Kent and Medway STP

Introduction

1. This paper updates the Medway Health and Adult Social Care Overview and Scrutiny Committee on progress with the Kent and Medway Sustainability and Transformation Plan.
2. NHS organisations and upper tier local authorities have worked together, with stakeholders, to develop an outline Sustainability and Transformation Plan – which includes an ambition and vision for how health and wellbeing could be enhanced amongst the local population and health and social care services could be delivered more effectively in the future. We want to achieve both better outcomes and experience for people, and to use the available funding and our workforce in more efficient and effective ways. This outline plan was submitted to NHS England and NHS Improvement on the 21st October 2016. It was published on the 23rd November 2016 with a short public facing narrative. The submission was not a detailed set of proposals around how health and social care should develop in Kent and Medway, rather it outlined the ambition for the future and the strategic direction of travel.
3. This report provides an update on the work that is now being progressed across the NHS and local authorities in Kent and Medway to further develop the outline proposals contained in the October submission.

Case for Change

4. A key next step is the publication of our clinical case for change alongside a public-facing summary of this, which will provide a focus for discussions with the public and other stakeholders. This document outlines the rationale for why change is needed. Whilst there is much to be proud of about health and social care services in Kent & Medway there are several issues that we need to tackle; there are long waiting times for some services and the quality of care is not always as good as it could be. We also need to focus on reducing the need for health and social care, through self-management, ill health prevention and earlier diagnosis. This case for change sets out our key challenges and is the basis for our ambition to make improvements across Kent and Medway and will make sure that we target our efforts and resources on meeting these challenges in the coming years.
5. The case for change highlights many challenges but we would like to highlight some of the key facts and figures:
    - 1,600 local people die early each year from causes considered amenable to healthcare, with people in deprived areas and those with severe mental illness more likely to be affected.
    - There are health inequalities across Kent & Medway with a difference in life

expectancy of 22 years between the most deprived and least deprived areas.

- Only 2% of health and social care budgets are spent on public health care and lifestyle intervention services to reduce the risk of avoidable disease and disability. These budgets are expected to decline by 9% over the next 3 years (representing a decline of 3% per year).
- Over 1,000 (32%) people are in an acute hospital bed at any one time in Kent and Medway that do not need, and are not receiving, hospital based medical treatment and could be helped and cared for elsewhere if appropriate services were available to meet the health and care needs they do have.
- People find it difficult to access GP services and there are a low number of GPs in Kent & Medway; there would be 245 more full-time GPs if we had the same numbers as the national average - and there are 136 vacant GP posts across Kent & Medway.
- For stroke patients who require thrombolysis, no hospital in Kent & Medway delivers this specialist treatment within the national guideline recommended time of 60 minutes; in 2015/16, the worst performing trust thrombolysed just 16% of patients within 60 minutes.
- Local health and social care commissioners and providers are facing a £110m deficit in 2016/17 which will rise to £486m by 2020/21 as demand and costs rise more quickly than the available funding, if nothing changes.

Local Care

6. Local care is the term we are using for health and social care services delivered outside of a main hospital setting, close to or in people's homes, in their local communities. As the needs of our population change, and more people are living with complex and multiple chronic long-term conditions we need to adapt the way we deliver care to better suite their needs. Our aim is to keep people out of hospital, unless they really need to be there, by putting more focus on keeping people well and helping them to manage their conditions with more and better local care. Any consultation on acute hospital services will take place against a set of clear plans for how Local Care will be developed.
7. The intent remains, as outlined in the October STP submission, to develop Local Care by scaling up primary care in clusters and multi-speciality community providers (based on patients registered with a GP within a defined locality):

NHS
Kent and Medway STP

Local Care infrastructure	Description	Population served
GP practices	• Individual GP practices providing limited range of services • Many working well at scale, others struggling with small scale and related issues incl. workforce	• Various
Tier 1 Extended Practices with community and social care wrapped around	• Larger scale general practices or informal federations • Providing enhanced in-hours primary care and enable more evening and weekend appointments.	• 20 – 60k
Tier 2 MCPs/PACS based around community hubs	• Multi-disciplinary teams delivering physical and mental health services locally at greater scale • Seven day integrated health and social care	• 50 – 200k

8. The above proposed new model of local care builds on both national and local good practice.

9. Work to better understand the challenges that health and social care face in Kent and Medway has highlighted the need to better support the elderly frail and the challenges associated with predicted increasing demand from this group of patients associated with changes in our population demographics. This has been a significant focus of the work within the Local Care workstream:

