



# Transforming health and social care in Kent and Medway

Sustainability and Transformation Plan

21<sup>st</sup> October 2016

Work in progress

# Transforming Health and Social Care in Kent and Medway



Kent and Medway, like other parts of England, have the challenge of balancing significantly increasing demand, the need to improve quality of care and improve access all within the financial constraints of taxpayer affordability over the next five years. Health and social care, with partners, have come together to develop this Sustainability and Transformation Plan. We have a track record of working well together and, increasingly, of integrating our approach to benefit our population by achieving more seamless care, and workforce and financial efficiencies.

This is an exciting opportunity to change the way we deliver prevention and care to our population. We are working in new ways to meet people's needs and aspirations, ensuring an increased quality of support by a flexible NHS and social care provision.

Our main priority is to work with clinicians and the public to transform Local Care through the integration of primary, community, mental health and social care and re-orientate some elements of traditional acute hospital care into the community. This allows patients to get joined-up care that considers the individual holistically – something patients have clearly and consistently told us they want.

We believe the way to achieve this is to enhance primary care by wrapping community services around a grouping of GP practices, to support the communities they serve, and to commission and manage higher-acuity and other out-of-hospital services at scale, so that we are able to:

- meet rising demand, including providing better care for the frail elderly, end of life patients, and other people with complex needs, who are very clear that they want more joined-up care;
- deliver prevention interventions at scale, improve the health of our population, and reduce reliance on institutional care; done well this will:
- enable us to take forward the development of acute hospital care (through reducing the number of patients supported in acute hospitals and supporting these individuals in the community).

Clinical evidence tells us that many patients, particularly the elderly frail, who are currently supported in an acute hospital are better cared for in other settings. Changing the setting of care for these individuals will be truly transformational. We know it is possible to deliver this change and already have local examples to build upon where this new approach is being delivered (such as the Encompass Vanguard comprising 16 practices (170,000 patients) in east Kent who are operating as a multi-specialty community provider (MCP), providing a wide range of primary care and community services).

We also need to focus more on preventing ill-health and promoting good health and our Local Care model needs to deliver population-level outcomes through delivery at scale. This is needed to support individuals in leading healthy lives, as well as reduce demand and costly clinical interventions. We also need a disproportionate focus on the populations where health outcomes are the poorest.

In response to this, acute care will need to change to improve patient experience and outcomes; achieve a more sustainable workforce infrastructure; and make best use of our estate, reducing our environmental impact and releasing savings. We want to continue to create centres of acute clinical expertise that see a greater separation between planned and unplanned care. This would end the current pattern of much-needed surgery being delayed because of pressure on beds for non-elective patients. Through this we will deliver referral to treatment time (RTT) targets; improve workforce rotas, retention and morale; and release significant savings, alongside investment in Local Care.

This is an ambitious plan of work and we are committed to progressing it for the benefits of the people we serve.

**Glenn Douglas**  
**Senior Responsible Officer**  
**Kent and Medway Sustainability and Transformation Plan**

## Executive summary (1/2)

- 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
- 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
- Core to the model is the philosophy of health and care services working together to promote and support independence, utilising statutory, voluntary and where appropriate the independent sector to deliver the right care, in the right place, at the right time
- 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 from June 2017

# Executive summary (2/2)

- Over the last year we have built the new working relationships and launched the discussions which enable us to work at a greater scale and level of impact than before.
- In recent months we have made dramatic improvements in our STP, moving from a fragmented and unsustainable programme to one which has a truly transformational ambition, engages health and social care leaders from across the footprint, has robust governance oversight, and brings the system back towards sustainability.
- Our plan aims for a radical transformation in our population’s health and wellbeing, the quality of our care, and the sustainability of our system by targeting interventions in four key areas:

## Care Transformation

Preventing ill health, intervening earlier and bringing excellent care closer to home

## Productivity

Maximising synergies and efficiencies in shared services, procurement and prescribing

