Delivering the Five Year Forward View

- National planning context
- Funding
- The challenge (population demographics including inequalities, quality, performance, finance)
- Governance
- Complexity of Kent and Medway
- Our four main focus areas
- Next steps

National planning context

The national planning guidance, Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21 (NHS England, December 2015), outlined the requirement for local health and social care systems to develop:

- a five-year Sustainability and Transformation Plan (STP), place-based and outlining how the Five Year Forward View (FYFV) will be delivered; and
- a one-year Operational Plan for 2016/17, organisation-based but consistent with the emerging STP (to form year-one of the five-year STP).

What we need to cover

The planning guidance indicates that the three interdependent and essential tasks that need to be progressed through the STP are to:

- improved health and wellbeing;
- transformed quality of care delivery; and
- sustainable finances.

…but also establish more robust system leadership.

The 10 big questions we need to answer

How are you going to prevent ill health and moderate demand for healthcare?

How are you engaging patients, communities and NHS staff?

How will you support, invest in and improve general practice?

How will you implement new care models that address local challenges?

How will you achieve and maintain performance against core standards?

How will you achieve our 2020 ambitions on key clinical priorities?

How will you improve quality and safety?

How will you deploy technology to accelerate change?

How will you develop the workforce you need to deliver?

How will you achieve and maintain financial balance?

Funding

- Place-based funding allocations for the period 2016/17 to 2020/21 were published by NHS England in January, comprising CCG allocations, primary care medical allocations and specialised services allocations.
- Separate additional funding has been identified and initially held at a national level for the sustainability and transformation fund, and other elements of transformation such as primary care.
- Kent and Medway 2016/17 STP place-based allocation is £2,897m in 2016/17.
- Allocation rises to £3,287m in 2020/21, without sustainability and transformation funds.
- Allocation rises by £122m to £3,409m in 2020/21 with indicative sustainability and transformation funds.
- Allocations for 2020/21 are indicative, not firm, and the additional funding will actually be distributed based on progress and the strength of STPs or using other targeted approaches.

The challenge

- We are facing a demographic and demand time bomb, with growth in the over 65s population four times that of under 65s. This means by 2020 the over 65s will make up nearly 20% of our total population.
- Significant housing development (e.g. Thames Gateway and Ashford).
- Within Kent and Medway we continue to have unacceptable levels of health inequalities and deprivation for an affluent part of the South East. In one of the most deprived areas of the county, 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.
- We are struggling to recruit to key health and social care roles (for example, 10% of nursing posts are vacant).
- Modelling indicates we need to radically re-shape the health economy to provide far more out of hospital services and preventative support.
- Financially we are no longer managing within the available resources, with a deficit of circa £106m deficit in 2015/16, which rises significantly over the next five years unless we change the way we deliver care.

Our population

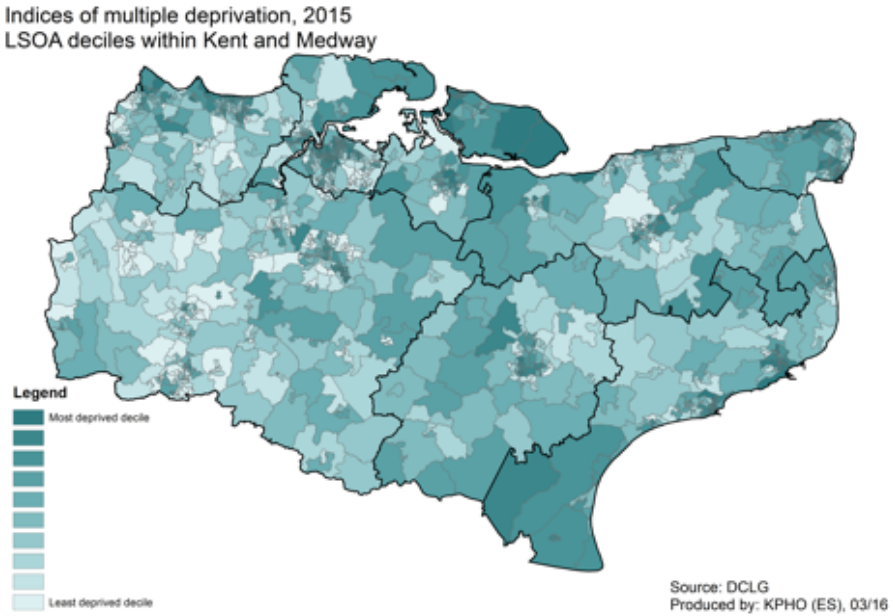
In 2011 the base population for Kent and Medway was calculated as 1,731,400. By 2031 this is projected to increase to 2,024,700, an increase of 293,300 that is equivalent to a 17% rise (circa 42,000 for Medway and 251,000 for Kent). In particular, the percentage of old people, who are living longer with multiple co-morbidities, is changing and by 2021 it is projected there will be a:

