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To: County Council - 16 March 2017

Subject: **THE SUSTAINABILITY AND TRANSFORMATION PLAN (STP) FOR KENT AND MEDWAY**

Classification: Unrestricted

Summary: NHS England has identified 44 health and social care “footprints” to produce Sustainability and Transformation Plans (STP) that describe how the provisions of the Five Year Forward View will be delivered. Key to the success of the plans will be effective integration of health and social care. Kent County Council has a major role to play in developing the whole of the STP in Kent through social care, public health and effective partnership relationships.

The Kent and Medway STP provides the opportunity to transform the health and social care system so that people receive the care they need in the place they want, primarily at home or in the community. It should allow us to reduce the demand for hospital care so that the quality of care people can expect will improve. Integration of services, including social care, and improved commissioning for outcomes will lead to better value from the budgets we control and a more financially sustainable system.

Recommendation: The County Council is asked to **ENDORSE** the approach being taken towards the development of the Kent and Medway Sustainability and Transformation Plan.

1. Introduction

1.1 The Sustainability and Transformation Plans (STPs) that are being developed by the 44 local area health economies, or “footprints” such as Kent and Medway as defined by NHS England, describe how the aspirations of the Five Year Forward View can be delivered in the ways that best suit local conditions. The Kent and Medway STP was published in November 2016 following its endorsement by NHS England. The Five Year Forward View recognises that the current health and social care services have served us well for a long time and have ensured that many more people are living into older age than at any time in the past. However it also appreciates that the way health and social care services currently operate cannot deliver the types of care that the increasing population of older people, many of whom will suffer from a number of medical conditions as they age, will need and deserve. As the Care Quality Commission’s chief inspector of hospitals Professor Sir Mike Richards has said:

"What is clear is that while staff continue to work hard to deliver good care, the model of care that once worked well cannot continue to meet the needs of today's population."

- 1.2 So whilst the current arrangements have served us well in the past they are not able to meet the challenges of the future. This presents us with a rare opportunity to redesign our health and social care system around the needs of our people and deliver much more integrated ways of working wherever possible. Local authorities can put social care centre stage as part of that integrated system, as well as being an essential partner in delivering the transformation we need. We need to maximise the opportunities that now arise to ensure that the combined resources of the health service and the local authority, are spent in the most effective ways and that we embed the principles of commissioning for outcomes throughout the new system.
- 1.3 Kent is at the forefront nationally in designing the new ways the health and social care system will need to operate so that people can be confident that they will receive "the right care, at the right time, in the right place". By focusing on providing care in the community, preferably treating people in their own homes wherever possible, we can help people manage their health conditions, maintain their independence and improve the outcomes that can be achieved. Fewer patients will require hospital treatment and our hospitals will have pressures reduced enabling them to improve the care they can offer to those that need the specialist and more intensive treatment delivered in an acute hospital. The STP suggests that there could be a reduction of 30% of admissions within hospitals could be reduced.

2. The Kent and Medway Sustainability and Transformation Plan

- 2.1 The Five Year Forward View published by NHS England in October 2014 described the challenges faced by health and social care. There were several key messages from the Five Year Forward View that meant that radical changes were necessary to how we deliver the care people need:
 - There are very welcome dramatic and continuing increases in life expectancy as many people live longer than earlier generations, often as a result of improved medical practice that has reduced mortality from previously fatal conditions
 - Whilst people are living longer they often now suffer from long-term conditions such as diabetes, COPD, dementia and others that cannot be cured but which can be managed to best effect. Many people will acquire two or more long-term conditions as they age and their treatment will become increasingly complex
 - The present way we treat patients with such conditions places far too much reliance on hospitals to admit people for treatment when their conditions deteriorate dangerously rather than maintaining them at home, and cannot provide the clinical outcomes people need. Hospital care is also very expensive and if patients can be treated better elsewhere hospitals can concentrate on those people that need to be there because

hospital is the only place that can provide the intensive and complex interventions they need

- If health and social care services are not to be overwhelmed by the increasing demand for their services and become financially sustainable we need to transform how we treat people with far more emphasis on maintaining people in the community and less reliance on our hospitals.

