



Kent Health and Wellbeing Board STP Update

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East Kent Progress

The recent main areas of STP development with supporting activity locally in East Kent and the CCG with a clinical and organisational and resource focus are summarised below:

Clinical focus :

- **Local Care Model**
- **Stroke Network**
- **Vascular Network**
- **Hospital Care Model**

Organisational and resource focus :

- **Future Commissioning Arrangements**
- **Understanding Need and Demand**
- **Productivity Improvements**
- **Workforce Development**

Local Care Model

The Local Care Model is where the vast majority of activity and contact with patients takes place currently and more so in the future.

Key STP Kent and Medway wide issues to note :

- **A more comprehensive definition and content of the Local Care Model has been agreed, emphasising early intervention and support and the integration of services around patients and carers.**
- **A strong sense of multi disciplinary working sits behind this option for health, social care and inputs from other agencies and the voluntary sector.**

Key local aspects of this work :

- **The development and further expansion of Accountable Care Organisations, the Encompass, Herne Bay, Ashford projects.**
- **The development of Thanet Primary Care Homes and South Kent Coast....**
- **The key priorities and targets for transformation signalled in our 2017/18 contracts with Trusts.**

Bringing the local care models to life

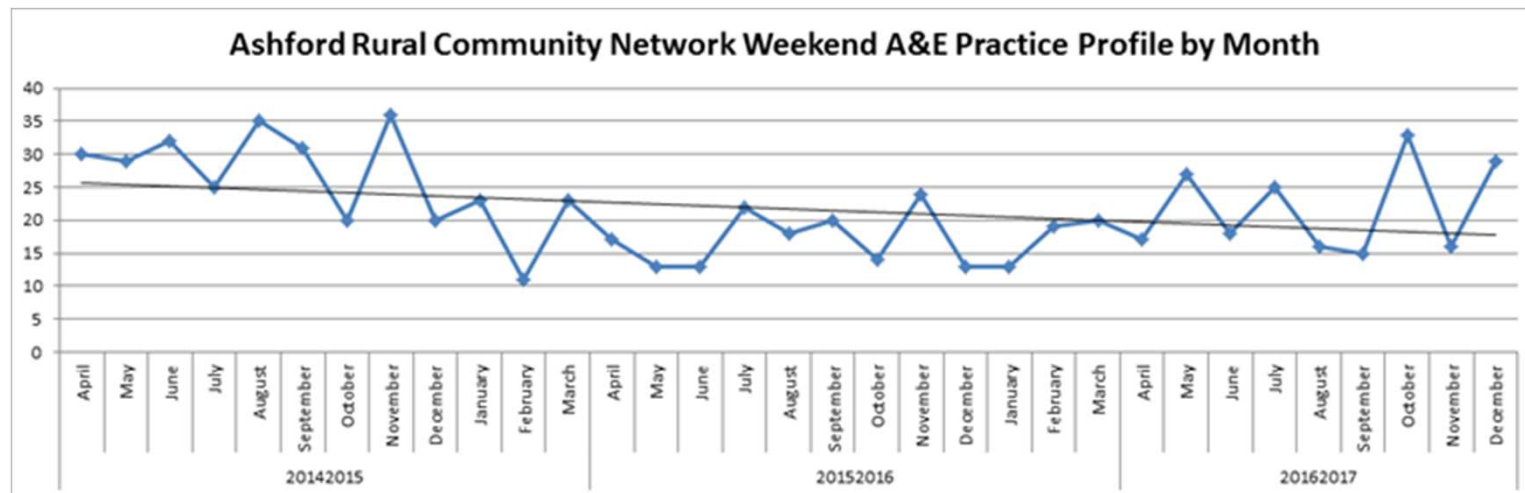
Ashford

- Working towards concept of Primary Care Homes development
- Established Virtual Ward in Ashford Rural
 - Multi-agency MDT meeting held fortnightly
 - GP led with senior input from three practices
 - Complements existing MDT structures by identifying patients with complex needs who require a short term co-ordinated intervention

Bringing the local care models to life

Ashford Rural Weekend Urgent Care Service:

- Patients seen Apr 16 to Feb 17 – 2705
- The below graph demonstrates achieved reduction in weekend A&E activity (activity coded as ‘no investigation no treatment’) since April 2014.