25.5% increase in number aged 65 years +

34.1 % increase in the number aged 85 years +

It is important to understand population changes at a local level as the above figures mask significant local variation.

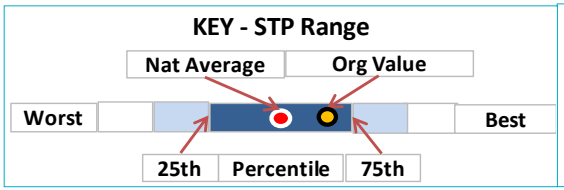
The projected 17% increase in the local population also includes population increases as a result of a planned 158,500 additional dwellings that are expected between 2011 and 2031. These developments will have a skewed impact on different areas. There are significant developments planned in Dartford, Ebbsfleet and Ashford. There are also significant housing developments in Bexley, South-East London, which are not factored into the housing numbers referenced above but whose residents would look to Darent Valley Hospital as their local acute provider.



Financial position (NHS organisations)

	Quarter 3 financial forecast for 2016/17	
Organisation	Forecast financial outturn position for 31/03/16 (£/m)	%
Maidstone and Tunbridge Wells NHS Trust	-23.5	-5.9%
Medway NHS Foundation Trust	-58.1	-23.2%
Dartford and Gravesham NHS Trust	-7.9	-3.5%
East Kent University Hospitals Foundation NHS Trust	-33.9	-6.4%
Kent Community Health NHS Foundation Trust	3.5	1.5%
Kent and Medway NHS and Social Care Partnership Trust	-4.3	-2.3%
South East Coast Ambulance Foundation NHS Trust (across Kent, Surrey and Sussex)	0	0
Trust total	**-124.1**	**-6.8%**
Swale CCG	1.4	1.0%
Medway CCG	3.6	1%
Darford, Gravesham and Swanley CCG	0	0
West Kent CCG	5.6	1.0
Ashford CCG	0	0
Canterbury and Coastal CCG	2.7	1%
South Kent Coast CCG	2.8	1%
Thanet CCG	2.1	1%
CCG Total	**18.2**	**0.8%**
Net System Total:	**-105.9**	

Performance against targets



The spine chart shows the relative performance of the STP – towards the right of the scale indicates "better" performance (which may relate to a lower or higher indicator value depending on the indicator in hand) and towards the left of the scale indicates "worse" performance. Percentiles are based on national data.

