Transforming health and social care in Kent and Medway

Local Care Update
Kent and Medway Joint Health and Wellbeing Board

25 June 2019

Transforming health and social care in Kent and Medway is a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council. We are working together to develop and deliver the Sustainability and Transformation Plan for our area.

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The Following Provides An Update On Local Care Delivery:

1. **Our system improvement priorities and the impact - delivery plans for 2019/20 and outcomes framework**
2. **How the development of Local Care fits in with the Primary Care Strategy and development of the Primary Care Networks**
3. **Local Care 'State of Readiness' - Maturity Matrix Re-run (Deep Dive)**
4. **MDT activity and addressing consistency across K&M**
5. **Investment and modelling**
6. **MDT Framework to support Multi-Disciplinary Teams (MDTs)/ Primary Care Network (PCN) Development**

We would welcome discussion on the;

- Information presented
- The approach to achieving consistency in the delivery of Local Care across K&M; cohort modelling, reporting on inputs and outputs (delivery and financial savings) and framework to support the development of the MDT/PCNs

1. Our system improvement priorities and the impact in 19/20 (Full details in appendix 1)

Our delivery priorities during 19/20 are:

- Fully functioning Multi-disciplinary Teams (MDTs) supporting **Primary Care Networks**
- By 2020 - developed models of care to deliver **all 8 elements of the model** (including rapid response, falls prevention, reactive discharge planning and reablement)
- To have increased the number of individuals with an integrated case management **'care plan'**
- To have embedded the **dementia pathway** within the 'Dorothy Model'
- Begin working on an MDT **model for Children** with complex needs, adults with Learning Disabilities and Autism
- To ensure **community navigation and social prescribing** are embedded as part of the model and are being delivered at scale
- Build on the 2018/19 support offer **for paid and unpaid carers,**
- Build on **local care workforce actions** already underway as part of the 19/20 deliverables identified in the STP Workforce Transformation Plan

The Local Care Delivery Framework has been agreed

By the end of 19/20, we will track

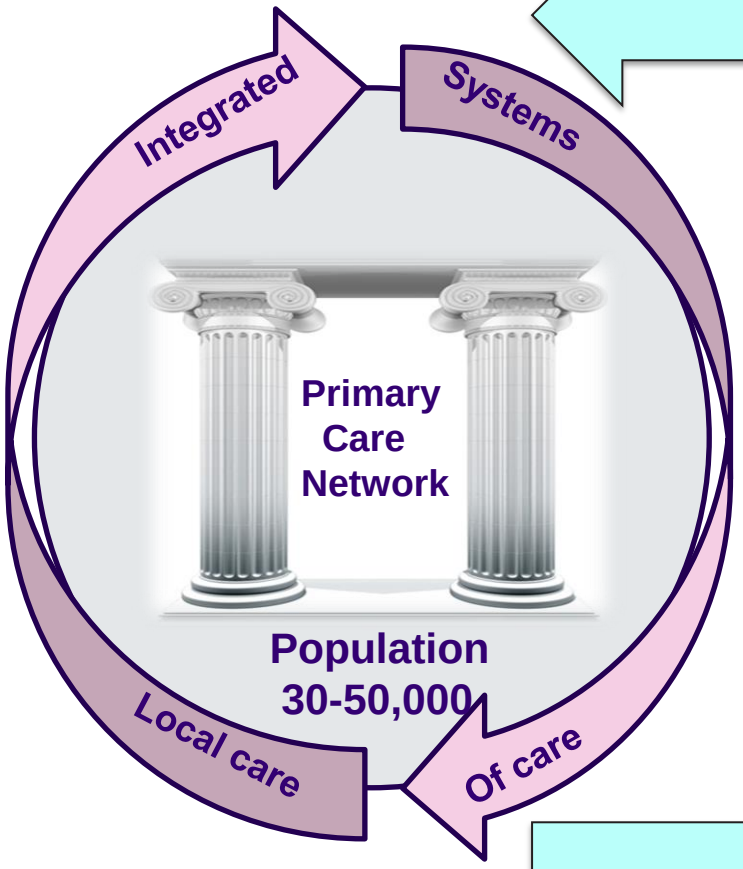
- Number through MDTs
- Anticipatory care plans in place
- A reduction in falling in frail adults
- A reduction in A&E admissions associated with falls, UTIs, catheter related issues and from care homes
- An increase in the uptake of social prescribing opportunities for high need groups
- Increased numbers going home after admission
- Reduction in admissions to long term care
- Reduction in LOS
- Reduction in non-elective admissions
- Nos people still independent 90 days after they received reablement
- Increase in dementia diagnosis rate

- Carers rate the Help4Cares app positively
- Agreed strategy for an MDT model for children with complex needs (linked to children's strategy)
- Begin to develop and MDT approach for adults with Learning Disabilities and Autism

Expansion of the model: Local Care supporting the development of Primary Care Networks (PCNs)

Increasing Numbers in Local Care Services

Admission Avoidance



Routine, Prevention and Proactive Care –Integrated Case Management (ICM patient centred approach for admission avoidance, anticipatory care planning.

Emergency and Reactive Care – ICM approach for admission avoidance, rapid/ emergency response to avoid hospital admission to keep people well at home.

Acute Care
- When intervention is essential. Working across organisations for repatriation at the earliest opportunity.

Tertiary Care
- For highly specialist intervention. Repatriation at the earliest opportunity.

Level of Acuity

2. Local Care Implementation Readiness Assessment

- Originally run in the autumn of 2017.
- The **domains** have been **kept the same** to enable comparison.
- Originally completed, at CCG level **; however for this run east Kent was assessed as a collective of 4 CCGs, giving an amalgamated score,** leading to a slightly conservative score as have erred on the lowest scores within that area
- The focus has been on the **8 interventions of the 'Dorothy Model';** (Adults and Older People with Complex Needs).

  Some localities are making changes to services for other parts of the population, therefore the survey includes the following sections for **other population groups:**

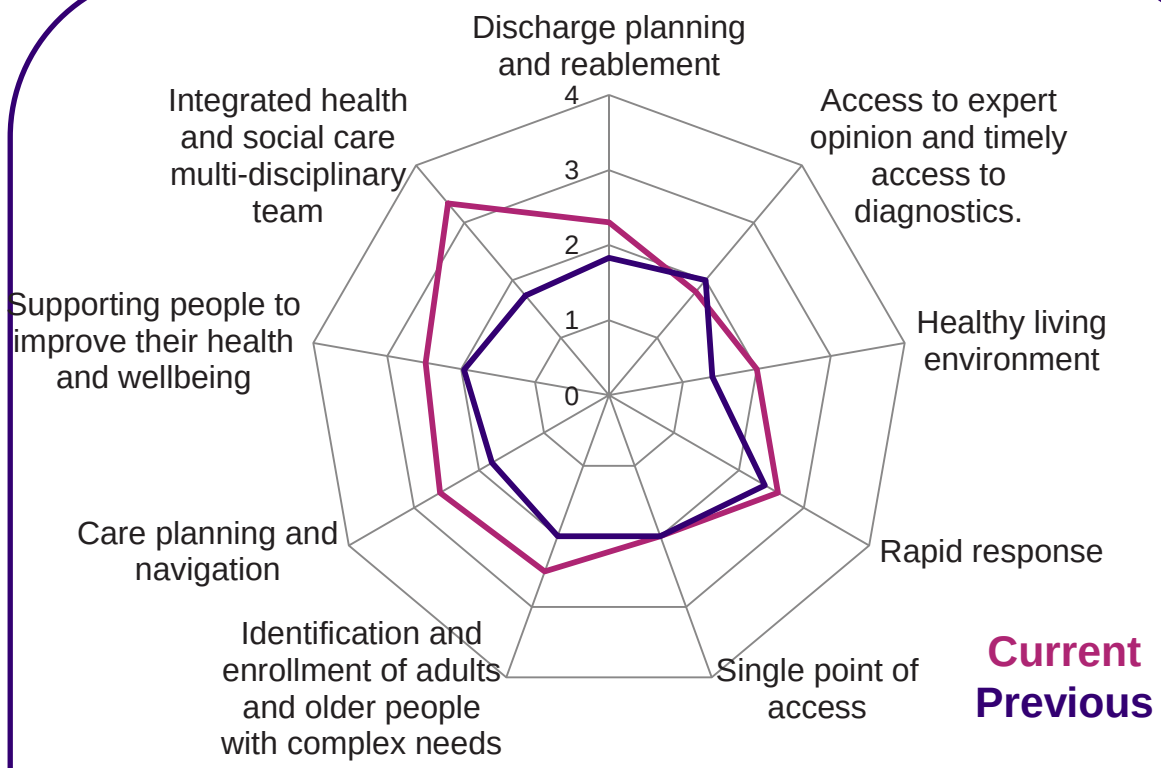
  - Urgent and elective care demand management for mostly healthy and those with LTCs who do not have complex needs
  - Younger adults with complex needs
- Allows local areas to **self- assess current status** relating to the current maturity of Local Care models.

The 8 interventions for Dorothy – a reminder

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

Kent & Medway - Adoption of care model for frail elderly and other people with complex needs (2018/19 investment of £32m)



Scoring:

1. Early 2. Emerging 3. Developing 4. Advanced

***(Detailed evaluation results in appendix 2)**

Commentary:

- There is less variation between CCGs than previously.
- East Kent has pockets of greater maturity which have been hidden by combining the CCGs into one return (see next slide for explanation)

On the 4 point scale we remain at *emerging*.

*(**Note:** scoring system requires significant changes to move between levels and in some areas we may not want to progress to the highest score)*

Least mature domains are:

- Discharge and reablement
- Access to expert opinion
- Healthy living environment
- Single point of access

East Kent position

***Please note this assessment was at an amalgamated east Kent position which may at first glance look as if there has been less progress this year with implementation across this locality.**
This **is not the case** and can be explained as follows;

- The roll out of the model across in east Kent happened a different points with each CCG area focusing on different aspects of the model depending on local need (see below some examples below from other CCGs across east Kent).

- East Kent hosted **Encompass NHS Vanguard** developed the model for multi-disciplinary team working and integrated case management for frail and elderly, which is being adopted across all areas

- **Thanet Acute Response Team (ART**) - developed an integrated team which provides a range of clinical and personal care support for patients who have healthcare needs which previously would have been met by admission to Hospital. It is being used as the blue-print for services across east Kent

- **Ashford – have made improvements in Primary Care for End of Life planning;** enabling patients/relatives/carers and health professional to discuss advanced care plans

- **East Kent CCGs have been awarded Digital Accelerator status. This will include delivery on 3 unscheduled care initiatives –**
  - Digital First Primary Care – Hub and Spoke Model
  - Digital Enabled Acute Response Team linking in with Care Homes and Urgent Treatment Centres
  - Aligning with Digital Right Care Right Time

- **South Kent Coast – have built on the status of east Kent as a digital accelerator site;** SKC are using the Medical Interoperability Gateway **(MIG)** to support transferable patient data in real time, which supports the multi-disciplinary team in decision making.