2.2 The Five Year Forward View also mandated the health service and its partners to explore new models of care that will improve outcomes for patients and their experience of care; make sure people receive the right care, in the right place, at the right time; use our available resources much more effectively and wisely; and help to create financial stability for the whole system.

3. The Case for Change

3.1 Kent and Medway reflect many of the issues faced nationally but there are also local imperatives for doing things differently. As the Kent and Medway STP states:

- We are **£109m 'in the red'** and this will rise to **£486m by 20/21** across health and social care if we do nothing.
- Our **workforce is ageing** and we have difficulty recruiting in some areas. This means that **senior doctors and nurses are not available** all the time.
- Our population is expected to **grow by 90,000 people (5%)** over the next five years; 20,000 of these people are in the new town in Ebbsfleet. Growth in the number of over 65s is **over 4 times greater** than those under 65; an aging population means **increasing demand for health and social care**.
- There are **health inequalities** across Kent and Medway; in Thanet, one of the most deprived areas of the county, a woman living in the best ward for life expectancy can expect to live **almost 22 years longer** than a woman in the worst. The main causes of early death are **often preventable**.
- Over **500,000 local people live with long-term health conditions**, many of which are preventable. And many of these people have multiple long-term health conditions, dementia or mental ill health.
- There are many people who are **in hospital beds who could be cared for nearer to home**. Being in a hospital bed **for too long is damaging for patients** and increases the risk of them ending up in a care home.
- We are **struggling to meet performance targets** for cancer, dementia and A&E. This means people are not seen as quickly as they should be.

- Many of our local hospitals are in ‘special measures’ because **of financial or quality pressures** and numerous local nursing and residential homes are **rated ‘inadequate’ or ‘requires improvement’**.

3.2 Our ambition

- Create services which are able to meet the needs of our changing population
- Reduce health inequalities and reduce death rates from preventable conditions
- More measures in the community to prevent and manage long-term health conditions
- Achieve financial balance for health and social care across Kent and Medway
- To attract, retain and grow a talented workforce

3.3 The aspiration of the Kent and Medway STP is also clear from the Executive Summary:

“The Kent and Medway health and care system is seeking to deliver an integrated health and social care model that focuses on delivering high quality, outcome focused, person centred, coordinated care that is easy to access and enables people to stay well and live independently and for as long as possible in their home setting

3.4 More than that, the system will transform services to deliver proactive care, and ensure that support is focused on improving and promoting health and wellbeing, rather than care and support that is solely reactive to ill health and disease

3.5 Core to the model is the philosophy of health and care services working together to promote and support independence, utilising statutory and voluntary services, and where appropriate the independent sector, to deliver the right care, in the right place, at the right time

3.6 Our transformation plan will bring a profound shift in where and how we deliver care. It builds on conversations held with local people about the care they want and need and has the patient at its heart:

- Our first priority is developing **Local Care**, building on local innovative models that are delivering new models of care, which brings primary care general practices into stronger clusters, and then aggregating clusters into Multispecialty Community Provider (MCP) type arrangements, and, potentially, into a small number of larger Accountable Care Organisation (ACO) type arrangements that hold capitated budgets – Local Care will enable services to operate at a scale where it will be possible to bring together primary, community, mental health and social care to develop truly integrated services in the home and in the community.

- This model will manage demand for acute services, enabling significant reductions in acute activity and length of stay which amount to £160m of net system savings by 2020/21 and relieve pressure on our bed base.
- We have also therefore committed to a Kent and Medway-wide strategy for **Hospital Care**, which will both ensure provision of high-quality specialist services at scale and also consider opportunities to optimise our service and estate footprint as the landscape of care provision becomes more local”.
- Work is ongoing to surface potential opportunities and evaluate them ahead of public consultation in 2017.

4. Key Elements of the STP

4.1 There are three key elements to the STP, all of which involve significant engagement with the council. The three elements are Prevention, Local Care and Hospitals.

