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SOUTH KENT COAST HEALTH AND WELLBEING BOARD

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16 January 2017

Dear Member of the Health and Wellbeing Board

NOTICE IS HEREBY GIVEN THAT a meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** will be held in the HMS Brave Room at these Offices on Tuesday 24 January 2017 at 3.00 pm

Members of the public who require further information are asked to contact Rebecca Brough on (01304) 872304 or by e-mail at rebecca.brough@dover.gov.uk.

Yours sincerely

Chief Executive

South Kent Coast Health and Wellbeing Board Membership:

P A Watkins (Chairman)	Dover District Council
Dr J Chaudhuri (Vice-Chairman)	South Kent Coast Clinical Commissioning Group
P M Beresford	Dover District Council
Ms K Benbow	South Kent Coast Clinical Commissioning Group
S S Chandler	Local Childrens Partnership Group Representative
Ms C Fox	Community and Voluntary Sector Representative
Councillor J Hollingsbee	Shepway District Council
Mr S Inett	Healthwatch Kent
Mr M Lobban	Kent County Council
Councillor M Lyons	Shepway District Council
G Lymer	Kent County Council
Ms J Mookherjee	Kent Public Health, Kent County Council

AGENDA

1 **APOLOGIES**

To receive any apologies for absence.

2 **APPOINTMENT OF SUBSTITUTE MEMBERS**

To note appointments of Substitute Members.

3 **DECLARATIONS OF INTEREST** (Page 4)

To receive any declarations of interest from Members in respect of business to be transacted on the agenda.

4 **MINUTES** (Pages 5 - 8)

To confirm the Minutes of the meeting of the Board held on 22 November 2016.

5 **MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD**

Any member of the Health and Wellbeing Board may request that an item be included on the agenda subject to it being relevant to the Terms of Reference of the Board and notice being provided to Democratic Services at Dover District Council (democraticservices@dover.gov.uk) at least 9 working days prior to the meeting.

6 **KENT AND MEDWAY SUSTAINABILITY AND TRANSFORMATION PLAN** (Pages 9 - 88)

To consider the attached reports.

Presenter: *Karen Benbow, Chief Operating Officer, South Kent Coast Clinical Commissioning Group*

7 **DOVER LEISURE CENTRE** (Pages 89 - 92)

To consider the attached report.

Presenter: Emma-Jane Allen, Principal Infrastructure and Delivery Officer, Dover District Council

8 **CHILDREN AND YOUNG PEOPLE'S UPDATE**

To receive a verbal update.

Presenter: Councillor S S Chandler, Dover District Council
Councillor J Hollingsbee, Shepway District Council

9 **URGENT BUSINESS ITEMS**

To consider any other items deemed by the Chairman to be urgent in accordance with the Local Government Act 1972 and the Terms of Reference. In such special cases the Chairman will state the reason for urgency and these will be recorded in the Minutes.

Access to Meetings and Information

- Members of the public are welcome to attend meetings of the Council, its Committees and Sub-Committees. You may remain present throughout them except during the consideration of exempt or confidential information.

- All meetings are held at the Council Offices, Whitfield unless otherwise indicated on the front page of the agenda. There is disabled access via the Council Chamber entrance and a disabled toilet is available in the foyer. In addition, there is a PA system and hearing loop within the Council Chamber.

- Agenda papers are published five clear working days before the meeting. Alternatively, a limited supply of agendas will be available at the meeting, free of charge, and all agendas, reports and minutes can be viewed and downloaded from our website www.dover.gov.uk. Minutes are normally published within five working days of each meeting. All agenda papers and minutes are available for public inspection for a period of six years from the date of the meeting.

- If you require any further information about the contents of this agenda or your right to gain access to information held by the Council please contact Rebecca Brough, Team Leader - Democratic Support, telephone: (01304) 872304 or email: rebecca.brough@dover.gov.uk for details.

Large print copies of this agenda can be supplied on request.

Declarations of Interest

Disclosable Pecuniary Interest (DPI)

Where a Member has a new or registered DPI in a matter under consideration they must disclose that they have an interest and, unless the Monitoring Officer has agreed in advance that the DPI is a 'Sensitive Interest', explain the nature of that interest at the meeting. The Member must withdraw from the meeting at the commencement of the consideration of any matter in which they have declared a DPI and must not participate in any discussion of, or vote taken on, the matter unless they have been granted a dispensation permitting them to do so. If during the consideration of any item a Member becomes aware that they have a DPI in the matter they should declare the interest immediately and, subject to any dispensations, withdraw from the meeting.

Other Significant Interest (OSI)

Where a Member is declaring an OSI they must also disclose the interest and explain the nature of the interest at the meeting. The Member must withdraw from the meeting at the commencement of the consideration of any matter in which they have declared a OSI and must not participate in any discussion of, or vote taken on, the matter unless they have been granted a dispensation to do so or the meeting is one at which members of the public are permitted to speak for the purpose of making representations, answering questions or giving evidence relating to the matter. In the latter case, the Member may only participate on the same basis as a member of the public and cannot participate in any discussion of, or vote taken on, the matter and must withdraw from the meeting in accordance with the Council's procedure rules.

Voluntary Announcement of Other Interests (VAOI)

Where a Member does not have either a DPI or OSI but is of the opinion that for transparency reasons alone s/he should make an announcement in respect of a matter under consideration, they can make a VAOI. A Member declaring a VAOI may still remain at the meeting and vote on the matter under consideration.

Note to the Code:

Situations in which a Member may wish to make a VAOI include membership of outside bodies that have made representations on agenda items; where a Member knows a person involved, but does not have a close association with that person; or where an item would affect the well-being of a Member, relative, close associate, employer, etc. but not his/her financial position. It should be emphasised that an effect on the financial position of a Member, relative, close associate, employer, etc OR an application made by a Member, relative, close associate, employer, etc would both probably constitute either an OSI or in some cases a DPI.

Minutes of the meeting of the **SOUTH KENT COAST HEALTH AND WELLBEING BOARD** held at the Council Offices, Whitfield on Tuesday, 22 November 2016 at 3.00 pm.

Present:

Chairman: Dr J Chaudhuri (Vice-Chairman in the Chair)

Councillors: Ms K Benbow
Councillor S S Chandler
Ms C Fox
Councillor J Hollingsbee
Councillor M Lyons
Councillor G Lymer
Ms J Mookherjee

Also Present: Ms H Cook (Kent County Council)
Mr M Lemon (Kent County Council)
Mr M Needham (South Kent Coast Integrated Care Organisation)
Ms J Wallace (Shepway District Council)

Officers: Head of Leadership Support
Leadership Support Officer
Team Leader – Democratic Support

24 APOLOGIES

Apologies for absence were received from Mr S Inett and Councillor P A Watkins.

25 APPOINTMENT OF SUBSTITUTE MEMBERS

There were no substitute members appointed.

26 DECLARATIONS OF INTEREST

There were no declarations of interest made by members of the Board.

27 MINUTES

It was agreed that the Minutes of the Board meeting held on 20 September 2016 be approved as a correct record and signed by the Vice-Chairman.

28 MATTERS RAISED ON NOTICE BY MEMBERS OF THE BOARD

There were no matters raised on notice by Members of the Board.

29 PROPOSALS FOR OTTERPOOL PARK: HEALTH IMPLICATIONS

The Board received a presentation from Ms J Wallace, Otterpool Park Project Manager – Master Planning and Design (Shepway District Council).

Members of the Board were advised that Otterpool Park was a development between landowners Shepway District Council and its partner (the owners of Folkestone Race Course) that would deliver 12,000 new homes over the next 30 years. As part of this development it presented the opportunity to plan for current and future health and social care needs and encourage healthier lifestyles.

The presentation sought the Board's views on the opportunities for improving health services in East Kent, in developing a vision and objectives for health and wellbeing at Otterpool Park and to discuss who needed to be involved.

Members of the Board welcomed the opportunity to design in health from the start and Ms J Mookherjee advised that Public Health which was currently involved in a Health Impact Assessment in Ebbsfleet would be happy to assist with the Otterpool Health Impact Assessment.

The need to expand William Harvey Hospital to cope with growing population was discussed as was the importance of engaging with local primary care providers and commissioners.

Ms K Benbow advised that the South Kent Coast Clinical Commissioning Group was keen to be involved but reminded Board members that the Clinical Commissioning Group's funding was based on the actual number of people in its area.

RESOLVED: That the presentation be noted.

30 EAST KENT STRATEGY BOARD BRIEFING

Ms K Benbow, Chief Operating Officer (South Kent Coast Clinical Commissioning Group) presented the East Kent Strategy Board briefing and the Kent and Medway Sustainability Transformation Plans (STP) update.

It was advised that the timeline for the STP had changed following the decision to develop a countywide single model for local (out of hospital) care as well as the amount of work required to be undertaken and the assurance processes for NHS England. The East Kent Strategy Board would continue to operate as a delivery group within the context of the wider Kent and Medway STP.

The consultation on the STP was now due to take place in summer 2017 and this would also allow the 'purdah' period for the local elections in May 2017 to be completed first.

Members of the Board asked for a schedule for the STP to brought to the next meeting.

RESOLVED: That the update be noted.

31 INTEGRATED ACCOUNTABLE CARE ORGANISATION UPDATE

Mr M Needham, Chief Officer for the South Kent Coast Integrated Accountable Care Organisation (IACO) presented the update to the Board.

The IACO was a partnership of health and care providers seeking to develop a new system to support people being well and healthy in their own homes. The new system would be co-ordinated by the patients GP and deliver one service provided by one team from one budget. It would redesign care for 200,000 patients in 4 localities (Hythe and Rural, Folkestone, Dover and Deal).

Members discussed the need to better map voluntary sector and district council assets as part of the IACO work and acknowledged the variety of different sized organisations in the voluntary sector and their access to funding that was unavailable to the statutory sector.

It was agreed to bring the matter back to a future meeting with input from the voluntary sector and district council housing teams.

RESOLVED: That the update be noted.

32 CHILDREN AND YOUNG PEOPLE GROUP UPDATE

Ms H Cook, Kent County Council, presented the Children and Young Peoples Group update.

The Board was advised that the aim was to bring together numerous strategies including the KCC Strategic Commissioning Divisional Business Plan 2016-7, South Kent Coast Clinical Commissioning Group 2016-17 Operating Plan and the South Kent Coast Clinical Commissioning Group 2016 Patient Prospectus.

In the South Kent Coast Clinical Commissioning Group area the key focuses were:

- Dental hospital admissions
- Teenage mothers
- Breast feeding
- Smoking at the time of delivery
- Substance misuse hospital admission

There were national and local priorities set for the Children and Young Peoples Group and a dashboard was produced every 2 months that gave detailed information in respect of them. The Group was also looking at practical ways in which an indicator could be quickly changed for the better through no/low cost solutions. The example was cited that to improve children's school grades the first step was to ensure that they were in school.

The Group had £44,000 per district for grant applications and once the bids were submitted the local partnership determines how to award the funding in keeping with its priorities. The Board was advised that it was too early to ascertain if the first year of grants had achieved changes.

Members discussed the importance of teenagers being able to access advice on sexual health and contraception in East Kent and whether there were a sufficient number of trained GPs.

RESOLVED: That the update be noted.

33 URGENT BUSINESS ITEMS

There were no urgent business items.

The meeting ended at 5.01 pm.

Update from the meeting of the East Kent Delivery Board on 8 December 2016

About the East Kent Delivery Board

The East Kent Delivery Board has been set up by local health and care commissioners to spearhead the drive to determine how best to provide health and care services to the population of east Kent. Its work is part of the wider Sustainability and Transformation Plan (STP) for Kent and Medway.

Comprising all organisations involved in the planning, provision and delivery of health and care services in this area, the Board is an advisory board with a clinical chair. Its membership includes the chief executives and most senior clinicians and leaders of east Kent's NHS and care services. The Board oversees a work programme and advises local health and care commissioners whose role it is to plan the future pattern of services across east Kent.

As of 17 November 2016, the East Kent Delivery Board has a new and formalised role within the governance structure of the Kent and Medway STP. This allows the Board to build on the work it has done at an east Kent level with colleagues in health and social care across Kent and Medway.

Social Care Transformation – KCC update

The board received an update presentation describing the next steps in Kent County Council's transformation programme for adult social care. The programme has thus far focused on its 'assessment' phase and identified opportunities for more efficient use of resources and more effective outcomes via: integrated care models; integrated provision; and integrated commissioning, working closely with NHS partners. The next stage of the transformation approach is to design and test with practitioners possible solutions to the biggest problems, and to measure the impact and iterate these until the right solution is found. At the last (November) Delivery Board meeting members discussed the need for a joint design area to include health aspects and since then KCC colleagues have met with CCG partners to review the approach and to discuss the design phase of the work in more detail. Pilots in each of the CCG areas in east Kent will build on existing initiatives to harness the opportunities delivered through integrated working between social care and health. More information can be obtained from Mark Lobban and Richard Lum at KCC.

Kent and Medway STP programme – update

The Board received an update on mobilisation of the Kent and Medway Sustainability and Transformation Plan programme. Key points of note included:

- Mobilisation workshops on the prevention, productivity, estates and hospital care workstreams have been carried out over the last month;
- The local care and workforce workstreams have also progressed with meetings and workshops held; and,
- Project Initiation Documents and Terms of Reference for all workstreams are in development and the critical path for the programme of work has been updated.

The East Kent Delivery Board's work will take full account of the wider picture across Kent and Medway, linking in with the Kent and Medway workstreams. These shared workstreams will deliver a consistency of approach, ensure scale is maximised across Kent and Medway where appropriate (i.e. for some very specialist services such as stroke), and create efficiencies in undertaking some of the detailed financial, workforce and other analytics that need to be done.

Publication of the Kent and Medway Sustainability and Transformation Plan

The Board noted that the Kent and Medway STP had been published on 23 November 2016 and that the Board had fulfilled its commitment to support publication as well as updating stakeholders about the Board's new place within the STP governance structure. The Sustainability and Transformation Plan for Kent and Medway sets out an ambition for transforming health and social care but does not set out concrete or detailed proposals. Following publication of the plan in November engagement with key audiences will continue in order to discuss the challenges and emerging thinking about how to address them. Staff, stakeholders, patients, carers and local people will be asked to help develop the detail over the coming months.

The STP is available on the main NHS and social care organisation's websites across Kent and Medway and via the following link:

http://eastkent.nhs.uk/news/publication-sustainability-transformation-plan/

Patient and Public Engagement

It was noted that while a Kent and Medway-wide Patient and Public Advisory Group is being established to advise the STP programme, and as part of the involvement plan to ensure local people's views and concerns are considered in recommendations developed by the STP Programme Board, there was still an important role for the East Kent Patient and Public Engagement Group (PPEG) to play in shaping the plans for east Kent. The East Kent Delivery Board thanked the PPEG for its contribution so far and made a renewed commitment to ensuring that it was fully sighted on all aspects of the programme's work, with the hospital transformation work to be presented to the Group at its next meeting on 21st December 2016.

The Board also received updates from the IT, Estates and Communications and Engagement workstreams. The Thanet CCG lay member attended the Board as Chair of the Patient and Public Engagement Group as a full member.

For more information about the work of the East Kent Delivery Board visit: http://eastkent.nhs.uk/

Ends

Transforming health and social care in Kent and Medway

Sustainability and Transformation Plan

21st 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

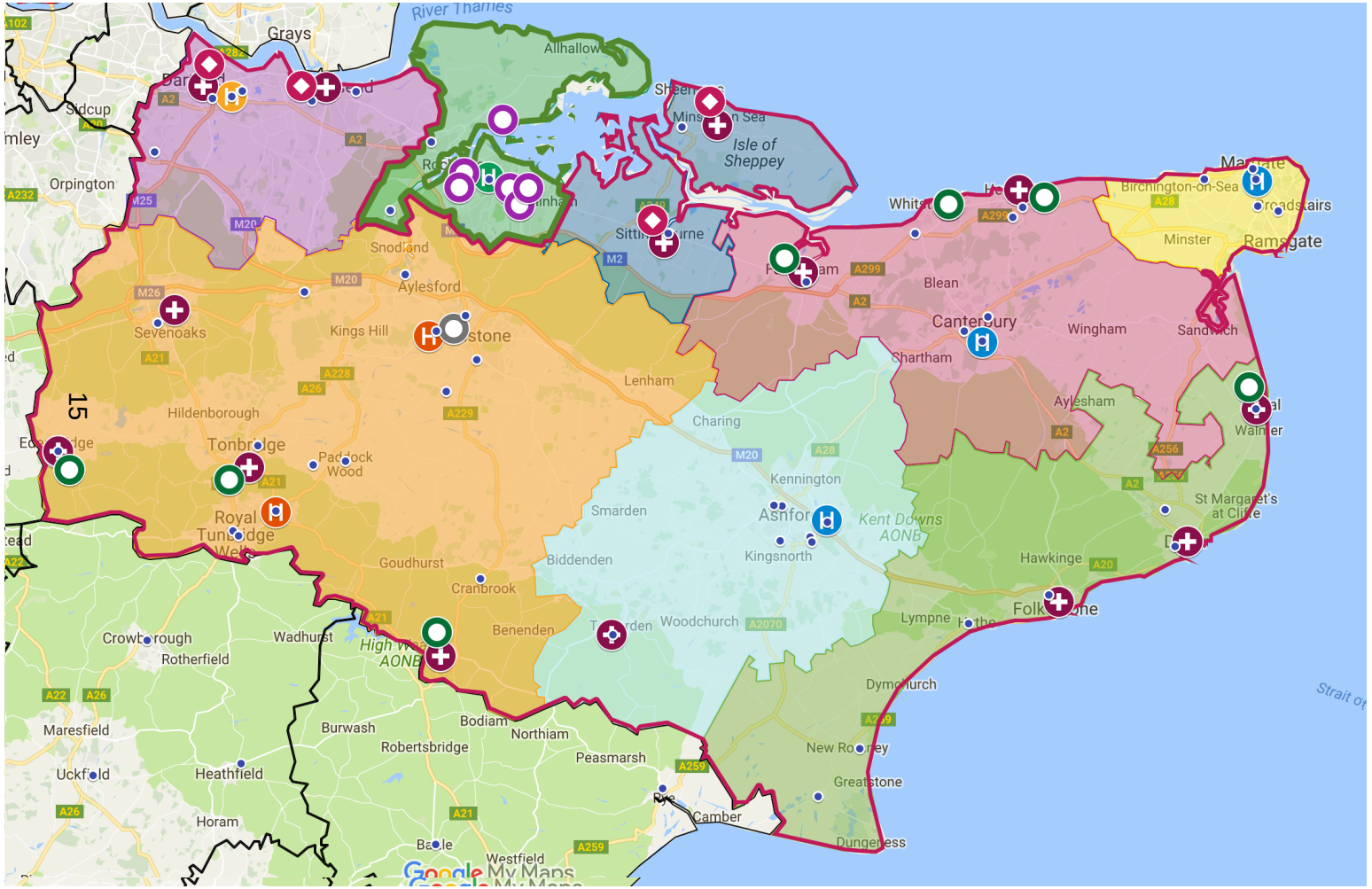
Executive summary (2/2)

- 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

Health and wellbeing

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.