MDT Activity Gap between planned numbers and potential cohort size

	Total population	*EK method	CF Tier 3	2019/20 Planned MDT volumes	2018/19 Actuals	2018/19
EK	712,423	12,220	9,831	12,703	c4,000	24% below planned activity
Medway	300,395	4,863	3,197	2,282	c130	As planned
DGS	270,809	3,429	3,876	1,872	Small numbers	
Swale	113,961	1,840	1,509	1,181	Small numbers	
WK	491,608	7,591	6,896	1,840	c1,000	22% below planned activity

EK Method

- All highest risk band
- Second risk band and 3 highest eFI bands
- Third risk band and highest eFI band
- Fourth risk band highest eFI band

Scaled up to whole population from those practices flowing to the KID

CF Method

- **Tier 3** = Age 70+ with dementia, Age 70+ with 3+ LTCs and at least two AE appearances/NEL admissions per year, End of life patients

***Cohort Modelling:**

- **West Kent using Whole Systems partnership**
- **East Kent using Ernst and Young**

Local Care Cohort Modelling, Investment and Return on Investment

This was discussed at the **STP Finance Group 3 May 2019** with the following recommendations;

- Needs to be more ambition around the **numbers going through the MDTs –** each CCG FD to take back
- Need for a **consistent approach to modelling** – east Kent using Ernst and Young, Medway and North west Kent using Whole Systems Partnership.
- Need for consistency of financial reporting for Local Care, investment and return on investment; greater emphasis on describing a K&M approach to 'shift and save' with financial planning transparency across Health and Social Care.

Agreement from the group:

Finance Director support for Local Care (Ivor Duffy, east Kent CCGs and Gordon Flack, KCHFT), to help review the above and provide a steer for colleagues across K&M.

Workshop planned for 10 June 2019.

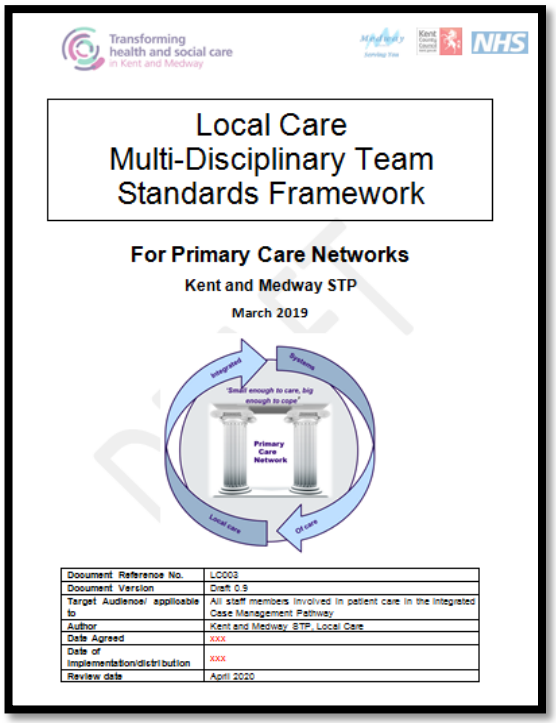
(This was endorsed by the Clinical and Professional Board 16 May 2019)

How are we ensuring consistency in quality and sharing of good practice?

Stakeholders across Kent and Medway have been involved in a bottom up approach to the development of a **Local care MDT Framework, for Primary Care Networks.**

21 indicators of effectiveness have been identified and refined by colleagues during the development process

(See appendix 3 for draft document – N.B. social care input still to be added)


Transforming health and social care in Kent and Medway

NHS

Local Care
Multi-Disciplinary Team
Standards Framework

For Primary Care Networks

Kent and Medway STP

March 2019

Document Reference No.	LC003
Document Version	Draft 0.9
Target Audience/ applicable to	All staff members involved in patient care in the integrated Case Management Pathway
Author	Kent and Medway STP, Local Care
Date Agreed	xxx
Date of implementation/distribution	xxx
Review date	April 2020

22 May – 'Learn and Share' Conference;

- over 40 health, care and voluntary sector organisations from across Kent and Medway attended
- 30 speakers, sharing success and learning across 13 different subject areas
- Panel Q&A with senior leaders across the system
- Focus on the NHS Long Term Plan and future direction of travel.

Appendix A. Full Version of LC system improvement priorities and the impact in 19/20

Local Care

The K& M 'Case for Change '(2016) revealed the need for better Local Care Services, identifying that;

- 30% of patients in acute hospital beds are better looked after in an alternative location of care
- 12% of admissions through A&E are avoidable through more consistent decision making at the front door, or better health and social care provision in the community
- 25% of community hospital patients would be better cared for at home or in a community setting.

Across K&M we have developed ,and agreed ,a consistent neighbourhood based, patient centred approach, to providing multi-disciplinary, cross organisational support for people with complex needs around Primary Care Networks (the 8 core elements of the model for those adults with complex needs).

Our sub-systems are at different stages of implementation, reflecting different starting places, for example in Whitstable the model is well advanced following the Encompass NHS Vanguard work, whereas North Kent are in the first stages of developing multi-disciplinary teams focused on high need groups.

Our delivery priorities during 19/20 are:

- For all areas to have fully functioning Multi-disciplinary teams (MDTs) supporting Primary Care Networks
- By 2020 to have developed models of care to deliver all 8 elements of the model (including rapid response, falls prevention, reactive discharge planning and reablement)
- To have increased the number of individuals with an integrated case management 'care plan'
- To have embedded the dementia pathway within the 'Dorothy Model'
- Begin working on an MDT **model for Children** with complex needs, adults with Learning Disabilities and Autism
- To ensure care navigation and social prescribing are embedded as part of the model and are being delivered at scale
- Build on the 2018/19 support offer for paid and unpaid carers, by expanding the development of the 'Help4Carers'App; facilitate events with key stakeholders to identify levels of support and links with care navigation / social prescribing, directory of services , training(stage 2-3 of development).
- ***Build on local care workforce actions already underway as part of the 19/20 deliverables identified in the STP Workforce Transformation Plan***

By the end of 19/20, we will:

- Reach the following volumes of adults with complex needs with multi-disciplinary team working:
  - For Medway: 2282.
  - For North Kent: 3,053
  - For West Kent: 1,840
  - For East Kent: 12,703
- Deliver the following outcomes for the above groups by end of 19/20:
  - Anticipatory care plans in place
  - A reduction in falling in frail adults
  - A reduction in A&E admissions associated with falls, UTIs, catheter related issues and from care homes
  - An increase in the uptake of social prescribing opportunities for high need groups
  - Increased numbers going home after admission
  - Reduction in admissions to long term care
  - Reduction in LOS
  - Reduction in non-elective admissions
  - Nos people still independent 90 days after they received reablement
  - Increase in dementia diagnosis rate
- Carers rate the Help4Cares app positively
- Agreed strategy for an MDT model for children with complex needs (linked to children's strategy)
- Begin to develop and MDT approach for adults with Learning Disabilities and Autism

Transforming health and social care in Kent and Medway

*Appendix B:
The section is for information only and contains the full evaluation results of the ‘Maturity Matrix’ re-run January 2019

Local Care Maturity Matrix

Second Run January 2019

Transforming health and social care in Kent and Medway is a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council. We are working together to develop and deliver the Sustainability and Transformation Plan for our area.

Purpose of this document

This document summarises the results of the Local Care Maturity Matrix Survey which was completed in January 2019 by the CCG Local Care Leads.

The results of the Maturity Matrix serve two main purposes:

1 To support local areas in their ongoing implementation of Local Care

- The Maturity Matrix enables local areas to self- assess their current status on a number of key dimensions relating to the current maturity of Local Care models
- The results will inform local implementation planning

2 To enable the STP to obtain a helicopter view of the readiness and implementation status for Local Care

- This latter purpose will in turn support the central STP team to:
  - Develop packages of support and facilitation to local areas
  - Engage with NHS national bodies about the K&M journey for Local Care and its impact on the system's financial and operational performance

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Introduction to the Local Care Implementation Maturity Matrix

- The Maturity Matrix was originally run in the autumn of 2017.
- The domains and associated questions have been kept the same to enable comparison.
- The first run was intended to be run at cluster/hub (now PCN) level but there was very little variation within each CCG
- This run has been completed at CCG level and for the whole of East Kent
- Running at the East Kent level has led to a slightly conservative score as we have erred on the lowest scores within that area
- The initial focus of the STP has been the care model for Adults and Older People with Complex Needs, the survey concentrates on this group of people. However, as localities are making changes to services for other parts of the population, the survey includes the following sections for other population groups:
  - Urgent and elective care demand management for mostly healthy and those with LTCs who do not have complex needs
  - Other population groups
- The matrix allows local areas to self- assess current status on a number of dimensions relating to the current maturity of Local Care models

Introduction to the Local Care Maturity Matrix

Structure

The survey includes 54 questions grouped into six domains:

Adoption of local care models

1. Adults and older people with complex needs
2. Mostly healthy people, without complex needs
3. Other population groups (children with complex needs)

Maturity of enabling factors for local care

4. Level of joint working
5. Other enablers (e.g. workforce, estates etc.)

Impact

6. Adults and older people with complex needs

Scoring:

1. Early
2. Emerging
3. Developing
4. Advanced

The survey included 54 questions, grouped into the following six domains:

Domain	High level question	Mid-level question
1 **Adults and older people with complex needs - "Dorothy model"**	Adoption of care model	• Identification and enrollment of adults and older people • Care planning and navigation • Integrated health and social care multi-disciplinary team • Supporting people to improve their health and wellbeing • Healthy living environment • Single point of access • Rapid response • Discharge planning and reablement • Access to expert opinion and timely access to diagnostics
2 **Mostly healthy & those with LTCs but un-complex needs**	Adoption of care models	• Urgent care • Elective care
3 **Other population groups**	Adoption of care models	• Adults with a single long term condition (e.g. diabetes, COPD) • Children with complex conditions • Other population groups

The survey included 54 questions, grouped into the following six domains (cont.):

Domains	High level	Mid-level question
4 Joint working	Joint working	• Scale of primary care collaboration • Current extent to which health and social care organisations are working together
5 Maturity of the enabling factors	Enablers	• Leadership • Culture • Communications • Engagement • Governance and performance management • Workforce training and recruitment • Workforce/organisational development • Information/Digital • Process - clinical • Process - non-clinical • Money flow (commissioning, contracting and payment) • Estates
6 Impact	Impact of Care Model for Adults and Older People with Complex Needs	• Patient outcomes • Patient experience • Staff experience • Activity transformation

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From the data collected so far we are drawing the following conclusions

- There is less variation between the CCGs' maturity
- Enablers remains the least developed domain
- The Adoption of the model for older people with complex needs model is the most mature domain but with areas of concern centred on:
  - Discharge and reablement
  - Access to expert opinion
  - Healthy living environment
  - Single point of access (work to be completed on what is meant by this)

