APPENDIX 1

Transforming health and social care in Kent and Medway

Kent and Medway Sustainability and Transformation Partnership

Medway Health Overview and Scrutiny Committee

14 December 2017

Transforming health and social care in Kent and Medway is a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council. We are working together to develop and deliver the Sustainability and Transformation Plan for our area.

Medway Council Serving You

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NHS

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Context

Local Care

East Kent

Stroke service review

Winter planning

Productivity

System transformation

The case for change – what STPs were tasked to address

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Health and wellbeing

- **Population changes,** with significant growth in the number of over 65s; an aging population means **increasing demand for health and social care**.
- **Health inequalities,** with the health gap growing in many areas and the main causes of early death are often preventable.
- A significant number of the population **living with (often multiple) long-term health conditions**, many of which are preventable.

Quality of care

- Many individuals treated **in hospital beds who could be cared for elsewhere if services were available; being in a hospital bed for too long is damaging for many patients.**
- We are **struggling to meet performance targets** for cancer, dementia and A&E.
- Many providers are in 'special measures' because **of financial or quality pressures** and numerous local nursing and residential homes are **rated 'inadequate' or 'requires improvement'**.

Sustainability

- Already facing **significant financial pressures** and the position is generally deteriorating.
- Our **workforce is aging** and we have difficulty recruiting in some areas (across both primary and secondary care / health and social care); not just about professional staff but growing problems with recruitment of domiciliary care staff.

SOURCE: Kent and Medway 5yrFV

Context

We are pursuing transformation around four themes

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1. Care Transformation

- Prevention
- Local (out-of-hospital) care
- Hospital transformation (stroke and East Kent)
- Mental health

2. System Leadership

- System / commissioning transformation
- Communications and engagement

3. Productivity

- CIPs and QIPP delivery
- Shared back office
- Shared clinical services
- Procurement and supply chain
- Prescribing

4. Enablers

- Workforce
- Digital
- Estates

Covered in this paper

SOURCE: Kent and Medway STP October 2016 submission

Developing plans in each locality

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- Agree the **local vision and care model against the Kent and Medway framework**
- Progress **implementation** – fully in place by 2021
- Multi-disciplinary team **(MDT) working** in year one, various levels of maturity

Stage one: local vision and care model

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- CCGs, providers and local authorities **working together**
- Based on the **STP investment** case
- Vision and implementation place supported by **detailed analysis**
- **Costs and phasing agreed** by all partners
- **Aligned with provider plans** and QIPP* plans

QIPP – Quality, innovation, productivity and prevention plans to improve efficiency and effectiveness

Supported by enabling workstreams

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- **Enabling workstreams** – one STP strategy, local implementation
  - Communications and engagement
  - Clinical leadership and governance
  - Workforce
  - Estates
  - Digital
  - Commissioning

East Kent

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- **Case for Change** established – 'do nothing' not an option
- Public **listening events** undertaken in spring and autumn – main issues: developing local care; transport and access; specialist centres
- Developing **options** for acute services – a three-site model
- **'New build' offer** from Canterbury developer – due diligence in progress
- Next steps:
  - Further work on the options including applying final evaluation criteria
  - Detailed work on the timeline
  - Continuing to speak to stakeholders, the public and campaign groups

Public consultation

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In moving to public consultation, we are following a process that covers a number of stages

NB - This stage involves multiple stakeholder reviews as part of the agreed evaluation process

*PCBC = Preconsultation Business Case

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In Kent & Medway there are four acute trusts providing general acute stroke services at the acute hospital across Kent and Medway

Currently no sites have a specialist hyper acute stroke unit (HASU)

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The Case for Change identified the key issues with the current service provision for stroke across K&M

- **No hospitals** provide 7 day consultant ward rounds
- Recommended patient volumes should fall between 500 and 1,500 confirmed stroke admissions per year but patient volumes in each acute hospital are **below the 500 patient threshold**
- In one K&M hospital, **fewer than 50% of patients receive thrombolysis within 60 mins** and overall K&M hospitals are are below the national average
- Generally **< 50% of all patients are being admitted within 4 hours** and performance is below national average

Source: Kent & Medway Case for Change (2017)

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To improve the quality of stroke service provision, a future delivery model for stroke has been designed based on best practice and with strong clinical support

This includes:

- 7 day specialist consultant-led stroke service available
- Combined Hyper Acute Stroke Units (HASUs) and Acute Stroke Units (ASUs) to help recruit and retain specialist staff and to use our existing workforce most efficiently
- Direct access from ambulance transfers to the stroke assessment unit
- Early Supported Discharge available for min 50% of patients
- Improved rehabilitation services available
- Potential development of a centre able to deliver mechanical thrombectomy
- Co-location of stroke services with other critical, related services to improve patient outcomes and support staff