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

Quality of care

- 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’**.

- 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

Sustainability

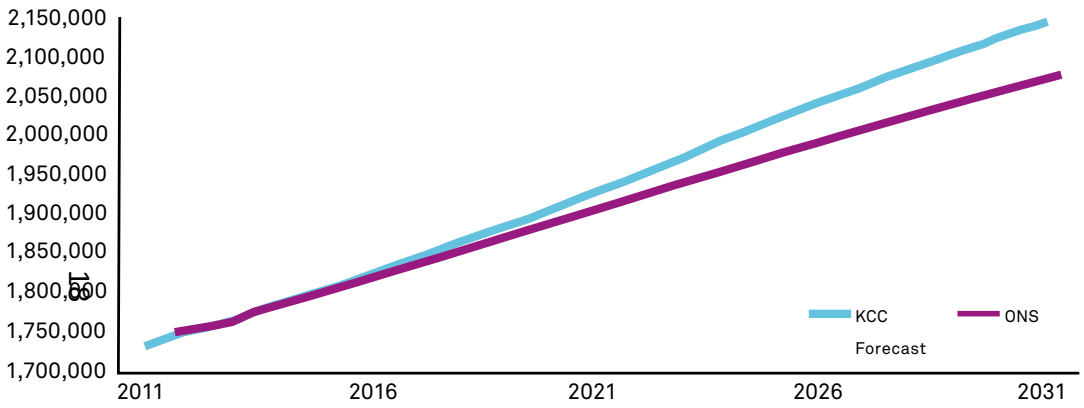
- We are **£109m ‘in the red’** and this will rise to **£486m by 20/21** across health and social care if we do nothing.
- Our **workforce is aging** and we have difficulty recruiting in some areas. This means that **senior doctors and nurses are not available** all the time.

- 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

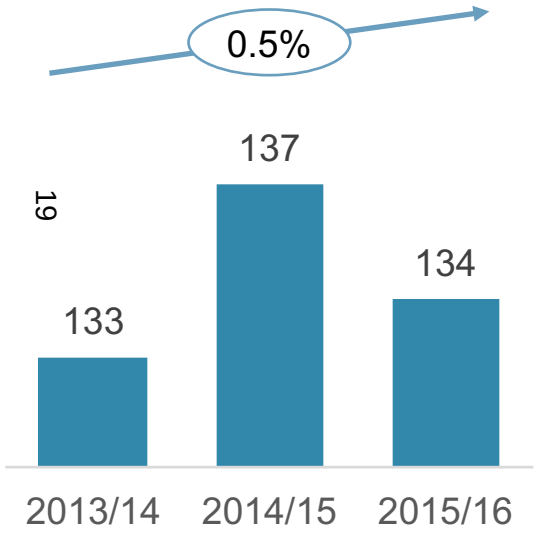
Source: KMGIF, DGS CCG, DGT

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

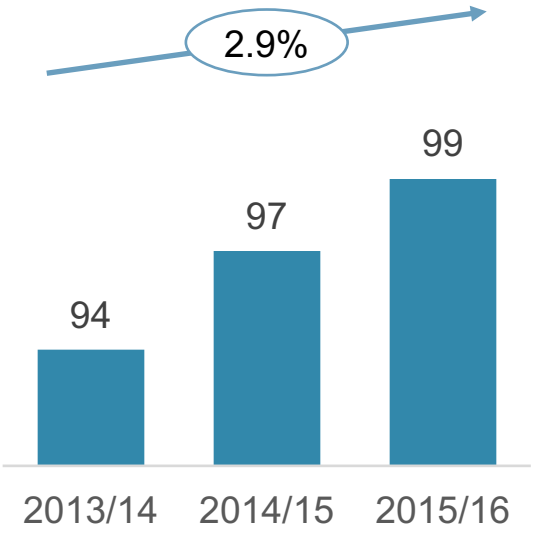
Example: Acute activity per 1,000 population, Kent and Medway

- CAGR, %

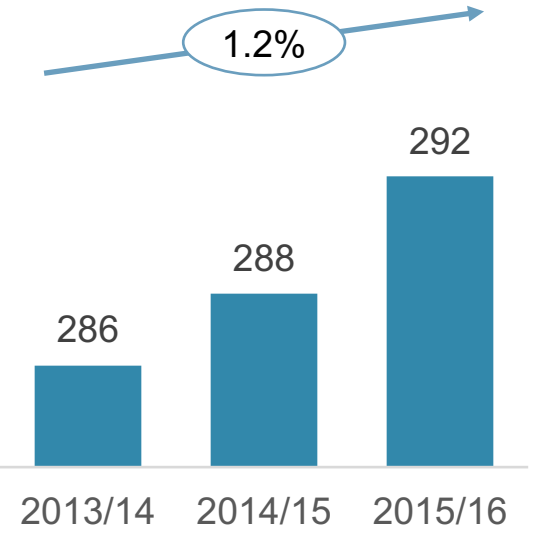
Elective



Non-elective



Outpatient

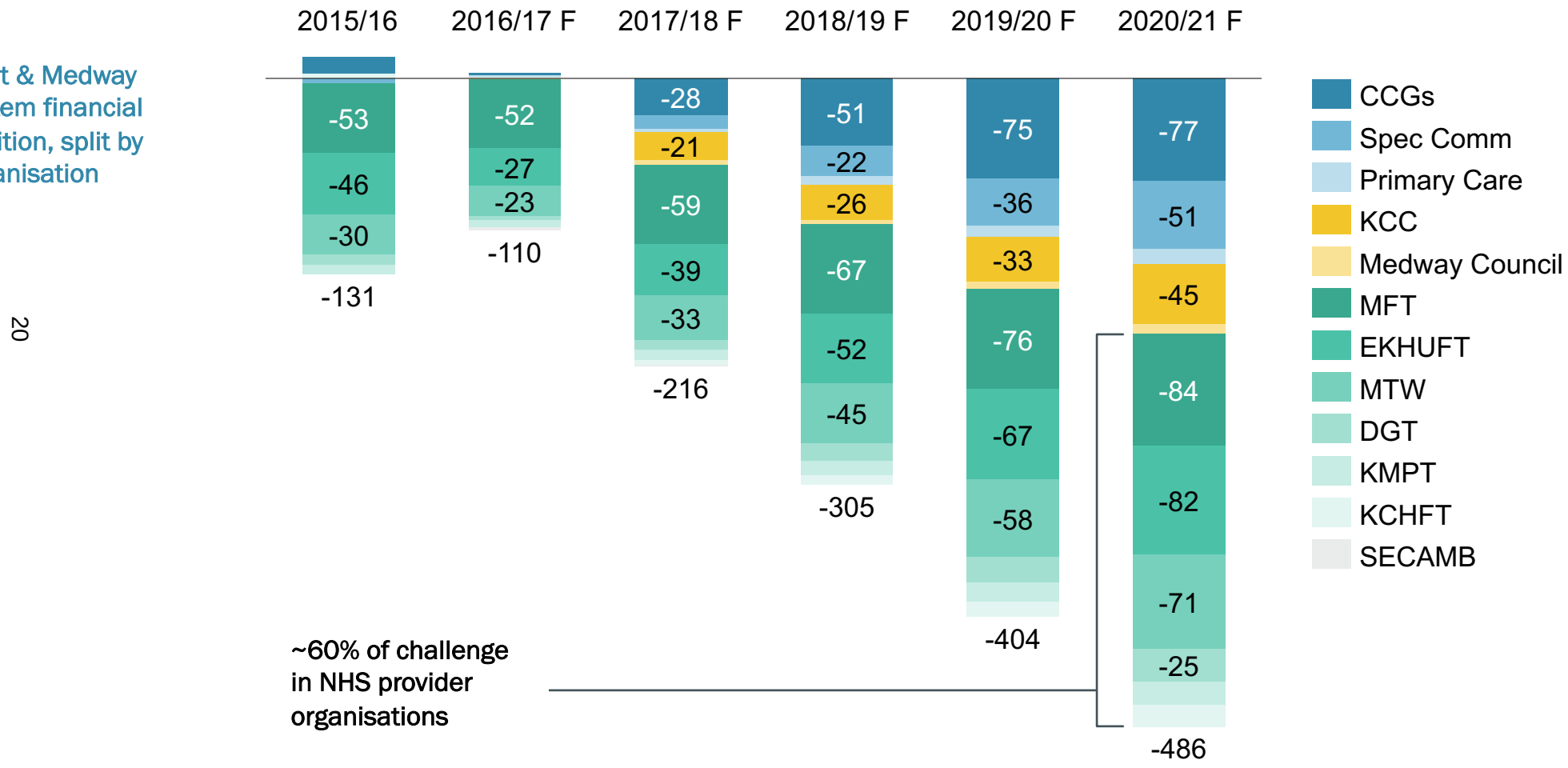


Notes: 1 Right Care peers for each K&M CCG selected and peer activity data aggregated, weighting by population
Source: MAR Data, Carnall Farrar analysis

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

Kent & Medway system financial position, split by organisation



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 cardio-vascular 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

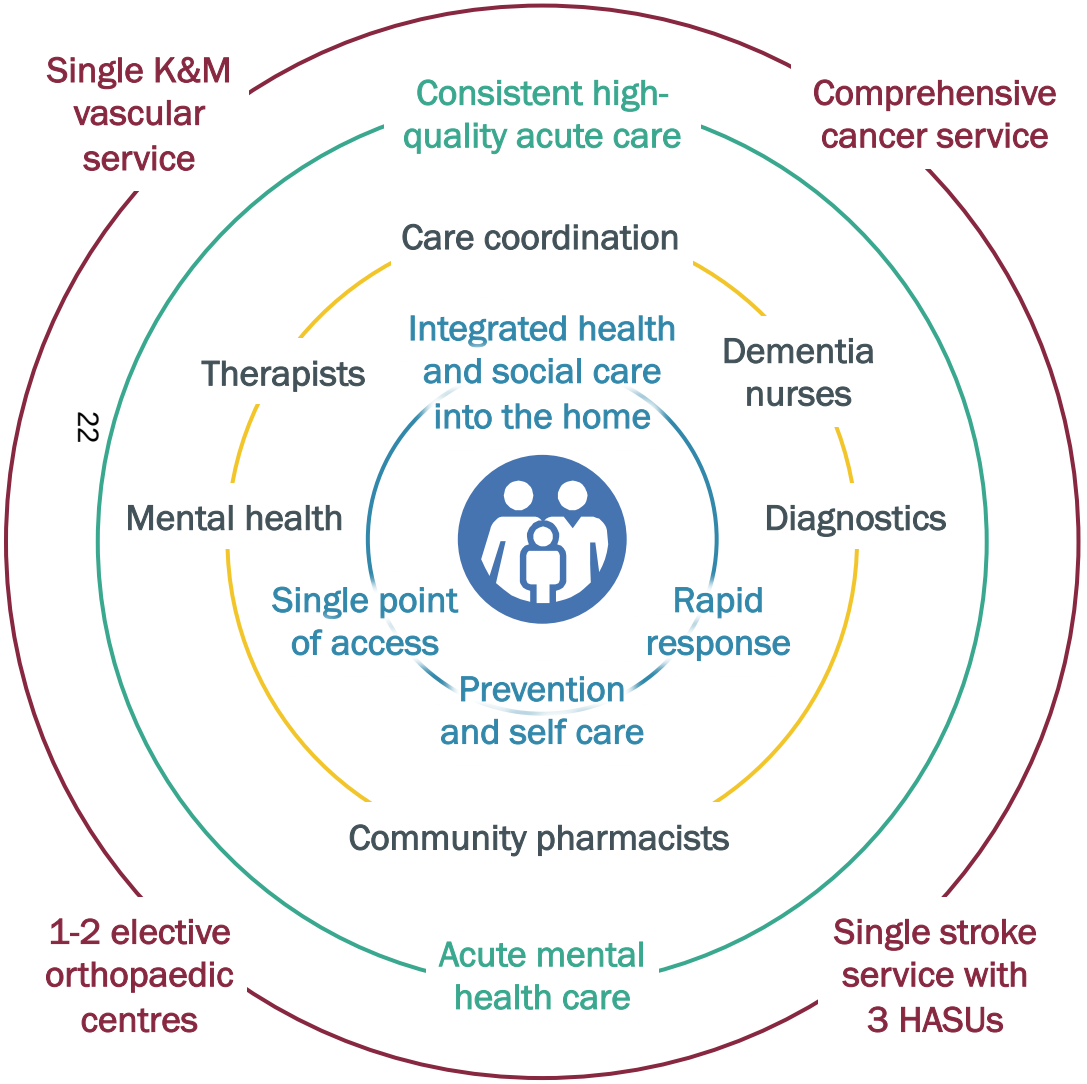
A critical success factor of this programme will be system leadership and system thinking. We have mobilised dedicated programmes of work to address:

- **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

Our journey

Encompass Vanguard

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MCP / PACS models[1]

Accountable Care Organisations

Our aspirations

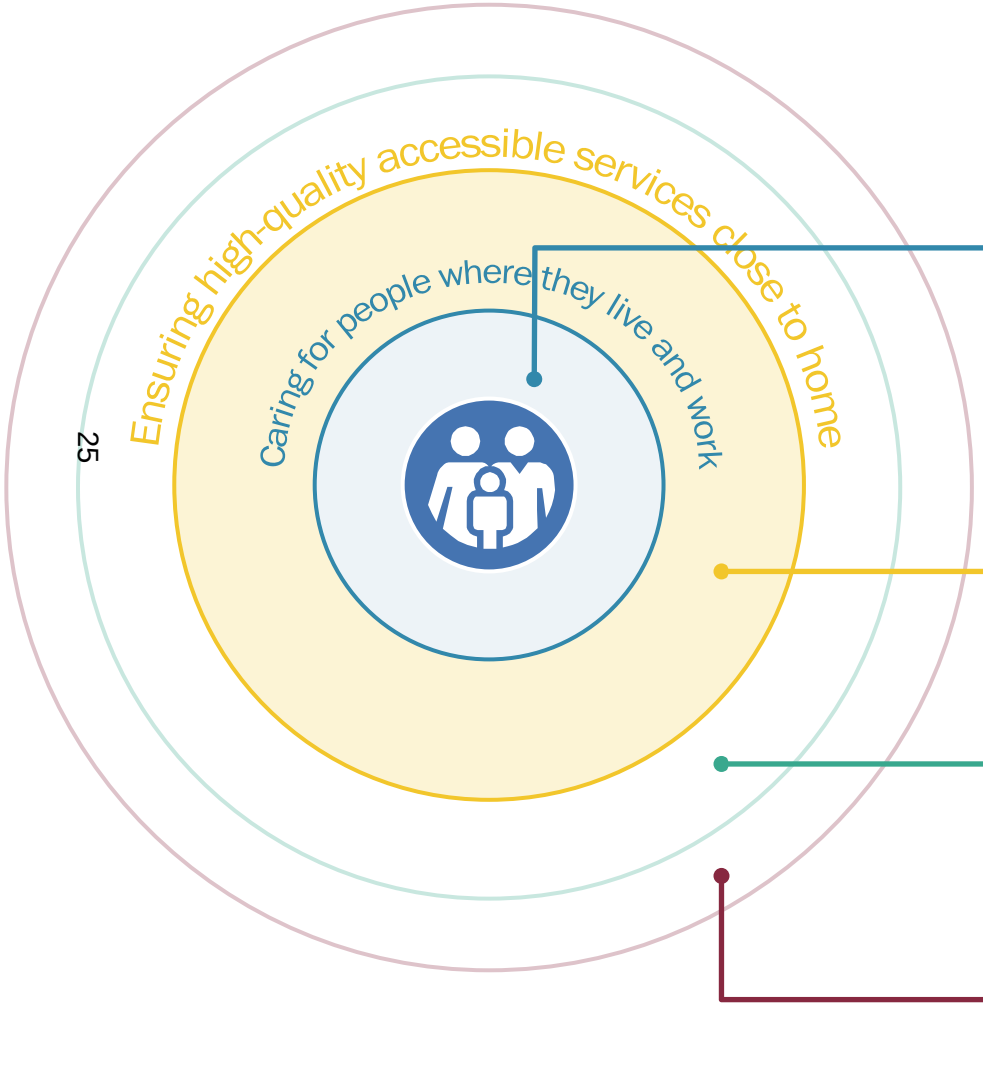
- Identify patients' healthcare needs and provide integrated treatment which encompasses all of them
- Empower patients through person centered, proactive support
- Ensure increased patient participation in their own care
- Enable proactive care that supports improving and promoting health and wellbeing, supporting patients ability to live independently
- Facilitate clear signposting to the most relevant service that is driven by a 'community first' philosophy
- Utilise coordinated statutory, voluntary and where appropriate the independent sector services including: primary, community, secondary, social care, mental health and voluntary services that are wrapped around defined GP populations
- Provide a range of out of hospital services through Local Care hubs (incl. community hospitals) facilitating increased local accessibility
- Enable innovation in coordinated care provision

How we will deliver our vision

- Proactive identification
- Personalised care packages
- Self care and prevention strategies
- Multi Disciplinary Teams
- Integrated Care pathways
- Urgent and Community care
- Diagnostic and same day services

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

Swale integrated care teams

Integrated care teams made up of community nurses and social care practitioners have been introduced and attached to **General Practice clusters**. Further supported by the successful procurement of adult community services, this has allowed us to move at pace to integrated new models of care (done jointly with DGS).