Better Care	Reporting Period	STP Value	STP Range
People with urgent GP referral having 1st definitive treatment for cancer within 62 days of referral	Q3 2015/16	76.3%	
One-year survival from all cancers - DATA ONLY AVAILABLE AT CCG LEVEL	2013	No Data	
Cancer patient experience	2014	0.89	
Improving Access to Psychological Therapies recovery rate	Oct-15 to Dec-15	47.5%	
People with a learning disability and/or autism receiving specialist inpatient care per million population	Jan-16	55.00	
Proportion of people with a learning disability on the GP register receiving an annual health check	Jan-16	52.2%	
Neonatal mortality and stillbirths per 1,000 births	2013	5.67	
Women's experience of maternity services	2015	82.1	
Estimated diagnosis rate for people with dementia	Feb-16	62.7%	
Emergency admissions for urgent care sensitive conditions per 100,000 population	Oct-14 to Sep-15	609	
% patients admitted, transferred or discharged from A&E within 4 hours	Feb-16	82.9%	
Ambulance waits - % of cat A red 1 incidents responded to within 8 minutes	Feb-16	65.5%	
Delayed transfers of care attributable to the NHS and Social Care per 100,000 population	Feb-16	14.33	
Emergency bed days per 1,000 population	Q2 2015/16	0.85	
Emergency admissions for chronic ambulatory care sensitive conditions per 100,000 population	2014/15	751	
Patient experience of GP services	Jul-15	72.9%	
Primary care workforce - GPs and practice nurses per 1,000 population	2015	0.77	
Patients waiting 18 weeks or less from referral to hospital treatment	Feb-16	91.9%	
People eligible for standard NHS Continuing Healthcare per 50,000 population	Sep-15	48.90	

Population Characteristics

	Period	England	Kent and Medway STP	Ashford	Canterbury And Coastal	Dartford, Gravesham And Swanley	Medway	South Kent Coast	Swale	Thanet	West Kent
Obesity: QOF prevalence (16+)	2014/15	9.0	9.4	9.3	7.8	9.3	12.0	10.9	11.3	9.3	7.6
Percentage of physically inactive adults	2014	27.7	28.3	29.1	30.6	27.0	29.6	27.4	32.4	34.5	25.7
Estimated smoking prevalence (QOF)	2014/15	18.4	18.9	18.2	17.4	18.2	20.5	21.4	22.5	23.5	16.0
Smoking cessation support and treatment offered	2014/15	94.1	93.8	92.3	93.3	94.0	95.7	94.8	95.2	92.8	92.2
Alcohol-specific hospital admission	2013/14	374		212	327	261	243	290	196	412	271
Hypertension: QOF prevalence (all ages)	2014/15	13.8	14.5	14.3	14.0	14.5	14.1	16.3	14.9	16.2	13.6
Depression: QOF prevalence (18+)	2014/15	7.3	7.5	8.6	7.6	5.6	8.3	7.5	7.8	9.0	7.0
Learning disability: QOF prevalence	2014/15	0.4	0.4	0.4	0.4	0.3	0.4	0.7	0.4	0.6	0.3
Premature mortality from coronary heart disease	2014	40.0		33.3	28.5	34.7	53.3	31.2	52.9	54.1	27.0
Premature mortality from stroke	2014	13.5		6.4	12.8	20.7	18.5	14.2	9.2	8.9	12.2
Premature mortality from respiratory disease	2013	28.1		26.5	26.9	23.7	35.4	33.6	40.2	25.4	24.2

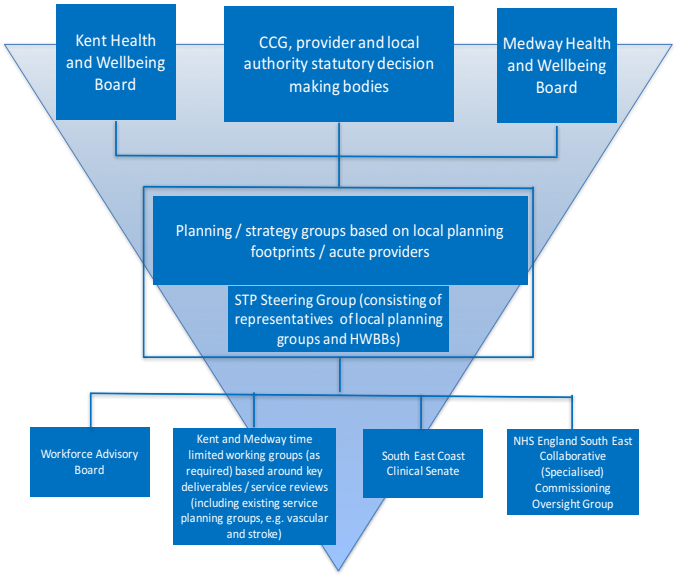
Outcome of CQC inspections (SECamb are not shown as inspected under the old system and now being re-inspected; Medway Community Healthcare have their services inspected individually)

