

# **East Kent Strategy Board**

## **Developing a Case for Change for East Kent**

### **HOSC Update**

**May 2016**

# Developing the Case for Change

The detailed technical case for change is now nearing completion and focuses on:

- Level of expectation and demand from patients and the public around quality and access
- Variations in quality and safety of services unacceptable
- Local and national challenges driving transformation
- Resources need to be utilised more effectively
- Services need to be effective and sustainable

# Developing the Case for Change

— We know our system needs to change because:

- Ageing population
- Care needs to be delivered closer to home
- Tackling health inequalities
- Demand is rising
- Prevention rather than cure
- Complex health and care conditions
- National safety and quality standards need to be met
- Financial challenges
- Workforce

# Developing the Case for Change

Where are we now?

Issue	Evidence	Impact	What needs to happen?
Workforce	Almost complete	X	Finalise the evidence
Population growth	X	X	Test with the public
Financial challenge	Delivered end May	Delivered end May	Finalise the evidence
Variation in quality/outcomes	X	X	Test with the public
Inequalities across areas/communities	X	X	Test with the public
Infrastructure inc. estates/IT	Work commenced – due end June	X	Finalise the evidence

# Developing the Case for Change

What other sources of information are we using?

- Kent County Council Health and Wellbeing board strategy
- Five Year Forward View
- Planning Guidance NHS England 2015
- Reports from Royal Colleges and professional organisations regarding quality and standards such as the RCGP's 'Vision for General Practice in 2022', The King's Fund, 'The Health and Social Care System in 2015 – a view of the future'.



# What is already happening across east Kent?

- Hubs in Folkestone and Dover providing GP appointments 8am-8pm seven days a week. Patients are referred by their practice or NHS 111.
- Primary care mental health specialists in a number of GP practices across east Kent, supporting people who are acutely mentally unwell so they are less likely to need care from secondary mental health services (provided by Kent and Medway NHS and Social Care Partnership Trust)
- New multi-speciality community provider model being tested in the Canterbury, Faversham and Whitstable areas, with £1.6million from the NHS England Transformation Fund. It plans extended practice opening hours, paramedic practitioners who will visit patients at home, an integrated nursing service involving both community and practice nurses and an increase in the number of outpatient services through specialist GPs.
- Paramedic practitioners in Folkestone and Dover provide a seven-day service on behalf of GPs, seeing and treating patients who need a home visit from a clinician.

# What is already happening across east Kent?

- Thanet CCG are also developing an Integrated Care Organisation
- There are 4 localities covering the population that are integrating and improving local services.
- Thanet are also developing an acute response team of paramedic practitioners, specialist nurses and others to treat people in their own homes
- A new combined NHS, 111 and GP out of hours service for all of east Kent.
- EKHUFT and KCHFT have worked together to review the acuity (how sick) all of the people in our hospital beds are and have identified significant numbers of patients whose needs would be better if alternative services were available. This is also informing what needs to be provided, in the future, out of hospital.

# We want to make health and care services...

- **More proactive:** we want to stop people becoming ill in the first place. Health promotion and prevention are key to reducing morbidity, premature mortality, health inequalities and the burden of disease across east Kent. Obesity, smoking, alcohol, drugs and poor diet all need to be effectively tackled irrespective of the quality of medical interventions.
- **More accessible:** to address the variations in service provision, stopping resulting delay in diagnosis and treatment and making sure that people access care in the right place at the right time.
- **More coordinated:** as patients with long term conditions consume more than 75% of the total health and social care spend, care navigation, case management and multidisciplinary approaches are increasingly important. We want to keep people well and out of hospital.