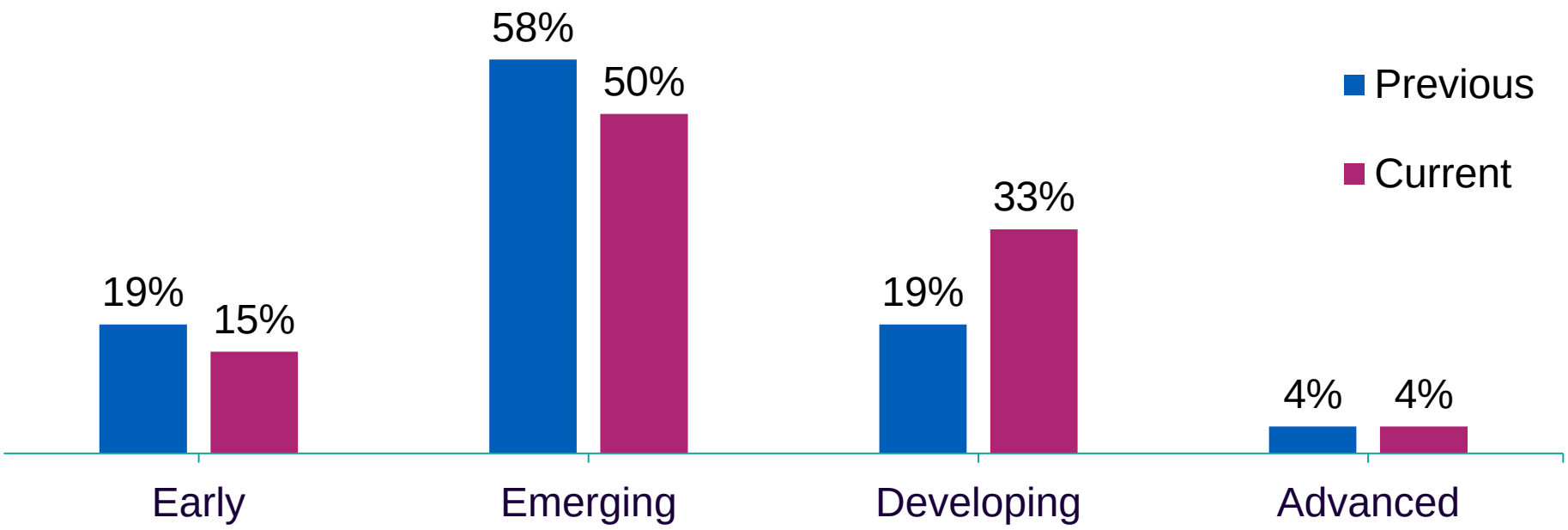
Overview of average scores by CCG

CCG	Previous score	Current score	Owner
West Kent	2.1	2.4	Rachel Parris
DGS	1.7	2.2	Debbie Stock
Swale	1.7	2.2	Debbie Stock
Medway	2.0	2.2	Tracy Rouse
East Kent	2.0	2.2	Oena Windibank

Commentary

- There is less variation between CCGs than previously.
- East Kent has pockets of greater maturity which have been hidden by combining the CCGs into one return

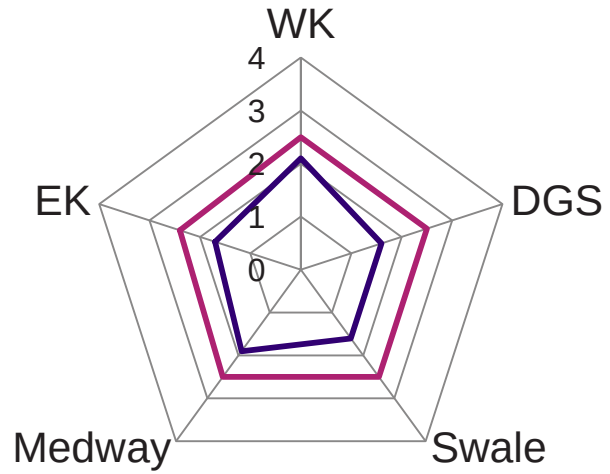
At Kent and Medway level, the average score for all questions domain is 2.2 up from 2.0 but remains *emerging*



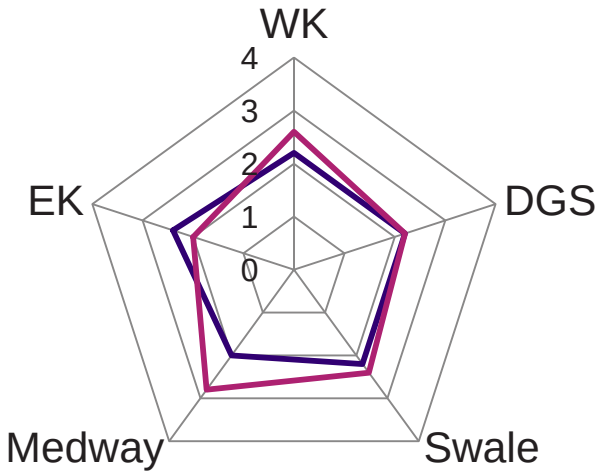
- *Emerging* is remains the most frequent score
- *Developing* is now the second most frequently chosen score

Domains by CCG - Adoption of the model

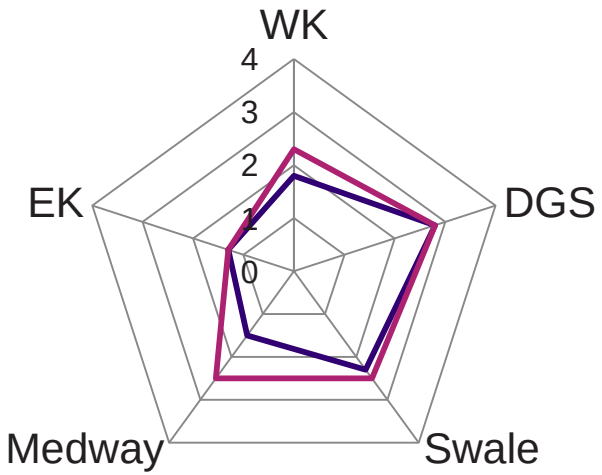
Eight interventions of the adults and older people with complex needs model



The mostly healthy and those with LTCs who do not have complex needs



Other population segments



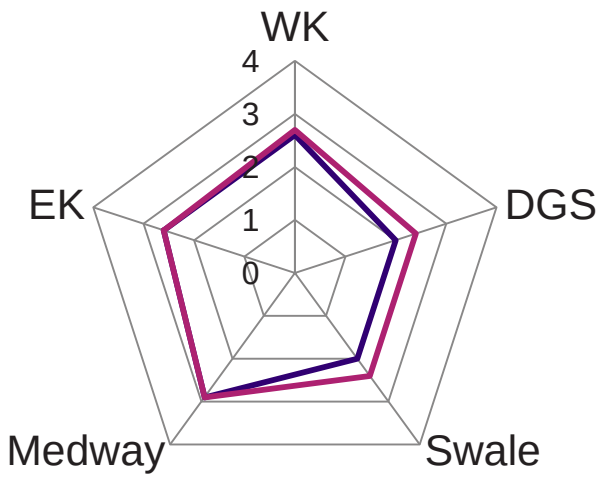
Current
Previous

Commentary

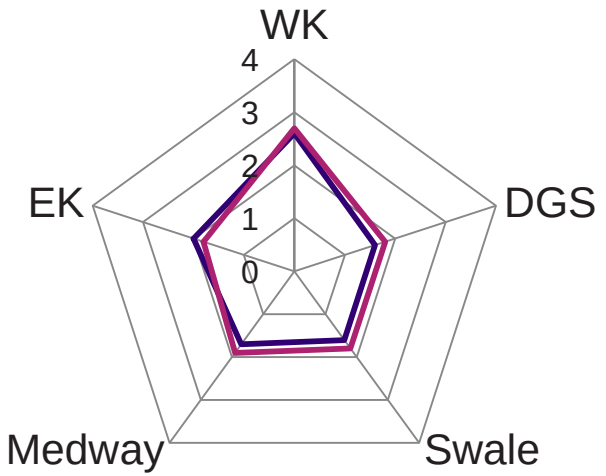
- Most movement for those with complex needs reflecting current focus of local care
- Medway's scores reflect the targeting of a wider cohort than the frail elderly

Domains by CCG

Joint working

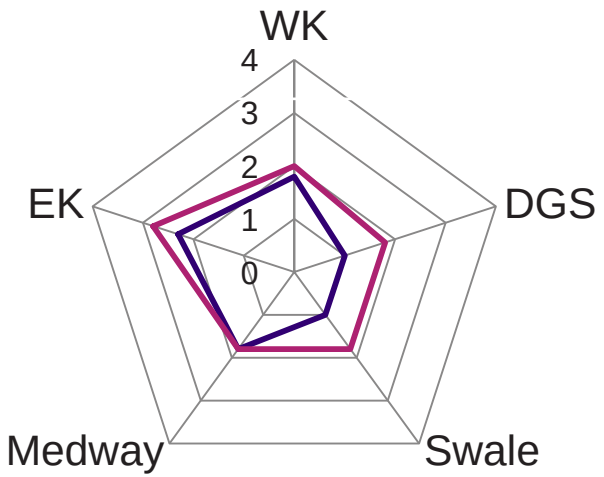


Enablers



Current
Previous

Impact



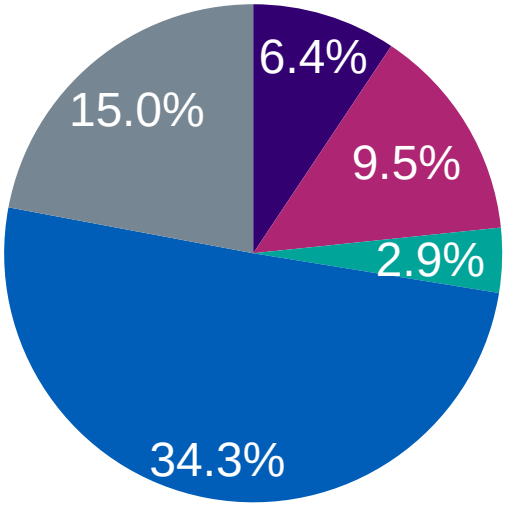
Current
Previous

Commentary

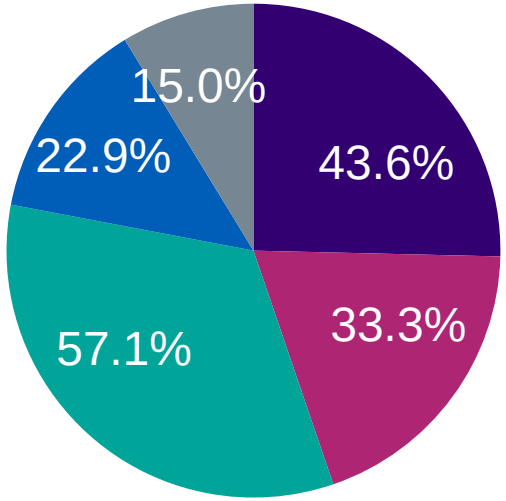
- Less movement in these domains
- Question: Is this leading to slower progress in the other domains?
- Development of the Local Care Delivery Framework will increase maturity in this domain

What are the most and least mature domains?

