in our area

In 2011 the base population for Kent and Medway was calculated as 1,731,400. By 2031 this is projected to increase to 2,024,700, an increase of 293,300 that is equivalent to a 17% rise (circa 42,000 for Medway and 251,000 for Kent). In particular, the percentage of old people, who are living longer with multiple co-morbidities, is changing and by 2021 it is projected there will be a:

25.5% increase in number aged 65 years +

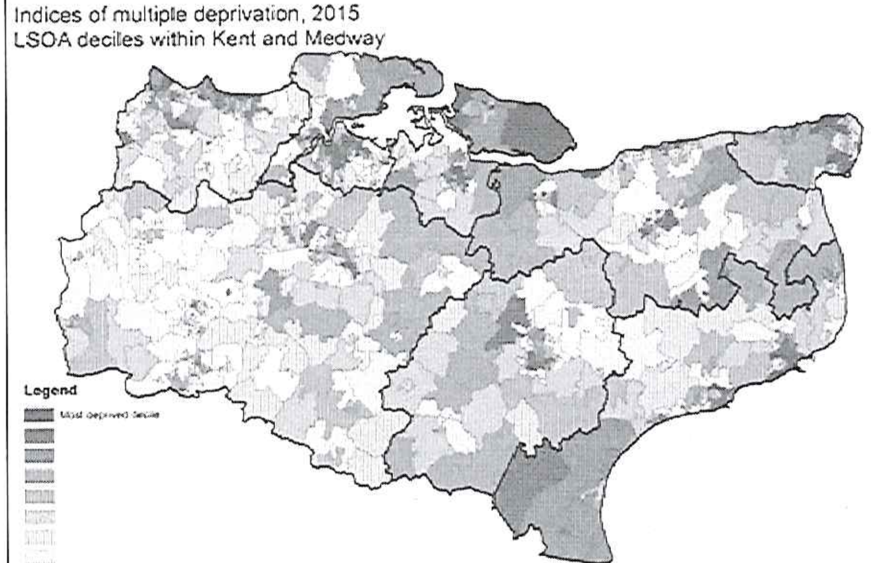
34.1 % increase in the number aged 85 years +

It is important to understand population changes at a local level as the above figures mask significant local variation.

The projected 17% increase in the local population also includes population increases as a result of a planned 158,500 additional dwellings that are expected between 2011 and 2031. These developments will have a skewed impact on different areas. There are significant developments planned in Dartford, Ebbsfleet and Ashford. There are also significant housing developments in Bexley, South-East London, which are not factored into the housing numbers referenced above but whose residents would look to Darent Valley Hospital as their local acute provider. The impact of migration also needs to be taken into account when considering population changes

Due to changes in population demographics, there is a mismatch between demand for health and social care and the ability to meet this. This mismatch will get worse as further changes in population demographics take place. A key strategic approach is to reduce demand through: 1) prevention; and 2) self-care / enablement. Initial thinking is that this needs to focus on:

- focussing on the most deprived decile areas in Kent and Medway (a greater systematic focus on the populations of Kent and Medway where health outcomes are the worst and health need greatest)
- recognising that health outcomes and health needs are not homogenous across the area;
- cross sector, multi-disciplinary approach on wider determinants of health, including employment, housing and education:
- service approaches;
- new integrated model for health improvement services
- risk stratification and modelling for multiple morbidity and integrated care
- community approaches to support at scale delivery
- systematic efforts towards asset mapping and real community engagement.



Section 2a: Improving the health of people in our area

Initial thinking on improving the health of the local population includes:

- Whilst recognising the need to work with the most deprived and those with the greatest needs, also targeting the early 40+ population on prevention of ill health through addressing lifestyle behaviours, early identification and proactive self-management of diagnosed conditions, such as diabetes.
- For older people, services focusing on opportunities for integrated commissioning and service delivery through cross organisations working (including 'total place')
- Use of modern technologies to support communication between and with client groups (including wearable technology).
- Much is known about effective prevention interventions (e.g. around smoking and diabetes) and the focus needs to be on how these are delivering, enlisting support for the delivery of these interventions from a wide range of partners (e.g. not just NHS Trusts which classify many of these adverse lifestyle behaviours as social issues rather than health conditions but also from an extended range of groups and individuals from the third sector and businesses, including retail)
- Particularly for individuals with long-term conditions and high risk patients, as identified through risk stratification, there needs to be a focus on robust care co-ordination and management with a systematised focus on prevention (including prevention of further deterioration of an already present underlying condition and working with all sectors to embed Making Every Contact Count (MEEC))
- Taking a whole systems approach to tackling inappropriate antibiotic usage
- Many of the most successful interventions that have resulted in a marked increase in the prevention of ill-health or injury have been the result of legislative change (e.g. legislation to ban smoking in public places and mandating that seat belts are worn); locally the intent is to work locally and with national leaders to further explore how we can mandate behaviour changes that address some of our most significant health challenges (e.g. obesity)