## Enablers

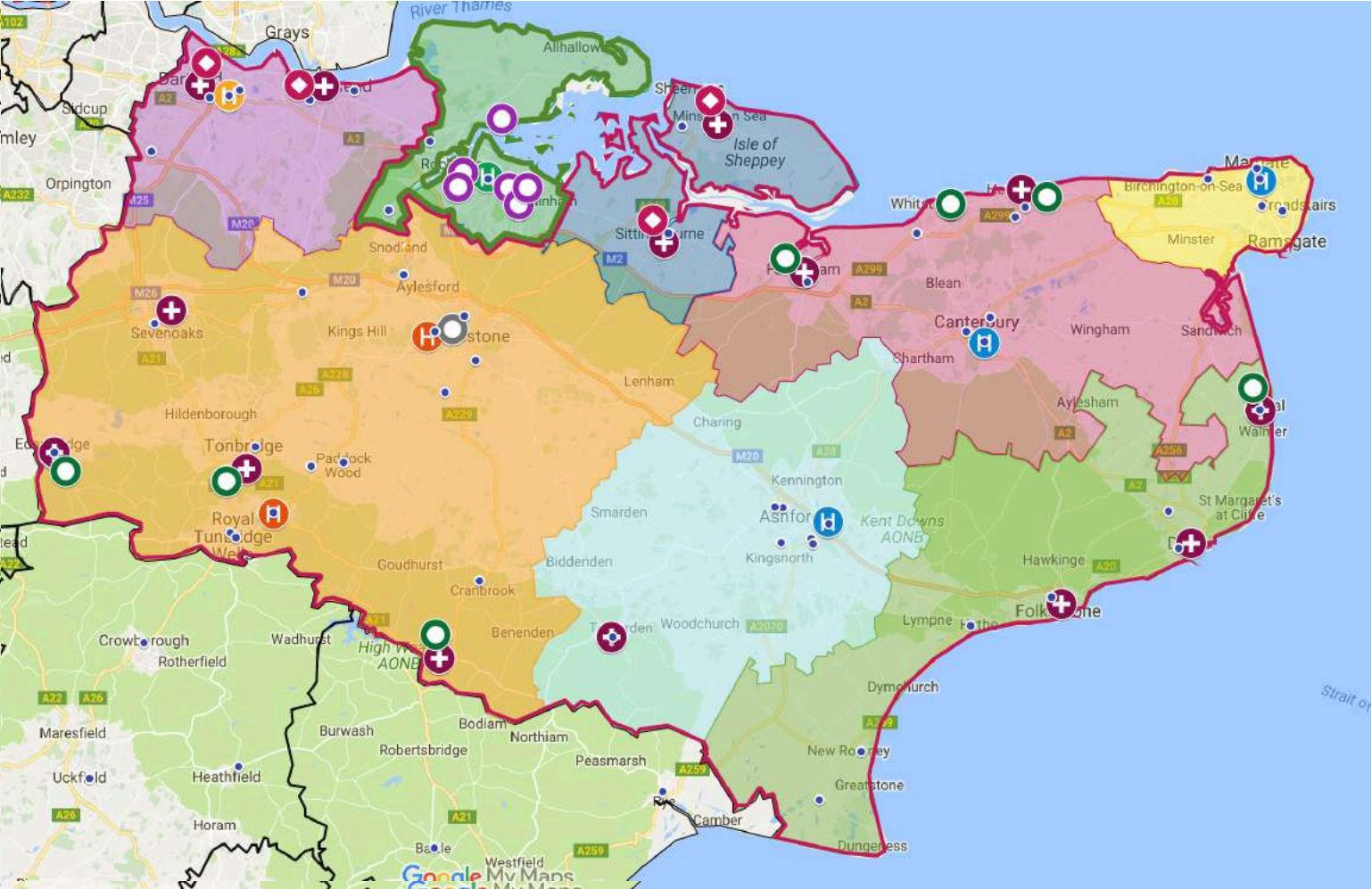
Investing in estates, digital infrastructure and the workforce needed to underpin a high-performing system

## System Leadership

Developing the commissioner and provider structures which will unlock greater scale and impact

- Our financial strategy now directs the system back to sustainability, closing a £486m do-nothing financial challenge (including social care pressures) to a remaining £29m challenge in 2020/21. The remaining £29m challenge is associated to financial pressures that arise as a result of the Ebbsfleet Health New Town Development.
- Working with health and social care professionals, patients and the public, we are continuing to develop our plan and design the transformation programme which will deliver it
- We anticipate that some elements of the core transformation will influence 2017/18 operational planning and that a first wave of holistic transformation will launch in 2018

# We are eight CCGs, 7 NHS providers and two local authorities, joining together with other partners, to transform health and care in Kent & Medway



- H D&G NHS Trust
- H EKHU NHS FT
- H Medway NHS FT
- H MTW NHS Trust
- + Kent community hospitals
- Kent and Medway NHS and Social Care Partnership Trust
- Medway Community Healthcare services
- Kent Community Healthcare Foundation NHS Trust
- ◊ Virgin Health
- South East Coast Ambulance Service NHS Foundation Trust

**Local Authorities:**

- Kent County Council
- Medway Council

# Since June we have made great strides in strengthening our change programme and raising our joint ambition

## Previous position

## How we are strengthening the programme

### Programme development

- Programme lacked a robust and active set of workstreams aligned with strategic priorities
- No PMO to drive progress

- ✓ Workstreams mobilising around core priorities, with SROs now all in place and PIDs being completed
- ✓ PMO established with interim external support

### Financial sustainability

- Plan did not balance, leaving a £196m NHS gap before STF allocation

- ✓ Analytical work undertaken across Kent and Medway has indicated significantly higher potential to transform the way we deliver health and care
- ✓ Our financial framework is now close to balance

### System leadership and relationships

- Two-speed programme with little strategic work completed across Kent and Medway
- Insufficient governance

- ✓ Commitment from leaders across the STP footprint to work together and drive further, faster
- ✓ Alignment around joint consultation timeline
- ✓ Strengthened governance arrangements in place

### Communication

- Varying levels of communication with wider stakeholders beyond senior system leaders

- ✓ Consensus across all organisations around STP
- ✓ STP rationale and benefits communicated to staff, public, stakeholders and media in letter signed by leaders
- ✓ Comprehensive communications and engagement plan in place to March 2017 (incl. key stakeholders and timing)

# We believe that health and care in Kent and Medway needs to change



## Case for change

- 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 & 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'**.

- 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 aging** and we have difficulty recruiting in some areas. This means that **senior doctors and nurses are not available** all the time.

## 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

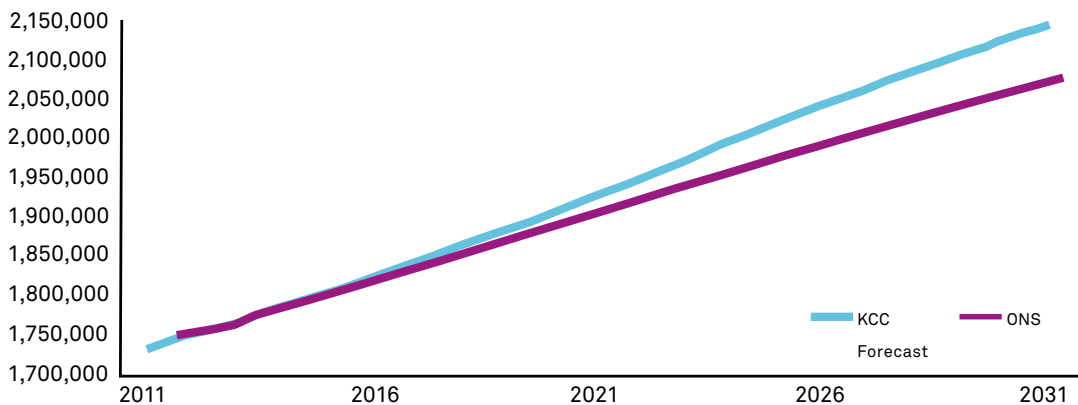
- Make sure people are cared for in clinically appropriate settings
- Deliver high quality and accessible social care across Kent and Medway
- Reduce attendance at A&E and onward admission at hospitals
- Support the sustainability of local providers