Scored as *Early*



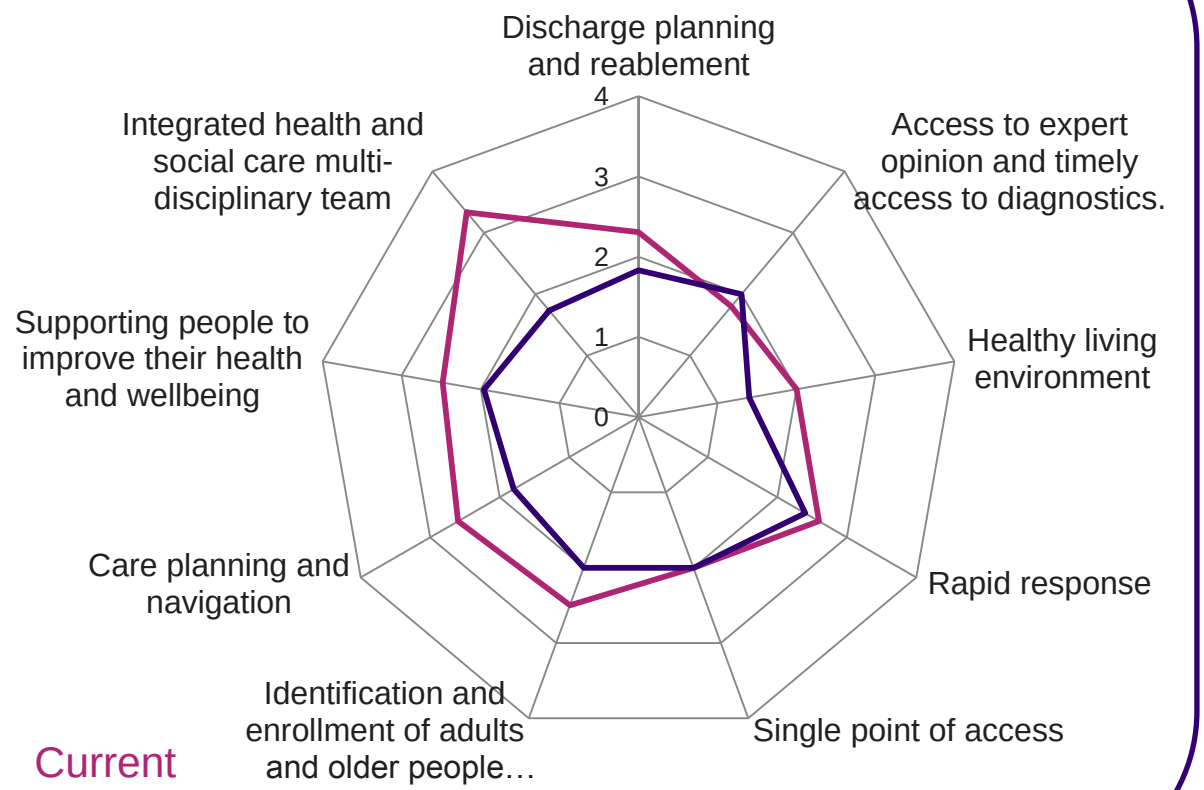
Scored as *Developing* or *Advanced*



Commentary

- The *Enablers* domain has been rated as the least mature
- The local care delivery framework will increase the maturity of the *Impact* domain
- *Scale* mostly covers the very basics of PCN groupings and so overstates readiness of this domain

Kent & Medway - Adoption of care model for frail elderly and other people with complex needs

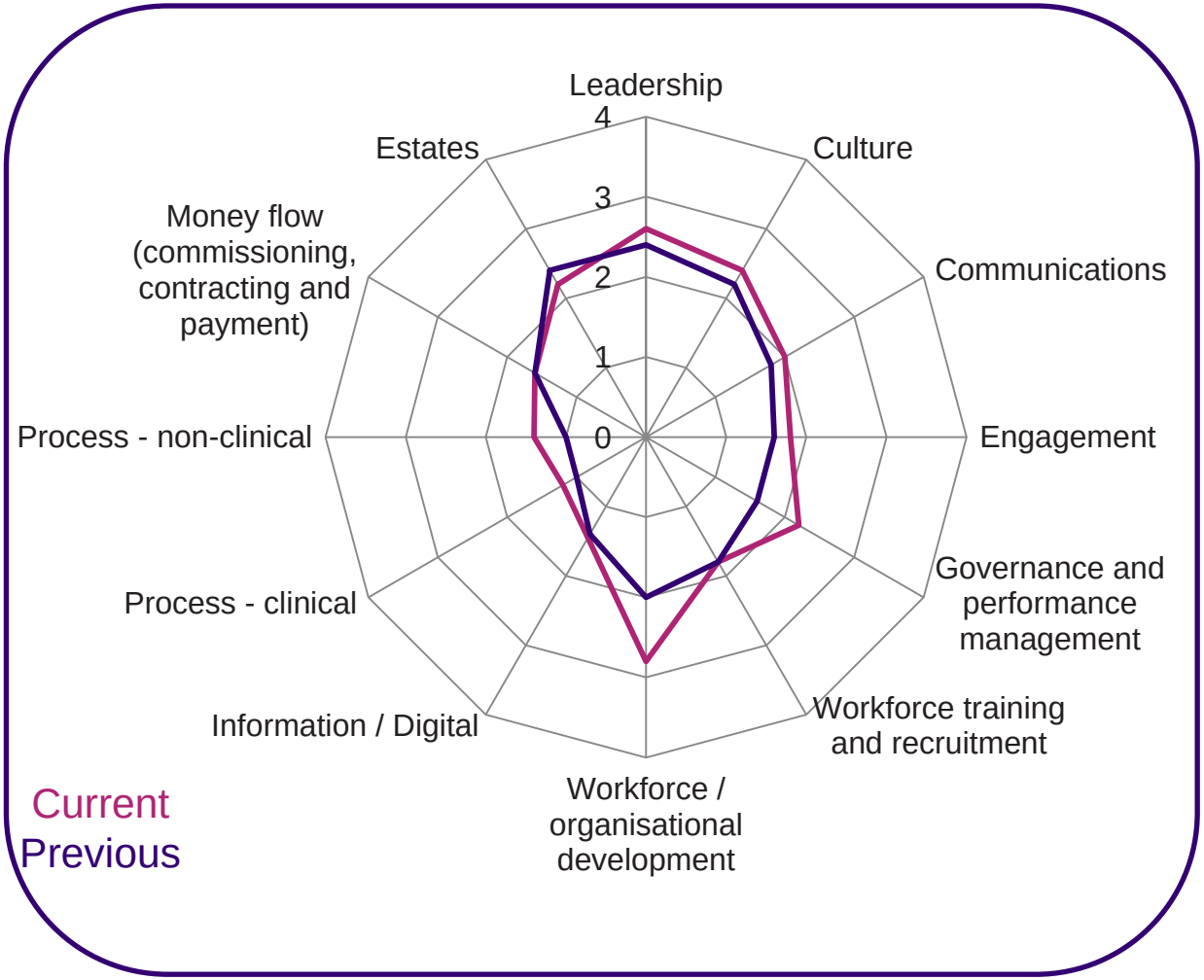


Commentary

Least mature domains are:

- Discharge and reablement
- Access to expert opinion
- Healthy living environment
- Single point of access

Enablers



Commentary

Least mature domains are:

- Information / Digital
- Process - clinical
- Process - non-clinical
- Communications
- Money flow (commissioning, contracting and payment)
- Engagement
- Workforce training and recruitment
- Estates

Lowest scores in the *enabling* domain by CCG

Enabler	CCGs scoring as *Early*	Number of CCGs
Information / Digital	All	5
Process - clinical	WK, DGS, Swale, Medway	4
Process - non-clinical	WK, Medway, EK	3
Communications	DGS, Swale, Medway	3
Money flow (commissioning, contracting and payment)	DGS, Swale, EK	3
Engagement	DGS, Swale	2
Workforce training and recruitment	WK	1
Estates	EK	1

Commentary

Digital comprises – information sharing, access to intranet, telecare/remote consultation.

Recommendations

The following areas are the least developed:

- Discharge planning and reablement
- Healthy living environment
- Access to expert opinion
- Data sharing/shared records
- Single point of access build on 111

Is the board content that these should be the areas of focus?

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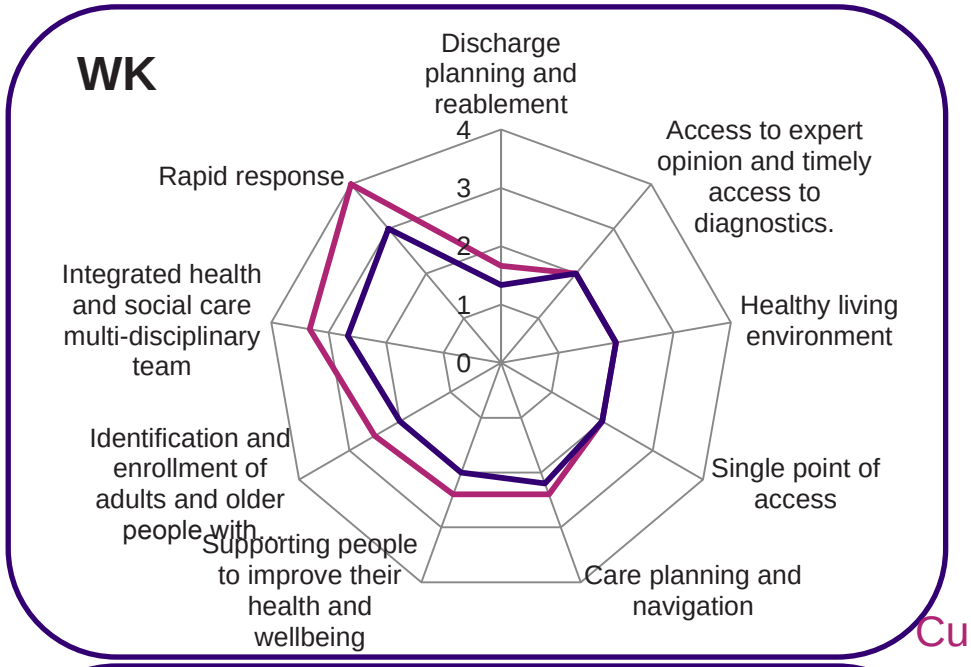
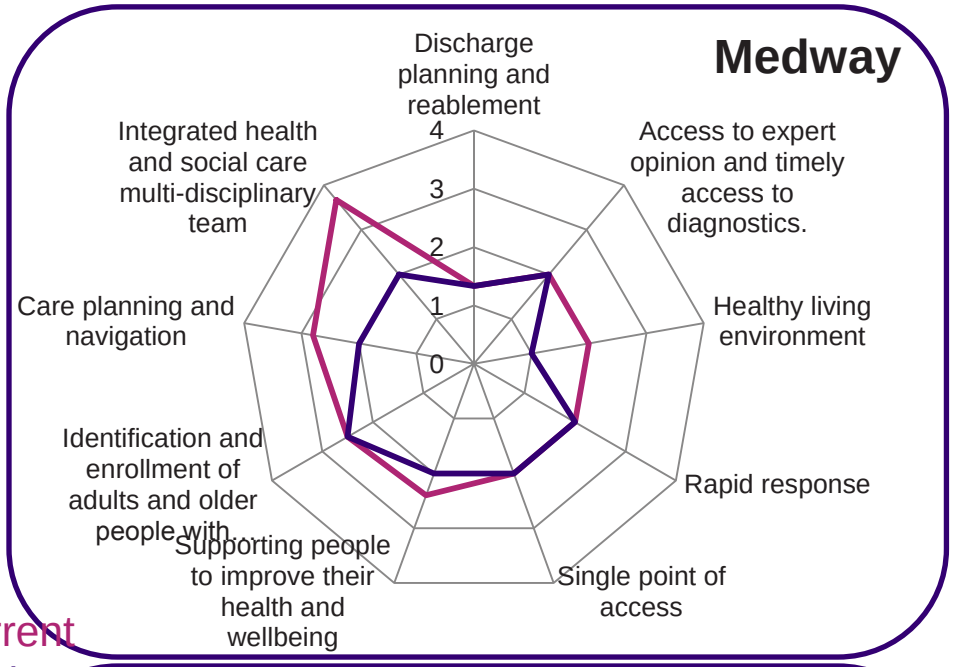
Adoption of eight interventions (Dorothy)