Dartford, Gravesham and Swanley new town

Having successfully won **healthy new town status** following a competitive process linked to the North Kent and specifically Ebbsfleet Garden City Development, significant focus is on reduction of health inequalities through new models of care.

Dartford, Gravesham and Swanley integrated commissioning

DGS has established an **integrated commissioning team** jointly with Kent Council Council for children's, Learning Disabilities and Mental Health services, including joint governance arrangements and full time posts.

Medway and Swale collaboration

Medway and Swale CCG, MFT and Medway Council have collectively created a **whole system improvement collaborative** called MASCOE to drive key components of delivery within the new models of care.

Herne Bay 7-day access

7-day access to a range of urgent and outreach services, including diagnostics have resulted in better patient experience and reduced acute admissions and A&E attendances.

Thanet IACO

The vision for integrated health and social care in Thanet is being delivered via a MCP operating as an **Integrated Accountable Care Organisation** (IACO). The IACO has just won National Association of Primary Care provider development of the year.

Encompass Vanguard CHOCs

Community Hub Operating Centres (CHOCs) have developed an Integrated Case Management (ICM) model to deliver community based integrated assessment, care planning and service delivery for people who are at risk of hospital admission.

Encompass Vanguard social prescribing

The **Encompass MCP Vanguard** has partnered with Red Zebra Community Solutions and now uses a web-based tool for NHS professionals and **social prescribing** services in the community to refer people to a range of local, non-clinical support. This has resulted in improved social, emotional or practical wellbeing for patients.

Canterbury and Coastal paramedics

Paramedic practitioners attached to General practices doing visits with the GP EPR. This has resulted in faster response rates, better patient satisfaction and a reduction in inappropriate admissions to hospitals. A similar initiative has been subsequently developed in Swale.

South Kent Coast

SKC are undertaking a Rheumatology pilot, delivering **rheumatology care closer to home**, supporting self-care, increasing capacity and primary care skill/knowledge. Potential savings of 30% against tariff. Ongoing work to replicate in cardiology and respiratory care.

Source: Kent and Medway CCGs

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

Increased activity *from integrated care initiatives*

Drives

Large reductions *in acute activity (and small reductions system-wide)*

Community care

- Intermediate care beds managed by GPs
- Step up/step down
- Rapid response
- Reablement

Primary care

- GP/nurse contacts
- Care coordination
- Case management
- Access to specialist opinion
- Geriatrician in community

Mental health

- Liaison/RAID
- Early intervention
- Home treatment/Recovery

Acute

- Reduction in long LOS through
  a) better process
  b) changes in decision making
  c) new models
- A&E attendances and emergency admissions

Social care

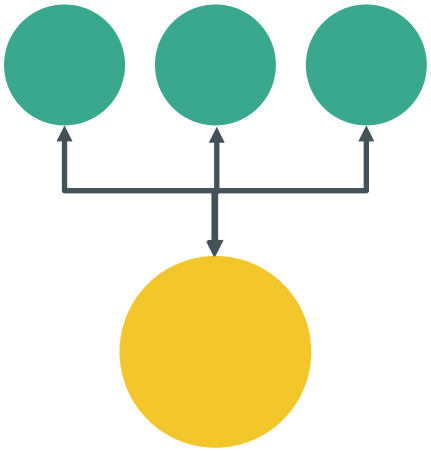
- Activity

Mental health

- Bed days

Source: Kent and Medway Local Care workstream; CCG presentation to HWBB

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

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Our local implementation of the Kent and Medway model varies to meet the needs of our populations

Summary of Local Care models across Kent and Medway

	Ashford	Canterbury & Coastal	DG&S	Medway	Thanet	Swale	South Kent Coastal	West Kent
Population	129,000	220,000	261,000	295,000	144,000	110,000	202,000	479,000
No. GP practices	14	21	34	53	17	19	30	62
Average list size	9,200	10,500	7,700	5,600	8,500	5,800	6,700	7,700
Extended practices	3	5	TBC	9	4	TBC	4	9
Population	30 – 60 k	30 – 60 k	20 – 40k	30 k	30 – 60 k	20 – 40k	30 – 60 k	TBC
Hubs	1	1	5	3	1	2	1	3 – 5
Population	129,000	220,000	50 k	100 k	144,000	50 k	202,000	TBC
Chair	Navin Kumta	Sarah Phillips	Elizabeth Lunt	Peter Green	Tony Martin	Fiona Armstrong	Jonathan Bryant	Bob Bowes
AO	Simon Perks	Simon Perks	Patricia Davies	Caroline Selkirk	Hazel Carpenter	Patricia Davies	Hazel Carpenter	Ian Ayres

Notes: Whitstable Vanguard represents 4 of the 5 hubs in Canterbury and Coast CCG. Ashford, Canterbury & Coastal, South Kent Coast and Thanet have no extended practices; practices grouped directly into hubs.
Source: CCG returns, September 2016

We are investing in key initiatives which will enable our Local Care transformation and improve the way we commission and deliver health and care

	Our vision
1 Pursue single shared record	• Provide health and care professionals with immediate access to all relevant information about a patient's care, treatment, diagnostics and previous history for all patients across Kent and Medway
2 Industrialise the Kent Integrated Dataset	• Enable information flow to support targeting, care delivery, planning, performance and payment by leveraging the unique KID dataset
3 Develop capitated payment models	• Enable the pooling of resource across health and social care • Breakdown silos to allow delivery of integrated care • Facilitate the development of accountable care organisations that support delivery of our vision
4 Maximise value of one public estate	• Release capacity that is surplus to needs from reduction in beds and release of unneccessary estate and invest in housing and community facilities • Maximise colocation of professionals in hubs to faciliate multidisciplinary working, extended hours and extended range of services available to patients • Make use of flexibilities from Local Authority to invest in one public estate
5 Commissioning transformation	• Develop single strategic commissioning across Kent and Medway to create the capability and capacity to drive the update of new information and payment models and secure the release of value from the estate

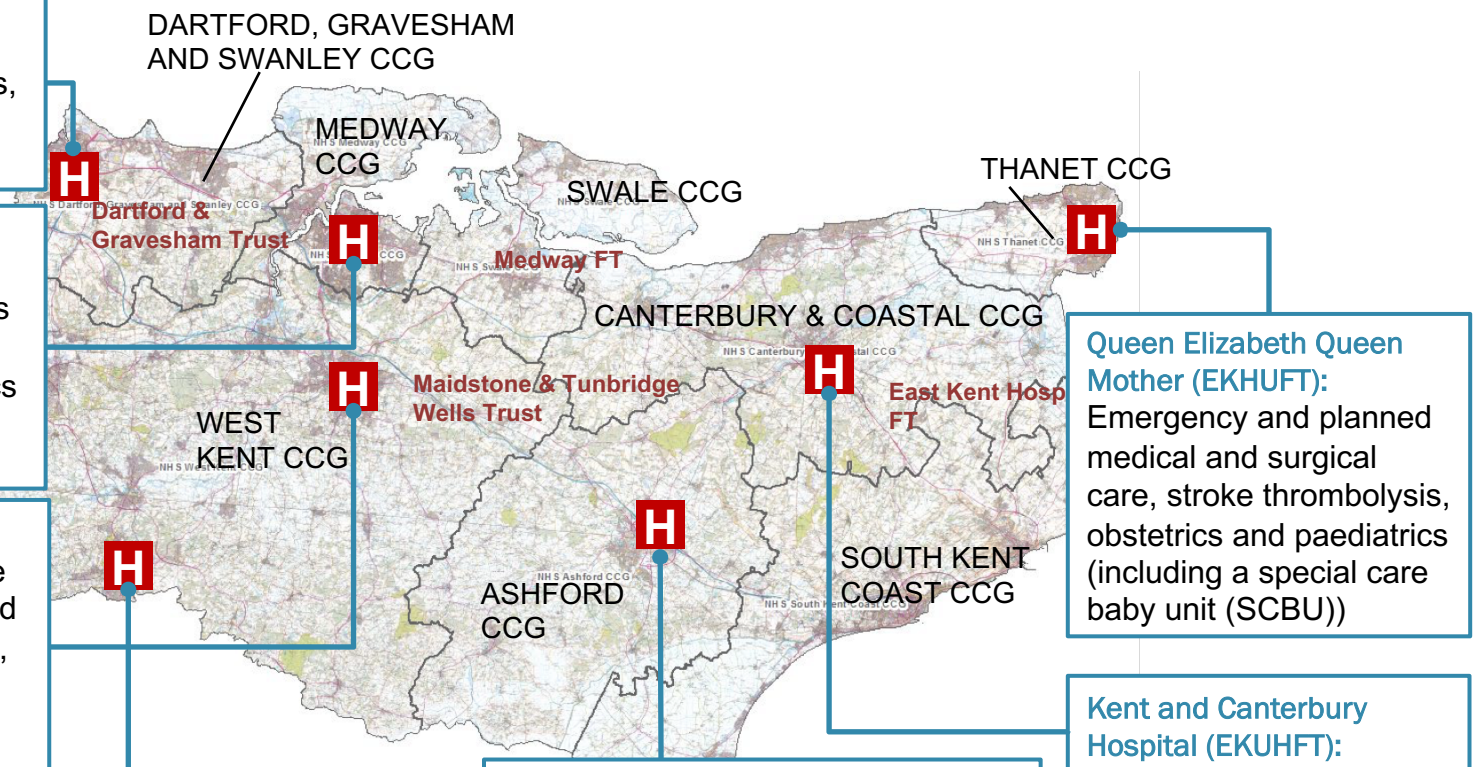
Our Acute Care model is partially consolidated, but is still largely based on historic dispersal of services

Darent Valley Hospital (DGT):
Emergency and planned medical and surgical care, plus stroke thrombolysis, obstetrics and paediatrics (including a special care baby unit (SCBU))

Medway Maritime Hospital (MFT):
Emergency and planned medical and surgical care, some specialist services (e.g. vascular, stroke thrombolysis, trauma unit), obstetrics and paediatrics (including a neonatal intensive care unit (NICU))

Maidstone Hospital (MTW):
Emergency and planned medical care (with midwife led birth centre), planned surgical care (no emergency surgery), including cancer centre, stroke thrombolysis, and ambulatory paediatrics

Tunbridge Wells Hospital (MTW):
Emergency and planned medical and surgical care, plus trauma unit, stroke thrombolysis, obstetrics and paediatrics (including a neonatal intensive care unit (NICU))



Queen Elizabeth Queen Mother (EKHUFT):
Emergency and planned medical and surgical care, stroke thrombolysis, obstetrics and paediatrics (including a special care baby unit (SCBU))

Kent and Canterbury Hospital (EKUHFT):
Emergency medical care (through acute medical take but no A&E) and some specialist provision, e.g. emergency / planned vascular, but no routine emergency surgery

William Harvey Hospital (EKUHFT):
Emergency and planned medical and surgical care, plus emergency primary percutaneous coronary intervention (pPCI), trauma unit, stroke thrombolysis, obstetrics and paediatrics (including a neonatal intensive care unit (NICU))

Progress has been made in the re-design of acute services across Kent and Medway

K&M strategic priorities: Consolidation of emergency and elective services

- Creation of emergency hospital centres with specialist services and separate emergency hospital centres;
- Establishment of specialist planned care hospital centres;
- Further consolidation and co-location of specialist services such as pPCI; vascular, renal, head and neck; urology; hyper-acute stroke; haemat-oncology and gynae-oncology in patient services;
- Further development of Kent's cancer centre;
- 10 clinical standards for urgent care being met;
- Exploration of more complex services in a shared care model between London and local providers;
- Development of new and innovative models of care;
- Agreement to widespread shared service arrangements with appropriate specialist service providers

East Kent

- EKHUFT has modelled the shift in activity and capital requirements for a range of acute configuration options, together with a significant and safe shift to local care models with potential activity savings worth at least 300 acute beds
- These options include the "as is" model, alongside an option that sees the closure of one site and the creation of a single site option
- EK's initial thinking sees the creation of one emergency hospital centre with specialist services[1] and a trauma unit for a natural catchment of over 1.5m
- This site will be supported by a further emergency hospital centre and a planned care hospital, supported by rehabilitation services and a primary care led urgent care centre
- Emerging model has potential to deliver over £90m efficiencies in EKHUFT

Medway, North Kent and West Kent

- The boards of MFT and MTW have agreed to a short process to complete primary objectives by the end of 2016:
  - The development of a single draft document setting out the strategic direction of acute services
  - The identification of opportunities for consolidation and greater efficiency in back office services
  - A coherent shared strategy for planned care, most likely taking the shape of a single shared centre
- A collaboration between DGT and GSTT to develop a Foundation Healthcare Group model

Note: [1] Including pPCI; vascular, renal head and neck; urology; hyper-acute stroke; haemat-oncology and gynae-oncology specialist in patient services

Investment in our Local Care model should enable ~£210m gross spend reduction in the acute sector by 2020/21

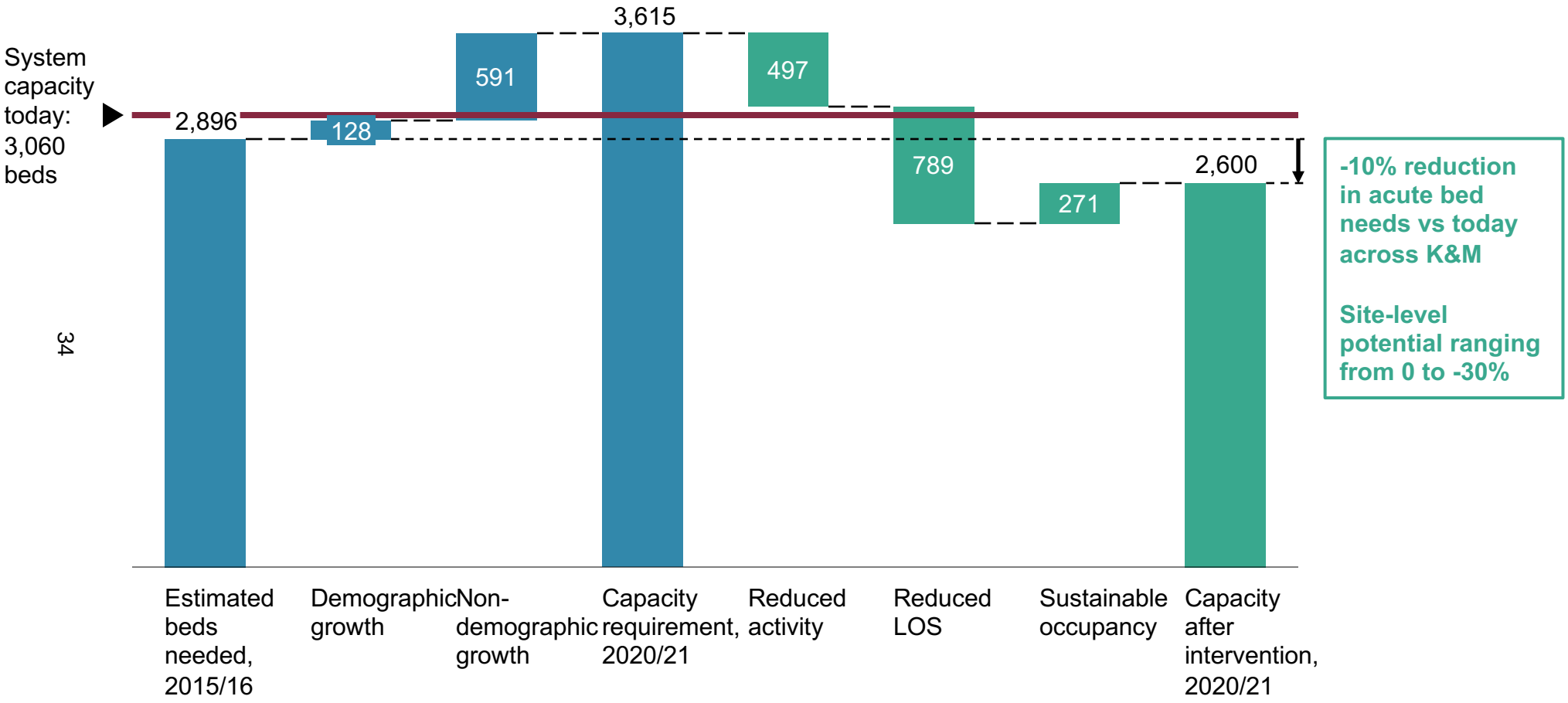
	Key enablers	Opportunity	System savings, 2020/21, £ Millions: Gross	Net[5]
1 **Avoid emergency admissions through more proactive and coordinated care**	• Care coordinators • Rapid response	• Internal and external activity benchmarking[1] suggests opportunity to reduce acute activity: – Non-elective: -13% – A&E: -16%	71	46
2 **Reduce avoidable non-elective inpatient length of stay**	• Effective discharge planning • Rapid response • Domiciliary care package • Single point of assessment	• Significant numbers of elderly patients in beds who are medically fit for discharge • Limiting non-elective stays by over-70s to 10 days would yield a ~27% bed day reduction[2]	64	48
3 **Optimise elective pathway**	• MDT clinic • Preoperative assessment • Consultant level feedback • Effective planning for discharge	• Activity benchmarking[1] suggests opportunity to reduce elective volume by ~14% • Limiting 3-9 day elective stays to 3 days would yield a ~17% bed day reduction[3]	53	49
4 **Optimise outpatient pathway**	• Expert first point of contact • Qualified referrals • Diagnostic protocols • Non-medical support and education	• Internal and external activity benchmarking[1] suggests opportunity to reduce outpatient activity by ~12%	26	22
		Total	**214**	**165**

