



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

Kent and Medway Sustainability and Transformation Partnership

Kent Health Overview and Scrutiny Committee

24 November 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.



Context

Local Care

East Kent

Stroke service review

Winter planning

Productivity

System transformation



The case for change – what STPs were tasked to address

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.



We are pursuing transformation around four themes

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

Covered in this paper

3. Productivity

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

4. Enablers

- Workforce
- Digital
- Estates



Developing plans in each locality

- 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

- 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



Supported by enabling workstreams

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



- **Case for Change** established – ‘do nothing’ not an option. Progression of the strategic changes offers sustainable solutions to the current challenges across patient pathways such as urgent care, workforce challenges and quality of services.
- Public support for the development of new local care models that support changes of hospital care
- Public **listening events** undertaken in spring and autumn were broadly supportive of the proposed changes . Key themes to address further included: developing local care; transport and access; specialist centres
- EKHUFT has developed a strategy for the future provision of acute services on the “Keogh” model for urgent care.
- **‘New build’ offer** from Canterbury developer – due diligence in progress



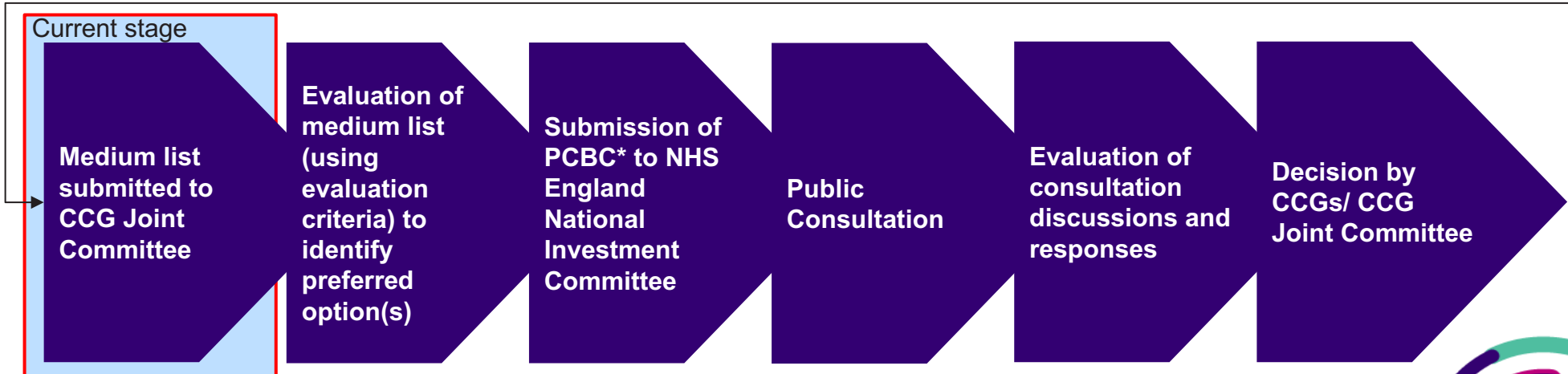
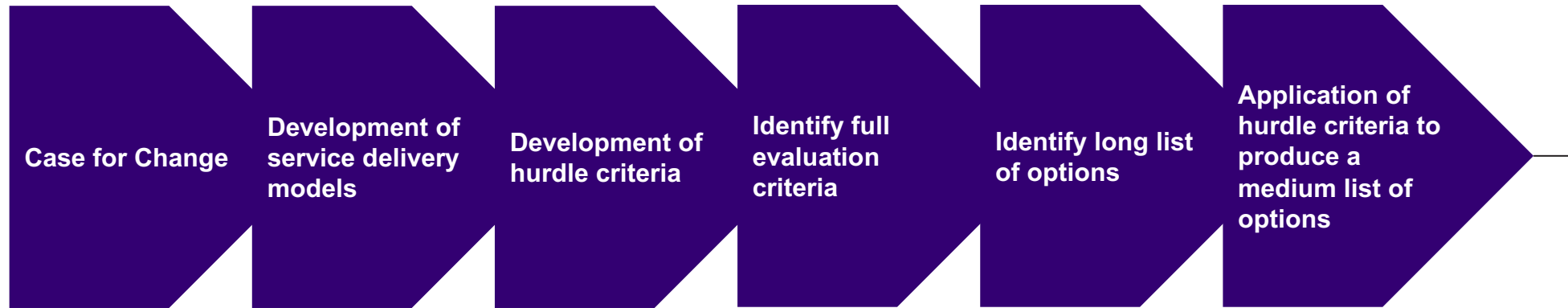
Next steps