Current
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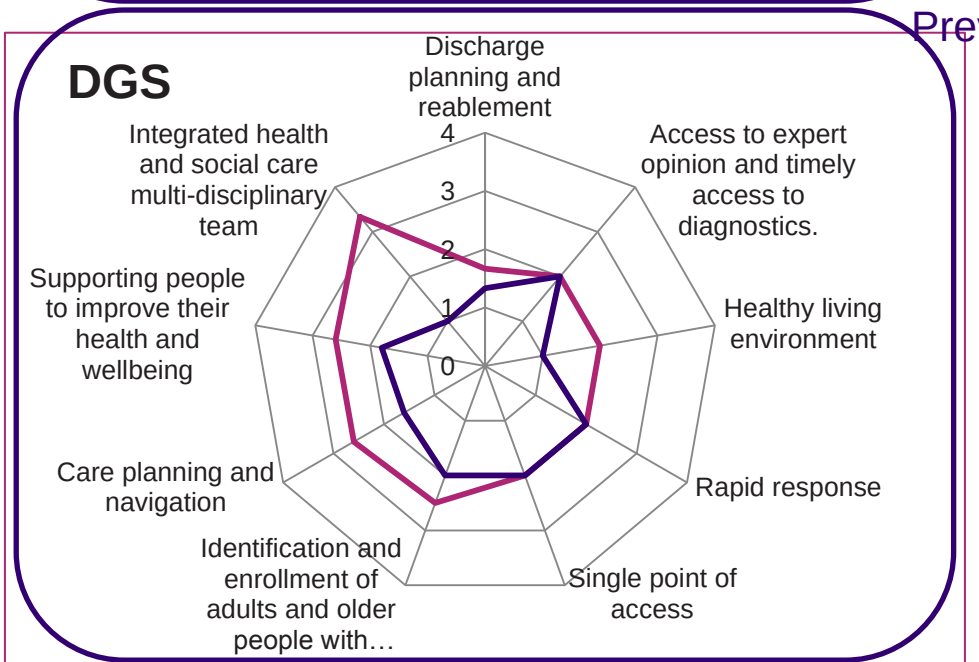
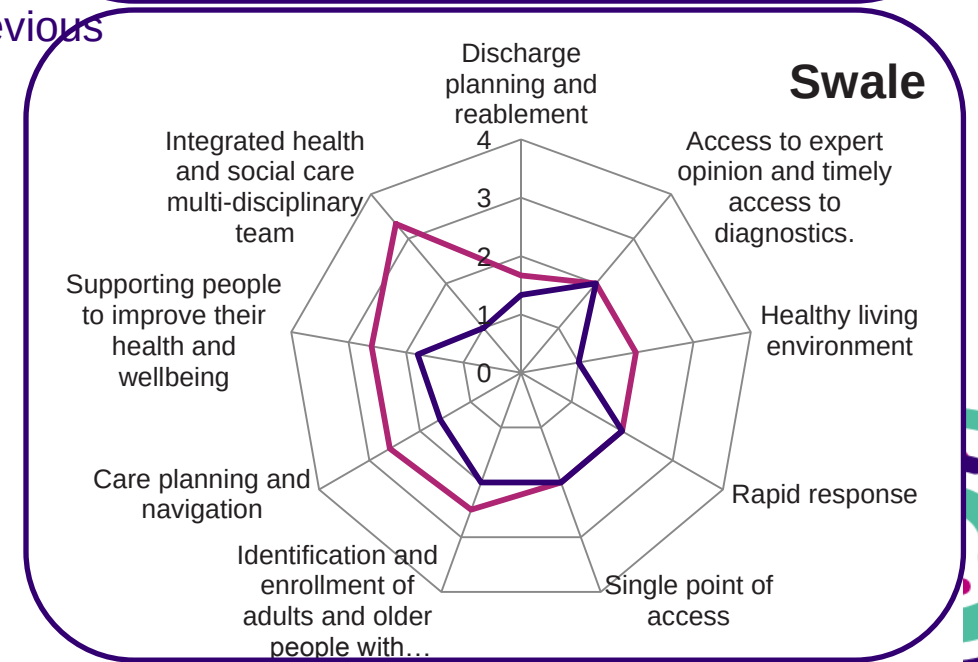
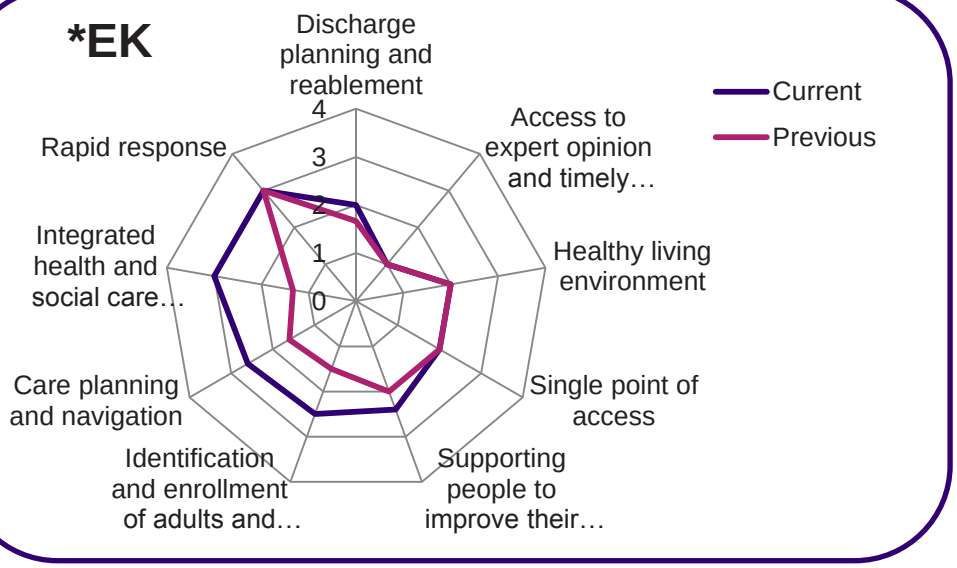




Adoption of eight interventions (Dorothy)



***Please note this assessment was at an amalgamated east Kent position which may at first glance look as if there has been less progress this year with implementation across this locality.**

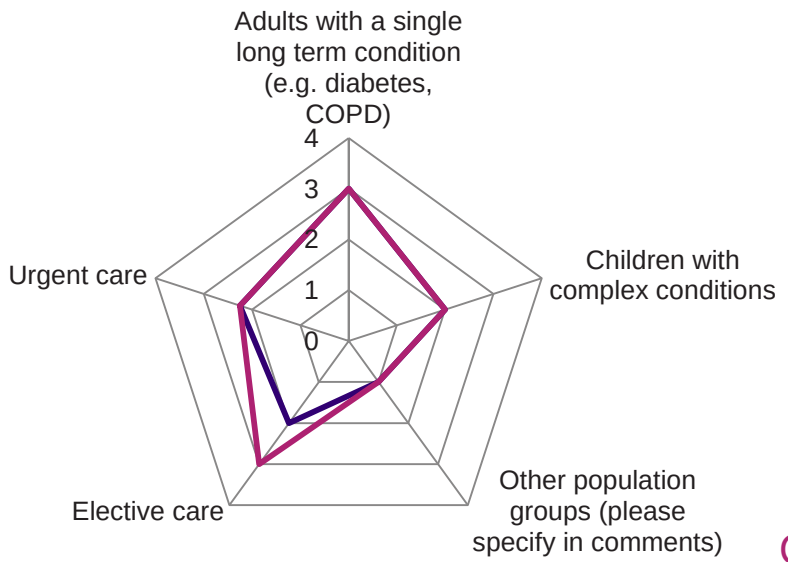
This **is not the case** and can be explained as follows;

- The roll out of the model across in east Kent happened a different points with each CCG area focusing on different aspects of the model depending on local need (see below some examples below from other CCGs across east Kent).

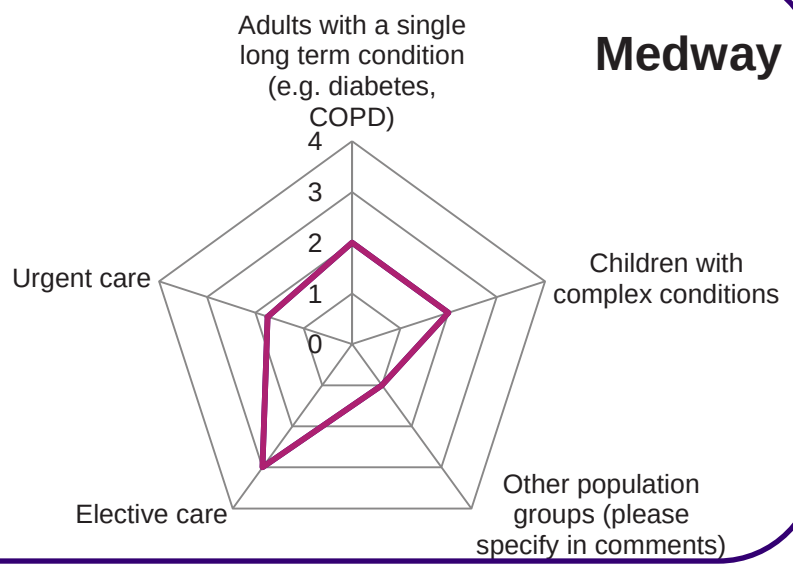
- East Kent hosted **Encompass NHS Vanguard** developed the model for multi-disciplinary team working and integrated case management for frail and elderly, which is being adopted across all areas
- **Thanet Acute Response Team (ART**) - developed an integrated team which provides a range of clinical and personal care support for patients who have healthcare needs which previously would have been met by admission to Hospital. It is being used as the blue-print for services across east Kent
- **Ashford – have made improvements in Primary Care for End of Life planning;** enabling patients/relatives/carers and health professional to discuss advanced care plans
- **East Kent CCGs have been awarded Digital Accelerator status and will deliver on 3 unscheduled care initiatives**
  - Digital First Primary Care – Hub and Spoke Model
  - Digital Enabled Acute Response Team linking in with Care Homes and Urgent Treatment Centres
  - Aligning with Digital Right Care Right Time
- **South Kent Coast – have built on the status of east Kent as a digital accelerator site;** SKC are using the Medical Interoperability Gateway **(MIG)** to support transferable patient data in real time, which supports the multi-disciplinary team in decision making.