Notes: 1 Internal benchmarking between GP practices and external benchmarking vs. Right Care peers of each Kent and Medway CCG 2 258k bed days, 830 beds vs. 2020/21 position after admission avoidance intervention. 3 16k bed days, 53 beds. Further potential to increase theatre throughput. 4 Not quantified
5 Reinvestment rates for activity reduction: NEL: 35%, EL: 5%, AE: 35%, OP: 35% first and 5% for follow-up; 25% for length of stay reduction

Source: Commissioner and Provider Data Returns, 2015/16 MAR Data, STP submission template, Carnall Farrar analysis

Improved Local Care could relieve pressure on acute capacity

Acute bed requirements to support elective and non-elective activity



Note: Assumed occupancy rates: DGT: 99%, MTW: 94%, MFT: 99%, EKHUFT: 91%. 'Sustainable occupancy' lever estimates the impact of reducing acute bed occupancy levels to 85% across the Kent and Medway system.

Source: Kent and Medway provider length of stay data; NHSE KH03 occupancy data, 2015/16; Carnall Farrar analysis

Work is ongoing to surface potential opportunities to improve the financial and clinical sustainability of hospital-based care

Current focus of our work

Phases	1 Programme mobilisation and developing our vision	2 Understanding baseline for activity, cost and spend	3 Developing our evaluation criteria	4 Identify and analyse opportunities	5 Prepare for consultation	6 Consult and agree final opportunities
Key steps	• Identify area of focus • Establish governance • Mobilise programme • Articulate and capture vision that clinicians have for how services are delivered in key areas	• Establish a clear case for change • Establish activity spend and capacity baseline • Develop and quantify change options • Assess estate and quantify capacity implications	• Develop a set of standards that are: – Guided by clinical evidence from literature – Clearly measure-able – Supported by clinical leaders • Consider co-dependencies	• Describe clinical models that are internally coherent and distinct, informed by vision, standards and co-dependencies • Perform analysis to understand impact of opportunities • Assess models against criteria	• Develop consultation plan and document • Develop PCBC and review by gateway process • Secure NHSE Gateway approval • Clinical Board and CCG governing bodies review and approve PCBC	• Engage with stakeholders and the public • Capture feedback including answers to the consultation questionnaire and more quantitative feedback • Make final decision • Plan for any implementation
Progress made	• Programme mobilised • Vision created with stakeholder buy in	• Case for change in progress • Analysis underway	• By end of November 2016	• By end of November 2016	• By April/May 2016	• June – September 2017

Our Mental Health programme will delivery parity of esteem, promote health and wellbeing, integrate physical and mental health services and improve crisis care

Our vision

We will ensure that our Mental Health provision delivers parity of esteem for any individual with a mental health condition

Our vision is to ensure that within Kent and Medway we create an environment where mental health is everyone's business, where every health and social care contact counts where we all work together to encourage and support children, their parents, young people and adults of all ages with a mental health problem or at risk of developing one to live in their own community, to experience care closer to or at home and to stay out of hospital and lead a meaningful life.

Local Care:

- Promoting wellbeing and reducing poor health
- Delivering integrated physical and mental health services

1. **Live well service**: Cross-sector partnership to strengthen wellbeing by increasing access to wellbeing navigators and community link works and investing in training
2. **Open Dialogue Pilot:** Investing in holistic family intervention in first episode of psychosis to reduce admission by training more staff and peers in the approach
3. **Encompass MCP Vanguard:** Ensure MH professionals are an integral part of the model, with integrated care plans for individuals with LTC and MH comorbidity
4. **Single point of access:** Dedicated, clinically-led MH screening, assessment and signposting 24/7 linked to NHS 111, SECAMB, acute and primary care
5. **Complex needs:** Reviewing patients with complex needs in out-of-area specialist placements and seeking to repatriate; refining out-of-area placement process

Acute Care:

- Delivering improved care for people and their carers when in a crisis

1. **Improved patient flow**: Reach zero private beds by December 2016, implement alternative models of care to prevent admission and actively manage DToCs
2. **Therapeutic staffing and peer support:** Implementation of Therapeutic Staffing model on acute wards, with reduced LOS and use of temporary staff
3. **Liaison Psychiatry:** Implement Core 24 model in all acute EDs by 2018 and partner w. acute providers for Medically Unexplained Symptoms outpatient service
4. **Personality disorder pathway:** Implement NICE-compliant pathway ensuring effective prevention, community-based treatment and acute crisis response
5. **Single point of access:** Linked point of access, also providing tele-triage psychiatric assessments for people presenting in crisis

We are undertaking an ambitious programme to deliver efficiencies and productivity improvements through collaboration

Where are we today?

- Significant opportunities exist to design and deliver efficient and effective non-clinical services collaboratively
- In the first instance, we are focusing on the opportunity to consolidate corporate services between NHS provider organisations to both improve quality whilst driving down cost
- Furthermore, we will explore opportunities with local authorities where collaboration would make sense: predominantly in IT, estates and facilities, but potentially other areas in addition
- The services in scope of the initial wave of redesign programme are:
  - Finance
  - HR
  - Procurement
  - Legal services
  - IM&T
  - Estates & facilities
  - Governance & risk

What are our plans for the future?

- Our vision for the future of corporate services in Kent and Medway:
  - Tasks and resources are not duplicated between individual organisations
  - Standardisation of approach and process enables economies of scale to be delivered
  - Outsourcing of services is chosen where it provides the best route for service delivery at scale
  - Alternative methods and approaches are considered and where individual organisations work collaboratively for the greater benefit of all, balancing issues of sovereignty with issues of cost and efficiency
- The corporate services consolidation project has been incorporated in the STP financial plan with a target saving of **£39m by 2021**
- We intend to therefore undertake a larger-scale productivity programme to deliver collaborative savings in **networked clinical services, shared clinical support services and collaborative prescribing** as well as shared corporate services/back office

What are our design principles?

- In each area a consistent process will be followed to design a new shared model:
  1. Conduct a rapid review to understand the opportunity
  2. Complete a full benchmark to assess potential savings
  3. Define the collaborative strategy and identify the key initiatives through a hypothesis-driven approach
  4. Define the most appropriate sourcing strategy, e.g. in house/outsource
  5. Define the target operating model for the services
  6. Transition: establish the shared service, including organisation, people, process and technology
  7. Establish service and operating level arrangements
  8. Define supplier management arrangements:
     - A. Sourcing; scenario planning and options analysis
     - B. Procurement strategy including competitive dialogue and managing the procurement process

Source: Kent and Medway STP Productivity workstream

We have mobilised Enabler groups to deliver our transformation

Workforce

Developing a workforce strategy to deliver the transformation required in K&M

Key objectives:

- Develop a fit for purpose infrastructure for workforce scheduling and planning assurance across K&M, particularly to support new care models
- Undertake an Organisational Design (OD) programme of work to ensure system leadership and talent management is in place to support the STP
- Analyse demand and projection of supply to support potential safe service and rota arrangements in K&M
- Develop a K&M Medical School for both undergraduate and post-graduate education
- Increase supply and develop specific roles in K&M proactively e.g. paramedic practitioners; dementia care workforce; pharmacy in community and primary care, physicians assistants

Estates

Establishing a single, K&M-wide view of estate held by health and care organisations (including LAs)

Key objectives:

- Establish a K&M-wide view of estate held by health and care organisations and develop a long-term estates plan to enable the transformation required in K&M
- Establish and maintain the baseline metrics for the estate, covering: land ownership, running costs, condition, suitability and occupancy
- Implement an estate efficiency savings programme through: optimising asset utilisation and occupancy; overall management of the estate; consolidation of support services; and realisation of surplus assets across the common estate.
- Redesign and align the estate footprint to support new care models , including the disposal of estates asset and exploring funding models

Digital

Delivering the digital capabilities that are necessary to underpin and facilitate the STP

Key objectives:

- Provide all STP workstreams with the Information Management and Technology capabilities necessary to deliver the transformation required
- Design and deliver a universal care record across K&M
- Ensure universal clinical access – facilitating effective and efficient care so that patients can get the right care in the right place by professionals with the right information the first time
- Establish universal transactional services and shared management information systems
- Improve communications and networking of clinical and non-clinical services across K&M
- Facilitate self care by harnessing technology such as wearable devices and patient-centric monitoring

Source: Kent & Medway STP PMO

We are innovating how patients experience care through digital initiatives

	Our vision	Progress across Kent and Medway
Universal patient record	• Health and care professionals have immediate access to all relevant information about a patient's care, treatment, diagnostics and previous history, for all patients across Kent; with each digital footprint area determining their own delivery approach.	• West Kent currently implementing a solution across major providers; other areas working to identify preferred solution.
Universal clinical access	• Health and care professionals can operate in the same way independent of their geographic location	• No firm plans yet across KEM, although discussions are taking place with potential providers.
Universal transactional services	• Health and care professionals can access a common directory of services and make arrangements for the appropriate referral to the next stage of the care pathway	• Across KEM there are plans to expand the use of eRS.
Shared management information	• Health and care professionals have the management information they require to run an efficient and effective service for patients e.g. details of bed occupancy and compliance with targets.	• Most provider organisations in Kent have deployed Shrewd to gather KPIs. • Core business intelligence under procurement jointly by KEM CCGs
Online patient services	• Patients can access their medical and social care records online and use other online services e.g. book a GP appointment or ask a clinician a question	• Patients access GP records provided through the GP system in most parts of KEM. Ongoing work to develop online patient portals
Expert systems	• Health and care professionals and patients have access to knowledge bases to support the care processes	• Limited community wide expert systems exist. • Needs further definition to develop requirements
Personal digital healthcare	• Patients can use personal technology to support their healthcare e.g. a device can automatically send data to alert their GP. This can be collated and used to inform population health management	• Limited facilities in place at present and needs further definition

Source: Kent and Medway STP PMO

We are pursuing ACO arrangements and strategic commissioning and have agreed a series of next steps for our Commissioning Transformation workstream

Future of commissioning

ACOs and strategic commissioning

- Pursuing the potential for commissioning to move into new care models operating in ACO-type arrangements
- Strategic commissioning will need to be undertaken at a greater scale, across a wider geography, with focus on:
  - Defining and measuring outcomes
  - Putting in place capitated budgets
  - Appropriate incentives for providers to deliver outcomes
  - Longer-term contracts extending over five to ten years

Benefits

- Reduce transaction costs and free up resources to invest in improving health and care.
- Generate opportunities to bring together the current dispersed approach to enabling infrastructure
- Support streamlining of back office overheads to ensure that resources are focused on front line delivery.
- Drive integration of health and social care at all levels and support new care models to be implemented at pace and scale

Impacts to consider

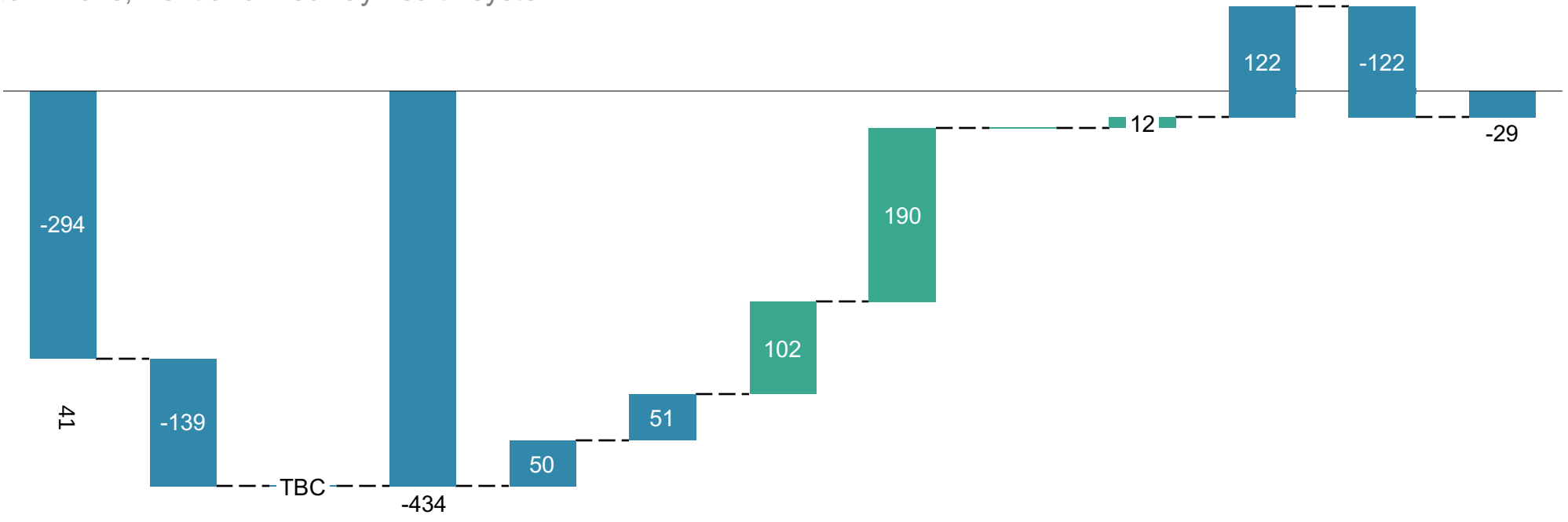
- Understand new contracting models to allow ACOs as lead providers to be commissioned to provide appropriate outcomes for defined populations with minimal transactional bureaucracy
- Understand evolution of CCGs and NHSE commissioning and impacts on form and function of CCGs

Next steps

- Reset the K&M leadership coalition for change (executives, practitioners and politicians)
- Develop and agree a more compelling case for change across K&M with absolute buy-in from all organisations
- Develop transformation plan to address the case for change which binds K&M together – story + numbers
- Clarify what model(s) are to be pursued for ACO/MCP/PACS and what will deliver
- Develop options and decide scale and subsidiarity
  - What to do at K&M and different levels?
  - What to do locally and what to aggregate up?
- Resourcing plan of money and people to deliver plans – put forward best people to drive. Build on existing success and deprioritise other things.

Our financial plan brings the system close to balance

£ Millions, Kent and Medway health system



- Assumed 100% investment of STF funding to deliver transformational change and service developments
- Further work required to refine this need.

- Outstanding gap relates to £29m funding for Ebbsfleet growth by 20/21
- Also a capital implication of £75m.

Notes: 1 Includes 7 day services, GP forward view, increased capacity for CAHMS and eating disorders, implementing mental health task force and cancer task force, maternity review, digital road maps, investment in prevention.

