



# Financial Sustainability – NHS West Kent CCG

HOSC

*November 2018*

# Financial overview

- National context is that NHS England is viewing systems as a whole rather than judging individual organisations
- The local health system has operated in a challenging financial context for some while, in common with other areas within the NHS and other parts of the public sector
- The needs of the population are changing (e.g. age profile) and so is the demand
- The 'internal market' system within the NHS over the past decade or so has in part stimulated service provision and cost
- All members of the local health system have struggled to live within their means and have often relied on non-recurrent measures – not sustainable

# 2017/18 outturn

Across the west Kent system:

- The 2017/18 plan was to achieve a combined surplus of £6.6m, representing just over 1 per cent of the total CCG allocation.
- The 2017/18 outturn position was a deficit of £8.7m
- This meant a total shortfall of £15.3m

# 2018/19 control totals and plans

- The 2018/19 plan across the whole health system is a surplus of £11.8m.
- To achieve this will require £13.4m of non-recurrent sustainability and transformation funding (STF) being made available
- We will also need to make significant cost savings
- **The CCG is under an obligation to balance the various competing demands on the NHS locally, while living within the budget Parliament has allocated**

# Approach to contracting and system based working

- Previous approaches to contracting within the NHS internal market were not always conducive to collaborative approaches being taken between members of the local health system
- We have moved towards new style agreements – ‘Aligned Incentive Contracts’, designed to encourage new behaviours and facilitate system transformation
- Already in place with Maidstone and Tunbridge Wells NHS Trust (MTW) and Kent Community Health NHS Foundation Trust (KCHFT)
- Collaborative agreement between CCG, MTW, KCHFT, Kent and Medway NHS Social Care and Partnership Trust (KMPT) and GP Federation
- Potential to extend the approach to the wider system, including social care from next year

# System based cost savings opportunities

Right Care

Medicines  
Optimisation

Getting It Right  
First Time

Model Hospital

Continuing  
Health Care

Procedures of  
Limited Clinical  
Effectiveness

Menu of  
Opportunities

Productivity

Local Care

Other...?

# QIPP as at Month 6 2018/19

- CCG planned Quality, Innovation, Productivity and Prevention (QIPP) programme £13.2m
- £2.2m transactional schemes for NHS Continuing Healthcare placements reviews
- £11m of transformational schemes
- Includes £6.1m of Aligned Incentives Schemes with MTW
- Medicines Optimisation Scheme of £2.2m
- Forecast at Month 6 to deliver although Year-to-Date currently £0.5m below plan

# In the past year, the CCG has...

- Extended Aligned Incentive Contracting and established a Collaborative Agreement with four provider partners
- Commissioned a new falls service
- Commissioned Improved Access to primary care across the CCG
- Reviewed support to care homes and invested in tiered levels of medical support for homes across west Kent
- Introduced Home First Pathway 3 provision for complex frail patients, enabling discharge from acute wards
- Introduced a new acute frailty service with MTW
- Introduced new musculoskeletal (MSK) pathways: integrated pain management, rheumatology and additional orthopaedic, reduced referrals into MTW
- Outpatient transformation at MTW: two One-Stop clinics, a virtual fracture clinic, new nurse led clinics
- Invested in innovative local care services to support frail patients and those with mental health issues in the community

# In the past year, the CCG has...

- Established seven cluster teams with cluster multidisciplinary team (MDT) meetings in every one
- Commissioned and begun new integrated diabetes care
- Expanded Improving Access to Psychological Therapies (IAPT) programme provision for people with mental health and long term conditions
- Invested in children's mental health preventative and schools programmes
- Commissioned new all-age specialist eating disorder service
- Established integrated primary care services in both A&E Departments and relocation of out-of-hours (OOH) services
- Expanded the Frequent Users Service
- Joint formulary prescribing committee set up with MTW, Infliximab biosimilar and Rituximab biosimilar rolled out

# Looking forward: securing best possible value from our investments e.g. Local Care investment should enable the following:

- Reconfigured medical cover to care homes - improve quality of care to older people in care homes by making better use of existing resources and improving primary care
- Progression of recruitment plans for additional workforce - community frailty nurses and dementia nurses, geriatrician support
- A new falls prevention service (to start early 2019) – improving patient outcomes and experience whilst also being clinically effective and financially efficient; reducing admissions and attendances due to falls, soon to be augmented by a Fracture Liaison Service
- Reactive Local Care through additional capacity for rapid response and home treatment services supporting people with complex needs who are experiencing a health or social care need that left unattended would result in a possible hospital admission, designed to complement the Virtual Ward

# Looking forward: securing best possible value from our investments e.g. Local Care investment should enable the following:

- Investment in creating additional capacity to support delivery of local care
- Home First Pathway 3 beds supporting people who have completed an acute episode of care but are unable to return to their previous place of care and need an ongoing assessment of their long term care needs
- Integrated MSK service - ensuring patients are seen in the right place, at the right time, by the right person. Supported by a “Single Point of Access” (SPA) through a clinical decision making and management unit
- Progression of plans for cluster therapists, pharmacists and increased capacity to support mental health local care

# Looking forward: securing best possible value from our investments e.g. enhancing our alliance with local partners should enable the following:

- Development of Prime Provider contracts to secure clinical and strategic leadership for Planned Care, Proactive Local Care and Urgent Care
- Establishment of effective clinical governance and a local model of integrated urgent care, maximising the efficacy of the new 111/ Care Clinical Assessment Service (CAS) service
- Shared ownership and more efficient delivery of major change programmes and pathway redesign
- Reduced CCG workload and associated resourcing for contracting, procurements, business intelligence