Adoption of local care models for those who are mostly healthy/without complex needs and other groups

WK

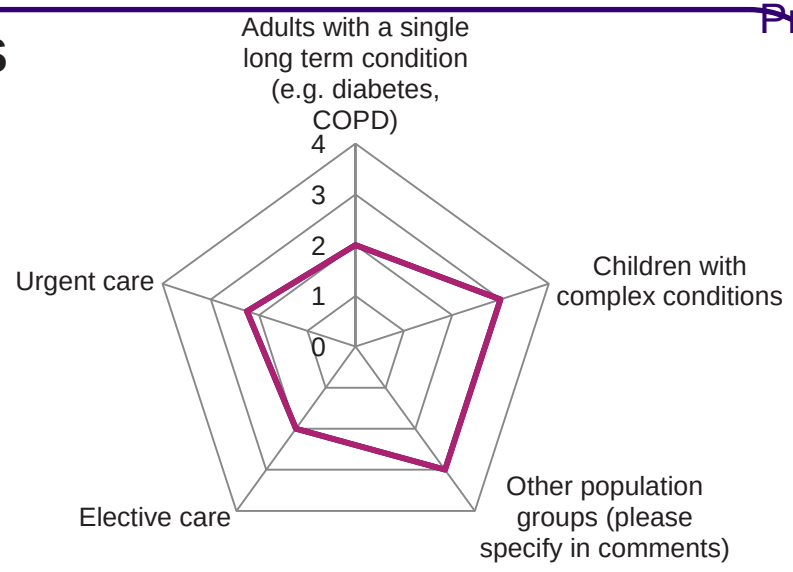


Medway

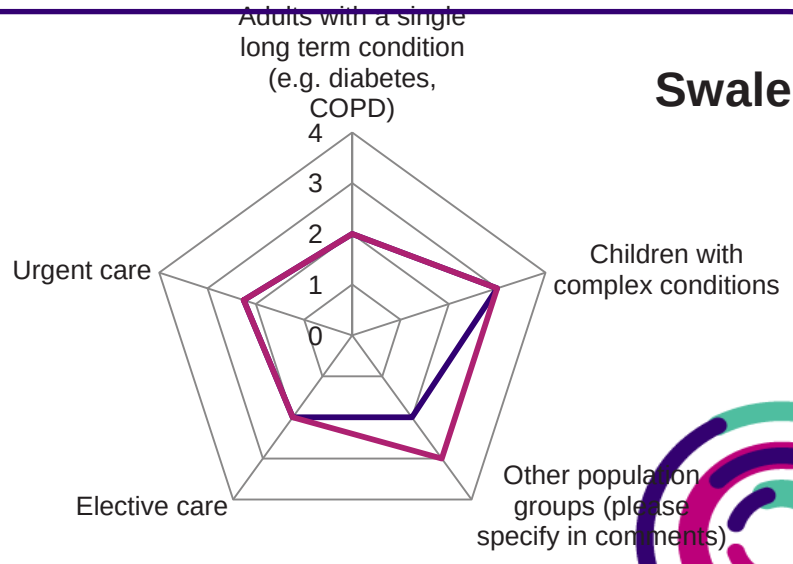


Current
Previous

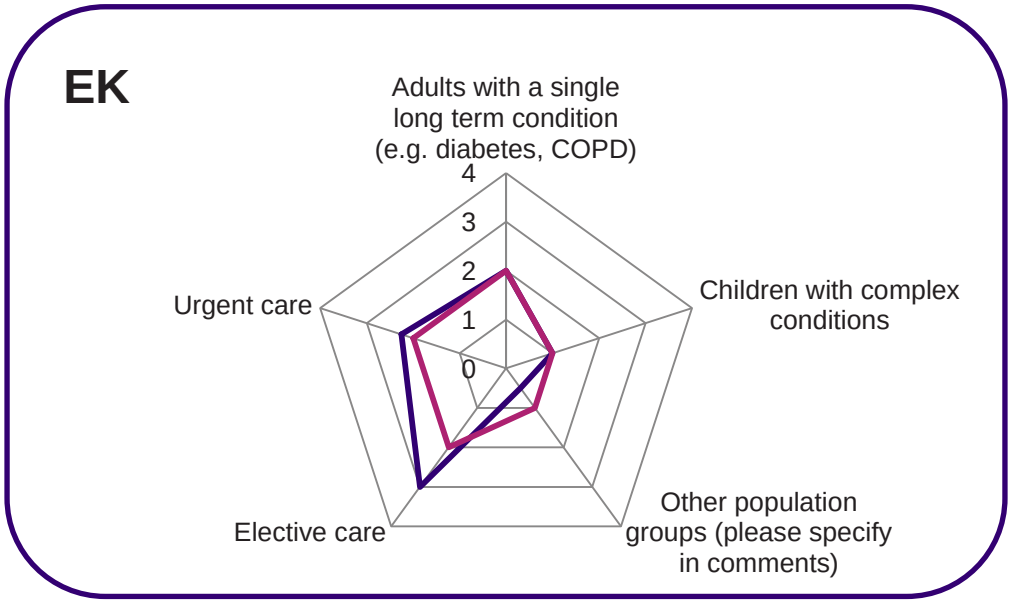
DGS



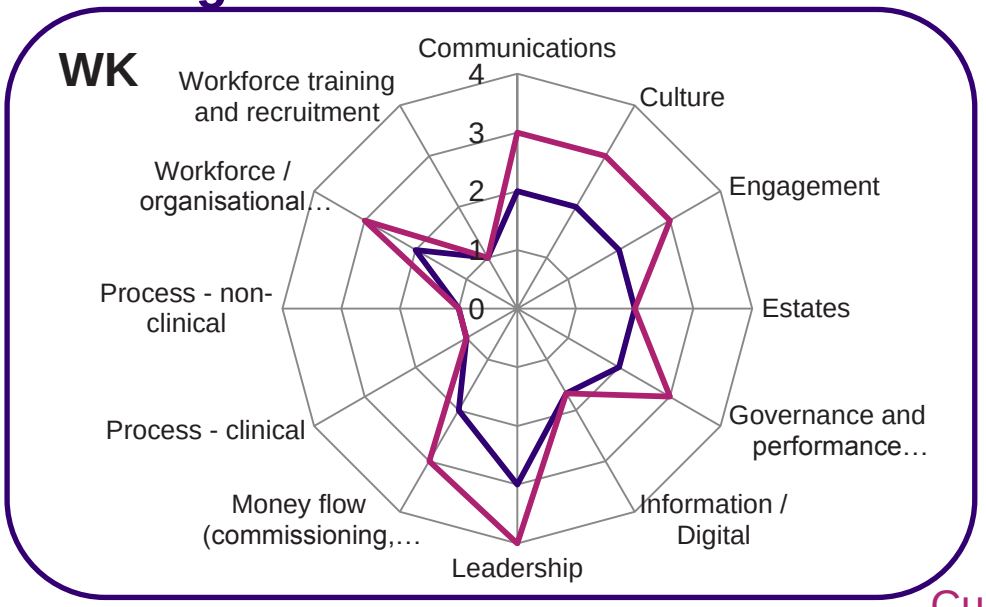
Swale

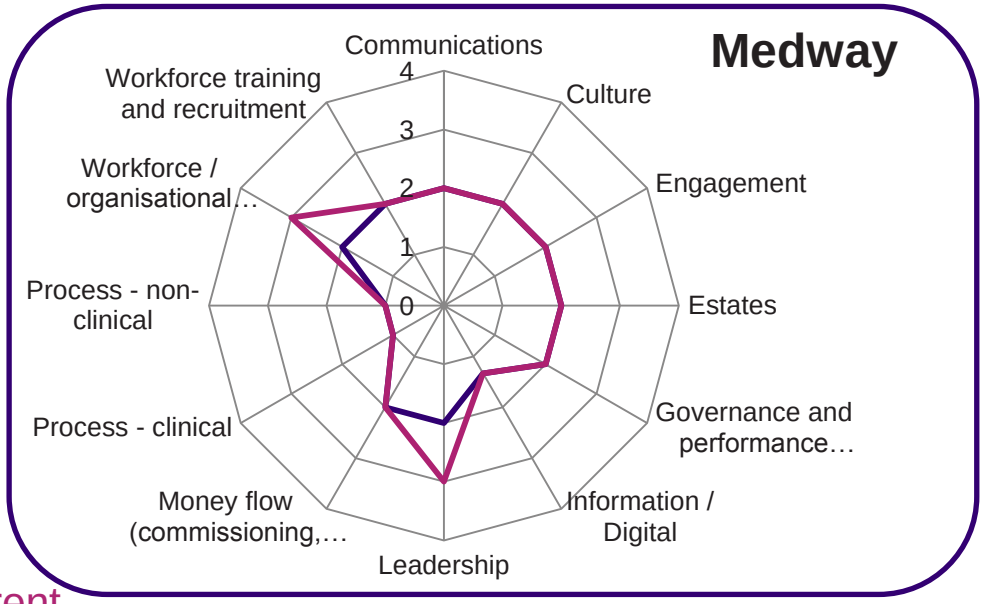


Adoption of local care models for those who are mostly healthy/without complex needs and other groups