- Achieve financial balance for health and social care across Kent and Medway
- To attract, retain and grow a talented workforce

# Kent and Medway population is set to grow rapidly, faster than ONS projections

Housing developments will bring a higher population than ONS projections

Population growth forecast, Kent, KCC estimate vs. ONS



- Kent and Medway has planned significant housing growth (aimed at commuters and new families)
- The Kent and Medway Growth and Infrastructure Framework (KMGIF) has projected 188,200 new homes and 414,000 more people incremental to ONS projections
- Expected that the new population will place pressure on paediatric and maternity care especially

Ebbsfleet Health Garden City brings an additional pressure



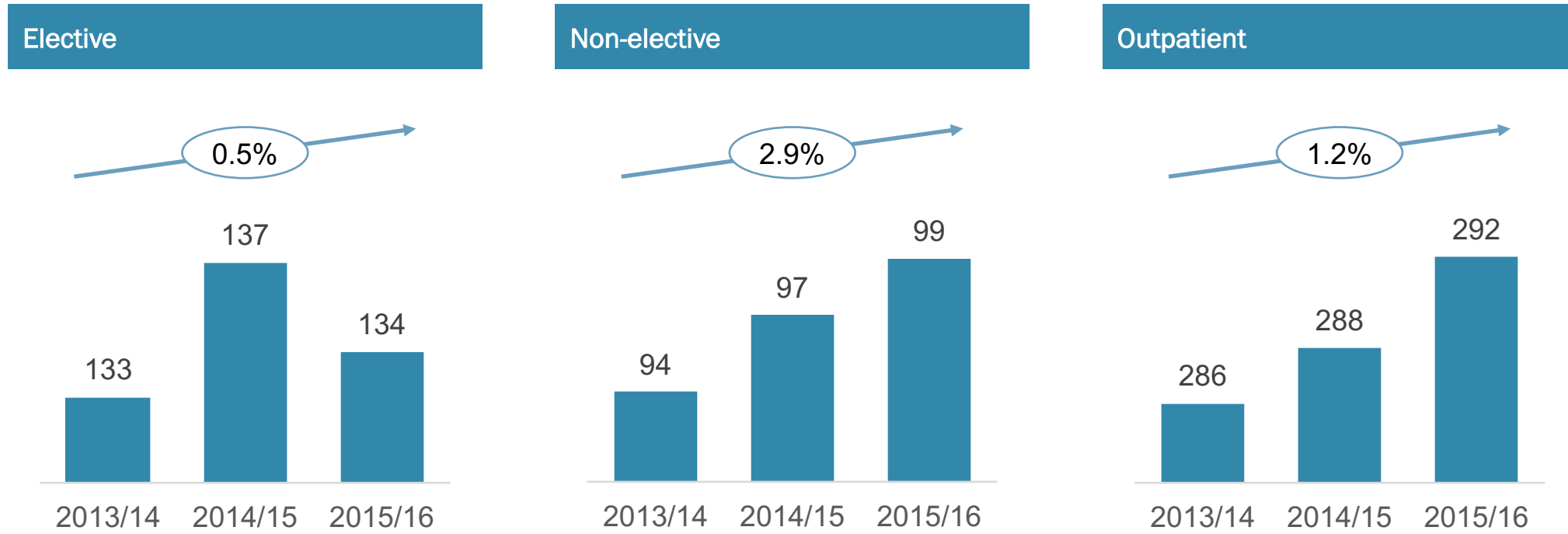
- Ebbsfleet Healthy Garden City and wider local housing developments will grow Dartford, Gravesham and Swanley CCG population especially
- Population expected to grow by 21,000 by 2020/21
- Work by local NHS organisations suggests £28m health care commissioner pressure and £75m provider capital needs



