Local Care,
Journey to Date and Next Steps:

This document seeks to do two things;

1. Give a brief recap of progress to date (July 2018) and

2. Suggest areas of action moving forward with the delivery of Local Care.

Situation:

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.

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.

Background:

- In September 2017 the * Local Care investment case was agreed by the STP Programme Board. The intention to deliver better care and achieve £260m in cumulative net savings by 2020/21, and £143m per year thereafter across Kent and Medway

- The model was to be delivered through having designated Multi-Disciplinary Teams (MDTs) across Kent and Medway, bringing together staff from the health, social care, and the voluntary sector

- The focus has been on embedding MDT working and significant progress has been made in some areas

- The Encompass Vanguard provides compelling evidence of the impact that can be achieved when MDTs are properly resourced

- The Local Care Maturity Matrix demonstrated that overall progress across the STP has not been as rapid or universal as planned, and significant variation exists between areas.

* Data source Carnall Farrar

Assessment:

- Plans have moved on significantly since last autumn in their granularity

- Significant time and effort has gone into the planning

- Level of provider confidence in Local Care is still developing, in terms of both the progress of delivery and the scale of impact

- Level of engagement with partners varies significantly between CCGs and all areas have more to do to work jointly with local authorities and voluntary sector in particular

- To date the system has managed to identify **investment of £32M for Local Care**

- The planning exercise was initiated April 2018 to help localities progress both their operational and financial plans, in line with the **Local Care Investment Case, (which both the STP Programme and Implementation Boards have had sight of).**

- A planning exercise, completed by all 8 localities (CCG localities), allowed the ability to review this bottom up approach and compare to the top down approach of the original investment case.

The conclusions, in relation to the aspiration set out in the Investment Case show that the locality plans;

- aim to achieve 95% of the A&E savings, 79% of the Non- Elective (NEL) admission savings, but

- only 24% of the Occupied Bed Days (OBD) savings in 18/19

- Furthermore, CCGs plan to invest more in workforce and associated costs than was estimated in the Investment Case by 34%.

Recommendation:
There is a need for 7 critical areas to be addressed:

1. The STP payment mechanism
The need to ensure the money flows from commissioners to providers (the "mechanism") within the contract to support investment in Local Care with consideration for;
- A performance incentive,
- Allocation based on A&E attendances, NEL admissions and OBDs
- The payment system should be based on robust analytics
- The need to clarify how you want to share risk (e.g. pooling of risk between providers)

2. Information flow
The need for information is critical .
- Population segmentation
- Agreed data-sharing or Joint Control agreements to be in place
- Performance dashboard with shadow capitation for each locality
- Minimum information requirements to deliver in 2018/19 and 2019/20

*There is a risk in delivery of the investment case if no progress is made in this area.

3. Change in core processes
To implement MDTs will require changes in the core process across organisations and team working and a need for a level of consistency. Alongside this there is a need for an organisational development programme to help facilitate the changes required.

4. Workforce
There is a need to define workforce requirements at a local level, establish gaps and plans to address these.

5. Estates
The Estates workstream is crucial for the role out of Local Care, in the development and implementation of both short-term and long-term estate strategies.

6. Communications and engagement
There is a need for continued communications and engagement for Local Care; supporting all communications across Kent and Medway, organisational development/ relationship building and co-design of services.

7. Governance
• Ensure maximum leverage by having a designated team (comprising of the CCGs and provider organisational leads) to drive Local Care
• Do not approve CCG contracts that do not embed the payment mechanism
• Likewise, do not approve capital plans without ensuring they include the Local Care aspiration
• Clarify the role of:
➤ STP governance
➤ CCG governance
➤ The Local Care, Workforce, Digital and Estates workstreams
➤ Provider and CCG Local Care Operational Leads