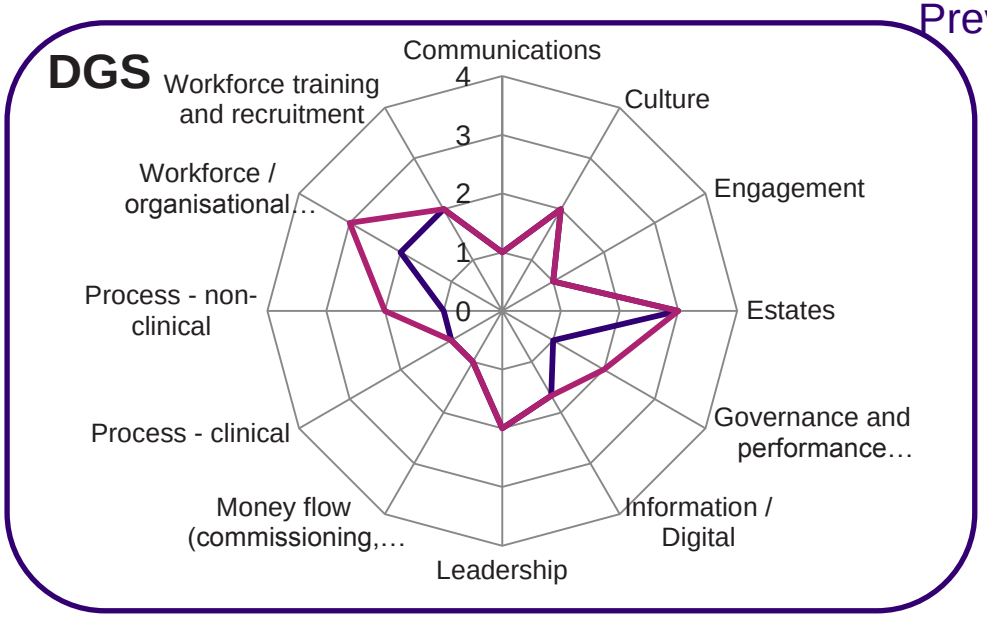


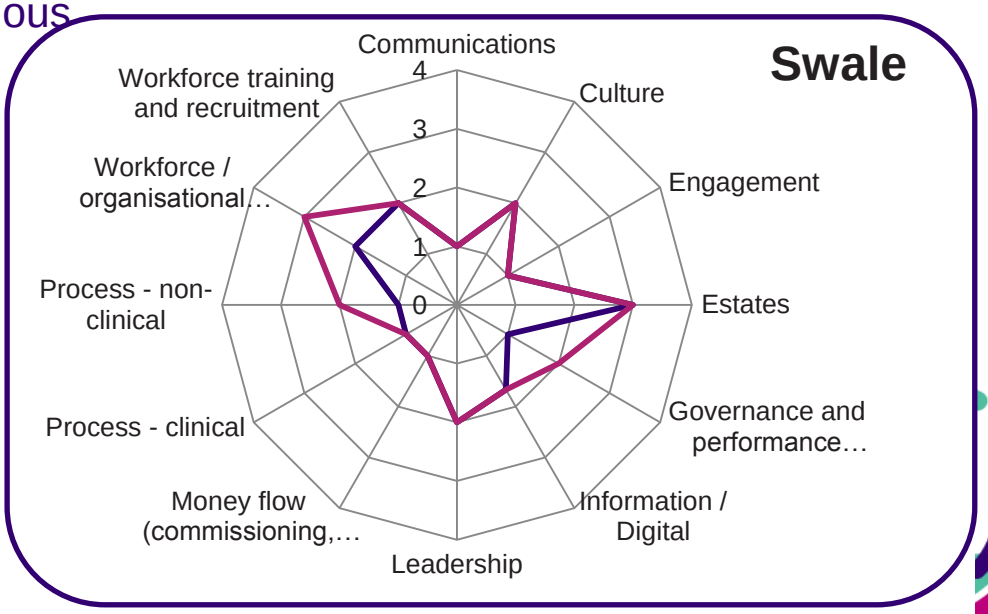
Enabling



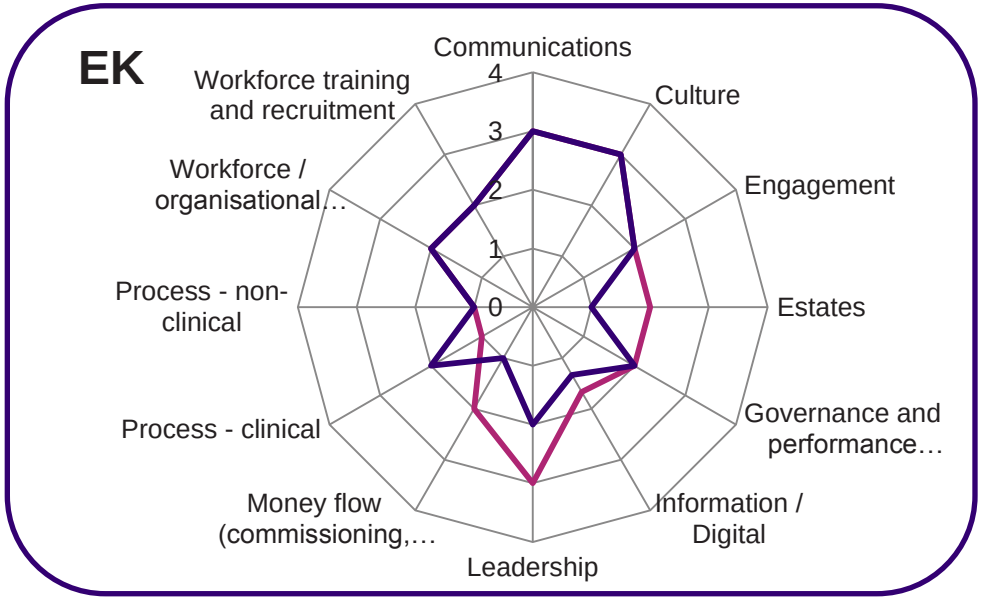


Current
Previous





Enabling

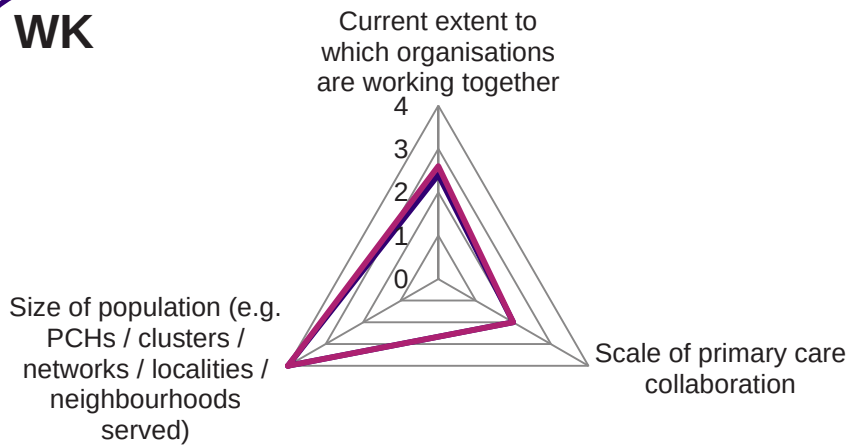


Commentary - EK

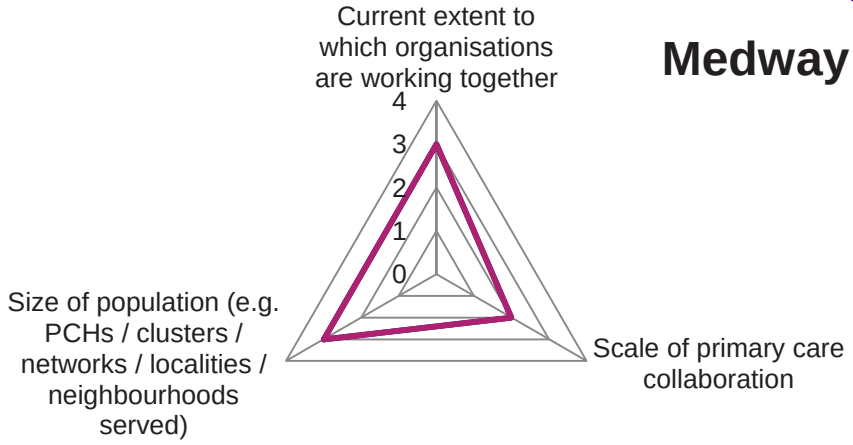
- As mentioned in slide 31 - taking the lowest score for EK CCGs has led to a reduction in some scores

Joint working (Scale)