# The rate at which our growing population uses services is also rising, placing further pressure on services

Example: Acute activity per 1,000 population, Kent and Medway

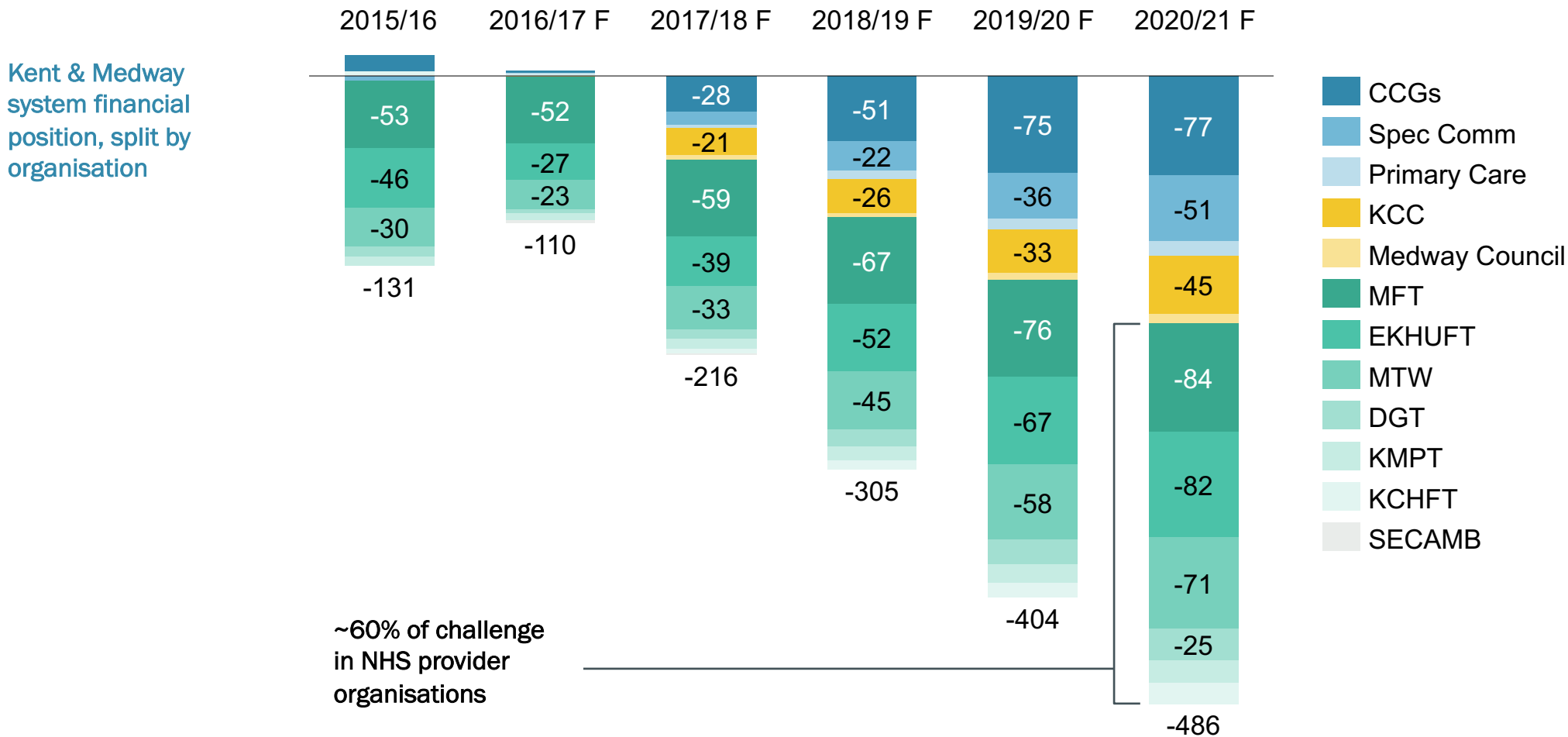
- CAGR, %



Notes: 1 Right Care peers for each K&M CCG selected and peer activity data aggregated, weighting by population  
Source: MAR Data, Carnall Farrar analysis

# Increasing demand is set to widen a £110m system deficit in 2016/17 into a £486m financial challenge by 2020/21 if nothing is done

£ Millions, health and social care system surplus/deficit, assuming ONS population growth



Note: 'No nothing' scenario is hypothetical; local authorities in particular confirm their statutory obligation and commitment not to run a deficit  
 Source: Kent and Medway STP Finance Group

# We are pursuing transformation around four themes to tackle these challenges

## Care Transformation

We are transforming our care for patients, moving to a model which prevents ill health, intervenes earlier, and delivers excellent, integrated care closer to home.

This clinical transformation will be delivered on four key fronts:

- **Prevention:** Enlisting public services, employers and the public to support health and wellbeing, with efforts to tackle the future burden of cardiovascular disease and diabetes
- **Local care:** A new model of care closer to home for integrated primary, acute, community, mental health and social care
- **Hospital transformation:** Optimal capacity and quality of specialised, general acute, community and mental health beds
- **Mental health:** Bringing parity of esteem, integrating physical and mental health services, and supporting people to live fuller lives

## Productivity

We can achieve more collectively than we can as individual organisations.

This applies most immediately for Providers in Kent & Medway as they look to realise efficiencies and productivity improvements in non-clinical settings.

Learning the lessons from the Carter Review, we will undertake a programme to identify, quantify and deliver savings through collaborative provider productivity addressing the following areas:

- **CIPs and QIPP delivery**
- **Shared back office** and corporate services (e.g., Finance, Payroll, HR, Legal)
- **Shared clinical services** (e.g. Pathology integration)
- **Procurement** and supply chain
- **Prescribing**

## Enablers

We need to develop three strategic priorities to enable the delivery of our transformation:

- **Workforce:** Transforming our ability to recruit, inspire and retain the skilled health and care workers we need to deliver high-quality services – including partnership with local universities to develop a medical school
- **Digital:** Unifying four local digital roadmaps within a single Kent and Medway digital framework, which both informs and is informed by the strategic clinical models we are implementing
- **Estates:** Achieving 'One Public Estate' by working across health organisations and local authorities to find efficiencies, deliver new models of care, and develop innovative ways of financing a step change in our estate footprint