Areas to address	Key Actions	Progress to date
1. The STP payment mechanism	• Development and agreement of a performance incentive framework/scheme, • Allocation of monies based on agreed performance metrics; i.e. the per 1000 rates of A&E attendances, NEL admissions and OBDs • A payment system based on robust analytics.	• Local Care supported by Finance group • Extra-ordinary Finance / Local Care Directors meetings held (25/4/18 and 22/6/18). Deep dive into the proposed investment of £32M at meeting 27/7/18. • Local Discussions happening to review contractual and payment mechanisms
2. Information Flow	• Population segmentation to support decision making; to identify patients for enrolment for integrated case management • Agreed data-sharing or Joint Control agreements in place • Establishment of a performance dashboard (agreed shadow capitation for each area and ensure transparently) • Define the minimum information requirements to deliver in 2018/19 and 2019/20 • Data-sharing or Joint Control agreements are in place	• Analyst in post; Working with the "Community of Practice " and Whole Systems Partnership • Analytical support offered to local Care Leads • "Top Tips" for MDT working includes detailed advice for data sharing from updated GDPR 2018. • July 2018 – work has started with Local Care Leads to develop dashboard and metrics • Time line agreed for reporting

Areas to address	Key Actions	Progress to date
3. Change in core processes	• Regular observations of MDT meetings within each locality and provide practical ongoing advice • Re-run the maturity matrix in October 2018 • Agree: a) Metrics and dashboard b) Level at which these metrics are measured and reported at c) Process for reviewing this information.	• MDT observations undertaken and development of MDT "Top Tips" • Local Care Leads have agreed timeframe of events for 2018/19 ; plan re-fresh, reporting and ongoing development (see appendix 1) • Reporting framework to be in place for Sept 2018 Local care Implementation Board
4. Workforce	• Identify common workforce issues across CCGs that require common solutions • Workforce workstream to develop overall Kent and Medway short-term and long-term workforce strategy for addressing the gaps in capacity • The strategy should address the roll out generic health and social care working training	• Local Care investment aligned to workforce planning • Local care risks align to workforce workstream • Local Care workstream Lead member of the LWAB to develop the K&M workforce strategy

Areas to address	• Key actions	• Progress To Date
5. Estates	• Agreed estates strategy for Local Care	• Local Care workstream Lead working closely with estates workstream • Local Care integral in the capital bid process • Item for the July 2018 Local Care Implementation Board- desired outcome to get agreement for an integrated approach to revue of estates in each locality
6. Communications and Engagement	The need for continued communications and engagement on Local Care; • Communications and engagement strategy and plan developed and agreed • CEOs of three acute trusts (DGS, MTW, MFT) and KMPT to nominate a Local • Care Operational Lead (a request was sent to providers in Feb, but nominations have only been received from EKHUFT, Virgin Care and KCHFT) • Local Care workstream to send out a communication of progress and next steps to both the staff and public • CCG Local Care leads to conduct grassroots work with local GP practices	• Objectives for Local Care 2018/19 (appendix 2 and overarching Communication Strategy agreed at the May 2018 Local Care Implementation Board • Local Care workstream lead working closely with new Director of Communications and Engagement to work on detailed plans for Local Care, specifically; ➢ Language, internally and externally ➢ Sharing progress/ learning of Local Care ➢ Good news (see Appendix 3, draft communications and engagement plan) Local Care Workstream to articulate the offer of support from the central team to support Localities (appendix 4)

Areas to address	Key Actions	Progress to Date
7.Governance	Governance: • Ensure maximum leverage from a single management team from the CCGs and from the Implementation Board • Do not approve CCG contracts that do not embed the payment mechanism • Likewise, do not approve capital plans without ensuring they include the Local Care aspiration Clarify the role of: ➢ STP governance ➢ CCG governance ➢ The Local Care, Workforce, Digital and Estates workstreams ➢ Provider and CCG Local Care Operational Leads	• Agreed Governance structure (appendix 5), • Review of STP governance - there is presently a review of the governance across the STP and now is time to have a discussion as to the potential support required for implementation of Local Care.

Appendix 2:Local Care aim, objectives and key deliverables for 2018/19

Aim:
To provide holistic and integrated care in the community for frail and elderly patients and those with complex needs in K&M, and avoiding unnecessary hospital admission

Objective 1:	Objective 2:	Objective 3:	Objective 4:
Development of 8 locality integrated plans for the investment and implementation in Local Care	Establish standardised Multi- Disciplinary Teams working with GPs at scale	Develop inter-agency partnerships to deliver local care at scale	Expansion of the model after 18/19, to reflect the wider population

Objective 1:
- Template developed and tested with partners
- Roll-out of templates and
- Develop suite of assessment metrics to develop a set of agreed outcomes
- Evaluation and assessment of plans