SOURCE: Kent & Medway Review of Stroke Services (2015 /2016); The Clinical Co-Dependencies of Acute Hospital Services: A Clinical Senate Review December 2014]; Sir Bruce Keogh, Transforming Urgent and Emergency care services in England, End of Phase 1 Report, 2014

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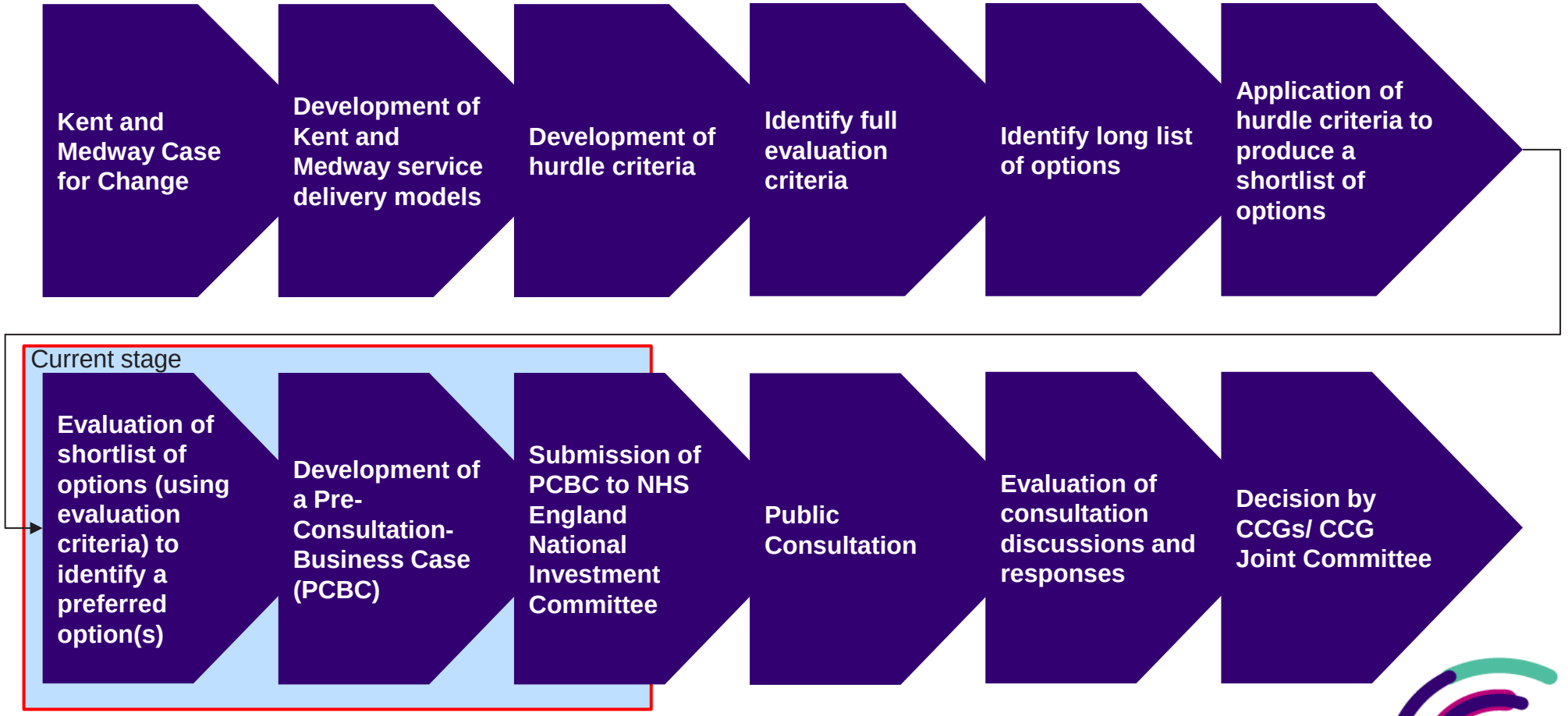
Public consultation

In moving to public consultation, we are following a process that covers a number of stages



NB - This stage involves multiple stakeholder reviews as part of the agreed evaluation process