Bringing the local care models to life

Ashford Mental Health and Wellbeing Cafe

The project has been an alternative to the following:

- Crisis Team – 13%
- Feeling unwell, upsetting incident, suicidal thoughts or self-harm – 18%
- Possible A&E visit/hospital admission – 4%
- Possible Police involvement – 2%
- General Low Mood – 18%
- Isolation 45%

84% of service users signposted to other services:

- IAPT – 12%
- CRI – 4%
- Stepps – 2%
- CMHT – 23%
- Turn to Us – 2%
- CAB – 8%
- GP – 15%
- ACAS – 2%
- Advocacy – 16%
- Family Rights – 2%
- Mindfulness – 8%
- Carers First – 6%

Bringing the local care models to life

Ashford MSK Triage

- Reduction of 511 (17.2%) secondary care referrals in 2016/17 compared to 2014/15 with a 3.3% increase in population

Ashford Dermatology Triage

- Reduction of 231 (33%) routine referrals to EKHUFT for participating practices in 2016/17 compared to 2015/16

Bringing the local care models to life

- **Canterbury**
 - Encompass Vanguard – examples of live services in following slides
 - Herne Bay - Mobilisation phase one integrated care includes MIU, linked IT and improved facilities e.g. x-ray at the QVMH site by August 2017
 - Development of phase two will include integration of practice and community nursing roles with an emphasis on wound care and catheter, all in place by November 2017
 - Development of Dementia friendly network in Sandwich

Encompass Multi-Speciality Community Provider (MCP)

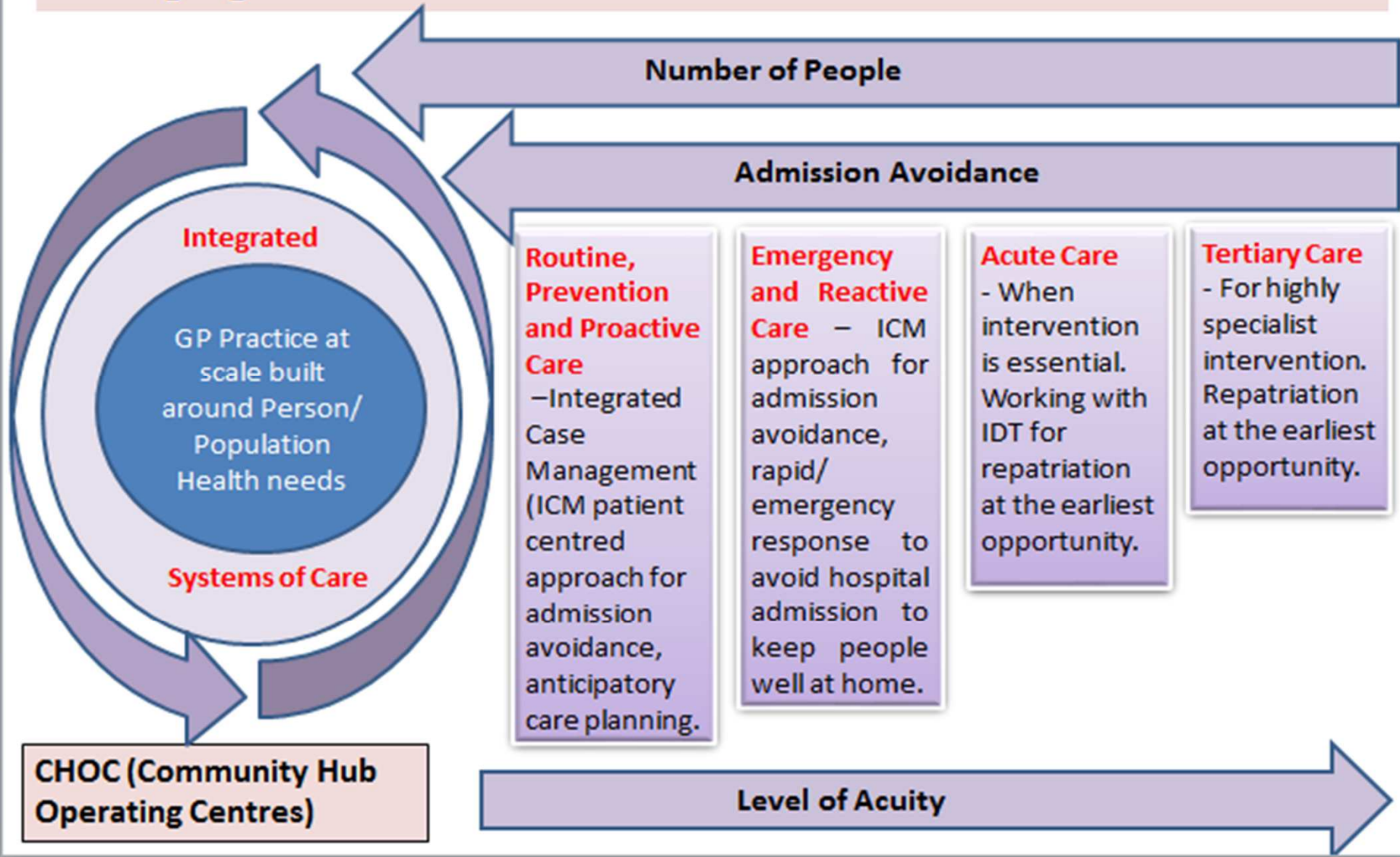
in partnership with Health and Social Care.