The intent is to develop a Kent and Medway Prevention, Protecting and Self-Care Strategy aligned to the STP. Whilst this work will develop under the leadership of public health colleagues,, it will be developed in collaboration with a range of stakeholders and, in particular, a key consideration is the execution of the strategy and how we will deliver effective interventions, including how delivery:

- can be at scale and pace to ensue a far reaching impact; and
- be mainstreamed to become the responsibility of a wide range of stakeholders (including employers and businesses that come into contact with the public)

Section 2b: Improving care and quality of services

Indicator	Data period	Standard	DGT	EKUHFT	MTW	MFT
Cancer: Two-week wait (GP referrals)	Dec 2014 to Nov 2015 (provisional)	93%	96.2%	94.5%	89.9%	85.2%
Cancer: 31-day wait (diagnosis to treatment)		96%	98.4%	97.5%	97.4%	92.2%
Cancer: 62-day wait (urgent GP referrals)		85%	85.7%	71.8%	77.2%	88.0%
Diagnostics - over 6 week waits		1%	0.2%	0.1%	0.2%	8.0%
RTT - Incompletes		92%	95.5%	91.5%	95.2%	73.1
RTT - 52+ week waiters		0	0	3	0	3*
A&E 4 hour waits	Dec 2014 to Nov 2015	95%	92.5%	89.2%	88.1%	84.5%

* These figures are for Sept 2014 to Aug 2015

[ ] = Below national standard

Kent and Medway providers are struggling to meet a range of national access targets. Similar access challenges are also being experienced in primary care with an increasing number of practices closing their lists as they are unable to meet rising demand.

The difficulties in delivering access targets and matched by quality concerns, underpinned by workforce pressures, and reflected in the CQC ratings that providers have received (the table does not include information on South East Coast Ambulance Foundation NHS Trust who were inspected under the previous inspection arrangements operated by the CQC, but will shortly be re-inspected, or on Medway Community Health whose individual services are inspected and rated).

The priorities that will be progressed through the strategic planning process are documented later in this document. At this stage the exact extent of the required change is being quantified through modelling but the underlying challenges are significant and will require, potentially, far reaching solutions, with a particular focus on:

- the development of new care models (building on local and national models of best practice]);
- collaboration between acute providers, with in many areas single organisations being unable to progress the necessary strategic solutions on their own; and
- the integration of primary and community (and social care) in order to meet rising demand, support the deliver of care outside of the hospital setting and ensure the viability of services.

	DGT	EKUHFT	KCHFT	KMPT	MFT	MTW
	Requires Improvement	Requires Improvement	Good	Requires Improvement	Inadequate	Requires Improvement
Safe						
Effective						
Caring						
Responsive						
Well-led						

	Good
	Requires improvement
	Inadequate

Section 2c: Improving productivity and closing the local financial gap

NHS

Organisation	Forecast financial outturn position for 31/03/16 (£/m)
MTW	(23.5)
MFT	(52.1)
DVH	(7.9)
EKUHFT	(36.4)
KCHT	3.0
KMPT	(4.3)
SECamb (across Kent, Surrey and Sussex)	0
Swale CCG	1.4
Medway CCG	3.6
DGS CCG	0
West Kent CCG	5.6
Ashford CCG	0
Canterbury and Coastal CCG	2.7
South Kent Coast CCG	2.8
Thanet CCG	2.1
Total	(103)

The above table only considers the revenue position. A key consideration from a planning perspective is access to capital. The range of potential strategic options are reduced as access to capital, either through public funding or through private and pubic partnerships (such as private finance initiatives) is limited.

The NHS Five Year Forward View, published in 2014, stated an affordability gap of some £30bn, £22bn of which the NHS is responsible for closing. As with many areas of the country providers and commissioners are facing significant financial challenges. The table provides an indication of the projected year-end financial outturn for the Kent and Medway commissioners and providers, drawn from provider month 9 and 10 board reports and CCG figures have been provided by NHS England.

Detailed modelling is now being initiated to validate this financial pressure and assess how it will change going forward overt the period of the STP. However, based on initial assumptions and modelling undertaken elsewhere it is likely that by the end of the five year STP process that the financial gap would be equivalent of a 10 to 20% shortfall on revenue funding.

The reason behind the affordability gap is that the Kent and Medway population is growing and accessing health care more often, and NHS' costs are rising more than inflation across the UK economy (to which allocations are linked). The upshot of this is that not only is the system responding to greater throughput but also that the sum cost of activity is growing faster than allocations.

The providers and commissioners in Kent and Medway will work together in order to improve care for the population they serve, and improve the financial sustainability of their organisations, this includes ensuring resources are used optimally including through progress work against the "Carter Efficiency Savings".