Source: STP financial template

STP NHS financial submission

Healthcare financial forecast, 'do nothing'						
£m	15/16	16/17	17/18	18/19	19/20	20/21
Commissioner						
Income	2,850	2,937	3,019	3,102	3,190	3,327
Spend						
Secondary Care	1,631	1,652	1,704	1,751	1,801	1,867
Admin	39	40	41	41	42	43
Other	525	559	590	619	650	683
Primary Medical Care	221	228	239	249	259	273
Specialised	424	455	487	521	558	601
NR Spend - Transformation	0	0	0	0	0	0
Total	2,841	2,934	3,060	3,182	3,310	3,467
Commisioner Surplus (Deficit)	**9**	**3**	**(41)**	**(80)**	**(120)**	**(139)**
Provider						
Income (inc. Non-Footprint)	1,888	1,940	1,996	2,043	2,114	2,190
Spend						
Pay	1,263	1,280	1,329	1,377	1,438	1,502
Non-Pay	765	773	818	862	922	982
NR Spend- Transformation	0	0	0	0	0	0
Total	**2,028**	**2,053**	**2,147**	**2,239**	**2,359**	**2,484**
Provider Surplus (Deficit)	**(140)**	**(112)**	**(151)**	**(195)**	**(246)**	**(294)**
Indicative STF Allocation 2020/21	0	0	0	0	0	0
Footprint Surplus (Deficit)	**(131)**	**(109)**	**(191)**	**(276)**	**(365)**	**(434)**

Impact of interventions						
15/16	16/17	17/18	18/19	19/20	20/21
0	0	0	0	0	0
0	0	0	0	0	0
0	0	(25)	(79)	(110)	(147)
0	0	0	(5)	(6)	(6)
0	0	(8)	(10)	(12)	(12)
0	0	0	0	0	0
0	0	(10)	(22)	(36)	(51)
0	0	0	0	0	61
0	0	(43)	(117)	(163)	(216)
0	**0**	**43**	**117**	**163**	**216**
0	0	(24)	(75)	(103)	(137)
0	0	0	0	0	0
0	0	(48)	(114)	(174)	(232)
0	0	(22)	(48)	(70)	(93)
0	0	0	0	0	61
0	**0**	**(70)**	**(162)**	**(244)**	**(264)**
0	**0**	**46**	**87**	**141**	**127**
0	0	34	34	0	122
0	**0**	**89**	**204**	**304**	**343**

'Do something', base case					
15/16	16/17	17/18	18/19	19/20	20/21
2,850	2,937	3,019	3,102	3,190	3,327
1,631	1,652	1,679	1,671	1,690	1,719
39	40	41	36	37	37
525	559	582	609	638	671
221	228	239	249	259	273
424	455	477	499	522	550
0	0	0	0	0	61
2,841	2,934	3,017	3,064	3,147	3,311
9	**3**	**2**	**37**	**43**	**16**
1,888	1,940	1,972	1,968	2,011	2,053
1,263	1,280	1,281	1,263	1,263	1,271
765	773	796	814	852	888
					61
2,028	**2,053**	**2,077**	**2,077**	**2,116**	**2,220**
(140)	**(112)**	**(105)**	**(108)**	**(105)**	**(167)**
0	0	34	34	0	122
(131)	**(109)**	**(68)**	**(38)**	**(62)**	**(29)**

Capital implications are being assessed and outline capital requirements are detailed in the financial return. Lack of access to capital is potentially a significant barrier to change (including to support transformation but also to support smaller schemes to enable operational delivery, e.g. endoscopy). It is inevitable that transformation of the care model will require a re-profiling of estate and we are working with KCC, who are leading on estates for the STP, to identify innovative solutions. As part of this we are looking to work with NHS I, NHS E and NHS Property Services to develop a business case to reinvest receipts from disposals to enable transformation.

Source: STP financial template

Sensitivity analysis on STP financial submission

Health system impact, £ Millions

	Upside	Base case	Downside
20/21 challenge, 'do nothing'	(434)	(434)	(434)
CCG QIPP	50	50	25
NHSE QIPP	51	51	25
Secondary to out-of-hospital care	74	33	10
Primary Prevention	22	22	11
RightCare Savings	46	46	23
Total	**141**	**102**	**44**
Cross Organisational Savings	39	39	20
Delivery of Provider BAU CIP	151	151	75
Total	**190**	**190**	**95**
TBC			
Reconfiguration of Commissioners	6	6	3
Reconfiguration of Providers	6	6	3
Total	**12**	**12**	**6**
Service Developments cost more/less than £122m	70	0	(35)
Variance on 16/17 Position	0	0	(108)
Ebbsfleet Additional Growth	28	0	0
Total	**126**	**0**	**(143)**
Grand Total	**110**	**(29)**	**(382)**

Care Transformation

Productivity

Enablers

System Leadership

Source: STP financial template

Emerging analytical insights suggest a stretch target, validating the opportunity for our Care Transformation programme to enable financial sustainability

Workstream	Net impact, base case, 2020/21, £M	Key assumptions
Local Care / Hospital Care 44	156	• Acute activity reductions to match Right Care peer or internal GP top decile level: NEL 13%, A&E 16%, EL 15%, OP 12% • Acute reduction in avoidable inpatient length of stay – Non-elective stays by over-70s limited to 10 days yielding 27% bed day reduction – Elective stays in key specialisms reduced (TBC) yielding a 17% bed day reduction • Aggregate reinvestment rate of 22% to enable new Local Care model, integrating primary, community, social, mental health and acute care • Impact on bed-based community care not yet quantified • Impact beyond activity/LOS reductions enabled by Local Care model not yet quantified
Mental Health	20	• Shift in care delivery model from inpatient admissions to community contacts to match top quartile delivery cost performance among peer CCGs with comparable population complexity • Assuming £375 cost per OBD and £125 cost per contact (NHS Benchmarking national averages) • However, additional cost pressure (not quantified) may exist incremental to assumed financial challenge to deliver the Five Year Forward View for mental health
Prevention	21	• TBC
Total	**197**	

Source: Carnall Farrar analysis

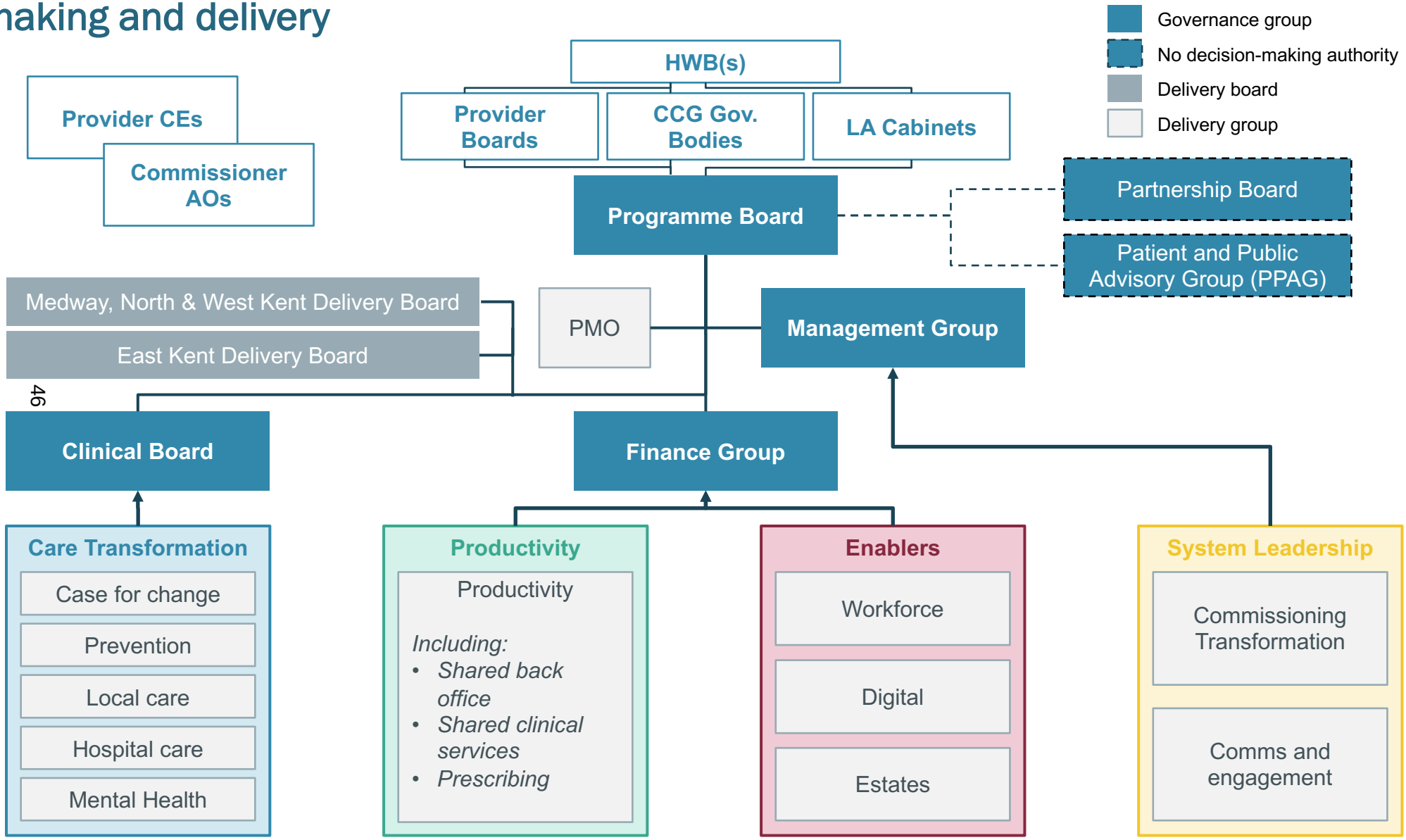
We are moving next to quantify bottom-up the impact of the Kent and Medway local care model which will enable this financial transformation

Position today

	1	2	3
Phases	**Quantify the opportunity to reduce acute activity and spend**	**Develop the new models of local care which will enable the change**	**Translate new models into impact on activity, spend, workforce and capacity**
Key steps	• Develop population segmentation to understand K&M activity and spend • Estimate savings potential: – Benchmarking vs. Right Care peers – Internal GP practice variation – Clinical review	• Engage clinicians to develop Local Care model to support health and wellbeing and prevent acute activity (e.g. MCP, PACS) • Identify acute configuration options by understanding site-level economics and future activity flows	• Specify changes to care package by population segmentation • Quantify changes to activity and resulting workforce and capacity requirements • Develop financial model and compare to baseline to understand net impact
Progress made	• Identified opportunity to reduce activity to match Right Care peers and reduce excessive length of stay among elderly	• Developed local plans for new models of care • Working to develop common Kent and Medway blueprint	• Data analysis underway to quantify new models of care and acute configuration options

Source: Carnall Farrar methodology

We have strengthened our STP governance arrangements to accelerate decision-making and delivery



Source: Kent and Medway STP PMO – emerging recommendations following STP Governance Workshop, 17 October 2016

We have mobilised Oversight Groups to steer and oversee the transformation

	Role	Membership	
Programme Board	• Provides collective leadership to drive development and implementation of STP • Ultimately responsible for design and delivery • Ensures programme keeps to time and focus and that it delivers the outcomes required	• **Independent Chair: Ruth Carnall** • Glenn Douglas, STP SRO • Michael Ridgwell, STP Programme Director • CCG AOs • Trust Chief Executives • Chief Executives of KCC and Medway Council	• NHSE and NHSI Regional Directors • Chairs of Clinical Board • Chair of Finance Group • Chair of Patient and Public Advisory Group • Comms and engagement lead
Management Group	• Supports Programme Board to ensure efficient and effective oversight of programme • Drives programme delivery to ensure on track • Oversees PMO and work of System Leadership workstreams	• **Chair: Glenn Douglas** • Michael Ridgwell • Ian Ayres (nominated by CCGs) • Matthew Kershaw • Paul Bentley • Helen Greatorex	• Ian Sutherland, Medway Council • Kent County Council rep. (TBC) • Phil Cave, Finance Group Chair • Chairs of Clinical Board • Comms and engagement lead
Clinical Board	• Provides clinical leadership to programme • Leads development of strategy's clinical content and oversees work of clinical workstreams • Advises Programme Board on all clinical matters	• **Co-chairs: TBC** • Clinical Chairs of CCGs • Trust Medical Directors • Directors of Public Health	• Senior Social Care professionals from Adults' and Children's services • Nursing and Allied Health Professional representatives
Finance Group	• Provides financial leadership and oversees of the Enabler and Productivity workstreams • Provides strategic advice and guidance for STP delivery and development • Ensures the plan makes best use of available resources for K&M population	• **Chair: Phil Cave** • All Chief Finance Officers from CCGs • All NHS and NHS Foundation Trust Finance Directors • NHS England specialised commissioning finance lead	• NHSE primary care commissioning finance lead • KCC Finance Lead • MUA Finance Lead

Source: Kent and Medway STP PMO

Our workstreams are mobilising at pace to detail our strategy

R Red A Amber G Green

	Workstream	SRO	Status
Care Transformation	Case for change	• Co-chairs of Clinical Board	G
	Prevention	• Andrew Burnett (Dir. Public Health, MUA) • Andy Scott-Clark (Dir. Public Health, KCC)	G
	Hospital Care	• Glenn Douglas (CE, MTW)	R
	Local care	• Caroline Selkirk (AO, Medway CCG)	R
	Mental Health	• Helen Greatorex (CE, KMPT)	A
Productivity	Provider productivity including shared back office, shared clinical services and prescribing	• Steve Orpin (DoF, MTW)	A
Enablers	Workforce	• Hazel Carpenter (AO, SKC & Thanet CCGs)	R
	Digital	• Susan Acott (CE, DGT)	A
	Estates	• Rebecca Spore (Dir. Of Infrastructure, KCC)	A
System Leadership	Commissioning transformation	• Felicity Cox (NHS England), supported by Ian Ayres as Lead (AO, West Kent CCG)	A
	Communications and engagement	• Michael Ridgwell (STP Programme Director)	A

Mobilisation and next steps

- Each workstream has:
  - An assigned SRO; and
  - completed a Project Initiation Documents (PID)
- Workstreams are at different stages of development as a result of the programme being stood up at pace
- During the next 3 months, all workstreams will undertake a consistent and detailed planning and design process through facilitated workshops – this will ensure consistent planning assurance and governance reporting
- The STP PMO will provide the structures, processes and template materials to enable the workstreams to plan and deliver projects effectively and in a consistent approach
- Workstreams will routinely report to their corresponding Oversight Group

Source: Kent and Medway STP PMO

We are pressing ahead to meet key programme milestones

Design
Oct – Dec 2016

- **Oct 2016:** Programme governance arrangements agreed; PMO, workstreams and Oversight Groups mobilised
- **Oct 31 2016:** Clinical model evaluation criteria agreed at Programme Board
- **Nov 2016:** Initial clinical model options set out
- **Nov 2016:** Local Care and Hospital transformation modelling completed
- **Nov 2016:** Initiate pre-consultation engagement
- **Dec 2016:** Clinical Board and Programme Board review case for change
- **Dec 2016:** Organisations develop Operational Plans for FY17/18

  Note: though this is not the direct responsibility of the STP, the STP will track progress and hold peers to account

Prepare for consultation
2017

- **Jan 2017:** Case for change published
- **Feb 2017:** Critical workforce analysis completed
- **Feb 2017:** Clinical model options evaluated against agreed criteria
- **March 2017:** Formal sign off of agreed clinical model
- **April 2017:** Pre-Consultation Business Case developed
- **April 2017:** Consultation document developed
- **May 2017:** CCG governing bodies approve PCBC, consultation document and consultation plan
- **May 2017:** NHS gateway approval secured
- **June 2017:** Consultation begun
- **Aug 2017:** Review responses
- **Dec 2017:** Final consultation decision made
- **Dec 2017:** Implementation plan developed

Implement
2018 – 2020

- **Implementation of overall programme, based on output of previous phases**
  - Implementation plans identified to be rolled out in waves to ensure delivery
  - Wave durations vary by workstream (between 3-6 months)
- **STP PMO to remain in place to monitor and ensure effective implementation of programme**
  - Phased transition of oversight and monitoring from the STP PMO after wave 1, to ensure ownership by relevant stakeholders

Source: Kent and Medway STP PMO

Development of our case for change is an immediate priority to be overseen by the Clinical Board

