

**KENT AND MEDWAY
JOINT HEALTH AND WELLBEING BOARD**

28 JUNE 2018

**SUSTAINABILITY AND TRANSFORMATION
PARTNERSHIP (STP) LOCAL CARE UPDATE**

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Summary

This report summarises the progress of the implementation of Local Care across Kent and Medway and in particular focusing on the:

1. Local Care aim, objectives and key deliverables for 2018/19
2. Governance arrangements and integration with the Better Care Fund
3. Integrated planning and financial investment
4. Communications strategy including co-production
5. Enablers
6. Risks and issues.

1. Budget and Policy Framework

- 1.1 The Kent and Medway Sustainability and Transformation Plan outlines the intention of the Kent and Medway health and care system to deliver an integrated health and social care model that focuses on delivering high quality, outcome focused, person centred, coordinated care that is easy to access and enables people to stay well and live independently and for as long as possible in their home setting.
- 1.2 Additionally, the Kent and Medway Case for Change states that the first priority is to develop more and better local care services. There are a number of workstreams within the Sustainability and Transformation Partnership one of which is a dedicated Local Care workstream to deliver the Plan.

2. Background

2.1 Local Care aim, objectives and key deliverables for 2018/19

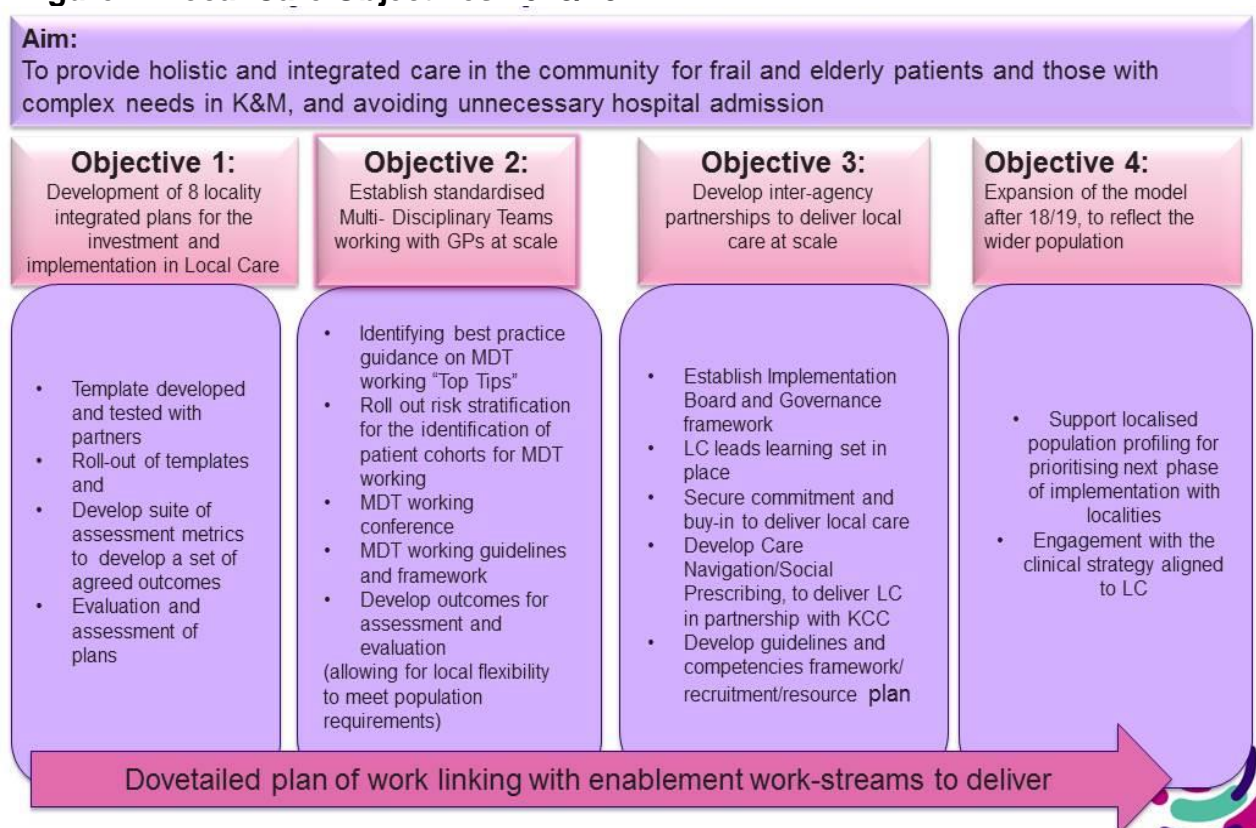
- 2.1.1 Local care is a new model of delivery of **integrated health and care services close to where people live**. It is a **collective commitment** of the health and care system in Kent and Medway to fundamentally transform how and where we will support people to keep well and live well. In 2018/19 the focus is to

develop integrated teams, around GP practices working at scale for populations of 30-50,000, with 4 key objectives:

- Development of 8 integrated locality plans, for the investment and implementation of Local Care;
- Establish standardised multi-disciplinary teams (MDTs) around GP practices working at scale;
- Develop interagency partnerships to deliver Local Care at scale; and
- Start work on expansion of the model after 2018/19.