## System Leadership

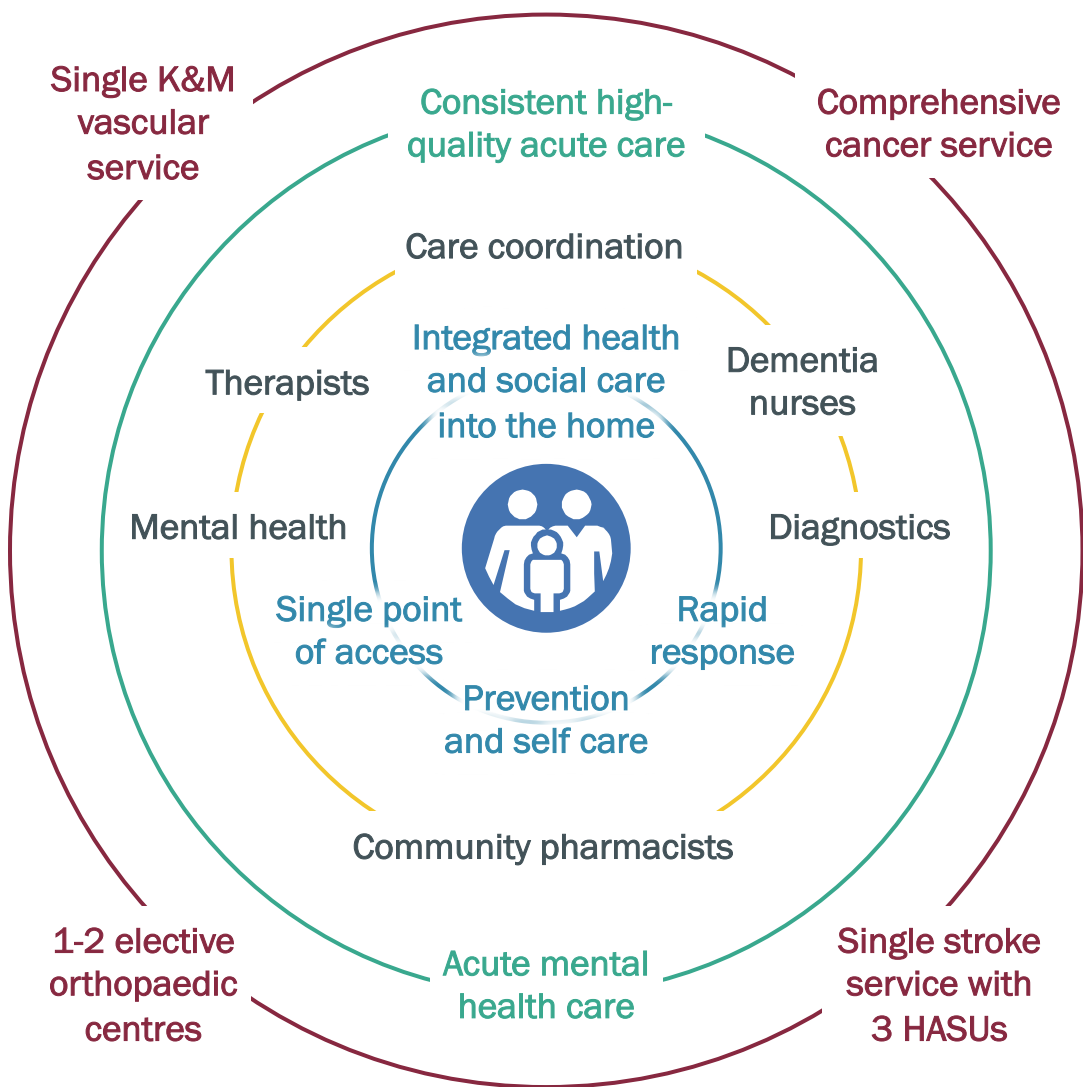
A critical success factor of this programme will be system leadership and system thinking. We have mobilised dedicated programmes of work to address:

- **Commissioning transformation:** Enabling plans for the future to be shaped by health and social care professionals, the public, patients, carers and stakeholders in an open and honest way, and responding to concerns
- **Communications and engagement:** Ensuring consistent communications and inclusive engagement which inform and include all key stakeholders in the design and development of the STP

We are currently designing a workstream to consider provider organisational form and develop the strategy to sustaining innovative provider models of care, including Accountable Care Organisations (ACOs).

# Our vision for care has the patient at its core

## Kent and Medway Future Care Model



## How health and care services will work for patients

- Your own bed is the best bed: only the most seriously injured or ill will ever spend more than a few days in an acute hospital due to their need to be under the care of a consultant
- Teams will support frail older people and people with complex needs, including those reaching the end of their lives at home whenever possible to maximise their quality of life
- Health and social care teams will support people at home, providing care, treatment and support round-the-clock, including in a crisis – and will be based in GP practices and community hubs
- People in Kent and Medway will take good care of themselves and of each other – taking charge of their health and wellbeing, avoiding preventable illnesses, and being experts on their own health, knowing when they can manage and when they need to contact a professional
- People will have planned surgery under conditions that maximise their recovery, including improved health before their operation

# We are enlisting the whole Kent and Medway community in improving health and wellbeing through our prevention programme