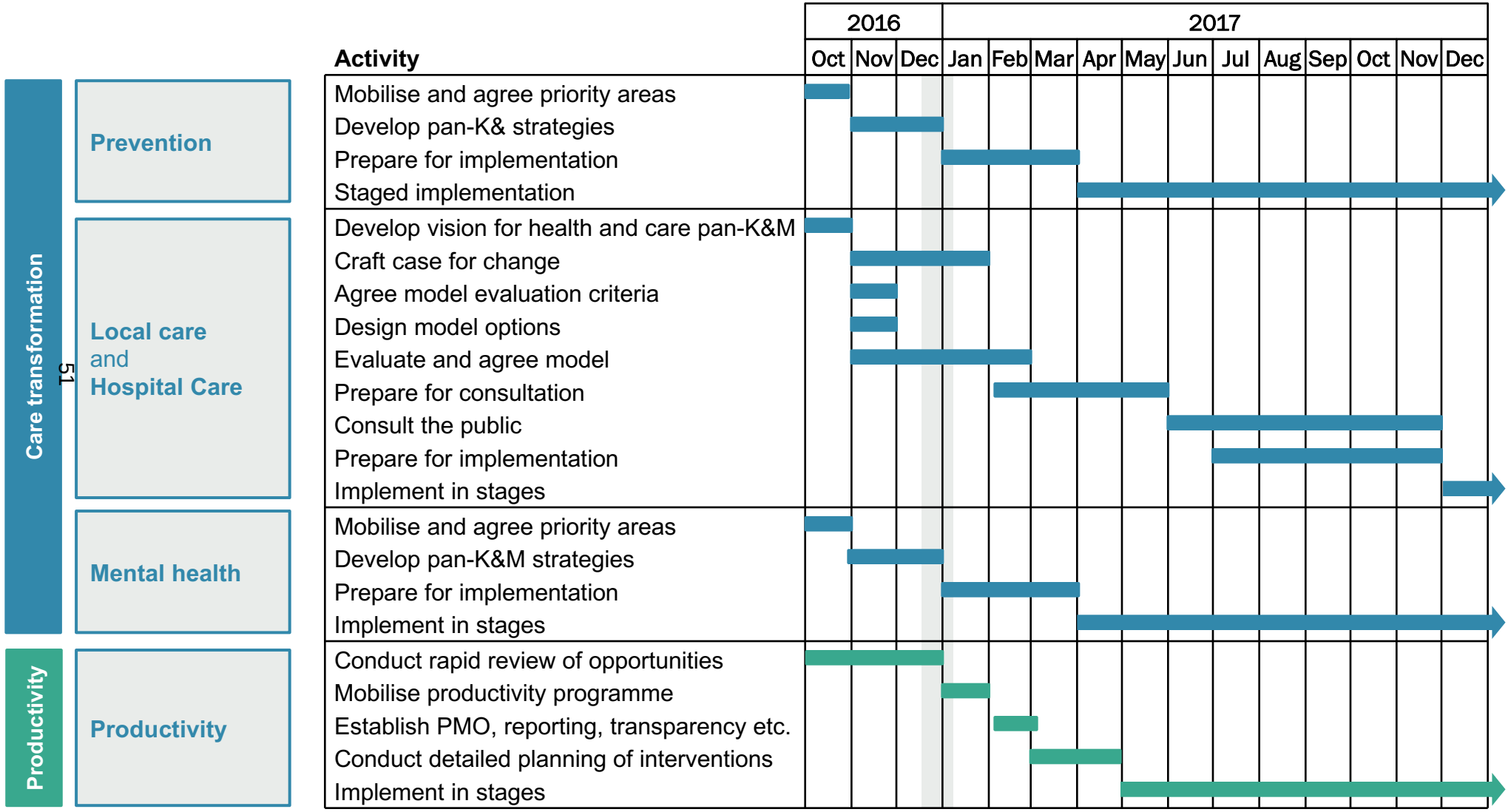
Agreed approach by end of 2016

	Key steps	Approach
1 Develop the case for change using existing data	• **Establish the Clinical Board**: confirm the terms of reference and membership. Convene first Board meeting. Confirm specific contributions required from members. Review and confirm results from analysis in 1:1 discussion with key individuals. • **Capture and distil an agreed crisp and compelling case for change** in a written prose and brief PowerPoint.	• Assess existing case for change • Work with Clinical Board to discuss and seek contributions • Perform and review targeted analysis • Synthesise key themes • Review with the Clinical Board • Approval by the Clinical Board
2 Undertake additional data collection	• **Collect and review local, bespoke data** relating to: – Self-assessment against quality standards – Acuity audit across acute and community hospital beds – Drivers of the commissioning and provider deficits – Number of lives lost through weekend working – Workforce (vacancies, turnover, sickness) – Local success stories – Utilisation of community hospitals	• Draft data collection instrument • Meet with Medical Directors to discuss data collection requirements, expected inputs and outputs • Data collection, analysis and presentation • Review with key individuals • Review with the Clinical Board • Support Medical Directors in their communication to senior colleagues the steps being taken

50

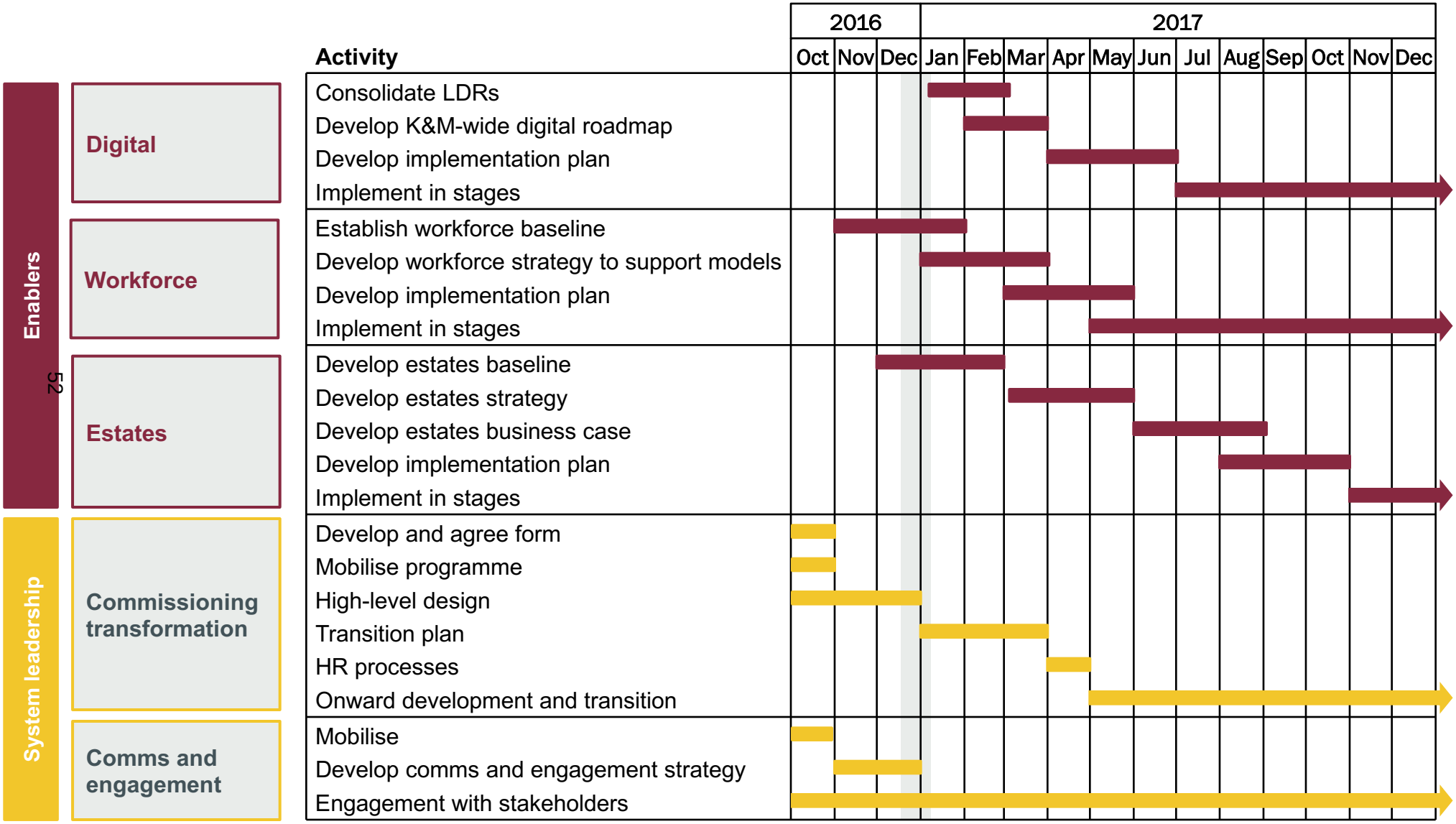
Source: Carnall Farrar engagement plan

K&M STP overarching programme timeline (1 of 2)



Source: Kent and Medway STP PMO

K&M STP overarching programme timeline (2 of 2)



Source: Kent and Medway STP PMO

In the interests of transparency this is submission remains unaltered from the version submitted to NHS England and NHS Improvement on the 21st October 2016 – the following lists changes that have been made to this submission since it's publication

- Slide 9 - footnote on should refer to "do nothing scenario" not "no nothing scenario"
- Slide 11 references 3 HASUs (hyper acute stroke units) and 1to 2 elective orthopaedic centres, the development of these would be subject to public consultation (with regard to the development of orthopaedic centres this is just one example of how the separation of planned and unplanned care could be supported and different approaches are being considered in different areas and would be subject to consultation if required)
- Slide 15 should say Ashford Rural 6-day service not Herne Bay 7-day service
- Slide 21 references that in East Kent the options modelled include an "as is" model, alongside an option that sees the closure of one site and the creation of a single site option; these represent a number of the options alongside a range of other options representing varying degrees of potential change that have been modelled
- Slide 25 should indicate that the open dialogue intervention will be used across diagnoses (rather than the first episode of psychosis as it currently reads)
- Slide 28 reference KEM – this should refer to Kent and Medway
- Slide 36 references KCC and Medway Council chief executives would sit on the programme board this should indicate that senior officer representation, chair of health and wellbeing boards and directors of public health from the two councils would sit on the group.

Transforming health and social care in Kent and Medway

Frequently asked questions

Why do things need to change?

Many more people are living longer – which is great – but they want and need a different kind of care which our current health and social care system isn't set up to provide.

A number of the health problems people face in Kent and Medway are preventable, and we need to work with you to prevent them.

In the next five years, the population of Kent and Medway is expected to grow by 90,000 from the current 1.8million and to carry on growing. As well as new housing in our existing communities, there will be a new town in Ebbsfleet.

And although most people get good care most of the time, services are not always good enough, too many people wait too long for treatment, we can't recruit enough staff, and we're facing a big financial problem.

Currently, in Kent and Medway:

- 4,000 people die early as the result of diseases such as lung cancer, heart disease and type 2 diabetes, which are mostly preventable
- 240,000 people over 50 are living with long-term disability, largely as the result of long-term health conditions. Often these could be avoided or delayed if people were more active or made other lifestyle changes
- around one in four people in our hospital beds at any given time could be at home or cared for elsewhere. (This varies depending on area.) For older people this impacts on their recovery - 10 days in hospital (acute or community) leads to the equivalent of 10 years' ageing in the muscles of people over 80.

To help people make the most of their lives, we want to:

- prevent ill health
- intervene earlier
- have excellent care wherever it is delivered.

Working like this will also enable us to make better use of staff and funds to secure the long-term future of health and care services.

How are you going about it?

The NHS, social care and public health in Kent and Medway are working together to plan how we will transform health and social care services to meet the changing needs of local people. It is the first time we have all worked together in this way and it gives us a unique opportunity to bring about positive and genuine improvement in health and social care delivery over the next five years.

Is this just happening in Kent and Medway?

No, the issues are the same across the country, as the national *NHS Five Year Forward View*, which sets out the vision for health and social care, makes clear. We – like the NHS, social care and public health in the rest of England - have developed a Health and Social Care Sustainability and Transformation Plan (STP) to help us deliver the *Five Year Forward View*. Our STP will enable us to achieve:

- better health and wellbeing
- better standards of care
- better use of staff and funds.

What is in the STP?

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

However, it is work in progress - we are not putting forward concrete proposals at this stage. Instead we are sharing our thinking on where we need to focus to bring about better health and wellbeing, better standards of care and better use of staff and funds to meet the changing needs of local people.

Our first priority is developing **local care,** so that the people of Kent and Medway, can get the care they need at home and in their community wherever possible, reducing the need to go to hospital.

We are also looking at developments and improvements to prevention services (helping people to stay well), hospital care and mental health services.

Transforming health and social care in Kent and Medway

Who is involved in the Kent and Medway STP?

STPs are overseen by the leaders of health and social care in a particular area, which is called a “footprint”. Locally our STP covers the Kent and Medway area.

The core group involved in Kent and Medway covers:

- all the organisations that commission (plan and pay for) NHS services in Kent and Medway: the eight clinical commissioning groups (CCGs) and NHS England specialised services
- all the major organisations that provide NHS care in Kent and Medway: the four hospital trusts, mental health trust, three community providers, and ambulance trust
- Kent County Council and Medway Council which plan and pay for social care and public health
- Health Education Kent, Surrey and Sussex

Voluntary and charitable organisations will play a very significant part in helping to deliver the STP and are being asked to join the Partnership Board which will test and check proposals as they are developed.

How are clinicians/practitioners and other staff involved in shaping plans?

There is a Clinical Board to oversee the development of all the plans with a direct impact on care: prevention, local care, hospital care, and mental health care. It is made up of clinical commission group chairs and medical directors from the trusts across Kent and Medway, the two Directors of Public Health, senior social care professionals from Adults’ and Children’s services, and representatives of nursing and allied health professionals.

How is the STP being informed by and developed in partnership with people in Kent and Medway?

These are your NHS and social care services, and we want to hear from you what your thoughts and priorities are. We know that we could do things better for people and it is only by talking to patients, the public, families, carers, our staff and other professionals that we can make changes that will work for the people using and delivering services.

We will use all the means at our disposal to ensure that all groups (patients, the public, staff and stakeholders) both understand the opportunities and challenges and have the opportunity to contribute to the solutions.

Our initial area of focus is engaging with patients, carers, the public and health and social care professionals about:

- prevention – your priorities for improving your own health, the barriers you face and what would help you most
- local care – better access to care and support in people's own communities

There is an online survey on these which will be open until 23 December 2016. Please complete it – the link is https://www.surveymonkey.co.uk/r/KandMstp

In the New Year along with more detailed information about the STP, we will publish a timetable for engaging with the public in Kent and Medway throughout 2017. All organisations will also be engaging with their staff.

There will be particular reference to reaching groups in areas of high health inequalities.

Where is the money coming from?

There is a Sustainability and Transformation Fund to support changes that allow services to become sustainable for the future. We are planning how best to use that. We will also release money by changing where and how we deliver care. Caring for people in their own home (or care home if that is where they live) is much cheaper than caring for them in hospital. Working in a more integrated way will reduce duplication and waste. We will make sure people see the right professional for their needs – who might be a specialist nurse rather than a doctor. The focus of the STP on improving the quality of care, reducing complications, will also reduce costs.

What is the status of the STP?

The Sustainability and Transformation Plan Programme Board is made up of the leaders of the NHS and social care organisations in Kent and Medway, who have the authority to take decisions on behalf of their organisations as plans are in discussion and development.

Transforming health and social care in Kent and Medway

The NHS and social care organisations in Kent and Medway retain their control and their identity. Each of them must formally consider any plan put forward by the Sustainability and Transformation Plan Programme Board before it can be approved.

How does the East Kent Strategy fit with the STP?

The East Kent Strategy Board was set up in September 2015 to spearhead a drive to determine how best to provide health and social care services to the population of east Kent. In August 2016, it published its 'case for change', setting out the reasons for transformation.

The East Kent Strategy Board work programme has closely aligned with and fed into the Kent and Medway STP as it has developed: the east Kent strategy work is the STP content for east Kent.

In November 2016, health and social care leaders agreed to bring the two programmes together so a single coherent strategic plan with a shared and consistent approach can be developed.

The East Kent Strategy Board has adapted its 'terms of reference' to become the East Kent Delivery Board, sitting within the Kent and Medway STP programme governance. It will act as a specific east Kent focused workstream of the STP, linking in with, and supported by, other STP workstreams.

The STP mentions plans for an emergency hospital centre with specialist services in east Kent and an emergency hospital centre. What are these?

We are looking at a model of care which makes the best use of all the hospitals in east Kent. Providing services across the sites in different ways means we can provide better care and outcomes for patients because we can give them the specialist care they need from a single expert team, instead of stretching every specialist service across multiple sites.

Our emerging thinking is the creation in east Kent of:

- one emergency hospital centre with specialist services including planned care
- one emergency hospital centre, including planned care

- one planned care hospital centre focussing on inpatient elective orthopaedic activity, supported by rehabilitation services and a primary care led urgent care centre
- all supported by strong local care (care provided outside hospitals in community settings or at home).

We will continue to work up the models over the coming months with input from staff and feedback from the public to arrive at options which will be put forward for public consultation.
The main hospitals in east Kent already work in different ways. For example, there are Accident and Emergency departments at the hospitals in Margate and Ashford, and an Urgent Care Centre at Canterbury; acute general surgery is based at Margate and Ashford, and some of the hospitals provide a service for the whole of Kent and Medway, for example, specialist cardiology at Ashford. Options being developed for consultation will build on this way of working.

The STP mentions specialist centres for planned care. What do you have in mind?

Planned care is the name we give to services and treatments for a variety of conditions which are not carried out in an emergency, such as hip replacements and cataracts procedures. Unfortunately, many planned care appointments or procedures are currently cancelled at the last minute as a result of unplanned (emergency) patients coming into the hospital. Experience from other parts of the country shows separating services can significantly improve care for patients, including speeding up how quickly they get the operation they need, and reducing the chance of cancellations.

What impact would this have on other hospitals?

It would mean those other hospitals would be able to focus on different aspects of care – such as emergency care and emergency surgery. However, these are early ideas and clinicians – hospital doctors and GPs – will lead work to explore them in depth and consider how they might work.

What is an emergency centre with specialist services?

This is essentially a specialist centre where expert health professionals come together to provide the very best care and treatment for patients. We have

done this already in a number of areas and the outcomes for patients is proof that it works well, for example specialist cardiology services at Ashford.

What will the impact be on local people?

All our work is focused on making care better, safer and more convenient for people in Kent and Medway, as well as affordable within our budgets and therefore sustainable into the long-term. We are confident that this work will improve the safety and quality of services and people's overall experience of using them. However, there may be some trade-offs we need to discuss and decide on – for example bringing the majority of care closer to people's homes and providing it in their local communities may mean that for most people most of the time care is easier to access. But the evidence shows for higher quality very specialist care it is often better consolidated into fewer centres and this may mean people have to travel further than they have in the past on the fewer occasions they require this sort of specialist care and treatment.