- Further work on the options including applying final evaluation criteria
- Oversight and governance of decision making to be provided by the Sustainable Acute Medical Care in East Kent Joint Committee
- NHS England scrutiny and assurance processes
- Detailed work on the timeline through to consultation coordinating the development of the detail and ongoing engagement with stakeholders
- Continuing to speak to stakeholders, the public and campaign groups



Public consultation

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

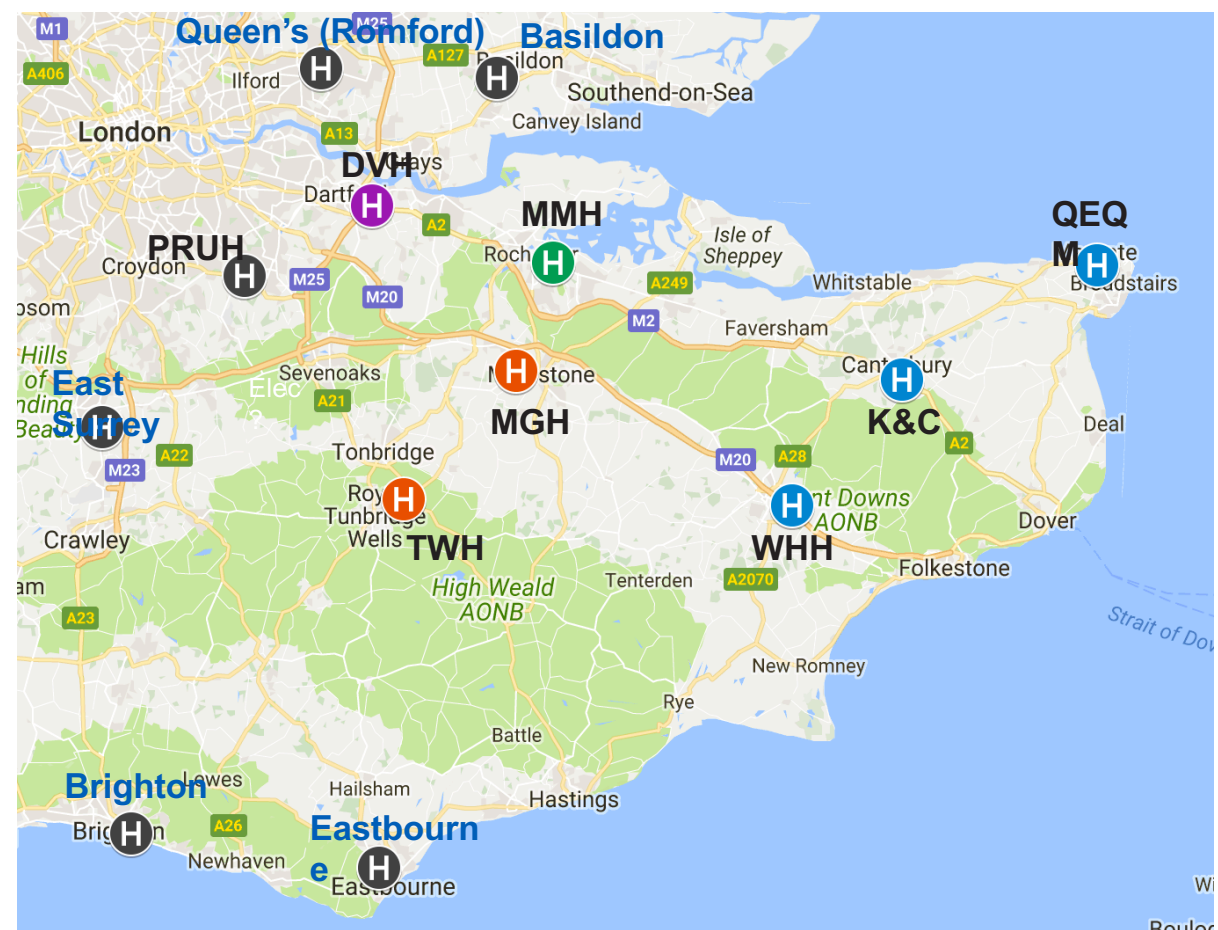


NB - This stage involves multiple stakeholder reviews as part of the agreed evaluation process