The objective of the Encompass MCP is to provide high quality, outcome focused, person centred, coordinated care that is easy to access, promotes wellness, and enables people to live independently for as long as possible.

The work being proposed in the local care work stream, if successful and at scale across East Kent, would support the flow of these patients out of acute beds.

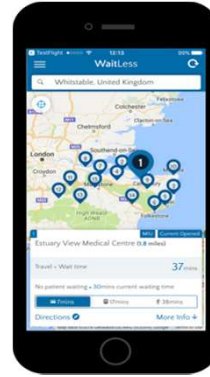
Encompass MCP – Health, Social Care, Voluntary and Community involvement working together at scale



CHOC (Community Hub Operating Centres)

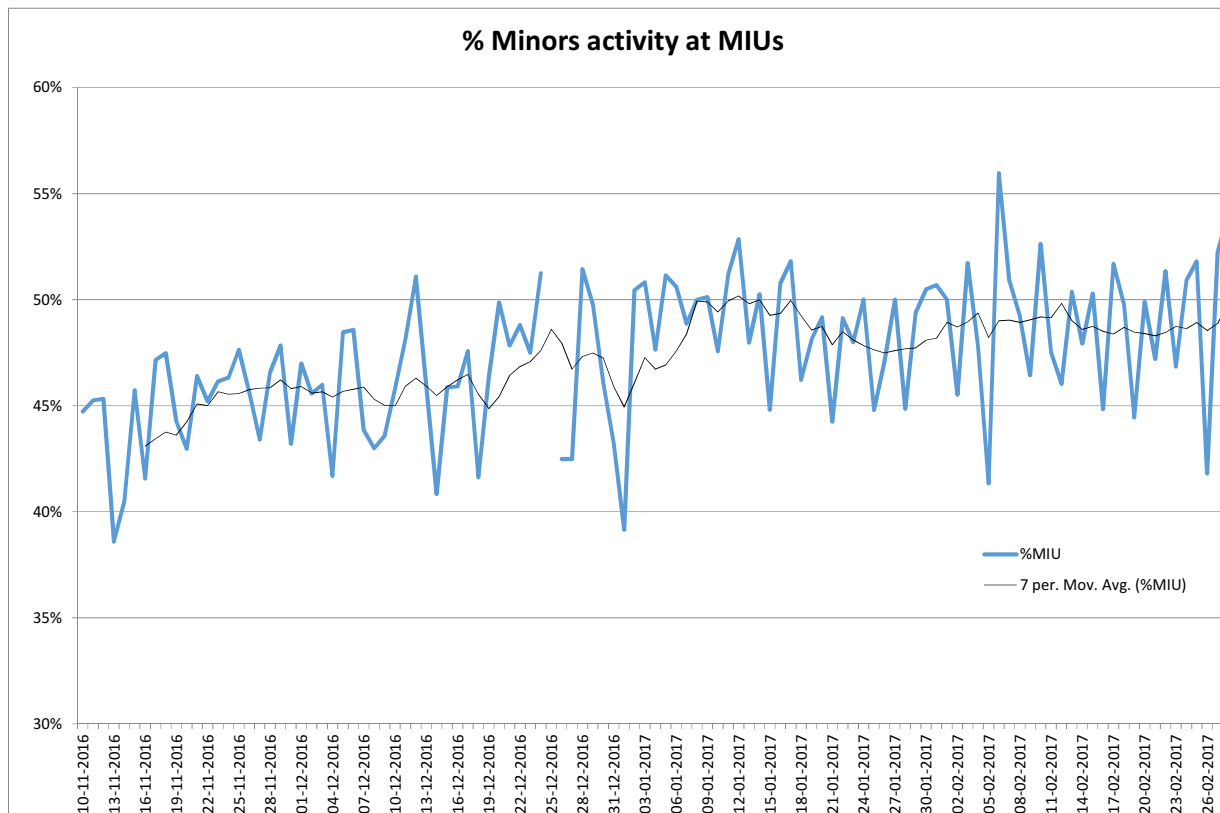
WaitLess

An APP for Minor Emergencies
Helping patients to find the
fastest most appropriate place to
get health help



This app has significant potential to reduce some of the inappropriate burden on secondary care, whilst also improving the patient experience of NHS urgent care.

To date over 10,000 downloads and 35,000 uses It was anticipated that perhaps 5% of patients attending A&E would be routed to MIU facilities. As at the **end of February 2017 a 4.0% shift has been witnessed.**



Other Initiatives:



KCHFT Health trainer pilot:
Quarter 4 results
– 100% of those who had finished the programme achieved their goals



GP Catheter Clinics with training and competency sign off by KCHFT:
End Feb 2017,
29% reduction in A&E attendances



Wound Medicine Clinics starting 2017/18.
Activity modelling suggests that a **saving of 48 admissions (and associated A&E attendances) at £94k** can be expected in 2017/18. Savings were not expected in 2016/17.

Developing GP with Special Interest, to move work from Acute to Community (also includes other HCPs with advanced skills)

- **Specialist GP Services** will mean that more people will be able to receive care from a GP surgery **without the need to travel to hospital**



- Expansion of current ENT service planned in 2017/18. **Potential saving identified of 650 new and 873 follow-up outpatients (£169k).** Savings were not expected in 2016/17.
- Other services being scoped for potential development: Urology, Dermatology, Ophthalmology, Cardiology, Respiratory, Rheumatology and Alzheimer's – GPwSIs training during 2017/18.

Other Services

- Community Medicines Team – expected to reduce admissions by 63 (saving of £124k) in 2017/18. Further savings likely through reduction in prescribing.
- Group psycho-education – expected to reduce cluster 8 mental health admissions by 30% (£227k).
- Health Trainers – will build on success initiative at Northgate (98% of patients reached their goals). Savings for will be modelled in Q4.
- Social prescribing – 90 referrals into service by end of December 2016. UKC currently undertaking evaluability assessment.
- None of these had savings expected in 2016/17.

Stroke Network

For specialist care one of the challenges is how best to develop and reinforce a network of hospital and out of hospital services that offer high quality services, good access and make best use of scarce clinical skills and specialist facilities.