What might this mean for our hospitals and GP practices?

Both hospitals and GP practices are essential to the future. What we want is to re-organise the way we deliver services so people can access the best service for their needs at the right time, and don't have to go to hospital for a procedure or care that could have been carried out more effectively and more conveniently – and more cheaply for better use of our budgets - elsewhere.

The development of proposals for change will be led by clinicians and practitioners. It is vitally important that those caring for and treating patients lead this process so proposals are built on clinical evidence and knowledge. But we want to engage many others as we develop the detail of our plans because different people will have different views on the challenges involved in achieving the best care and the barriers to change, and can help pinpoint solutions.

Why is there such a big gap in the budget?

Demand on health and social care budgets is rising every year. There are three main reasons for this: the growth in the number of people aged 65+, who tend to need more health and social care than the rest of the population; and in the number of people with long-term conditions, some of which are preventable; developments in medical technology and techniques which can

transform people's lives and life expectancy but which are expensive[1]; and people's changing expectations - so that people often now seek urgent professional advice for conditions that previously they might have managed themselves.

We know we could achieve more for the same money if we organised services differently and if services were paid for from a shared local budget to avoid the risk of different organisations having conflicting financial priorities.

So we want to join up health and social care services better so they work together really effectively. This will allow us to improve access to care for people of all ages, and particularly for people with complicated health and social care needs. At the moment, frail older people and those with complex conditions or disabilities too often end up in hospital because there is no alternative. Services to treat people at home and leave hospital as rapidly as possible once they are medically fit will help them retain their physical strength and independence, so they can stay living at home for longer.

This is:

- what patients want
- better for patients
- a better use of NHS staff and funding

While we need to make changes to health and social care services so they are more efficient and effective, everyone has a part to play in taking care of their own health, and using services appropriately.

What changes do you want to make to local services?

We don't know the answer to that yet but we do know we need to improve prevention of ill-health and the worsening of existing conditions, and improve the care people can get in their homes and communities.

You have told us this in local and individual conversations which commissioners, local authorities and health and care organisations have had with you over the last three years and previously. These problems aren't new but the severity of the challenge is increasing and only by working smarter

together and finding ways to increase the effectiveness of our work will we be able to develop a sustainable way forward.

No changes to the services people currently receive will be made without local engagement and, where required, consultation, to make sure that all views and perspectives can be heard and considered by those making decisions.

We are at an early stage of developing proposals to create a better health and social care system, providing improved outcomes for patients and building a sustainable NHS for all.

First we need to see what people think of our emerging ideas. Then we can develop a proposal with input from the public, patients, carers and health and care professionals and other staff. And then we will check whether this is a substantial change or just a development of work we are already doing. Further down in this Q&A there are examples of work going on in Kent and Medway which are already bringing real benefits to patients.

Substantial changes would be subject to robust scrutiny, including public consultation, and would of course comply with the four national tests for NHS reconfigurations, applied by our regulators. Are proposals for change:

- supported by GP commissioners?
- developed with strengthened public and patient engagement?
- based on clear clinical evidence ?
- consistent with current and prospective patient choice?

What is happening to the care you can get out of hospital in Kent and Medway?

At the moment too many older people are admitted to hospital. The older people are, the longer they typically stay in hospital – and the longer they stay, the less likely they are to be able to go back to their own homes because they lose strength and independence. “Your own bed is the best bed.”

We recognise that we need to change services for people of all ages, so people get the care they need at home or in their community wherever possible.

GPs, nurses, therapists, social care workers, mental health staff and urgent care staff in Kent and Medway are already looking at how they can work together across towns and rural areas to deliver better care and to make sure people can access care seven days a week.

The aim is for patients to get one service delivered by people working together as one team, so you always see the right professional, and get care that looks at you as a whole, treating both your physical and mental health.

We expect this 'multi-disciplinary team' with GP leadership to be able to take over some of the routine work that GPs currently do. That will give GPs, nurses, therapists and others the time to do more to support frail older patients, people with complex needs including mental health needs, and patients at the end of their lives.

And everyone in the team will know how to help you improve your own health as well as provide care you need.

We expect most day-to-day treatment and care to be delivered by a team based at your GP practice or a neighbouring GP practice, with more specialist services (for instance many outpatient appointments and urgent care when practices are closed) provided at a base for a wider area.

The STP refers to hubs. What are they?

"Hub" is used in two ways – in east Kent, it means the organisation that will purchase and provide the full range of local care. In the rest of Kent and Medway, it means the building from which more specialist and out of hours services will be provided, such as a community hospital.

The services provided could be:

- outpatient appointments with a GP who specialises in treating particular conditions such as diabetes, dermatology (skin conditions) or children's illnesses, a highly trained nurse or a consultant – either in person or remotely
- minor injuries units
- mental health screening and assessment
- dementia diagnosis
- end of life care
- social care.

What is the difference between mental health private beds and specialist beds?

Kent and Medway NHS and Social Care Partnership Trust (KMPT) is committed to reducing the number of private beds used out of county (Kent and Medway) when there are no other commissioned beds available. This is being achieved in a number of ways including looking at the patient flow process. In some cases the length of time that patients are admitted to inpatient services has been reduced by working closer with partner agencies to ensure support is available upon discharge, such as housing, benefits, addiction services and so on. At all times the Trust remains committed to ensuring that patients are receiving the right treatment for their needs and that, if admission is required, it is to a unit within Kent.

Patients may however still need to be sent out of area where specialist services are required. For example Kent and Medway does not have a mother and baby unit but KMPT provides Mother and Infant Mental Health Services (not inpatient services). Where specialist admission is required, the patient will be sent out of area to ensure they receive the specialist care needed.

Examples of where change is already happening:

'Encompass vanguard' – based in NHS Canterbury and Coastal CCG area with 15 practices serving 170,000 patients – is one of the areas developing new ways of contracting to deliver the new style of multi-disciplinary care, for the whole country to learn from.

GPs and staff operate from three modern sites providing many tests, investigations, treatment for minor injuries and minor surgery without people having to go to hospital. It shows what can be done when GPs join up and run services together and at scale. This example of local care provides better results, a better experience for patients and significant savings.

Health and care leaders in South Kent Coast and Thanet have recently appointed chief officers to lead the development of integrated local care for their areas.

GPs in west Kent are leading on the development of specifications for future care in the area, with partners from all local organisations involved.

Home First in Medway: With the aim of supporting patients to live independently, and the aspiration to make getting patients home a priority, Home First's focus is on more patients recovering at home and in the community once they have been discharged from Medway NHS Foundation Trust, and on avoiding unnecessary admissions or readmissions to local acute hospitals. This is accomplished by clear referral processes, and partnership working between the hospital, community and social care providers and commissioners.

Home First is also being rolled out in east and west Kent.

How are these schemes changing care for patients?

Tried and tested schemes in Kent and Medway include:

- paramedic practitioners offering home visits for patients, normally carried out by GPs, in Dover, Deal, Folkestone and the Encompass area, freeing up time for GPs to see more patients
- integrated rehabilitation services in South Kent Coast where health and social care professionals jointly review referrals so the right professional assesses the person – voluntary organisations are part of the team too
- support by a consultant, specialising in the care of older people, to care homes in Canterbury and Coastal area and Ashford
- Age UK scheme in Canterbury and Coastal area and Ashford to support people at risk of being admitted to hospital
- Home First in Medway – supporting more patients to recover at home and regain independence, while also improving discharges from hospital.
- integrated IT enabling different professionals to view GP patient records and care plans (with consent)
- 'social prescribing' in the Encompass area – patients are prescribed a call or meeting with an organisation that can signpost them to different forms of support
- different ways of providing follow up support in South Kent Coast such as clinics over a secure NHS version of Skype for children with orthopaedic problems and rheumatology clinics (for people with joint problems) with a specialist nurse in Deal
- Live Well Kent – new mental health and wellbeing service provided by the voluntary sector, connecting local people to sources of support.

Challenges

Where are you going to get the workforce from for these new teams?

Working as we are now, there aren't enough doctors, nurses, therapy staff, mental health staff or social care workers to fill all our vacancies – and we, like everywhere else in the country, are having problems recruiting.

But by working in a more multidisciplinary way with better access to shared information, we will be able to do more with the staff we have.

We also anticipate recruitment and retention of staff improving once this new way of working is established because the benefits it brings for those who use services, and a more joined-up approach among our staff, will make work more satisfying for health and social care professionals.

The NHS has been talking about this sort of thing for years. Why should we have confidence it will work this time?

This is the first time such a movement for change has been led by all the different organisations involved in health and social care working together.

We all share the same priorities and the same challenges and we recognise that by acting together, and involving the public, we can use our resources where they are most effective and work together across our health and social care system – beyond our own organisations' boundaries - to develop and deliver services that people need both now, and in years to come.

We want to make sure that we spend the available health and social care budget for the people of Kent and Medway as efficiently and wisely as possible, getting the best value for local people. It is only by working together as we are doing now that we can bring about real, tangible change that will improve people's health and care, and achieve financial sustainability.

23 November 2016

Transforming health and social care in Kent and Medway – glossary of terms and acronyms in the Kent and Medway Health and Social Care Sustainability and Transformation Plan

A&E	Accident and emergency department (also known as emergency department).
ACO	Accountable care organisation. Organisations that take responsibility for the whole health needs of a registered list of patients, paying for every element of their care from a single budget.
AE	Accident and emergency.
AO	Accountable officer (chief executive of a clinical commissioning group).
BAU	Business as usual.
CAMHS	Child and adolescent mental health services
CCG	Clinical commissioning group. CCGs are the GP-led bodies responsible for planning and investing in NHS care.
CE	Chief executive.
CHOCs	Community Hub Operating Centres (CHOCs) are part of the Encompass vanguard. They are bases where health and social care professionals and the voluntary sector will come together to share their knowledge and skills about patients in their care, through integrated case management, to support them to improve their own health and wellbeing.

CIP	Cost improvement programme.
Core 24	Clinical Outcomes in Routine Evaluation: a psychological assessment tool.
Decile	A statistical term used when a population of people is divided into ten socio-economic groups.
DGS	Dartford, Gravesham and Swanley.
DGT	Dartford and Gravesham NHS Trust.
Diagnostic services	Services used for investigating and diagnosing health conditions, such as radiology, blood tests, endoscopy.
DToCs	Delayed transfers of care (from hospital to home or another care setting).
ED	Emergency department (also known as A&E).
EKHUFT (also EKHU NHS FT)	East Kent Hospitals University NHS Foundation Trust.
EL	Elective (planned) care.
Elective	An operation or other procedure that is planned or booked following a referral by a GP or an outpatient clinic.
Emergency care	The care of patients with significant clinical needs who present, without prior appointment, either by their own means or by that of an ambulance.
EPR	Electronic patient record: systems that enable health and care professionals to access key information about a person's medical history or needs.

eRS	Electronic referral system: a booking system that allows patients to choose the place, date and time for their first hospital or clinic appointments following referral from a GP. Patients can book in the GP surgery, online or on the phone.
GSTT	Guy's and St Thomas' NHS Foundation Trust.
HASU	Hyper-acute stroke unit: a highly specialist stroke unit where people who have just had a stroke get rapid access to first class diagnostics, specialist assessment and intervention, seven days a week. This saves lives and reduces disability.
Holistic family intervention	A psychological intervention that takes into account the whole family system.
HR	Human resources.
Hub	"Hub" is used in two ways in the plan – in east Kent, it means the organisation that will purchase and provide the full range of local care. In the rest of Kent and Medway, it means the building from which more specialist and out of hours services will be provided, such as a community hospital.
HWB	Health and Wellbeing Board.
ICM	Integrated case management - a process by which all organisations involved in an individual's care work together to plan and deliver care that best meets the needs of that person.
IM&T	Information management and technology (also known as IT).

Incl.	Including.
Inpatient	A person who stays in hospital for one or more nights.
K&M	Kent and Medway.
KCC	Kent County Council.
KCHFT	Kent Community Health NHS Foundation Trust.
KID	Kent Integrated Dataset.
KMGIF	Kent and Medway Growth and Infrastructure Framework – a local government framework that shows a comprehensive picture of growth and infrastructure at a strategic level across Kent and Medway to help prioritise investment to create new jobs, homes and infrastructure.
KMPT	Kent and Medway NHS and Social Care Partnership Trust.
KPIs	Key performance indicators – a measure of how effectively a project or programme is meeting its objectives.
LA	Local authorities: in this instance, that means Kent County Council and Medway Council, which are the local authorities with responsibility for social care and public health.
LDR	Local Digital Roadmap – plans to improve technology and information sharing in the NHS and social care.
Liaison psychiatry	An initiative where a team of clinical mental health professionals work closely with

	hospital staff, community and social workers to quickly understand both the physical and mental health needs of the patient.
LOS	Length of stay – how long a patient stays in a hospital bed.
LTC	Long-term health conditions such as diabetes and lung disease.
MASCOE	Medway and Swale Centre for Organisational Excellence – a partnership that brings together health and care organisations in Medway and Swale to improve population health and support transformational change.
MCP	Multi-specialty community provider. Extended groupings of practices, which work either as federations, networks or single organisations, with community, mental health, social care and other services “wrapped round them” to form a single team, with GP leadership, which treats local people’s physical and mental health needs, seven days a week. The Encompass vanguard - a group of 16 GP practices in Whitstable, Faversham, Canterbury, Ash and Sandwich which have agreed to work together to provide more services for patients in their local communities – is an MCP.
MDT	Multi-disciplinary team – which brings together a range of health and social care professionals to work together to provide joined-up care for local people. That might include GPs, mental health specialists,

	social workers, nurses and hospital clinicians.
MFT	Medway NHS Foundation Trust.
MH	Mental health.
MTW	Maidstone and Tunbridge Wells NHS Trust.
MUA	Medway Unitary Authority (Medway Council).
NEL	Non-elective care.
NHSE	NHS England – the organisation that leads the NHS nationally.
NHSI	NHS Improvement – a body that supports NHS trusts to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. It was formed from the merger of two previous bodies: Monitor and the Trust Development Authority.
NICU	Neonatal intensive care unit. An an intensive care unit specialising in the care of sick or premature newborn babies.
Non-elective	NHS care that has not been planned (e.g. emergency care).
OBD	Occupied bed day.
ONS	Office of National Statistics.
OP	Outpatient.
Outpatient	A person who goes to a hospital for treatment or assessment, but does not stay overnight.

PACS	Primary and acute care systems: a single organisation that provides NHS list-based GP and hospital services, together with mental health and community care services, within a local area.
PCBC	Pre-consultation business case.
PID	Project initiation document.
PMO	Project/programme management office.
pPCI	Primary percutaneous coronary intervention – a procedure used to treat narrowed arteries.
Primary care	NHS care available in local communities, including GP services, community pharmacy, optometry, dentistry.
QIPP	Quality, innovation, productivity and prevention. A programme designed to support NHS organisations to improve quality of care while making efficiency savings.
RAID	Rapid assessment, intervention and discharge.
RightCare	NHS RightCare is a national programme to improve people's health and outcomes. It makes sure that the right person has the right care, in the right place, at the right time, making the best use of available resources. NHS RightCare is all about: Intelligence – using data and evidence to shine a light on unwarranted variation to support an improvement in quality

	Innovation – working in partnership with a wide range of organisations, national programmes and patient groups to develop and test new concepts and influence policy Implementation and improvement – supporting local health economies to carry out sustainable change.
RTT	Referral to treatment time: The amount of time it takes for a patient to have surgery or other procedure following referral from a GP.
SCBU	Special care baby unit: a specialist ward that a baby will be admitted to if it requires medical help after birth.
SECAmb	South East Coast Ambulance Service NHS Foundation Trust.
Shrewd	Single Health Resilience Early Warning Database is a computer system developed in Kent and Medway that helps calculate and predict pressures in the local healthcare system.
Spec Comm	Specialist commissioning.
SRO	Senior responsible officer – the person responsible for the successful delivery of a project or programme.
STF	Sustainability and transformation fund – money allocated by the NHS to support the transformation of services and systems.
STP	Health and Social Care Sustainability and Transformation Plan.
TBC	To be confirmed.

Therapeutic staffing	A team of mixed expertise from nursing, healthcare administrators, therapists, psychiatrists and psychologists who learn from each other to provide better care for the patient.
Workforce infrastructure	The governance and resources (including capable planners and education / training commissioners) that enables us to plan, commission and deliver workforce.

23 November 2016

Transforming health and social care

in Kent and Medway

Updated November 2016

What's this about?

People in Kent and Medway need safe, high quality, integrated and sustainable health and social care services that meet their needs now and into the future. So the NHS, social care and public health in Kent and Medway are working together to plan how we will transform our services to meet the changing needs of local people. It is the first time we have all worked together in this way and it gives us a unique opportunity to bring about positive and genuine improvement in health and social care delivery over the next five years.

We need your help with this. Please see the end of this leaflet for details of how you can help shape services for the future.

How will our plan benefit you as someone who lives in Kent and Medway?

