

Delivering the Five Year Forward View

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What we need to achieve

In Kent and Medway, as across the country, health and social care must

- improve health and wellbeing
- transform quality of care and performance
- achieve and maintain sustainable finances and workforce.

The challenge

- Ageing population (by 2020 the over 65s will make up nearly 20% of our total population)
- Growth in population, including a significant increase in the number of new houses:
 - Dartford and Gravesend (e.g. the Ebbsfleet Garden City Healthy New Town development and around the Thames Gateway area) where the population is expected to increase by 57,000 in the next 15 years; and
 - in Medway where there are expected to be an additional 30,000 homes by 2035.
- Performance and quality challenges (such as stroke, A&E waits, cancer waits)

The challenge 2

- 2015/16 - £100million overspent. Gap set to grow every year if we don't take action
- Workforce pressures - high level of medical and nursing vacancies (it is increasingly hard to recruit to key health and social care roles, for example 10% of nursing posts are vacant)
- Significant inequalities across Kent and Medway and within local areas (in Thanet, a woman who lives in the best ward for life expectancy can expect to live 21.88 years longer than a woman who live in the worst ward for life expectancy)

Key dates

30 June submitted to NHS England and NHS Improvement first draft of our thinking on delivering Five Year Forward View locally

25 July whole-system presentation to NHS England, NHS Improvement and other national leaders: positive feedback and more work to do

Go-ahead for east Kent system to progress work already underway. Aim of moving to consultation by the end of 2016.

Our first priority is to transform out of hospital care as the cornerstone of our strategic vision

This will allow us to:

- meet rising demand
- improve care for all ages, especially frail older people, end of life patients and others with complex needs who need a team around them
- reduce health inequalities
- massively increase the amount of care delivered out of hospital (reducing pressure on the acute sector)

Out of hospital care as enabler

New “one team” approach is also critical to two of our other main priorities:

- delivering prevention at scale
- improving mental healthcare, treating both physical and mental health issues concurrently and effectively

We anticipate it will significantly reduce demand for acute inpatient beds. Evidence from east Kent is that at any one time around 300 people in hospital beds could be discharged if the right support was available elsewhere.

How is development of out of hospital care happening?

- led at CCG level. Broad agreement around new model – with local variations
- extended multi-disciplinary teams including mental health and social care, based around groupings of GP practices – improving day to day access and care including at weekends
- some services – more specialist diagnostics and end of life and mental health care, plus out of hours services provided across wider area
- Build upon models of good practice (including the Encompass multi-specialty community provider Vanguard in Whitstable)

Acute care

We are exploring possibility of creating specialist centres for elective surgery. Experience from elsewhere in the country indicates this could achieve:

- significantly better patient experience and outcomes
- referral to treatment targets
- improved workforce expertise, rotas, retention
- elective income retained within the NHS
- improved use of estate

We also need to review and stabilise the acute emergency medical pathway in our hospitals where workforce pressures are making the current model unviable.

Acute care 2

We will also conclude the stroke and vascular reviews.

- Modelling work is going on for stroke review. Emerging option looks like three sites. Locations will depend on critical clinical co-dependencies.
- Vascular – decision to proceed with network model: single inpatient arterial centre supported by enhanced “spoke” sites. Medway FT and East Kent Hospitals collaborating to draw up a delivery model which will determine final sites.

Both of these will be consulted on as part of Five Year Forward View process.

Improving efficiency

Three elements:

- provider cost improvement programmes
- plan for how we can best achieve efficiencies through sharing services (including a shared pathology service)
- work with local authorities to develop the business case for integrated infrastructure developments (sharing and rationalising public sector estate and digital services).

Developing our plans with the public

We are committed to engaging with clinical, non-clinical and social care staff, public, patients, carers across Kent and Medway to achieve genuine improvements to care.

As a first step all health and care organisations will be using their established mechanisms this autumn to explore:

- Barriers to being healthy - how do we make every contact count?
- Emerging model of out of hospital care – any issues? How can we best meet local need?
- Criteria for change – what is most important to people?

Next steps

- East Kent Strategy Board: progressing clinically-led work to define and articulate model of out of hospital and acute care, develop evaluation criteria, undertake detailed financial, activity and workforce modelling, public engagement, assurance process
- Medway, north Kent and west Kent: developing case for change informed by public health data, and finalising clinically-led vision for out-of-hospital care.

Next steps for Five Year Forward View locally

- Setting up formal structure to lead work: PMO, four work streams led by chief executives supported by directors from across health and care
- Financial, activity and workforce modelling: does our emerging thinking close the gap?
- Strengthen governance
- Widen clinical engagement
- Further submission to NHS England in October.