	DGT	EKUHFT	KCHFT	KMPT	MFT	MTW
	Requires Improvement	Requires Improvement	Good	Requires Improvement	Inadequate	Requires Improvement
Safe						
Effective						
Caring						
Responsive						
Well-led						

	Good
	Requires improvement
	Inadequate

Governance

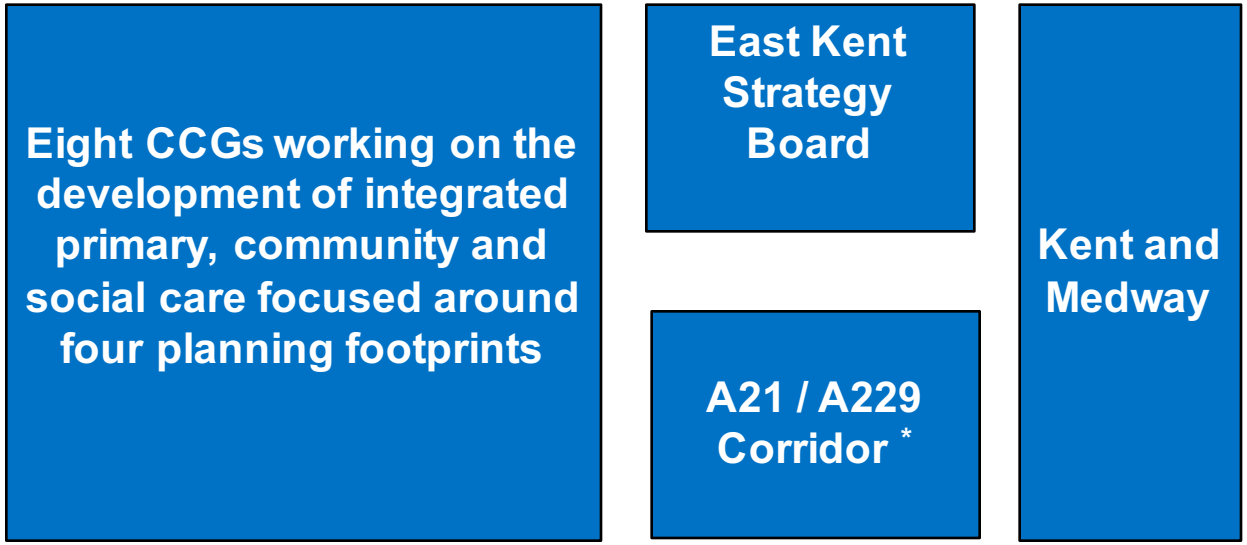
- Have been on a “journey” with organisations and worked at reaching a consensus around the approach and now good buy-in from constituent organisations
- Whilst still a focus on local planning a strong recognition of the K&M footprint, supported by a commitment to work together
- STP Steering Group formed and meeting (draws representation from local planning arrangements, HWBBs and upper tier local authorities – through this all statutory bodies have a seat at the table)



- Work streams initiated and / or existing working groups given new direction
- However, governance will need to be revisited and will need to evolve
- A proposed structure for the submission has been prepared and currently under review to ensure ownership (content being added)

Complexity of Kent and Medway

Like many areas Kent and Medway is complex. Working to a single STP footprint doesn't negate the need to work at different levels.