Section 3: Our emerging priorities

Through local planning arrangements	Through Kent and Medway level planning arrangements	Key strategic enablers
Elderly frail	More specialist emergency services: • Emergency vascular surgery • Hyper-acute stroke services • Trauma • Emergency • Primary percutaneous angiography More specialist paediatrics	Information technology: • To support direct care • To support the sharing of patient information • To support us to develop a better understand of how the system is operating and the demands being placed upon it (informatics)
End of Life Care	Pathology	Training
Provision of emergency care	Cancer services	A focus on reablement in partnership with other providers
Provision of urgent care	More specialist service	System, including financial, modelling
Provision of planned care	Learning disabilities	Organisational / system development to support collective system leadership
Prevention and encouragement and enablement self-care	Prevention and encouragement and enablement self-care	Workforce (across primary / community and secondary care) focused on opportunities to train / develop the workforce locally but also on developing a new type of workforce in recognition of limitations on the ability to recruit the required number of doctors and nurses
Mental health	Mental health	New approaches to contracting, supporting the development of more integrated pathways (and integrated workforce)
Diagnostics	Ambulance referral pathways	Equipment and Facilities (estates)
Childrens' and maternity	The repatriation of activity from London and development of local services	ICT enabled care delivery

As work progresses against the different priority areas that have been identified it will be necessary to aggregate this at both a local and a Kent and Medway level to understand the implication on:

- The transformation of out-of-hospital care (integration of primary and community services, plus social care), including:
  - delivery of high performing and quality primary care at scale,
  - developing new service models that support more care to be delivered in non-acute hospital settings (both in relation to avoiding admissions and supporting early discharge);a move to seven day working; and
  - working with local authorities on developing the role of the independent care sector.
- The transformation of acute hospital care by reviewing the role of acute hospitals to determine what needs to be provided in the acute hospital setting, including in relation to the provision of planned care (specialist medicine and surgery); and the provision of emergency care.
- The transformation of mental health and social care

As the implications of the above become clear it is likely that a number of fundamental decisions will need to be made about the future provision of health and social care, including in relation to the consolidation of services. This will need to be supported through robust engagement and, where necessary, through public consultation.

Section 4: Support you would like

Areas where we would like regional or national support as we develop our plan

- Support around "organisational" (system) development to facilitate leaders coming together to exert system leadership
- Analysis to quantify the challenge
- Distillation of the latest evidence base / evaluations around new service models (linked to but beyond the Vanguards New Care Models, etc..., including international evidence), in particular around models for out-of-hospital care that reduce bed requirement
- Sharing of lessons learnt around delivering large scale change
- Support to align specialised services with our local plan, including the impact of specialised services on our financial planning.
- System modelling expertise and resources to support this
- Support in unblocking some of the complex information governance issues and potential derogation of some elements
- Advice on / sharing of good practice for local plans, for those areas that will then be aggregating these to larger footprint plans
- Support on workforce modelling and planning
- Financial resources to support the change process (e.g. programme management and communication / engagement, modelling)

Areas where we could share good practice or where we would like to access expertise or best practice from other footprints

- **Encompass:**is a group of 16 GP practices in East Kent who have agreed to work together to provide more services for patients in their local communities, meaning that patients can receive more care from their local surgery, without the need to travel to hospital.
- **Foundation Healthcare Group:** Dartford and Gravesham NHS Trust and Guy's and St Thomas' NHS Foundation Trust are building upon their shared culture and values and their track record of collaboration to create sustainability in the hospital sector.
- **Integrated South Kent Coast:** This pilot brings together 18 practices offering extended and more flexible access to services for 110,000 patients based around a hub in a local hospital.

National barriers or actions we think need to be taken in support of our STP

- To enable the STP to be delivered in a timely fashion, in line with emerging national policy, continual timely guidance from national bodies will be crucial.
- A number of constraints around the contracts for the independent contractors, particularly general practice need to be addressed and consideration needs to be given to whether significant changes are needed to the current contract.
- Just as changes may be need to the primary care contracts, the prevailing NHS contract, and payment regime, may need to change to support new integrated ways of working (e.g. the impact on tariff / PbR of a move to a system control total (or even virtual system control total).
- The development of integrated care and accountable care organisations may run into challenges around competition law and regulations, further national guidance on this would be helpful (or an opportunity to develop a collective approach across the NHS).

Any other key risks that may affect our ability to develop and/or implement a good STP

Availability of transformation funding available from FY18 onwards. The availability, and early clarity on the availability of transformation funding, will be critical in taking forward our strategic plans.

Funding pressures on local authorities: Funding constraints on local authorities are having a direct impact on the NHS and social care. This needs both national and local thinking to address. These will be exacerbated by changes to the minimum wage. Although many of these changes are positive, they need both national and local thinking to address the resulting challenges.

Providing plans that are sufficiently detailed but are also compliant with due process: There is a potential risk around managing what goes in plans in June that enables us to give enough assurance / detail but avoid challenge due to a perception we have not followed due process, including consultation