4.2 Prevention

4.2.2 Most people in Kent enjoy good health but risk developing long-term health conditions as they age. Only 2% of our funding is spent on prevention of ill-health. The council is the public health authority for Kent and as such we have responsibility for the general health of the population and many of the interventions and programmes designed to keep people healthy. Key to this is helping people change their behaviour and lifestyles to promote healthier living such as quitting smoking, improving their diet and taking exercise as well as influencing other determinants of health such as employment, housing and education. A healthier population will not only live longer and enjoy better quality of life but will also reduce demand for health and social care services through the prevention of long-term conditions. The STP has highlighted four specific priorities for prevention – Obesity and Physical Activity; Smoking Cessation and Prevention; Workplace Health and Reduction of Alcohol-Related Harms in the Population.

4.2.3 In addition the council is working with partners, especially District Councils, to reduce the inequalities in health across the county. Everybody should benefit from better health but if we are to reduce inequalities we need to “improve the health of the poorest fastest” or the inequalities gap will widen. The council’s public health division will prioritise those areas of the county with most need and the new public health commissioning strategy focuses on the 88 Lower Super Output Areas that are our most deprived communities.

4.2.4 We also need to ensure the best value for the money we spend and our emphasis on commissioning for outcomes will help us achieve this.

4.3 Local Care

4.3.1 Based on the belief that wherever possible “your own bed is the best bed” for delivering care, a prime focus of the STP in Kent and Medway is on how to

achieve the best outcomes for patients whilst ensuring that they receive the care they need in their own homes or as near to it as possible. The new models of care, called Local Care, that are being explored are all fundamentally trying to achieve the same thing, a move from more traditional health care to one where people and their carers are given all the support they need to manage their long-term conditions as effectively as possible in the community.

4.3.2 Patient experience will be at the heart of the process with community facilities based around GP practices. Groups of GPs will cluster together pooling their various specialisms and expertise. Services and interventions currently only available in hospitals will be accessed from a GP surgery or nearby facilities. These will potentially include consultant outpatient clinics, x-rays and other diagnostic tests, minor surgery, minor injury treatments, physiotherapy and other therapies, enhanced outreach and community District nursing services, re-ablement services, social care and even, in time, residential and nursing care facilities. People will experience a supportive team of professionals around them led by their GP who will co-ordinate the care they need. Many services will be accessible 24/7/365.

4.3.3 Another feature of the Five Year Forward View is the ambition it contains to integrate physical and mental health. Our new models of Local Care will therefore also be designed to ensure that they are properly equipped to cater for people who experience mental health issues, either individually or in conjunction with other conditions.

4.3.4 Taken together these changes will produce much better outcomes for patients and divert large amounts of activity that is currently delivered by our overburdened hospitals. Through the integration of services and the avoidance of duplication we will also make much better use of the Kent health and social care resources to allow for reinvestment savings generated.

4.3.5 Local Care in Practice – The Encompass Vanguard

4.3.5.1 This transformation of how we deliver health and social care is not wishful thinking or just aspiration for the future. It is happening here and now in Kent and local people in Whitstable are enjoying the benefits. One of the new models of care we are testing is a national showcase, or NHS England sponsored Vanguard, to demonstrate how effective this approach can be. The Encompass Vanguard development serves 170,000 people and brings together GPs, in the Whitstable practice with another 15 associated GP practices across East Kent aligned to four Community Hub Operating Centres (CHOCs) in Whitstable, Canterbury, Faversham and Sandwich. Currently they offer an expanding range of GP services including specialisms, consultant appointments, Paramedic Practitioner home visiting, a minor injuries clinic, x-ray and other diagnostic tests, nursing and re-ablement.

4.3.5.2 Further development will include a much greater range of services and the aim of the Encompass Vanguard is to provide:

- “pro-active community care and prevention through early identification, coordinated care planning and community care delivery in primary and community setting. Care will be patient focused, easy to access and well co-ordinated via “care navigation” enabling clear transition through services based around clearly identified and agreed “care decision points”. Care will take place in the most appropriate, safe and effective setting, shifting avoidable activity from acute hospital to community settings, preferably in the patient or service user’s own home, whilst promoting self-care and management with support from carers. The MCP will support and promote people to stay well, maintaining their health and independence living in their place of choice, buoyed by appropriate integrated multi-agency community services.”

4.3.5.3 All of this contributes to serious reductions in the number of people that need to attend A&E departments and being subsequently admitted and evidence from recent “listening events” in East Kent is that patients greatly appreciate the new ways of working. The Encompass Vanguard is our most developed example but similar programmes of Local Care are underway or planned in other areas of the county.