Revised timeline to consultation

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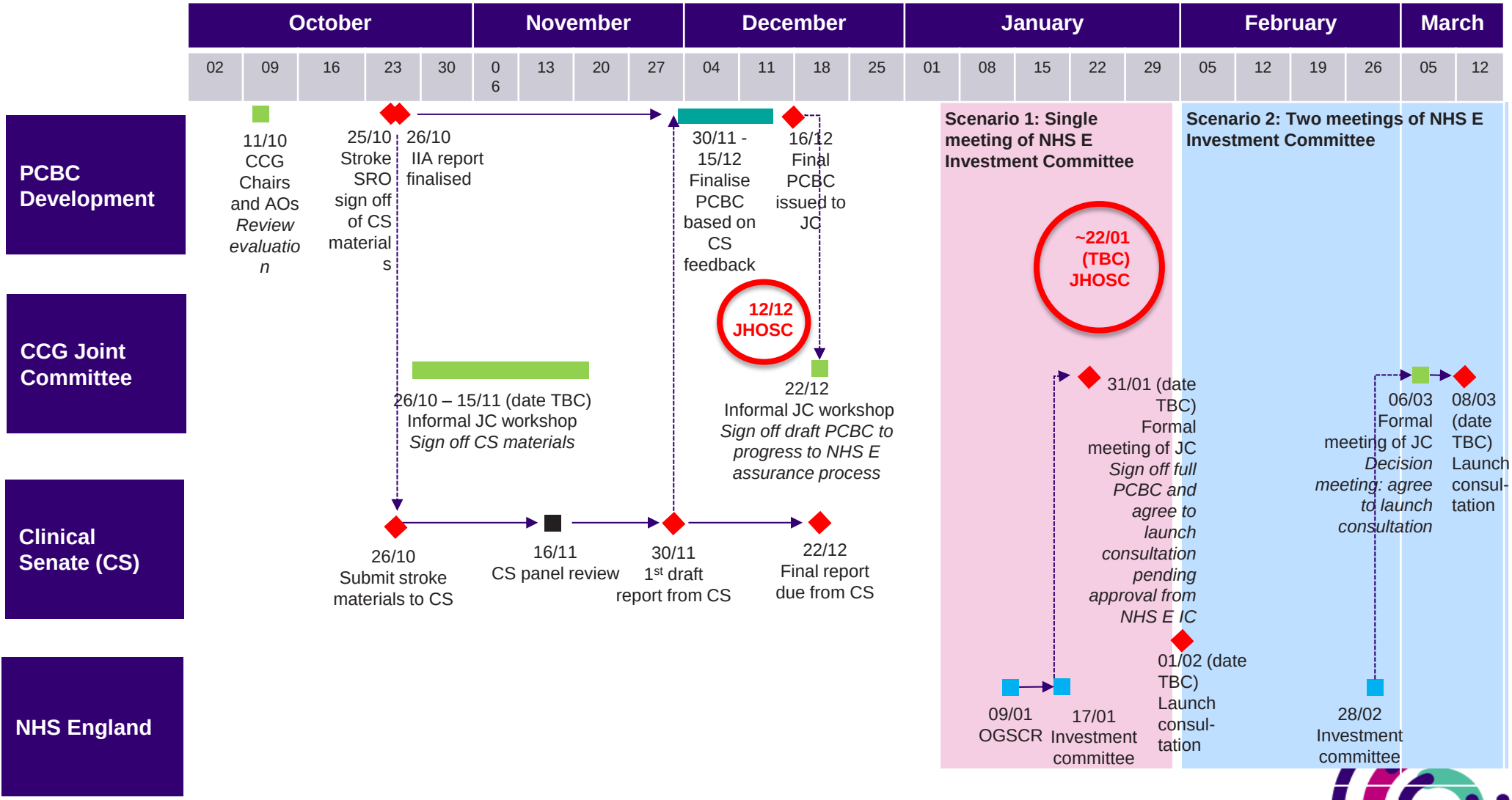

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Timeline to implementation

- Six to eight weeks to review consultation responses and prepare the decision making business case (DMBC)
- Approval of final option Oct/Nov 18
- Go-live 12 to 24 months post-end of consultation (dependent on degree of estates development that is required)
- Potential for phased implementation to be considered

Winter planning

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- Extensive **joint work between partners** - CCGs, providers and local authorities to tackle winter pressures
- Work includes
  - Temporary **staffing** plans
  - **Local care support** to prevent unnecessary hospital visits
  - **Patient information** on which services to use
  - **'Stay well this winter'** public campaign
  - Encouraging **flu jabs,** including for social care and health staff
  - Careful scheduling of **planned operations**