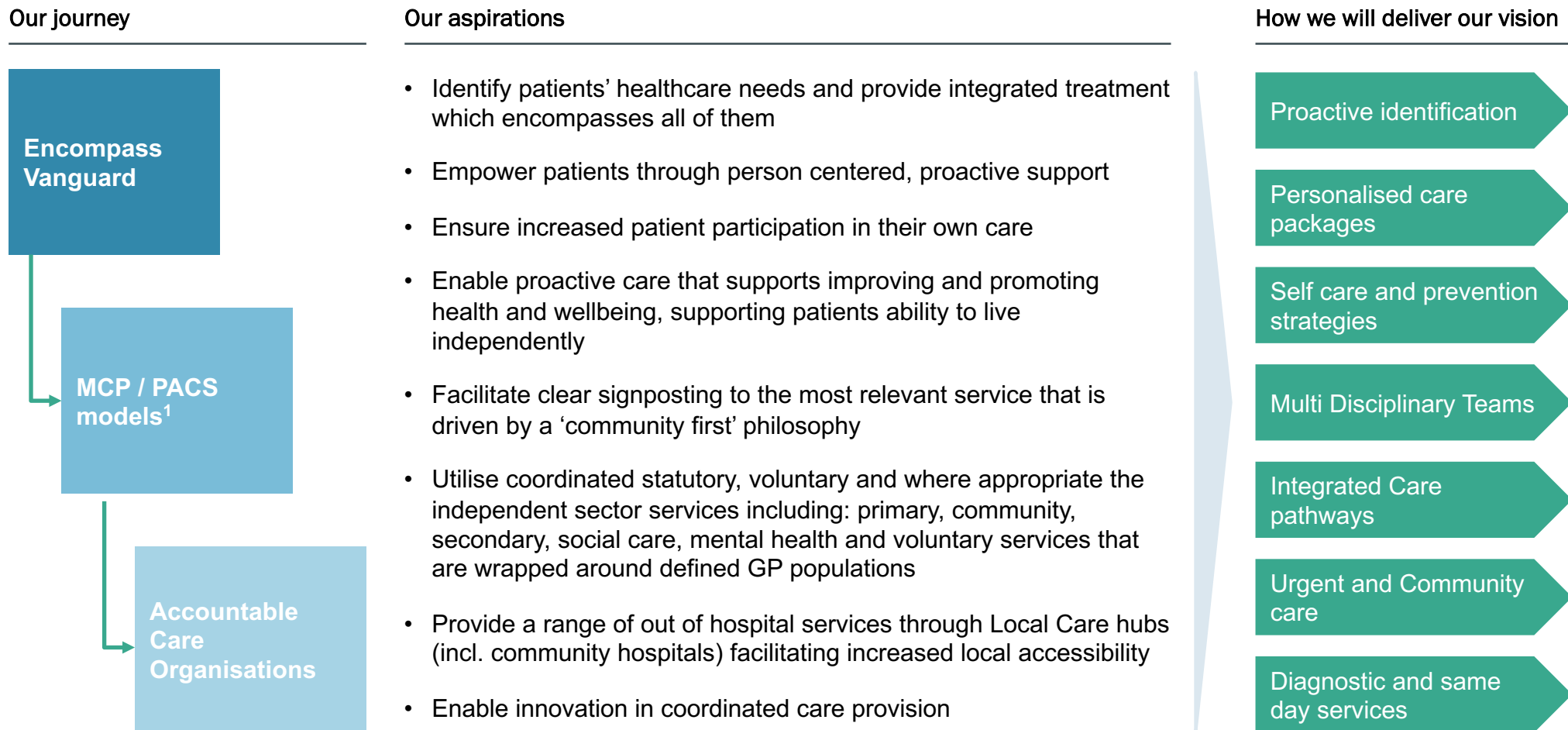
## Our vision

- Improve health and wellbeing for our population, reducing their need for health and care services
- We aim to make this vision the responsibility of all health and social care services, employers and the public
- We will achieve this by:
  - delivering workplace health initiatives, aimed at improving the health of staff delivering services;
  - industrialising clinical treatments related to lifestyle behaviours and treat these conditions as clinical diseases;
  - treating both physical and mental health issues concurrently and effectively; and
  - concentrating prevention activities in four key areas

## Our prevention priorities

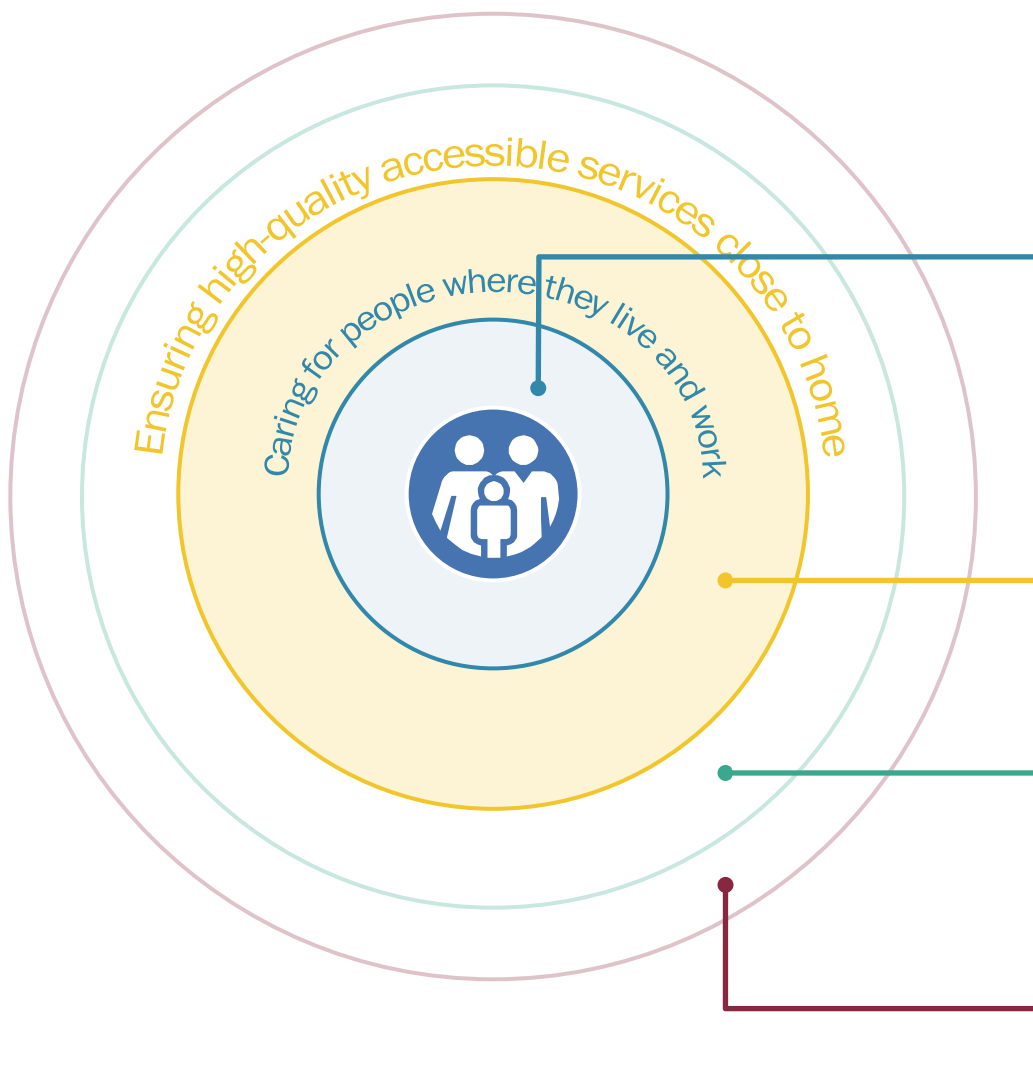
- **Obesity and Physical Activity:** ‘Let’s Get Moving’ physical activity pathway in primary care at scale across Kent and Medway. Increase capacity in Tier 2 Weight Management Programmes from 2,348 to 10,000
- **Smoking Cessation and Prevention:** Acute trusts becoming smoke-free with trained advisors, tailored support for the young and youth workers, pregnant and maternal smokers and people with mental health conditions.
- **Workplace Health:** Working with employers on lifestyle interventions and smoking and alcohol misuse, providing training programmes for improved mental health and wellbeing in the workplace
- **Reduce Alcohol-Related Harms in the Population:** ‘Blue Light initiative’ addressing change-resistant drinkers. ‘Identification and Brief Advice’ (IBA) in hospitals (‘Healthier Hospitals initiative’) and screening in GPs. Alcohol health messaging to the general population