4.4 Hospitals

4.4.1 Problems affecting our hospitals in Kent and Medway are well documented and we must ensure they are able to provide the standards of care people need and be financially sustainable.

4.4.2 Some people will always need the treatments and facilities that can only be provided in a hospital. People who are very ill or with complex conditions need intensive treatment that is not available safely in the community. However, we need to ensure that our hospitals are able to deliver the excellent care they are capable of by reducing the demand from patients who can be treated better elsewhere.

4.4.3 There is evidence that as many as 40% of emergency hospital admissions could be avoided through appropriate care in the community. Several recent studies have shown that on any one day about a third of the beds in our acute hospitals are occupied by people that could be cared for elsewhere where appropriate facilities are available. This amounts to over 1000 beds that could be used differently and which divert hospital resources from other patients that need them.

4.4.4 Hospitals are far from being the best place for many people to receive treatment. Evidence suggests that for many conditions outcomes in hospital are poorer than for good community treatment and there are serious risks from being in hospital unnecessarily – including loss of muscle function, increased confusion, risk of infection and a greater chance of being admitted to residential or nursing care.

4.4.5 We must find ways to free up our hospitals so they can concentrate on giving good quality care to those that require it. The transformation we make must ensure that attendances at, and subsequent admissions from, Accident and Emergency units reduce significantly and ensure people who would be better served by community facilities can access these when they need it. With the right facilities in the community our acute hospitals can safely become smaller and more specialised, but cognisant of demography and population growth. Further development of short stay community beds offering “step up” or “step down” alternatives to an acute hospital can greatly assist and our focus on Local Care should generate a “virtuous circle” of reducing demand for more expensive care thereby releasing resources to re-invest in the care people need and want away from hospitals. The council has a key role to play in ensuring our hospitals are sustainable through integrated social care services in the community that help avoid hospital admissions and expedite discharges when people are ready to leave. Relieving the pressure on our acute hospitals (where a bed typically costs £220 per day) will go a very long way to resolving the financial problems we face which will amount to £434 million across Kent and Medway if we do not change what we do. As the chief executive of NHS England, Simon Stevens, has said we must “accelerate these proposals” so that the benefits can be realised as soon as possible.

5. Partnership

5.1 None of this will be achieved if we do not forge the right partnerships between all concerned to ensure the whole system is pulling in the same direction.

5.2 Kent and Medway is one of the most complicated health economies in the country with eight Clinical Commissioning Groups; four major hospital trusts; a mental health trust; an ambulance trust; a community health trust and other providers; 13 Community Hospitals, 249 GP practices, 335+ pharmacies, 394 dental practices, 466 privately run social care providers, a county, unitary and twelve district local authorities. Securing unanimity across all of these different and independent organisations can be a challenge but one of the key successes of the STP process so far is that every major organisation has signed up to the vision and principles that the STP is trying to achieve. There is enthusiastic support for the changes we need to make because it will deliver better outcomes for patients. This emphasis on clinical leadership means that all the proposed changes are considered firstly with regard to whether they will improve the treatment people receive. Unless there is a clear clinical case, supported by medical leaders, to deliver better care anything that arises from the STP should not, and will not, be put to the public for consultation.

5.3 Our combined health and social care budget is c.£3.15 billion. Local authority spend on social care is £553 million, £617.4 million is spent on primary and community care, £1.42 billion on acute hospital care, £190.6 million on mental health services and £74.5 million on public health. There is a clear recognition that the only way to secure a financially sustainable health and

social care system is for all partners to wholeheartedly support the integration of their services and organisations. Again we must ensure that we make the best use of our joint resources and commissioning for outcomes drives our activity.