Key STP Kent and Medway wide issues to note :

- **A broad definition of the options to develop a stroke network have been outlined and agreed and work is now progressing to produce a full business case for consideration over the next three months.**
- **How a stroke network will support other hospital based services has been considered and the inter dependency of these services identified.**

Key local aspects of this work :

- **How the network options can be supported by the Local Care initiative and out of hospital services will be an important issue.**
- **How the network will impact on other hospital services is a point for consideration.**

Vascular Network

As for Stroke the challenges is how best to develop and reinforce a network of hospital and out of hospital services that offer high quality services, good access and make best use of scarce clinical skills and specialist facilities.

Key STP Kent and Medway wide issues to note :

- **A broad definition of the options to develop a vascular network have been outlined and agreed and work is now progressing to produce a full business case for consideration over the next three months.**
- **How a stroke network will support other hospital based services has been considered and the inter dependency of these services identified.**

Key local aspects of this work :

- **How the network options can be supported by the Local Care initiative and out of hospital services will be an important issue.**
- **How the network will impact on other hospital services is a point for consideration, especially in relation to trauma.**

Hospital Care

The hospital care work stream is significant and spans both non-elective and elective services of complexity and scale. Discussions have taken place as how best to address the service issues and where to prioritise effort.

Key STP Kent and Medway wide issues to note :

- **That elective orthopaedic services due to its scale, greater need for specialist theatres and equipment and historic waiting list issues is a priority area for review.**

Key local aspects of this work :

- **There are particular waiting list issues in East Kent that need to be addressed prior to a new and revised model of orthopaedic operation being implemented.**
- **Transformation of tiers 1 and 2 support**

Future Commissioning Arrangements

The STP relies heavily on integration of services at local level and co-ordination of more specialist and technical services at a Kent and Medway level. With more local services working with local hospitals and other providers through a collaborative alliance approach, what constitutes commissioning now will need to change and focus on longer term planning and the oversight and facilitation of service transformation.

Key STP Kent and Medway wide issues to note :

- **Discussions have taken place on the options for local commissioning and how best to strike the balance between strategic oversight and local knowledge.**

Key local aspects of this work :

- **The development of a local Accountable Care Organisation, Encompass, is well advanced with the aim of the ACO operating in shadow form from May and fully in October (by means of an alliance between GPs, provider trusts and KCC social services).**

Understanding Need and Demand

The STP assumes that the future design and provision of health and social services will be evidenced based with the concentration being on value, i.e. the outcomes and outcome improvements achieved proportionate to the resources required to achieve these improvements.

Key STP Kent and Medway wide issues to note :

- **Based on existing data a profile of the needs of the population served, the interventions provided and a sense of the outcomes achieved has been derived and is being used to identify areas where service redesign is likely to yield the greatest benefits, e.g. the frail with multiple and complex needs.**

Key local aspects of this work :

- **The STP work builds upon the East Kent Strategy work and is closely linked with plans to share resources more fairly and incentivise transformation.**

Productivity Improvements

The STP alongside service transformation and a concentration on improved outcomes, expects the health and social care system to be efficient and productive.

Key STP Kent and Medway wide issues to note :

- **A series of productivity improvements in the hospital and primary care areas have been identified including, improvements to diagnostic services, fully shared drug formularies and sharing back office services (as examples).**

Key local aspects of this work :

- **The CCG is involved in all these initiatives and has a particular interest in effective and shared formularies and cross service medicine management.**

Workforce Development

The STP transformed Service models combined with changes in the forecast numbers of people of working age means that fewer more skilled and adaptable staff is a necessity. This will also have the benefit of delivering better continuity of care to patients.

Key STP Kent and Medway wide issues to note :

- **Full support of the University of Kent to lead bid for a K&M medical School**
- **A proposed series of investments in the development of the workforce to support Local Care and integrated teams has been identified and a business case produced for approval.**

Key local aspects of this work :

- **On an East Kent basis discussions are well advanced between the Community Trust, CCGs, Social Care and GPs on forming integrated teams with a locality focus that will become operational within months.**