# Local Care aims to improve health, support independence and reduce reliance on hospitals through transformational, integrated health and social care



Note: 1 Multispecialty Community Providers and Primary and Acute Care Systems

# Our Local Care model will be delivered across Kent and Medway through a series of strategic interventions both close to home and beyond

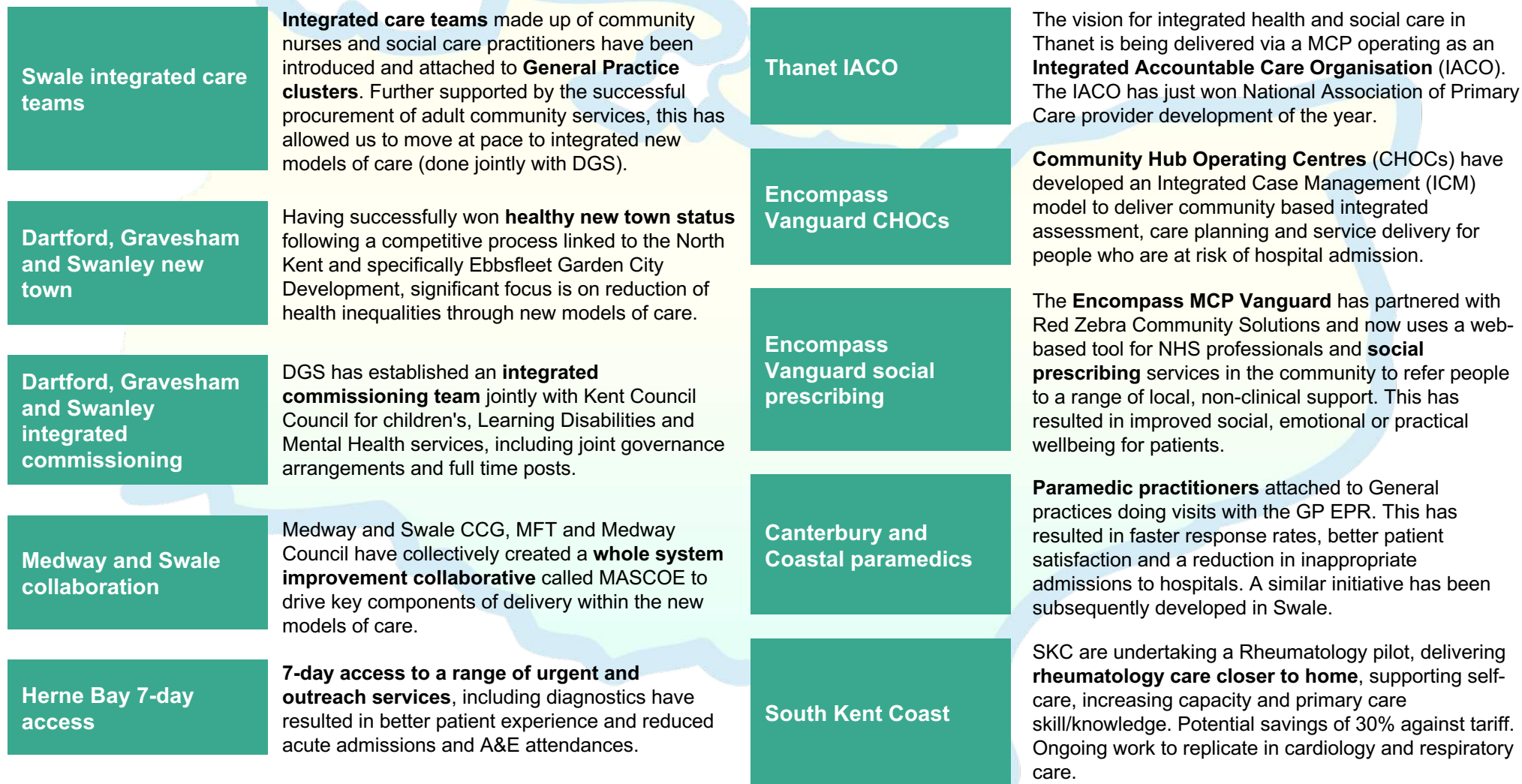


## Key interventions

- 1 Support people and their carers to improve and maintain health and wellbeing by building knowledge and changing behaviours
- 2 Bring integrated health and social care into the home
- 3 Provide rapid response service to get a community nurse to home within 2 hours and avoid ambulance or admission
- 4 Provide single point of access to secure any community and social care package
- 5 Care coordination, planning and management around GP practices and community services
- 6 Access to expert opinion without referral for outpatient appointment, including making use of GPSI and advanced nurse and therapist roles
- 7 Facilitation of transitions of care incl. discharge planning
- 8 Mental health liaison