Objective 2:
- Identifying best practice guidance on MDT working "Top Tips"
- Roll out risk stratification for the identification of patient cohorts for MDT working
- MDT working conference
- MDT working guidelines and framework
- Develop outcomes for assessment and evaluation
(allowing for local flexibility to meet population requirements)

Objective 3:
- Establish Implementation Board and Governance framework
- LC leads learning set in place
- Secure commitment and buy-in to deliver local care
- Develop Care Navigation/Social Prescribing, to deliver LC in partnership with KCC
- Develop guidelines and competencies framework/ recruitment/resource plan

Objective 4:
- Support localised population profiling for prioritising next phase of implementation with localities
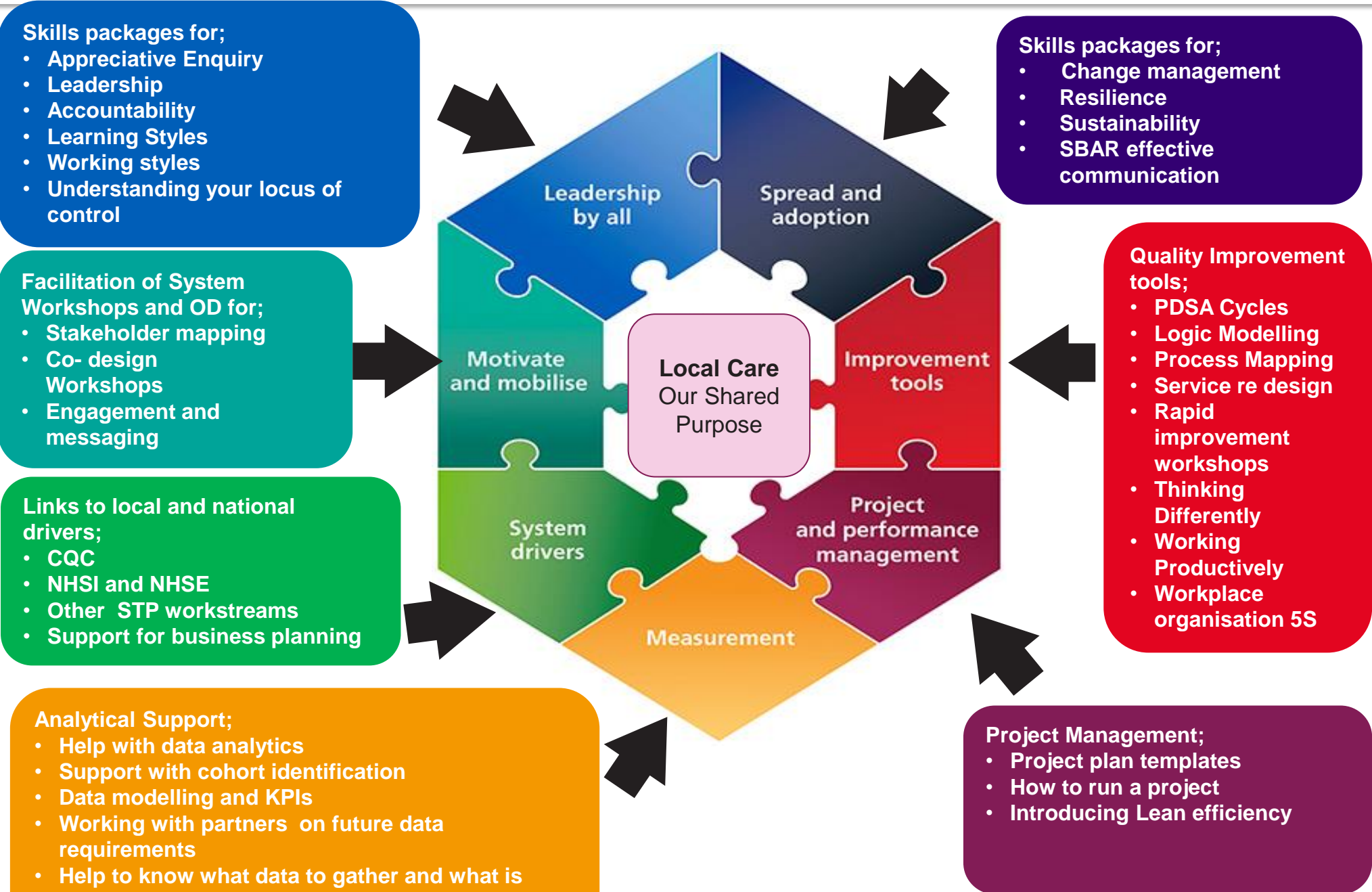- Engagement with the clinical strategy aligned to LC