The provider productivity opportunity is significant in Kent & Medway

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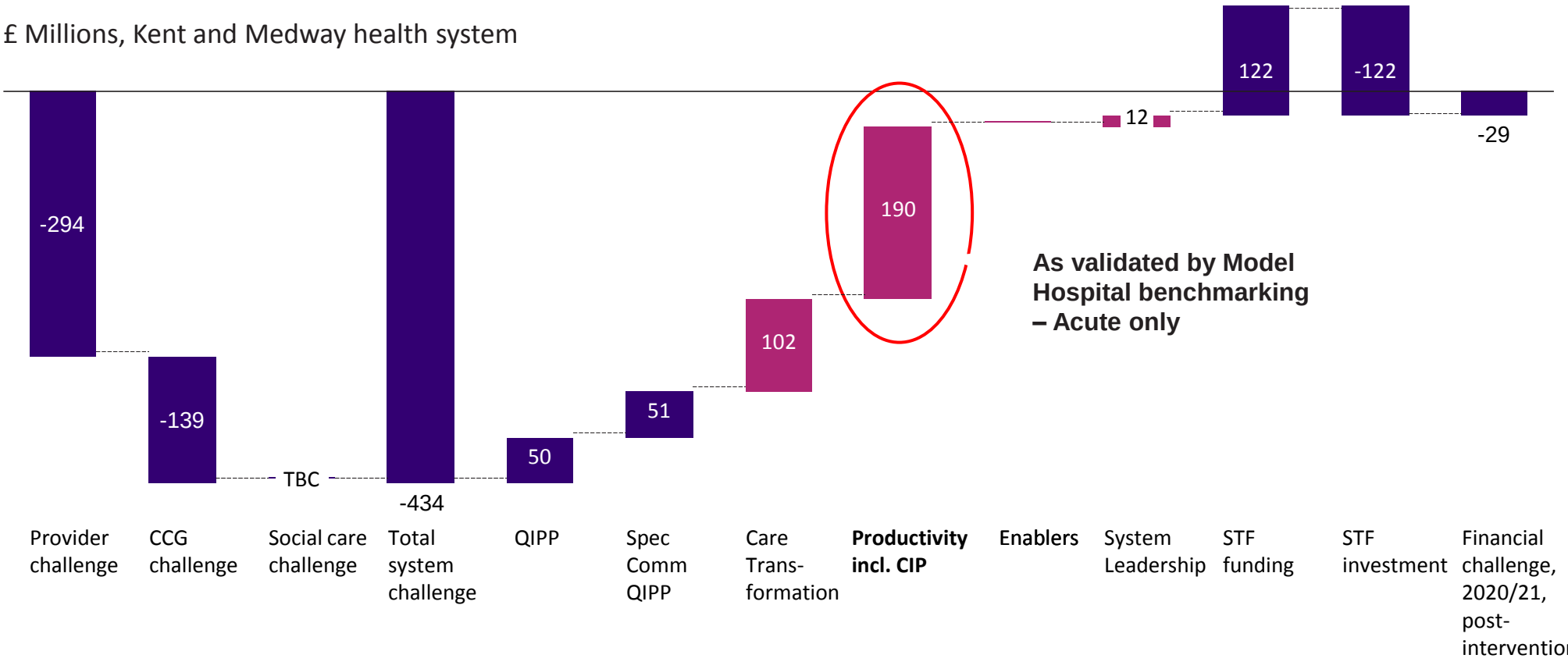
£ Millions, Kent and Medway health system



- **£190m** is the productivity opportunity we should expect to deliver, validated by Model Hospital benchmarking (15/16 data).
- We have established a Productivity programme made up of 6 working groups to quantify their own 20/21 targets within the £190m productivity – further groups will be required to close the gap

SOURCE: October 2016 STP financial template submission

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Eight working groups

Corporate & Back Office	Temp staffing	Supplies & services	Medicines	Pathology	Trauma & Orthopae-dics	Accident & Emergency (starting shortly)	Care of the elderly (starting shortly)
• Consolidate back office functions e.g. Finance, HR, Payroll, etc.	• Reduce temp staffing spend and usage • Harmonise agency and bank rates • Set up collaborative regional bank • Introduce single STP break glass policy	• Capitalise on collective buying power • Deliver category level savings, driving down unit cost • Use national benchmarking tool	• Reduce drug spend e.g. through Biosimilars • Deliver efficiencies in wider pharmacy/ medicines management	• Deliver efficiencies and economies of scale through networked pathology • Repatriate tests across the region.	Deliver quick win savings and improvements and reduce unwarranted variation. Consistent approach adopted: Pathway, People, Process, Procurement, Performance. **Focus areas:** • Length of Stay / Occupied Bed Days • Theater utilisation • Ortho products • Workforce variation	**Focus areas:** • Delayed transfers of care • Reduce clinical duplication • Workforce variation	**Focus areas:** • Length of Stay / Occupied Bed Days • Workforce variation • Mobility (Pyjama paralysis)
20/21 target savings opportunity:							
TBC	**£48m**	**£50m**	**£35m**	**£6m**	**£7m**	**£12m**	**£9m**