Key elements of the complex elderly care model

Supporting people to be healthy and independent	1 Care and support planning with care navigation and case management	Care navigators and case managers integrate health and social care service delivery, and work much more collaboratively with a wide range of community care colleagues in order to coordinate the care required for their patients
	2 Self-care and management	Support people and their carers to improve and maintain health and wellbeing by building knowledge and changing behaviours through proactive prevention and engagement
	3 Healthy living environment	Support the wider determinants of physical and mental health, wellbeing, and independence
Coordinated care for people who need it	4 Integrated health and social care into or coordinated close to the home	Patient centered, coordinated multi-disciplinary care services, wrapped around GP practices and community services providing care to patients who have care plans assigned dependent on their needs
	5 Single point of access	A number called by the patient, the GP, community services and acute staff to support people with their care by gaining more efficient, coordinated access to services
	6 Rapid Response	The ability within an MDT to respond rapidly to complex patients who are experiencing a health or social care need that left unattended would result in a possible hospital admission
	7 Discharge planning and reablement	A pro-active, anticipatory service designed to target those patients who are medically optimised for discharge, no longer requiring an inpatient bed, but still needing some level of care to prevent their health from deteriorating
Supporting services	8 Access to expert opinion and timely access to diagnostics	The ability for primary care professionals to access a specialist opinion in the community setting and where appropriate, a specialist triage for diagnostics. Access to diagnostic services and the ability to ensure diagnostic results are full and timely will reduce the need for multiple outpatient appointments

10. The Local Care work is now focused on the development of a CCG level toolkit that would support the development of the Kent and Medway core model in a bespoke way at a local level.

STP stocktake

11. The October STP submission outlined the key themes of transformation that are being pursued across Kent and Medway. These were identified as follows:

Care Transformation

We are transforming our care for patients, moving to a model which prevents ill health, intervenes earlier, and delivers excellent, integrated care closer to home.

This clinical transformation will be delivered on four key fronts:

- **Local care (Out-of-hospital care)**
- **Hospital transformation**
- **Mental health**
- **Prevention**

Productivity and modelling

We will undertake a programme to identify, quantify and deliver savings through collaborative provider productivity addressing the following areas:

- **CIPs and QIPP delivery**
- **Shared back office** and corporate services (e.g., Finance, Payroll, HR, Legal)
- **Shared clinical services** (e.g. Pathology integration)
- **Procurement** and supply chain
- **Prescribing**

Enablers

We need to develop three strategic priorities to enable the delivery of our transformation:

- **Workforce**
- **Digital**
- **Estates:** Achieving 'One Public Estate' by working across health organisations and local authorities to find efficiencies, deliver new models of care, and develop innovative ways of financing a step change in our estate footprint

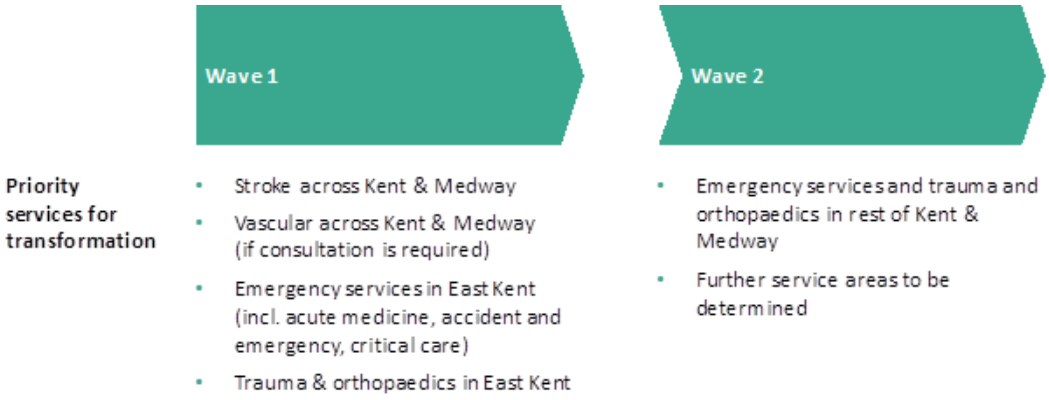
System Leadership

A critical success factor of this programme will be system leadership and system thinking. We have therefore mobilised dedicated programmes of work to address:

- **Commissioning transformation:** Enabling profound shifts in the way we commission care
- **Communications and engagement:** Ensuring consistent communications and inclusive engagement

12. Workstreams have now been established to take forward each of the above areas, comprising clinicians, leaders and practitioners from across Kent and Medway NHS and local authority organisations. They have been meeting since the autumn of 2016. The STP Programme Board took stock of the progress being made by these workstreams in its most recent February meeting. Different parts of the Kent and Medway area are at different stages in relation to their readiness and the stage of development of proposals to help make some necessary changes.