* Includes part of East Sussex that is outside the STP area and the Dartford and Gravesham NHS Trust vanguard with Guy's and St Thomas' NHS Foundation Trust

Our four main focus areas

1. Self-care and prevention (public health departments have developed the Kent and Medway plan) with identified health and finance benefits
2. Strengthened primary care and integrated out of hospital care (including mental health and social care)
3. Acute hospital strategy (including mental health):
   i. East Kent Strategy Board
   ii. A21 / A229
   iii. Pan Kent and Medway services (e.g. hyper acute stroke and vascular surgery)
4. Cost reduction measures (including “Carter” efficiencies)

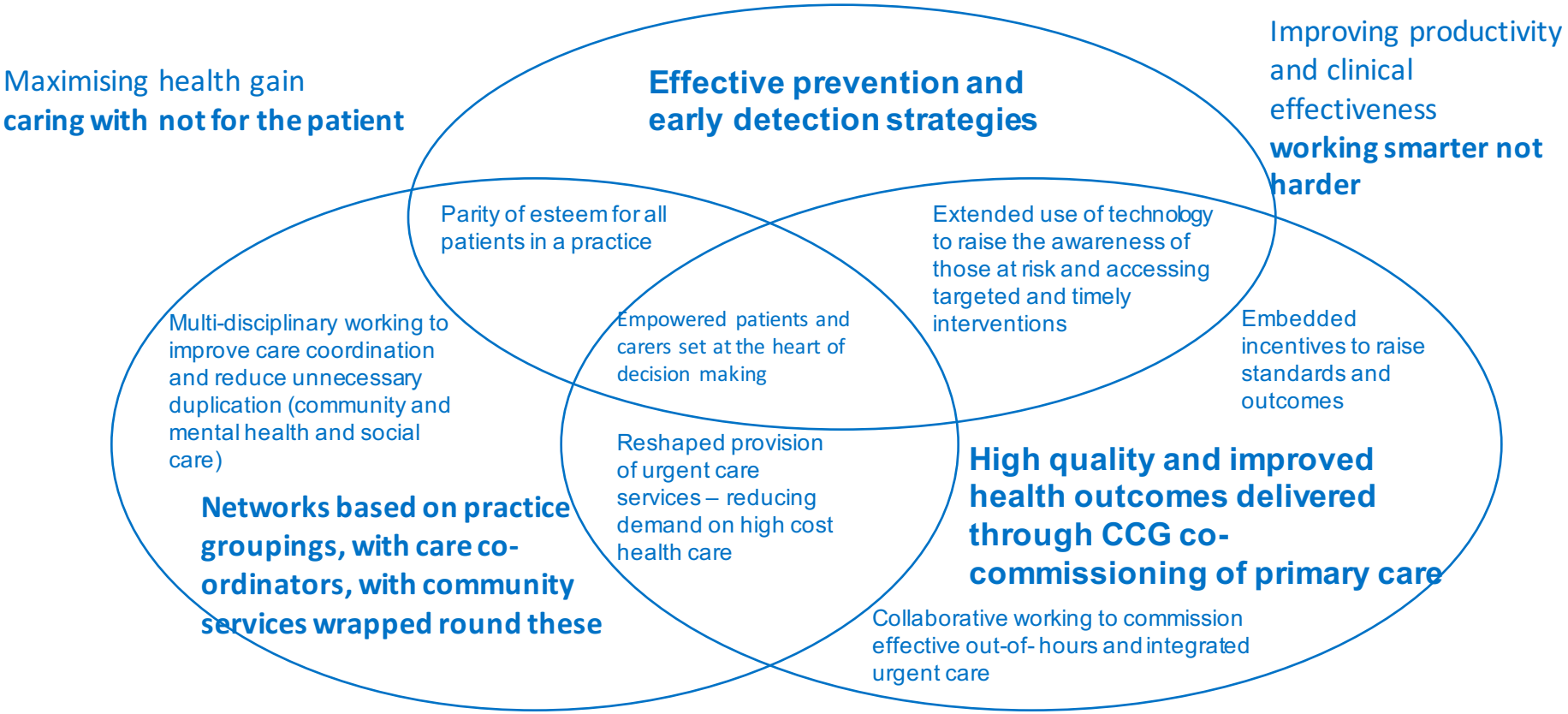
Self-care and prevention

- **Reducing the gap in health and wellbeing outcomes - working across the entire health and care system:** evidence suggests that poorer health behaviours and related outcomes, such as obesity prevalence, smoking prevalence, and higher premature mortality rates correlate strongly with deprived areas.
- **Making Every Contact Count:** use the millions of day to day interactions that organisations and individuals have with people to support them in making positive changes to their physical and mental health and wellbeing.
- **Primary prevention through lifestyle services,** focusing on:
  - **Improving mental health and wellbeing**, addressing:
    - *post-natal depression (PND)*
    - *depression in older people*
    - *conduct disorder mental health (prolonged anti-social behaviour)*
  - **Increasing smoking cessation**
  - **Increasing physical activity**
  - **Addressing overweight and obesity**
  - **Tackling alcohol misuse**

Primary care and integrated out of hospital care (networks of care focused on populations of 30,000 to 60,000 based on GP lists)

- Delivering the general practice Five Year Forward View
- A focus on multi-disciplinary team working, with shared decision making with the patient, focused around the patient's own health goals
- Risk stratification linked to detailed care planning and coordination of the highest risk patients (care coordination)
- Colocation of services, with telemedicine, and immediate access to an extended range of diagnostic services
- On site medicines management support and integration of pharmacist support into primary care and self-care pathways
- Effective triage and streaming, with rapid access for those who are most ill
- Patient held records that are interoperable between primary / community and secondary care
- Multi-disciplinary training
- Joint evaluation of quality outcomes for quality improvement
- Shared clinical protocols with secondary care