*PCBC = Preconsultation Business Case



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)



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 below the national average
- Generally **< 50% of all patients are being admitted within 4 hours** and performance is below national average



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

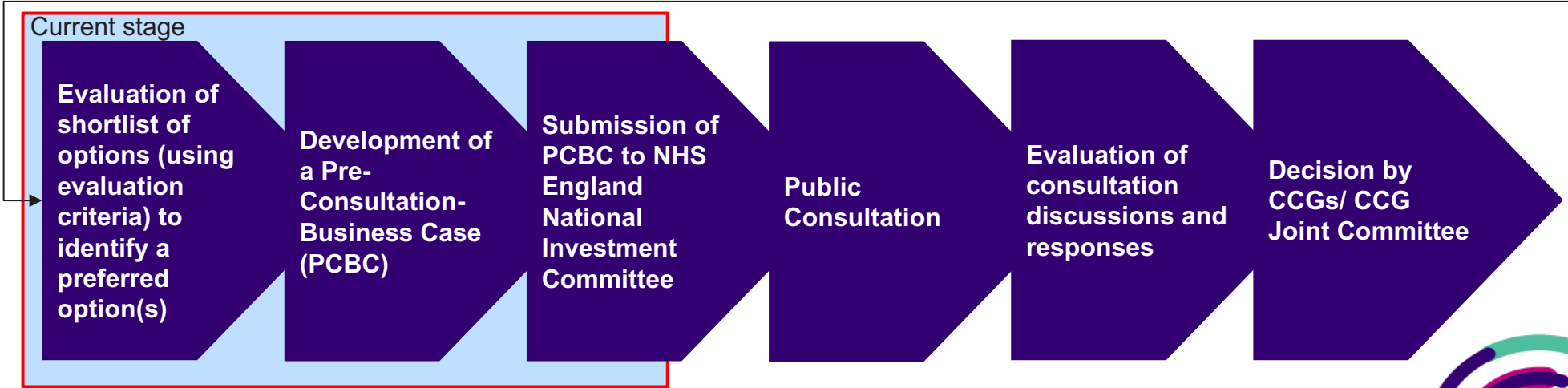
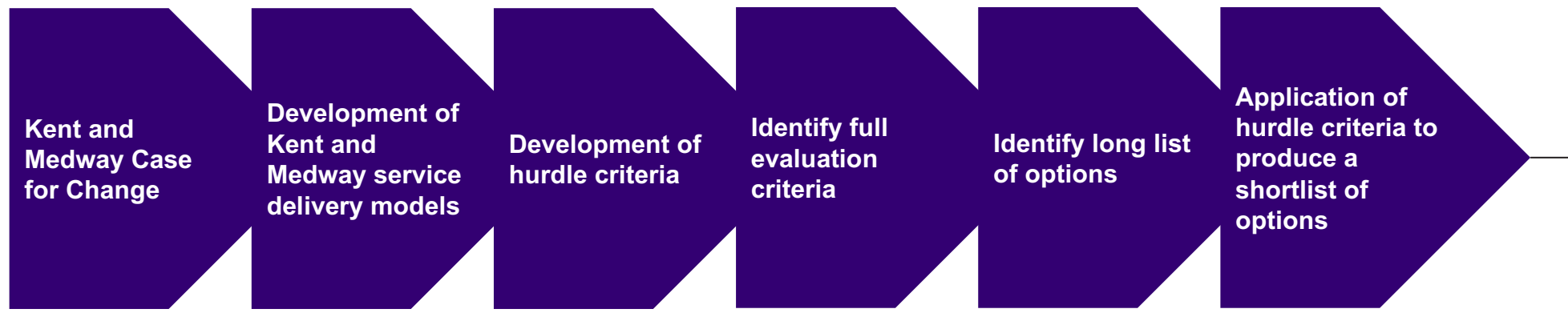
This includes:

- 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



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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