2.1.2 Running through and crucial to achievement of these 4 objectives is the need to ensure Local Care is aligned to and informing enablers such as workforce, estates and IT (Please refer to figure 1 below).

Figure 1. Local Care Objectives 2018/19



3. Governance Arrangements and Integration with the Better Care Fund

- 3.1 Across Kent, different forums exist to deliver Local Care and bring coordination to implementation. Discussions with Local Care Area Leads and Better Care Fund (BCF) Strategic Leads (for Kent), identified the need to streamline the existing governance.
- 3.2 Proposals for changing the structures within STP Local Care and Kent Pioneer were discussed and agreed at 15 January 2018 Kent Pioneer meeting.
- 3.3 The structure below has been agreed at the newly formed Local Care Implementation Board and Local Care Leads meeting.

3.4

The new arrangements will:

- Deliver Local Care across Kent and Medway by aligning existing working groups and structures.
- Provide suitable forums for shared learning and shared delivery of plans.
- Ensure the Better Care Fund implementation sits within Local Care structures and achieves Local Care aims and objectives.

(Similar discussions are underway with Medway for their BCF reporting and governance aligned to Local Care).

3.5 Figure 2 sets out the Local Care Governance structure and Appendix A to the report sets out the membership list for the Local Care Implementation Group and Local Care Leads Meeting.

Figure 2. Local Care Governance Arrangements



4. Integrated planning and financial investment

4.1 Significant levels of work have been undertaken across Kent and Medway (K&M) to achieve 8 Clinical commissioning Group (CCG), locality integrated plans for the delivery and investment in Local Care.

4.2 The initial focus was to meet the national timelines for CCG and NHS provider plan submissions to NHS England on 30 April 2018 which has been achieved.

- 4.3 Further work is now required to develop these plans into system level plans, in particular with social care and voluntary sector, as well as aligning plans with wider partners. The focus for 2018/19 being to focus on:
- **Multi-disciplinary team (MDT) and patient enrolment,**
 - **Care model development; and**
 - **Enablers (linking with workforce, estates, IT).**
- 4.4 As expected different parts of Kent and Medway (K&M) are at different levels of maturity and this mirrors the work on the maturity matrices, undertaken in October 2017. There is a focus across all geographies on supporting primary care in line with the GP Forward View. It is fair to say that all areas are at a slightly different starting point with care model developments:
- Canterbury and Coastal is further ahead on MDT roll out and patient enrolment, which is to be expected following vanguard funding, and is now at a place to increase activity.
 - East Kent CCGs are working collectively on a care home support model, review of community hospital beds and work around the tiers of care (tiers 1 and 2 being activity which could be provided within a community setting, with tier 3 in acute setting).
 - West Kent's plans are now at the level of maturity to identify a trajectory of 471 new patients targeted in each quarter, as well as detailed plans for falls prevention and home visiting.
 - North Kent and Medway are at an earlier stage of roll out of MDTs but with positive work underway.
 - All areas have a focus on falls prevention and rapid home visiting.

(Appendix B to the report sets out the summary milestones for each locality).

- 4.5 An update report on the planning process was presented to the K&M Sustainability and Transformation Partnership (STP) Board on the 14 May 2018, **with the Board being asked and agreeing specifically to ensure:**

- **Alignment of Social Care resources** with Local Care, etc.
- **Continued and collective commitment for Local Care** and align cross organisational priorities to meet the system pressures (stemming A&E growth).
- **Championing the change in culture** required to deliver Local Care, develop **clinical champions** for the change and win the **hearts and minds of leaders and staff** as to Local Care being the right thing to do for patients, staff and the system.
- Consider how to **accelerate the 'discharge planning and re-ablement' part** of the clinical model?

5. Communications Strategy and Co-production

5.1 The Local Care Implementation Board has agreed that there needs to be a structured and coordinated communications strategy; involving members of the public, as well as the statutory, voluntary and charitable sector in co-design of Local Care. A draft discussion document for developing a communications and engagement strategy was considered at the meeting on 8 June 2018 (set out at appendix C to the report).

5.2 **The aims of the strategy will be to:**

- Clearly explain the need for Local Care/ Care in the Community.
- Clearly explain the objectives and benefits of establishing multi-disciplinary teams around GP practices working at scale (30-50,000).
- Ensure people are given genuine opportunities to be involved in the Local Care communications strategy.
- Ensure channels for co-design of communication materials.