- A focus on well-being and prevention

From reactive to proactive



Care networks securing sustainability and resilience
focusing on people not conditions

Acute Strategy – emerging relationships

= Current major acute hospital site

Mental Health

Promoting wellbeing and reducing poor mental health:

- Use of Open Dialogue – systemic family intervention psychologically based
- Use of community assets to strengthen response – building communities and social networks and social prescribing
- Taking a preventative strategy where every contact counts
- Building on existing suicide prevention work

Integrated Physical and Mental Health Services:

- Biannual MHH/PH health checks for those with SMI and adherence checks
- Training on stigma for physical health teams
- Management of LTCs on an integrated manner – use of MCP
- Adoption of peer support model of recovery college in physical health

Improve crisis response:

- Integrated single point of access
- Implementation of an alternative place of safety
- Implementation of a Mental Health Decision Unit
- Development of liaison to include medically unexplained symptoms
- Crisis - use of virtual beds

Enabling strategies

- **Digital:**
  - To support direct care, including prevention and self-care
  - To support the sharing of patient information (including more electronic information in hospitals)
  - To support us to develop a better understanding of how the system is operating and the demands being placed upon it (informatics)
- **Workforce:**
  - Recruiting and retaining the required staff
  - Initiatives to address the challenge that the number of posts that local organisations are seeking to fill is greater than the number of people within the employment market)
  - Transforming the roles of our staff to deliver new care models.
- **Estates: optimise utilisation**
- **Leadership:** develop shared system leadership

Cost Reduction

- Activity growth moderated by circa 1% on a sustainable basis
- Provider efficiency of at least 2% on a sustainable basis (Including Lord Carter efficiencies):
  - Pharmacy initiatives
  - Procurement efficiencies
  - Pathology
  - Pay restraint
  - Electronic staff rostering, sickness and absence rates
  - Estate utilisation (clinical vs non-clinical)
  - Back office (administration) efficiencies
- Through expansion of best practice and ending “inexplicable” variation

Next steps

- Modelling to better understand financial and capacity gap
- Work-up four focus areas
- 30th June checkpoint submission (stocktake of work in progress)
- July review meeting with NHS England and NHS Improvement
- Further work over the summer