- 5.4 The Kent and Medway STP is being developed under the governance of a STP Programme Board currently chaired by the Senior Responsible Officer for the STP – Glenn Douglas the Chief Executive of the Maidstone and Tunbridge Wells NHS Hospitals Trust. KCC representation on the Programme Board consists of Paul Carter (Leader), Roger Gough (Cabinet Member for Education and Health Reform and Chair of the Kent Health and Wellbeing Board) and Andrew Ireland (Corporate Director of Social Care, Health and Wellbeing). Other key STP groups include the Clinical Board, the Programme Board and the various work streams that concentrate on four specific themes of the STP.
- 5.5 Involvement in the STP process has been a key priority for KCC and we have successfully ensured that we are represented at all levels including the relevant work streams that continue the STP development. The council has a lead role on important enablers such as digital and estates. Our view is that it is critical that any proposals to change health and social care services that emanate from the STP properly support what we in KCC are trying to achieve, integrate with Phase 3 of our social care transformation programme, and fit with our wider ambitions to become a commissioning organisation. The development of Local Care provides a highly complementary framework for our plans to integrate social care with health services, our continued emphasis on promoting independence and ensuring people can maintain themselves at home for as long as possible. It also allows the council to be very clear with our partners that whatever else the STP delivers it must include high quality and financially sustainable social care.
- 5.6 In some parts of the country local authorities have not been integral to the development of their local STPs. Where councils have been actively engaged the results have been encouraging and Simon Stevens himself has recently said in evidence to the Public Accounts Committee that he would welcome greater local authority leadership for decision making to drive changes forward. The council needs to be ready to play its part in the STP going forward including helping construct robust and effective governance arrangements. The Kent Health and Wellbeing Board could potentially play a significant role in the future.
- 5.7 The other critical component of the partnership needed to deliver the STP is the public themselves. There has been concern about the transparency of the process so far, as NHS England have been keen to ensure that the plans published are of sufficient quality before being put to the public. In Kent and Medway a “Case for Change” that will describe why these changes are desirable as well as necessary will be published in the very near future. It is hoped that this will generate substantial public interest and debate to inform the transformation plans going forward and involve as many people as possible in Kent. Later in the year specific proposals for change will begin to be put to a full public consultation process. Healthwatch Kent will also play a

major role in the public engagement around the STP and we must also recognise the important contribution that the extensive voluntary and community sector in Kent can make. The current plan is that following publication of the Case for Change the formal consultation on proposals in East Kent and Kent and Medway wide stroke and vascular services will be put to the public later this year, followed by a second wave of proposals for other areas and services in due course.

6. STP Enablers

- 6.1 The STP identifies that in order to support the delivery of the emerging care models that there are a number of key enablers which are fundamental to success. The STP identifies that the appropriate approach to workforce, estates, digital, back office infrastructure and the way that we commissioning will be significant factors in transforming the way that we deliver services in response to the case for change. Dedicated work streams have been established to support the emerging clinical models to address and develop short, medium and long term strategies, key to this will be the development of an integrated approach to workforce to support of Health and Social care integration and a medical school in Kent to create clear career pathways along with the development of a long term estates investment and digital strategy across the county.

7. Conclusion

- 7.1 The STP process provides us with a rare opportunity to redesign and improve the health and social care system around the needs of the people who use it and, most importantly, deliver improved outcomes. It also enables us to ensure that the voice of social care is properly heard and recognised as an absolutely essential part of any sustainable system in the future.
- 7.2 The Kent and Medway STP has many positive features. However we should also be mindful that these changes will take time to achieve and the need for financial sustainability can sometimes affect our ability to “invest to save”. The £2.2 billion Sustainability and Transformation funding from NHS England has been very largely (£1.8 billion) devoted to servicing the debt of the main provider organisations with little left over to fund transformation. Big challenges remain but so do the opportunities. The workthe council has already done to transform its social care services provides a very good example of what can be achieved and all of these lessons will be incorporated into the further development of Local Care. Through the STP we can bring together all the relevant organisations and align how they spend their resources much more effectively. By spending the joint Kent Health and Social Care budget more wisely we can make sure we generate the best possible value as well as better outcomes for our population.

8. Recommendation

8.1 The County Council is asked to **ENDORSE** the approach being taken towards the development of the Kent and Medway Sustainability and Transformation Plan.

9. Background Documents

Draft Sustainability and Transformation Plan for Kent and Medway. Extract attached as Appendix. Full version found at:

http://www.kent.gov.uk/_data/assets/pdf_file/0018/65205/The-STP-draft-plan.pdf

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