Dovetailed plan of work linking with enablement work-streams to deliver

Appendix 3:

Local Care Communications and Engagement 2018/19

Objectives
• To improve *understanding of the vision and ambitions* for local care among staff, patients, public and stakeholders, particularly around the benefits of establishing multi-disciplinary teams
• To ensure frontline staff are *confident and know how to run multi-disciplinary* teams with GPs at scale by sharing advice and best practice
• Identify opportunity for co-design to ensure target groups are given genuine opportunities to be involved and feedback
• Ensure consistent approach and messaging across health and social care to avoid confusion with multiple models
• To support partnership working and create a climate for cultural change
• *Gather data, insight and learning* to support design of models of care for the rest of Dorothy's family and other key groups as prioritised to ensure their feedback helps to *shape future models*
• Ensure alignment with communication and engagement activities with other workstreams, particularly workforce, digital, estates and primary care.

Milestones	Timing
• Refresh **stakeholder map**	July
• Prioritise engagement around **local care language**	July/Aug
• **Content plan** and commit to monthly updates on local care via STP bulletin with local care case studies	Aug
• Launch **campaign** to tell whole story of local care	Sep/Oct
• Update and review **core materials** – local care booklet, update STP website, hub map, film, FAQs for different audiences	Sep-March
• Co-design model for **social prescribing**	July-Sep?
• Co-design model for **care navigation**	July-Sep?
• Publicise **cluster organisational development toolkit** to support cultural change	TBC
• Co-design models of care for the **rest of Dorothy's family**	In progress
• Co-design model for **carers app**	Mar 2019

Decisions / inputs required e.g. from other workstreams
• Decision on which terms to engage on for local care language
• Content for July STP bulletin

Immediate risks and issues
• Pace needed for local care language piece, as many terms already in use
• Full list of risks are detailed in full strategy

Appendix 4: Local Care Offer Mapped Against The NHS Change Model, 2018

Skills packages for;
- **Appreciative Enquiry**
- **Leadership**
- **Accountability**
- **Learning Styles**
- **Working styles**
- **Understanding your locus of control**

Skills packages for;
- **Change management**
- **Resilience**
- **Sustainability**
- **SBAR effective communication**

Facilitation of System Workshops and OD for;
- **Stakeholder mapping**
- **Co- design Workshops**
- **Engagement and messaging**

Quality Improvement tools;
- **PDSA Cycles**
- **Logic Modelling**
- **Process Mapping**
- **Service re design**
- **Rapid improvement workshops**
- **Thinking Differently**
- **Working Productively**
- **Workplace organisation 5S**

Links to local and national drivers;
- **CQC**
- **NHSI and NHSE**
- **Other STP workstreams**
- **Support for business planning**

Analytical Support;
- **Help with data analytics**
- **Support with cohort identification**
- **Data modelling and KPIs**
- **Working with partners on future data requirements**
- **Help to know what data to gather and what is already available**

Project Management;
- **Project plan templates**
- **How to run a project**
- **Introducing Lean efficiency**

Leadership by all

Spread and adoption

Motivate and mobilise

Local Care Our Shared Purpose

Improvement tools

System drivers

Project and performance management

Measurement

Developed by Cathy Bellman

Appendix 5: Governance

Local Care Implementation Group (reporting to the STP Programme Board)

Holding organisations to account

Monitoring implementation and outcomes

Managing risks

Local Care Leads meeting and BCF Delivery Group

Sharing and development of good practice

Discuss Dependencies with other Workstreams

Identification of risks and issues

Review detailed plans

Ensure alignment and progress, including BCF schemes

Managing of risks and issues

(supported by the finance group)

Better Care Fund Medway and Joint Commissioning Management Group

Kent Better Care Fund Finance and Performance Group

Ongoing function to collate the narrative and required return for NHS England each quarter

Locality based Local care Delivery Groups

Planning and local operationalisation