



**Transforming  
health and social care**  
in Kent and Medway

# Appendix B: Local Care Deep Dives

EK 23 Nov 2018

MNWK 11 Dec 2018

*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.



## Background

CCG colleagues have been working with their partners for some months on plans for the investment and implementation of Local Care in 2018/19. The planning exercise was initiated in late 2017 with first output in March 2018, and a refreshed output in June 2018. This was presented to the Local Care Implementation Board on 8 June 2018. At that meeting a greater level of detail was requested on the plans at CCG footprint levels. As it was not be possible to give the necessary time at the Board meetings for each sub-system to describe their individual plans in detail, a series of Deep Dives, chaired by Mr Paul Carter in his capacity as Chair of the existing LCIB, were arranged to enable a more in depth understanding of:

- the status of implementation (services in place, patient volumes, trajectories etc.);
- planned investment in Local Care; and
- the development of a framework to monitor Local Care delivery going forward.

### **Dates for the Deep Dives;**

- **East Kent (EK), 23 November 2018**
- **Medway, North and West Kent (MN&WK), 11 December 2018.**



# Feedback from the Local Care Deep Dives

## Workforce Challenges;

- Address from a 'whole pathway' perspective and have a holistic workforce plan across the STP
- Do we have enough resources/the right resources working in an integrated manner on pathways for discharge/transfers of care
- We need to look at how we align resources to MDTs and support local management/supervision of staff from across multiple organisations
- Utilising existing workforce better - examples of efficiencies in Medway 1. diabetes pathway with primary, community and acute staff aligning so that patient isn't seen by all of them 2. MFT have given 6 consultants who been told to suspend their specialisms whilst working with the MDT and use their skills as a physician.
- Could we make it easier for staff to rotate across organisations- 'passport' or secondment? May help with recruitment and retention of key staff.
- We need to ensure that we actively move from MDMs (multi-disciplinary meetings) to MDTs (multi-disciplinary team working) and then continuously improve MDT working
- Risk of burn out for clinical leaders
- There is a need for new flexible housing stock to attract key workers and help retention of staff – this may also have the knock on effect of reducing the need for agency staff

## Primary Care;

- There is a need for Primary Care Strategy - to engage widely and meaningfully with GPs on the development of the Primary Care Strategy  
(this is being picked up through the new STP Primary Care Board, with 2 GPs from the Primary Care Board to also sit on the new Local Care Board. Furthermore, the STP Local Care team and Primary Care work-stream are coming together to work more jointly as one team, in recognition of the interface between primary care and local care)
- Define the optimum conditions for Primary Care Network (PCN) development – i.e. size of practice in order to be workable
- Do we have a strategy for any remaining small practices that may need to merge? What models exist to increase scale while maintaining GP continuity for those patients who need it (e.g., the model described by Ash)
- Scope of primary care in the K&M system (e.g. day case surgery etc.)

### **Investment and implementation:**

- Need to secure is the investment for sustainable Local Care (inputs, deliverables and outputs)
- Are we helping enough people? There is a need for scale and pace so need to define the blockers to faster implementation?
- Unnecessary variation in implementation – e.g. EK things feel different with EKHUFT in Ashford than they do in Thanet – what can we measure to help change that?
- Points of handover between orgs – can they be key indicators of integration?
- How can we work towards a shared finance and risk framework (to avoid the issues around stranded costs)?
- Could we have a more coordinated approach to delivery of Local Care using the Better Care Fund/ winter monies?

### **Estate:**

- Possibility of one public sector estate
- Mentioned above, housing stock for key workers
- Do we want to explore the potential to work with local authorities on solving on some of the estates funding challenges for the NHS
- What is the K&M step up and step down bed strategy and what changes do we need to make in EK specifically in light of overarching strategy?
- How do we make best use of non-acute beds including extra care housing?

## System Governance:

- Each sub-system has their own set of plans – there is a need to harmonise
- Need for the use of consistent language
- How do we leverage the partnerships for overall benefit in K&M - ?joint commissioning
- The benefits in shared metrics as comparators and agreed framework for measurement across K&M
- Single points of entry/access across H&SC
- Single communications and engagement plan
- Risk share framework
- Single approach in development of strategy for enablers (digital, estates)
- Strategy top down/ leadership bottom up – the right mix will give the ‘art of the possible’

## Outcomes;

- When it comes to creating a K&M Local Care Delivery Framework (to monitor implementation and impact) will we believe the data? How can we standardise and rationalise data collection?
- There is a need to look at the ‘acceptable response time’ for domiciliary care – how long should someone have to wait after the need is identified
- Realising the key benefits – reducing the amount of activity in hospitals – how do we measure progress towards this? Payment systems/alliance contracts?

## Next Steps

The themes and content, from the Local Care Deep Dives, will inform the agenda for the first meeting of the 'new' Local Care Board. There will be a number of asks of this Board to;

1. Review the information from the Deep Dives
2. Discuss and agree the key priority areas and objectives for 2019/20 – 2020/21 etc.
3. Decide what resources from across the system will work with the STP Local Care team in order to meet these objectives (i.e. how the teams within each sub system are aligned to the support delivery of the key priorities)
4. Define timelines and outcome measures.