# How we will develop our plans

- Evidence-based analysis – looking at where we are now and what we know is best practice, including national quality standards, to help determine where we need to get to in order to deliver consistently safe, high quality, sustainable services into the long-term
- Modelling and understanding our health and wellbeing; care and quality; and finance and efficiency gaps and factoring this into our thinking
- Clinical ‘task and finish groups’ across pathways of care to describe what good should look like
- Clinically led discussions to design a new model of care for east Kent, working as a whole system across primary, community, mental health and acute care
- Testing our thinking and developing the detail with staff, stakeholders, patients, carers and local communities
- Robust evaluation to develop options for delivering our model of care
- Formal public consultation towards the end of the year on any significant service changes

# What can people expect to see?


- A range of options for consultation that have been clinically led.
- These should define the range and quality of services local people should expect to receive. They will encourage innovation and joint working between all organisations involved in delivering health and care and assist in providing greater consistency and tackle inequalities in care provision.
- We want to engage local people/stakeholders in agreeing these changes so that we can reach a consensus on what we mean by a new model of care and what this will mean for local people.
- We will also be commencing the NHS England Assurance Process with a Stage 1 Strategic Sense Check in early June.


## Work is well underway to set the strategic context

- Development of JSNA, joint H&WB strategies and commissioning plans
- Clinical working group
- Continuous dialogue with H&WBs, HOSC and local communities on local health priorities and needs

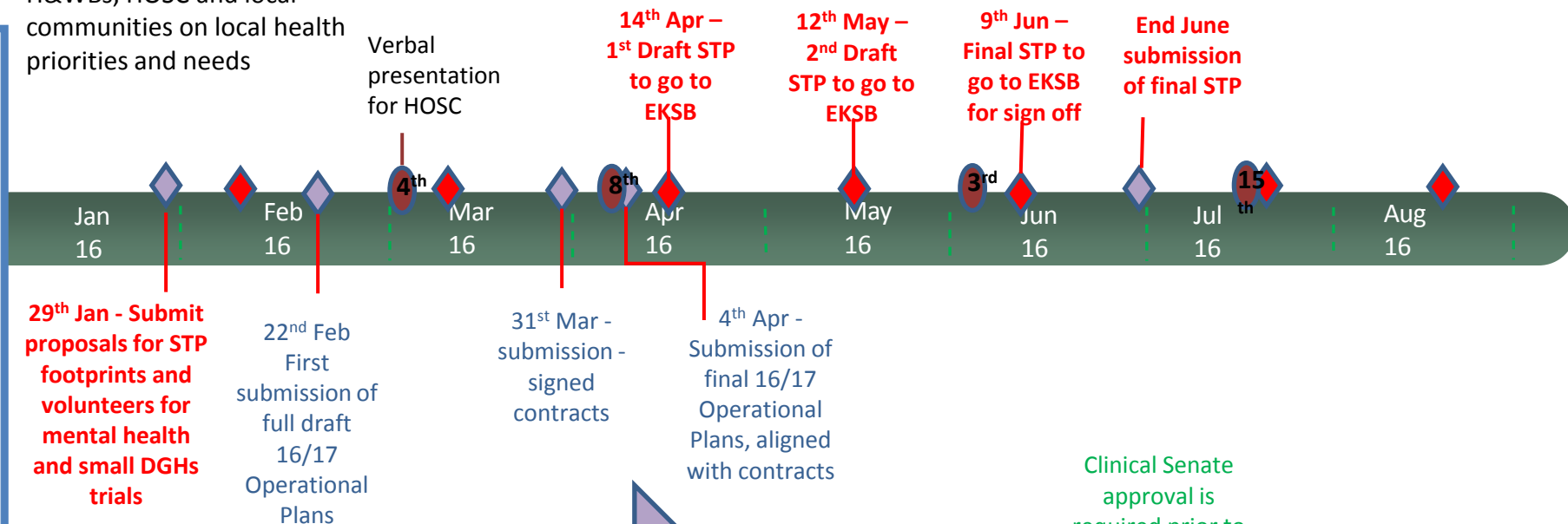
## East Kent Strategy Board

### KEY

 East Kent Strategy Board Meeting

 HOSC meeting

National and regional planning priorities



## Emerging clinical models and developing service options

Action to be completed

- Developing the criteria for reviewing
- Developing and modelling the options and understanding their impact
- Evaluating the options and securing wide agreement from all key stakeholders

Clinical Senate Assurance

Clinical Senate approval is required prior to NHS Panel Review

NHS England's Assurance Process by the NHS Panel

Development of outline business case

Public engagement – so public views can be fed into the process

Preparation for consultation