SOURCE: 20/21 opportunities based on Model Hospital benchmarking; NHS Improvement, 15/16 data

Forward plan – emerging productivity priorities for FY 18/19

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November – December 2017

- Continue to track and **monitor delivery** in non-clinical groups
- Mobilise **A&E** group and **Care of the Elderly** group – alignment with Clinical Strategy via Clinical Board
- Implement **'quick wins' in trauma & orthopaedics** action plan
- **Board/Exec team** meeting presentations
- Positive **communications to staff,** evidencing STP collaboration benefit
- Prepare for **shared bank** and agree preferred provider
- Work with NHS I to develop **Pathology network strategy**

Q4 2017/2018

- Refresh **Model Hospital opportunity analysis** and benchmarking (after refresh of national data)
- Co-located and shared **medical bank**
- **Harmonise bank and agency rates**
- Submit a **Pathology Outline Business Case** (NHS I timeframe of Jan 18)
- Develop **clinical productivity action plans** and sharing of best practice
- Mobilise **two additional Clinical Productivity groups**:
  - Obstetrics and Gynaecology
  - Community Paediatrics

FY 2018/2019 →

- Recruit a **fixed-term Productivity team** by Spring 2018 (10 WTE)
- Begin to see benefits attributed to the enabling initiatives put in place this year, e.g.:
  - **Category-level savings** from procurement benchmarking
  - **Biosimilars** benefits sharing agreement
  - Efficiencies and reduced duplication from **clinical product trials**

System transformation: A straw man system model ("cementing" the joint working)

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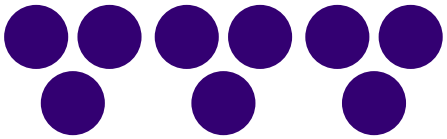
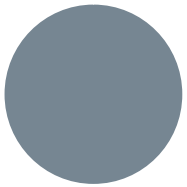
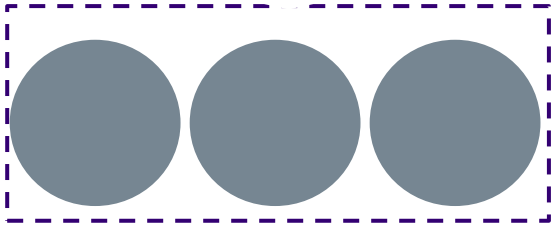
Accountable Care Organisations / Systems

- ACOs big enough to take on responsibility and accountability for whole populations; small enough to reflect differences in place/geography
- Positive and full engagement with front-line in design – therefore ensuring appropriate change in behaviours
- Voices of care professionals and patients central to decisions
- Responsible for the delivery of local (out-of-hospital) care in a way which meets local needs
- Commissions 80% of care for it's population on a more granular basis
- Embedded in local communities, working with local stakeholders

Strategic commissioner

- Strategic direction and planning
- A single organisation responsible for resource allocation (e.g. establishing capitation or alternative payment mechanism)
- Accountable upwards – should seek to take some function from regulators (NHSE / I) and holds ability to intervene
- Improves focused and prioritised clinical outcomes and other constitutional objectives
- Commissions more specialised low volume / high cost care
- Address health inequalities
- Facilitates and accelerates development of ACOs / ACS

System transformation

Local Care infrastructure		Comment	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 Multi-specialty community providers / community hubs		• Multi-disciplinary teams delivering physical and mental health services locally at greater scale • Seven day integrated health and social care	• 50 – 200k
Accountable care organisations / systems		A healthcare organisation characterised by a payment and care delivery model that seeks to tie provider reimbursements to quality metrics and reductions in the total cost of care for an assigned population of patients"	• 400 to 800k?

Summary

- Responds to public requests for more joined-up working
- CCG Transition Arrangements recommendations to establish Strategic Commissioner with the potential to bring together some CCG management functions under consideration
- East Kent Accountable Care Partnership (ACP) at Memorandum of Understanding (MoU) stage. Paul Bentley leading.
- Medway, North, West Kent ACP – work programme to confirm footprint under development. Lead being finalised. Two further workshops over next four weeks
- System Transformation oversight group (chaired by Glenn Douglas) to be mobilised and used to govern and direct sub-streams of work. First meeting end November

Contact information

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