5.3 The agreement of the strategy is not however stopping the development and initiatives to engage and involve partners and public in the co-design services, with co-production workshops underway to:

- Develop the requirements for Care Navigation and Social Prescribing, with a view to being able to standardise and industrialise.
- Develop the “wider family” for Dorothy – working on the Clinical Strategy to develop pathways for the entire population in an integrated joined up fashion.
- Simplify and standardise the language we use across K&M, providing clarity internally, across the STP, and externally with the general public.

5.4 **Local Care Conference 18 April 2018**

The conference was the culmination of many months of work to make sure health and social care professionals, as well as other partners including the voluntary sector, district councils and Kent Fire and Rescue Service understood and are developing multi-disciplinary teams to embrace the emerging model of local care. The conference was a particular success in terms of delivery, output and feedback. A wide variety of health, social care and voluntary organisations were present.

A video on MDT working was produced and is being shared widely as part of ongoing communications and to support public understanding.

What is an MDT?

<https://vimeo.com/266106311/4e6484f8d2>

There is also a piece of work underway to standardise and simplify the language used to describe the delivery of Local Care in an attempt to get consistency across Kent and Medway.

(Please refer to appendix D to the report for full conference report)

6 Enablers

- 6.1 As well as the obvious collaboration and joint working with other STP Workstreams (as with the clinical strategy work described above), there has been a concerted effort in the development of Local Care, to understand the key enablers for success and alignment with other key Workstreams, namely:
- Workforce
 - Estates
 - IT
- 6.2 Across the board there is a level of concern as to the status of enablers to support Local Care delivery. To begin to mitigate this there was a meeting on the 24 May 2018, with CCG, Social Care and provider Local Care Leads, where the STP workstream leads for these areas began to scope out key requirements and potentially look to set up task and finish groups (drawing on wider CCG staff as necessary) to work on plans and solutions.

7. Risk management

- 7.1 As part of the CCG planning process there were risks colleagues documented and raised, which they are working through with partner organisations to locally mitigate; further work will be required to identify risks as the system level plans are developed. This will all form part of the overarching Local Care risk register and reviewed regularly at the Local Care Implementation Board. Below are the risks taken to the STP Programme Board on the 14 May 2018, for agreement and support, across workstreams, to mitigate strategic risks.

7.2

Culture:

- Not achieving the cultural change required across all organisations to make the implementation of Local Care a reality.

Communication:

- Lack of a single narrative for Local Care, and consistent use of language- individual providers engage and communicate in different ways.

Workforce:

- Challenges around availability and type of workforce development to develop Local Care.

Financial:

- Failure to identify the investment for Local Care to implement the model across Kent and Medway.
- Lack of availability of central funding resources for IT infrastructure and development to support Local Care and integrated working.
- Inconsistent business case processes across organisations, hindering collective decisions for Local Care.
- Availability of capital for estates development for Local Care.

8. Financial implications

- 8.1 The initial planning process is looking to identify investment from each CCG, as well as alignment of the Better Care Fund in delivery of Local Care, with agreement of all Local Care and Finance Directors across CCG and provider organisations. The planning and investment process has been agreed and ratified by both Local Care Implementation Board and STP Programme Board. It is also the intention to work collectively, across Kent and Medway, in business case development, in order to be ready for any potential funding opportunities which may arise.

9. Legal implications

- 9.1 The Kent and Medway Joint Health and Wellbeing Board has been established as an advisory joint sub-committee of the Kent Health and Wellbeing Board and the Medway Health and Wellbeing Board under Section 198 of the Health and Social Care Act 2012.
- 9.2 The Joint Board operates to encourage persons who arrange for the provision of any health or social care services in the area to work in an integrated manner and for the purpose of advising on the development of the Sustainability and Transformation Partnership. In accordance with the terms of reference of the Kent and Medway Joint Health and Wellbeing Board, the Joint Board may consider and seek to influence the work of the STP focussing on prevention, local care and wellbeing across Kent and Medway.
- 9.3 The Joint Board is advisory and may make recommendations to the Kent and Medway Health and Wellbeing Boards.

10. Summary

- 10.1 The STP Programme Board has assurance that:
- Local Care is on track to deliver agreed objectives for 2018/19
 - Has detailed plans with identified investment for the delivery of integrated MDTs across K&M
 - Has a defined governance framework and reporting process
 - Is developing a communications and engagement strategy which involves all partners in co-production of services
 - Is engaging with other workstreams to ensure dovetail with enablers and
 - Has an understanding of risk to the programme and is working on mitigation.

11. Recommendations

- 11.1 The Kent and Medway joint HWB is asked to note the progress of the Local Care workstream and to agree that at future meetings the Joint Board will monitor the progress of the workstream.

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Appendices

Appendix A – Membership of the Local Care Implementation Group and Local Care
Leads Meeting

Appendix B - Local Care Milestones

Appendix C - Draft Communications and Engagement Strategy

Appendix D - Local Care MDT Conference Report

Background Papers

None