13. The STP stocktake concluded from an analysis of patient flows within Kent and Medway that there are negligible potential activity flows from East Kent to the rest of Kent and Medway. We therefore believe it is possible to consult on service change in East Kent alone, though the impact on future options in the rest of Kent and Medway will need to be considered. Therefore, two waves of public consultation are proposed but undertaken within a clear strategic framework for all of Kent and Medway:



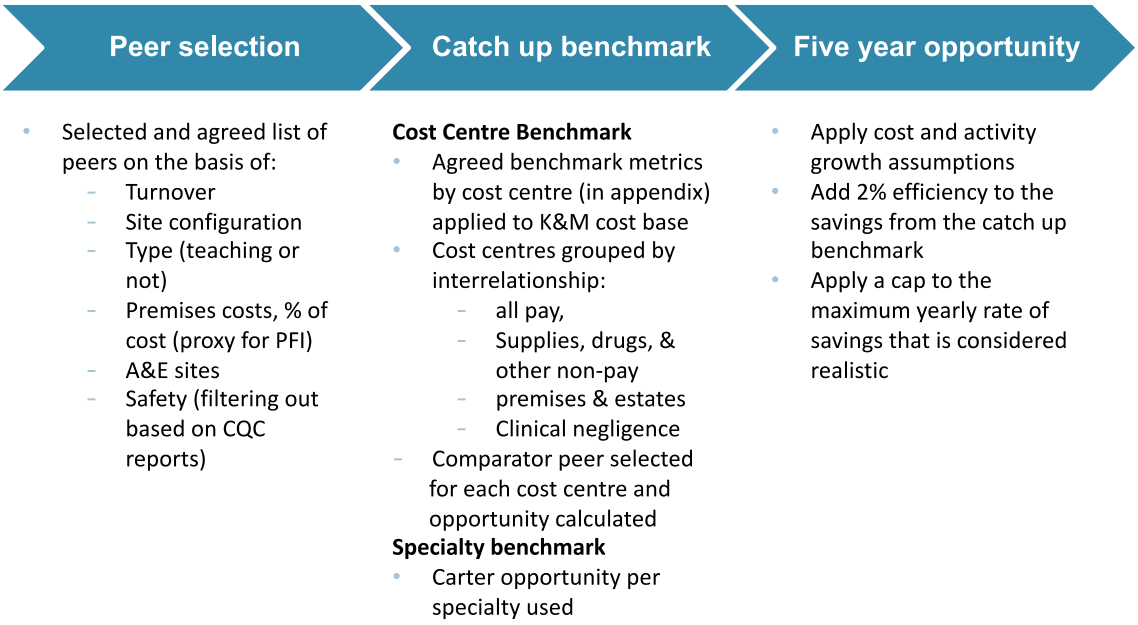
14. The critical path that sees consultation on wave 1 services taking place in the summer / autumn 2017 is being pursued by the STP Programme Board. Work to develop the strategic enablers (e.g. estates, workforce and digital) is also progressing against this timeline.

Productivity

15. Improving the efficiency of corporate services to drive efficiencies and costs savings is both a fundamental part of Lord Carter's work on unwarranted variation[1] but also a key part of the Kent and Medway STP's solution to the financial and operational challenges that face the NHS and social care services in this area in the coming years.

16. Building on the initial work in the STP, Kent and Medway has been identified as one of four national pathfinders that have been identified to explore innovative solutions to improving productivity and delivering corporate services in more efficient ways. The key focus of immediate work is the emerging approach to finance, procurement, payroll and transactional human resources. The work on productivity is initialling focusing on analysis against a number of key steps:

[1] *Unwarranted variation: A review of operational productivity and performance in English NHS acute hospitals*



17. Our ambition is to realise savings through the productivity work that can be used to help invest in the development of local care. This, along with new ways of organising and delivering local services with integrated multi-disciplinary teams of health and care professionals, will allow us to put the capacity in place to support and care for more people in their communities, and thus reduce some of the current dependence on acute hospital services. Together with some emerging proposed changes to the way we deliver our acute services in the future, this will help relieve some of the existing pressures and address some of the long-term challenges we face as described in our case for change.

Communications and Engagement

18. The communications and engagement workstream of the STP is progressing a range of key activities, including setting out a public-facing summary of the technical clinical case for change developed by doctors and social care practitioners across Kent and Medway; developing a single website that will hold information and updates about the programme and provide information for local people about how they can get involved in the development of the more detailed plans over the coming months; establishing a Patient and Public Advisory Group in partnership with Healthwatch Kent and Healthwatch Medway to bring the patient and public voice into the heart of the programme and its governance infrastructure; hosting a series of pre-consultation 'listening events' to discuss the challenges, progress already made in some areas of care and plans for the future with local people - to listen to their views and gather feedback to inform the workstreams as they develop their thinking.

Next steps

19. In summary, the next steps for the STP include:

    a. Further patient and public engagement, including launch of the public facing case for change

    b. Development of service models and identification of possible options for service configuration which will lead to the development of consultation proposals, including presentation of emerging proposals to the South East Coast Clinical Senate for review

    c. Presentation of proposals to NHS England (and NHS Improvement) seeking approval to proceed to consultation.

20. We continue to welcome the opportunity to discuss our plans and progress and consult on our more detailed proposals with HASC members as they are developed over the coming months.