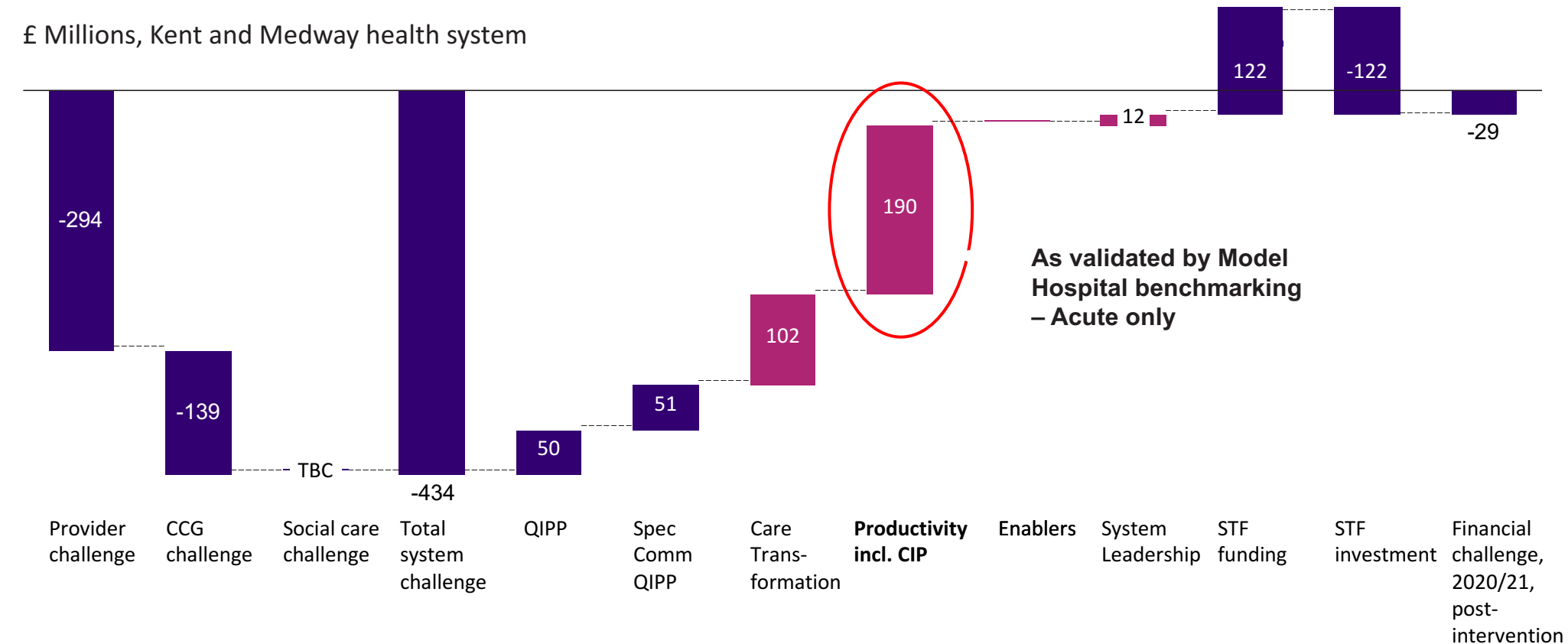


- Detail later on HOSC agenda.
- Extensive **joint work between partners** - CCGs, providers and local authorities to tackle winter pressures
- Work includes
 - Temporary **staffing** plans
 - **Local care support** to prevent unnecessary hospital visits
 - **Patient information** on which services to 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

£ 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



Eight working groups



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

20/21 target savings opportunity:



Forward plan – emerging productivity priorities for FY 18/19

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

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

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

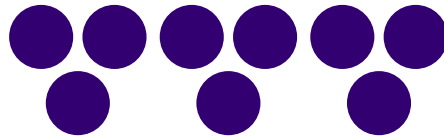
System transformation

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

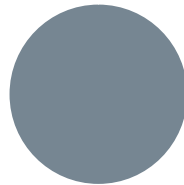
Tier 1
Extended Practices with community and social care wrapped around



- Larger scale general practices or informal federations
- Providing enhanced in-hours primary care and enable more evening and weekend appointments.

- 20 – 60k?

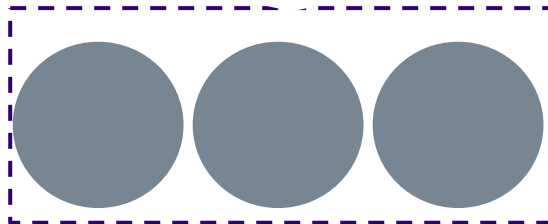
Tier 2
Multi-specialty community providers / community hubs



- 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?



To note

- 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



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