WK

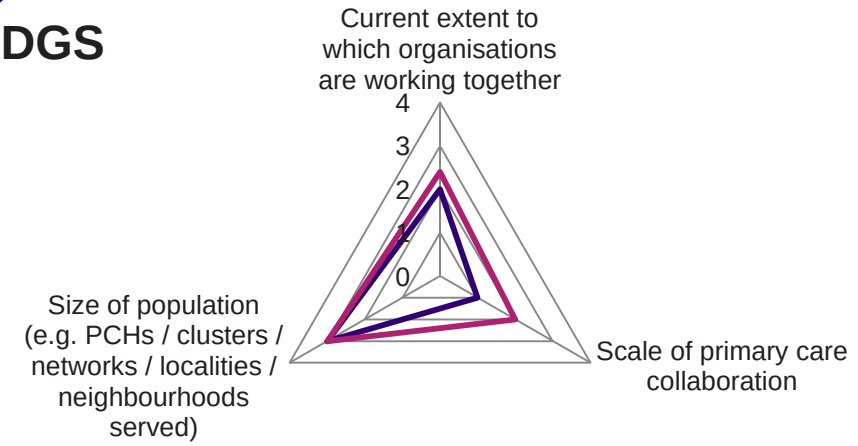


Medway

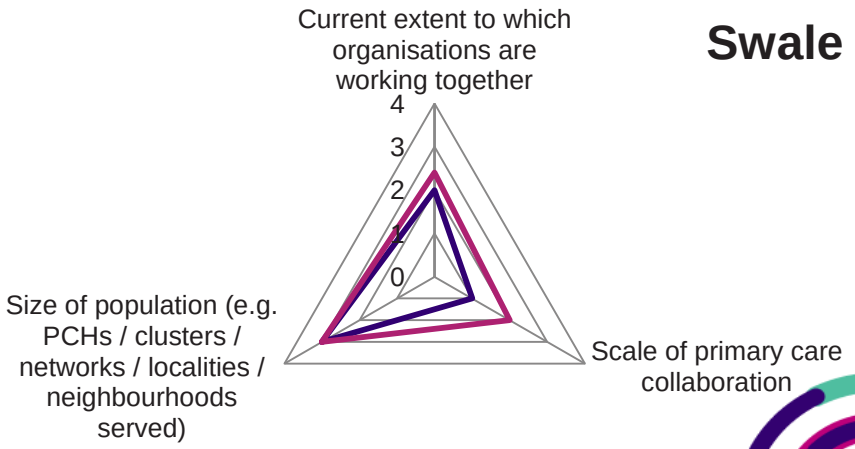


Current
Previous

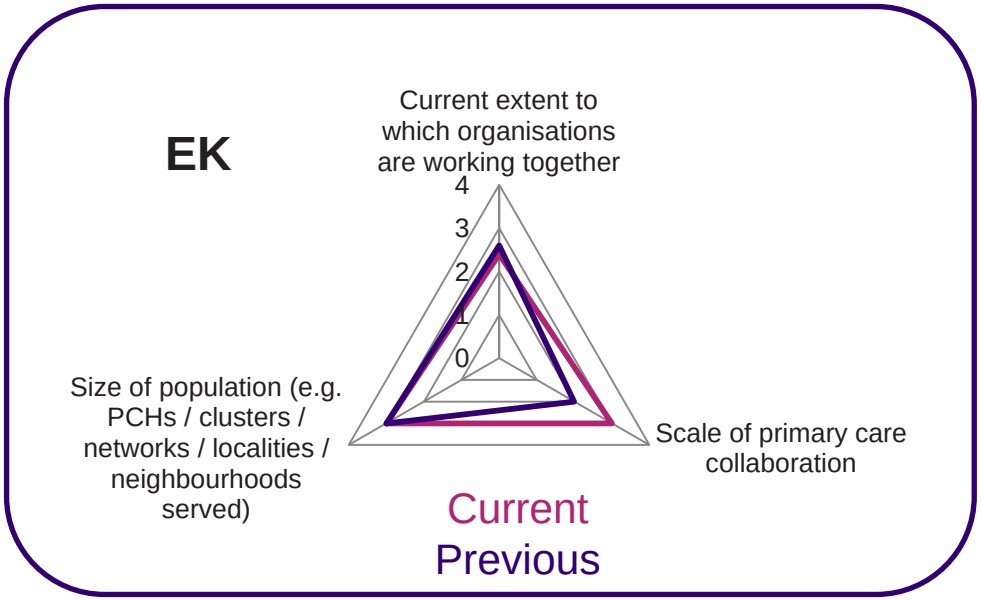
DGS



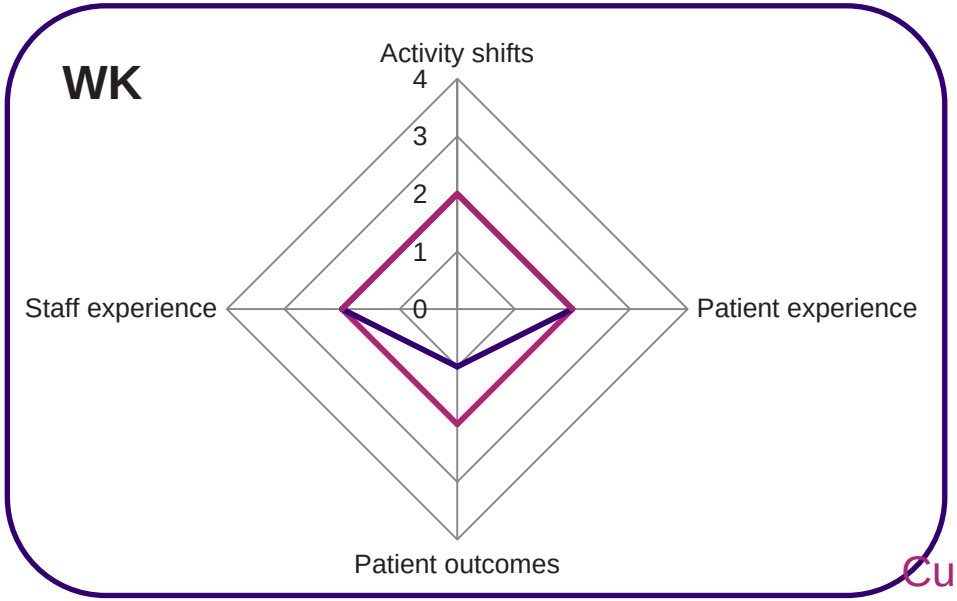
Swale

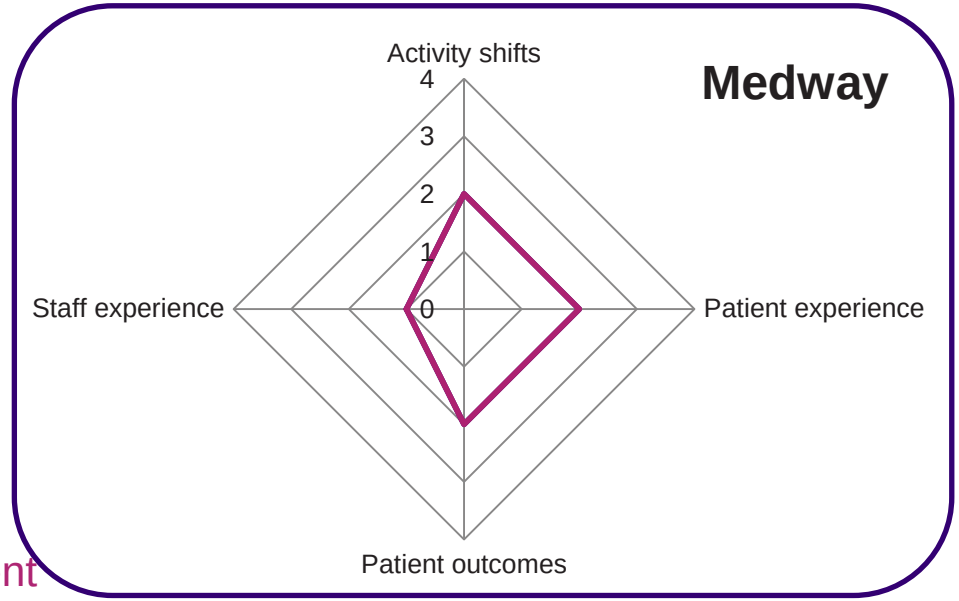


Joint working (Scale)

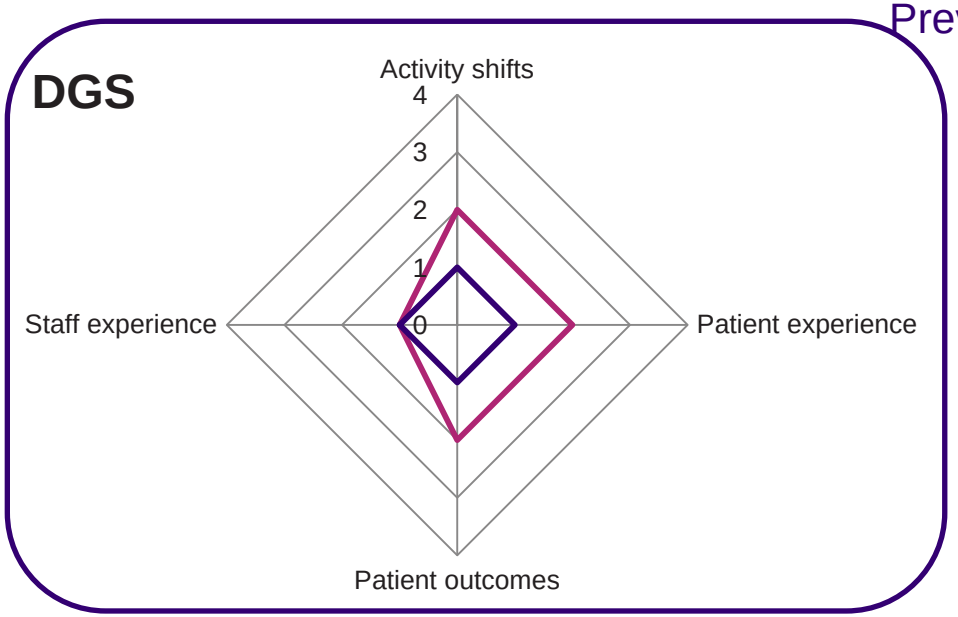


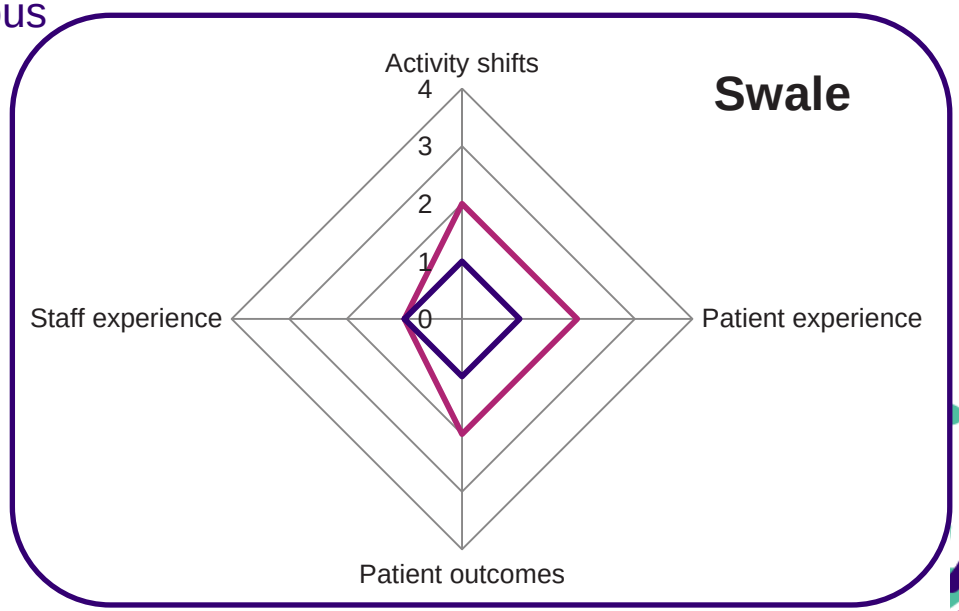
Impact





Current
Previous





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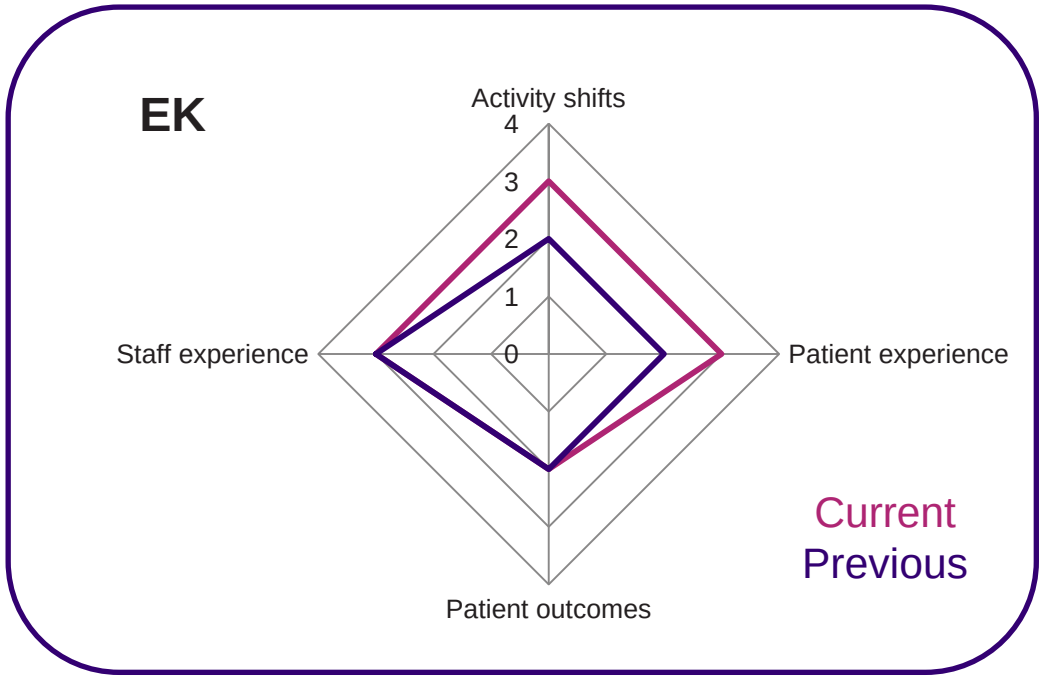
EK
Activity shifts
4
3
2
1
0
Staff experience
Patient experience
Patient outcomes
Current
Previous