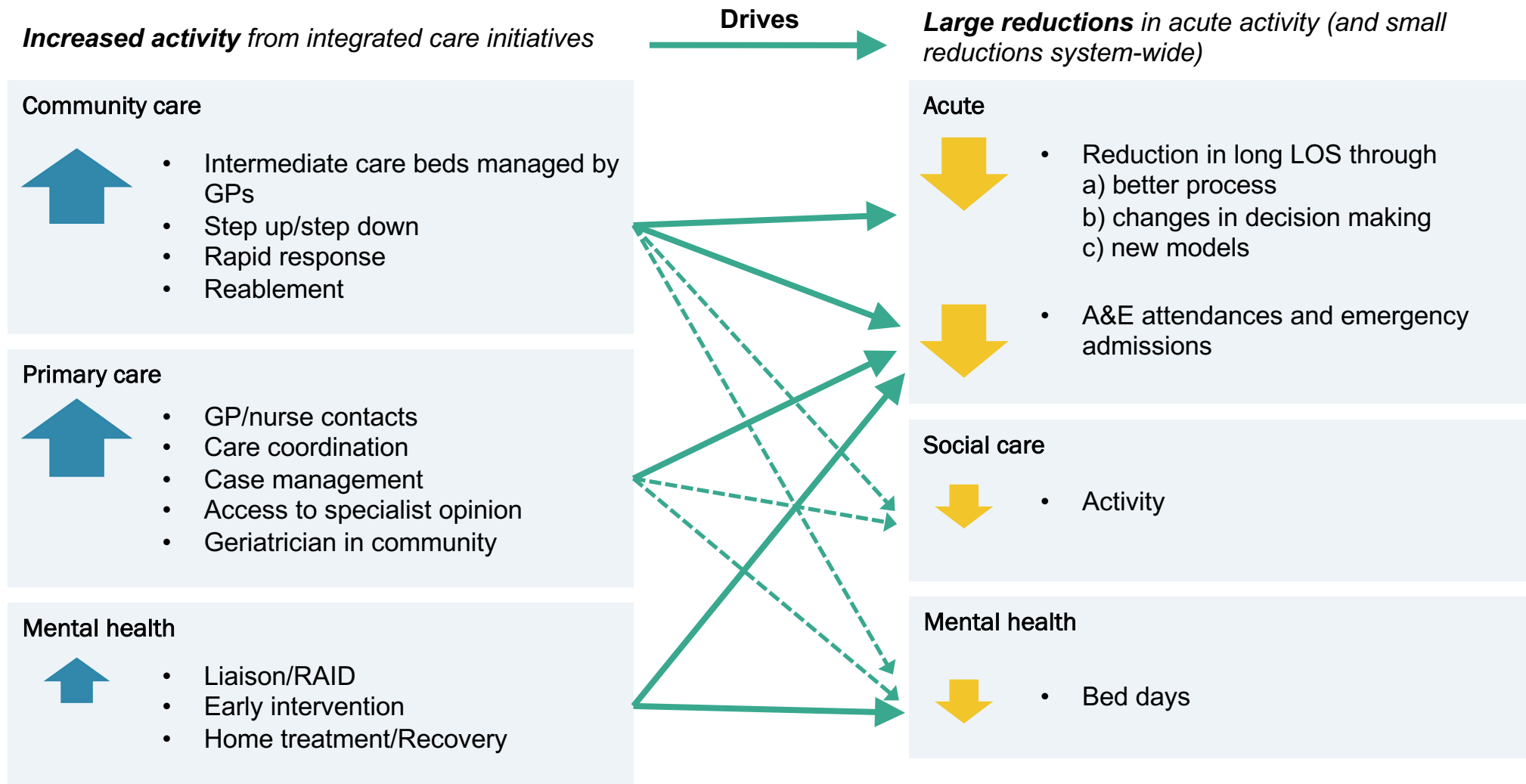
# Innovative interventions are also being developed and delivered locally to meet population needs

## Selection of local interventions





# Growing our Local Care model will enable a change in care setting and drive large reductions in acute activity



# We are delivering Local Care by scaling up primary care into clusters and hub-based Multispeciality Care Provider models

## Local Care infrastructure

## Description

## Population served

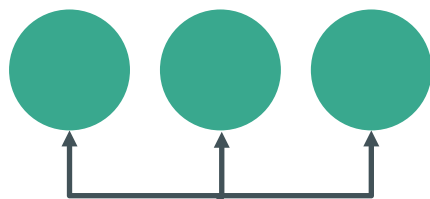
GP practices



- Individual GP practices providing limited range of services
- Many working well at scale, others struggling with small scale and related issues incl. workforce

- Various

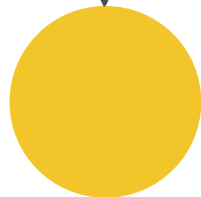
**Tier 1**  
Extended Practices with community and social care wrapped around



- Larger scale general practices or informal federations
- Providing enhanced in-hours primary care and enable more evening and weekend appointments.

- 20 – 60k

**Tier 2**  
MCPs/PACS based around community hubs



- Multi-disciplinary teams delivering physical and mental health services locally at greater scale
- Seven day integrated health and social care

- 50 – 200k