You can expect to see:

- **joined-up services** to treat and care for you at home and support you to leave hospital as soon as you're medically fit to leave: "your own bed is the best bed"
- **health and social care professionals** coming together to work as a single team for your local area, able to access your records 24 hours a day (with your consent)
- **a modern approach** to health and social care services using the best technology, from booking your appointment online to virtual (but secure) consultations, online assessment and diagnostic systems, and advice on apps to monitor your health
- **timely appointments** with the right professional
- **care for you as a whole**, for both your physical and mental health
- **regular monitoring** if you have complex health conditions affecting your physical or mental health, or both
- **more support** from voluntary and charitable organisations which already play such an important part in our communities
- **better access** to health improvement advice and services to help you improve and manage your own health and so reduce your risk of serious illness
- **"social prescribing"** - information to help you access relevant support from voluntary, charitable and local community groups or services
- **quality hospital care** when you need it – and more care, treatment and support out of hospital when you don't.

Currently, in Kent and Medway:

- **4,000 people** a year die early as the result of diseases which are mostly preventable[1]
- **240,000 people** over 50 are living with long-term disability which could potentially be avoided or delayed[2]
- around **one in four people** in our hospital beds at any given time could be at home or cared for elsewhere. (This varies by area.) For older people this impacts on their recovery - 10 days in hospital (whether it is a main or community hospital) leads to the equivalent of 10 years' ageing in the muscles of people over 80.[3]

To help people make the most of their lives, we want to:

- prevent ill health
- help people with treatment and advice earlier
- have excellent care wherever it is delivered.

Working like this will also enable us to make better use of staff and funds to secure the long-term future of health and care services.

1 such as lung cancer, heart disease and type 2 diabetes.

2 the disability is largely as a result of health conditions which can often be avoided or delayed by lifestyle changes, such as being more active in everyday life.

3 this comes from a study by Kortebein P, Symons TB, Ferrando A, et al. (2008): Functional impact of 10 days of bed rest in healthy older adults.

So what is the plan?

We – the leaders of all the NHS organisations in Kent and Medway, and Kent County Council and Medway Council which plan and pay for public health and social care – have developed a draft Health and Social Care Sustainability and Transformation Plan (STP). It is based on what people have told us they want from services over recent years, and detailed work carried out by health and social care professionals to assess what will best meet people's needs. It sets out how we think services need to change over the next five years to achieve the right care for people for decades to come and to improve people's health and wellbeing.

It is a work in progress because we need to engage with you, the people who live and work in Kent and Medway, including frontline health and care professionals, so we can get it right.

The plan will provide:

Better health and wellbeing

We want to:

- create services which are able to meet the needs of our changing population, as people age, and more people move into Kent and Medway
- reduce health inequalities (unfair differences in health and life expectancy that people experience in some parts of the county) and death rates from preventable conditions
- increase services to prevent and manage long-term health conditions such as diabetes and lung disease.

Better standards of care

We want to:

- make sure people are cared for in the right place and get high quality, accessible social care across Kent and Medway
- reduce attendances at Accident and Emergency departments, and emergency admissions to hospital beds
- make sure local providers of health and social care deliver high quality services, which meet nationally recognised clinical quality standards.

Better use of staff and funds

We want to:

- attract, retain and grow a talented workforce – and use them to the best effect
- consolidate some of our specialist clinical staff and equipment so they can work more effectively across a wide population as expert teams
- work within the budget we have for health and social care across Kent and Medway.

Across this area, the NHS and social care have £3.4billion in funding but overspent by £141million last year. Without change, we would be looking at a gap of £486million in our budgets by 2020/21.

We have identified key priorities for the transformation of care:

1. **Prevention of ill-health**
2. **Local care**
3. **Hospital care**
4. **Mental health**

Prevention
everyone has a part to play

A number of the health problems people face in Kent and Medway are preventable, and sometimes small changes can make a big difference. We are enlisting the whole Kent and Medway community in improving health and wellbeing so people stay well, look after each other, and use services only when they need to.

Our prevention programme will:

- treat both physical and mental health issues at the same time and effectively
- concentrate prevention activities on key areas – obesity and physical activity, reducing alcohol-related harm, preventing and stopping smoking
- deliver workplace health initiatives, aimed at improving the health of staff delivering services.

Local care
better access to care and support in people's own communities

GPs, nurses, therapists, social care workers, mental health staff and urgent care staff in Kent and Medway are already looking at how they can work together across towns and rural areas so that you can get the care you need at home and in your community wherever possible, reducing the need for you to go to hospital.

People with long-term health problems and disabilities have told us they want:

- to have all their needs and what works for them taken into account
- co-ordinated support given by professionals who talk and work together
- to tell their story once and have easy, co-ordinated, access to services.

The aim is for you to be supported by a single team of health and social care professionals, with GP leadership, which treats your physical and mental health needs, seven days a week. And helps you take control if you have a long-term health problem, so you are expert at managing your own health.

The table on the next page shows the number of teams (called extended practices) each area expects to have: three in the Ashford area, five in the Canterbury and Coastal area, and so on. GP practices within these teams will work together, to share expertise and to enable them to provide a range of different services for people seven days a week. Community, mental health, social care and other staff will be "wrapped around" the practices to form "place-based" teams, focused on working together to care for the patients in that place.

This integrated approach will enable GPs, nurses, therapists and others to spend more time on looking after frail patients, people with complex needs including mental health needs, and patients at the end of their lives.

We also intend for every part of Kent and Medway to have access to more specialist and out of hours services, provided by a hub.

The services provided could be:

- outpatient appointments with a GP who specialises in treating a particular health problem, a highly trained nurse or a consultant – either in person or via your phone or your computer
- minor injuries units where clinicians can see and treat a range of conditions, such as suspected fractures of arms and lower legs, sprains and strains, wound infections, minor burns, bites and stings
- mental health screening and assessment
- dementia diagnosis
- end of life care
- social care.

	Ashford	Canterbury & Coastal	DG&S	Medway	Thanet	Swale	South Kent Coast	West Kent
Population	129,000	220,000	261,000	295,000	144,000	110,000	202,000	479,000
No. GP practices	14	21	34	53	17	19	30	62
Average list size	9,200	10,500	7,700	5,600	8,500	5,800	6,700	7,700
Extended practices	3	5	TBC	9	4	TBC	4	9
Population	30-60k	30-60k	20-40k	30k	30-60k	20-40k	30-60k	TBC
Hubs	1	1	5	3	1	2	1	3-5
Population	129,000	220,000	50k	100k	144,000	50k	202,000	TBC

Note 1: "hub" is used in two ways – in east Kent, it means the organisation that will purchase and provide the full range of local care (irrespective of where that care is provided). In the rest of Kent and Medway, it means the building from which more specialist and out of hours services will be provided, such as a community hospital.

Note 2: This table sets out emerging ideas. TBC means there is not yet a view of how many teams there will be in a CCG area, or how many people each team or hub will serve.

Next steps on local care

We want to:

- enable all health and social care professionals to be able to access your health records in one place, 24 hours a day when they need to (with your consent)
- use anonymous information from the whole of Kent and Medway health and social care, looking at it for the first time as a whole, to improve planning and care delivery
- work towards pooling of budgets and staff from different organisations and break down barriers to integrated health and social care, and community-based and hospital care
- maximise co-location of staff and the best use of our buildings.

3 Hospital care
in a community, mental health or acute (main) hospital

We will provide hospital care when it is needed and ensure it is of the best possible quality, whether it is in a community, mental health or acute (main) hospital. At the moment, around 25 per cent of the beds in our main hospitals (this varies by area) are occupied by people who could be better treated in their homes or local communities. Our plan is to make sure local care facilities and support are in place so we can reduce the total number of beds in our main hospitals by 10 per cent and reorganise the way services are provided. By doing this we believe people will get the best possible care and we will be able to reduce some of the high costs associated with hospital-based care. We will use the same money to strengthen access to care and support in people's own communities.

Stroke and vascular reviews

Someone who has just had a stroke needs treatment in a highly specialist stroke unit where they get rapid access to first class diagnostics, specialist assessment and intervention, seven days a week. This saves lives and reduces disability.

Reviews of stroke services in Kent and Medway and vascular procedures (for artery and vein problems) are already underway and will continue as part of our plan. We expect to carry out a public consultation next summer. More information about the reviews is available on the clinical commissioning group (CCG) websites – details are at the end of this leaflet.

Separating planned and unplanned care

We are also exploring the idea of creating specialist centres for planned surgery such as hip and knee replacements to separate these services from emergency care. Experience from other parts of the country shows this can significantly improve care for patients, including speeding up how quickly they get the operation they need, and reducing the risk of cancellations because of surgeons being called away to operate on emergency patients.

Enhancing recovery

We are learning from each other and from best practice round the country – particularly a programme known as NHS RightCare – about how we can reduce complications from surgery or other planned treatment so you get a better result, needing less time in hospital, and less follow-up.

Next steps on hospital care

East Kent health and social care leaders have been working together as the East Kent Strategy Board since September 2015, to determine how best to provide health and social care services to the population of east Kent. This programme, which is now part of the Kent and Medway STP, has carried out engagement with local people, councils, MPs and other stakeholders, and frontline professionals.

Building on this work, we have looked at a number of options and, making sure we enhance local care closer to people's homes as described above, we now want to explore the creation in east Kent of:

- one emergency hospital centre with specialist services, including planned care
- one emergency hospital centre, including planned care
- one planned care hospital centre focusing on planned inpatient orthopaedic surgery or treatment, supported by rehabilitation services, and a GP-led urgent care centre
- all supported by strong local care (the care and support people can get in their own communities).

The main hospitals in east Kent already work in different ways. For example, there are Accident and Emergency departments at the hospitals in Margate and Ashford, and an Urgent Care Centre at Canterbury; acute general surgery is based at Margate and Ashford, and some of the hospitals provide a service for the whole of Kent and Medway, for example, specialist cardiology at Ashford.

In the rest of Kent and Medway, Medway NHS Foundation Trust and Maidstone and Tunbridge Wells NHS Trust have agreed to complete by the end of 2016:

- a strategy for development of acute (main) hospital services
- a strategy for planned care.

Without merger or acquisition, Dartford and Gravesham NHS Trust and Guy's and St Thomas' NHS Foundation Trust are working together to develop a model of care locally that will improve outcomes for patients, meet the challenges of increased demand and reduce costs. They have been selected to work together as a pilot site called the Foundation Healthcare Group, sharing information, knowledge and building new networks to enhance care in a way that can be replicated elsewhere.

4 Mental health
just as important as physical health

Mental health will be an integral part of local care. In addition we have several specific schemes to improve care including:

- a single phone number for people in Kent and Medway in a mental health crisis
- reducing to zero the number of people placed in private mental health beds out of county
- bringing back to Kent and Medway as many people as possible placed out-of-area for specialist care
- improving interventions for people experiencing psychosis for the first time
- improving care for children and young people with mental health and emotional wellbeing issues.

Greater efficiency through smarter working

In addition, we are looking to become more efficient by sharing services. These include a shared pathology service (which tests blood and cells) and looking at how we can make better use of our buildings by sharing space. And we want to develop computer systems that all parts of the health and social care network can use (your consent will be sought if this involves looking at your records).

The organisations which commission (plan and purchase care) are also planning to develop arrangements that enable health and social care commissioning at a strategic level across Kent and Medway.

How will the STP help us do better with the resources we have?

The draft STP maps out how, by improving care for patients, being more efficient and providing higher quality services, we can make better use of our staff and money so we can meet rising demand.

If we do nothing, patients will not get the best care, people's health and wellbeing will not improve, and we will be looking at a hole of £486million in our budgets by 2020/21.

We intend to invest millions more every year in local care to enable the improvements to people's care outlined above. We believe this will release around £165million currently spent on hospital care, though this is still work in progress and forms part of the work we want to engage on with you.

Commissioners and providers will continue to manage services in the most cost-effective way. For the NHS, this means continuing with our routine cost improvement programmes and our drive to improve quality, innovation, productivity and prevention. By working in new and different ways, we think we can reduce costs by £292million.

We expect to be in balance by 2020/21 apart from £29million, which is the expected annual cost of the health services required by the population of the new town at Ebbsfleet. We will be bidding for additional funds for this.

Background information

Our plan for Kent and Medway builds on good work already undertaken. To find out more, visit

- **www.eastkent.nhs.uk** to read Better health and care in east Kent: time to change
- **www.westkentmappingthefuture.nhs.uk**
- **http://consultations.kent.gov.uk/consult.ti/adultsstrategy/consultationHome**

Have your say

The STP will bring about a profound shift in where and how we deliver care. Our draft plan builds on conversations held with local people over several years about the care they want and need, and has the patient at its heart.

A Clinical Board, which includes local GPs, hospital doctors and senior social care practitioners, is overseeing development of the plans for prevention, local care, hospital care and mental health. They will ensure these plans are underpinned by professionals' knowledge and expertise.

We are also setting up formal groups – including a Partnership Board and a Patient and Public Advisory Group – to test and discuss the programme with us. We expect to produce a more detailed case for change early next year.

We recognise that people's needs are different across Kent and Medway. Our proposals for the future, which will be based on the thinking outlined in this document, will take this into account.

That's why it is so important that you have your say at every stage, to shape the services available to you.

In the New Year, along with more detailed information about the STP, we will publish a timetable for engaging with the public in Kent and Medway in 2017. In the meantime, we ask you to help us shape our ideas and plans by filling in this survey, which closes on 23 December 2016:
www.surveymonkey.co.uk/r/KandMstp

You can also access the survey via the website of your local clinical commissioning group (see below) where you will also find more information about how you can get involved. Many CCGs have health networks which you can join to get a regular update.

www.ashfordccg.nhs.uk Ashford, Tenterden and rural area

www.canterburycoastalccg.nhs.uk Canterbury, Faversham, Herne Bay, Sandwich and Ash, Whitstable

www.dartfordgraveshamswanleyccg.nhs.uk the boroughs of Dartford and Gravesham and the northern part of Sevenoaks district including Swanley town

www.medwayccg.nhs.uk Medway Council area

www.southkentcoastccg.nhs.uk Deal, Dover and the district of Shepway, including Folkestone and Romney Marsh

www.swaleccg.nhs.uk Sittingbourne, Sheppey and surrounding villages

www.thanetccg.nhs.uk the district of Thanet

www.westkentccg.nhs.uk the boroughs of Maidstone, Tonbridge and Malling and Tunbridge Wells, and the southern part of Sevenoaks district

South Kent Coast Health and Wellbeing Board

24 January 2017

Dover Leisure Centre Project

Introduction

Dover District Council is proposing to build the new Dover Leisure Centre on a site in Whitfield. A budget of £26 million was approved in September 2016. Currently the Council is working with our preferred contractor and specialist team of consultants to develop detailed plans. We intend to submit a planning application in March, begin building in the autumn and open the new centre early in 2019. The contract to operate the new leisure centre will be subject to a procurement process this year; the intention is to issue invitations to tender in February and appoint the operator in the autumn.

Facility Mix

The new leisure centre will be bigger than the existing town centre facility, with more facilities and improved car parking capacity. The Council is also working with bus operators to investigate improved access via public transport.

The facility mix approved by DDC's Cabinet is as follows:

Activity Areas	Current	New Centre	Change Compared to Current
Main pool	6-Lane 25m pool	8 lane x 25m pool	Increase
Spectator seating	140 person capacity	250 person capacity	Increase
Learner pool	12.5m x 7.5m Learner pool	15m x 8.5m with moveable floor	Increase
Sports hall	8 courts	4 courts	Decrease
Health and fitness	37 stations	120 stations	Increase
Multi activity studio	1 x studios	2 x studios	Increase
Multi purpose room (ground floor)	None	1 x room for meetings / parties / soft play / crèche etc.	Increase

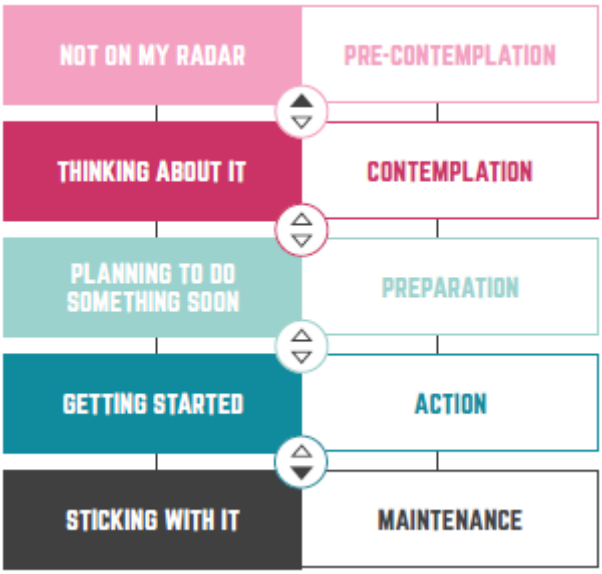
Spin studio	None	1 x studio	Increase
Squash court	3 x courts	2 x courts	Decrease
Interactive climbing	None	Included	Increase
Small sauna and steam room	Included	Included	No change
2 x five a side football pitches (outdoor 3G)	None	Included	Increase
Café	Included	Included	No change
Parking spaces	95 spaces	250 spaces minimum	Increase

This facility mix will meet strategic sporting needs as identified by the Dover District Indoor Sports Facility Strategy, which was adopted in July 2016. Extensive consultation and engagement with key stakeholders was undertaken during preparation of the underlying strategy and when developing specific proposals for the new leisure centre. For example Andy Fairhurst, Public Health Programme Manager at KCC, supplied comments on the strategy while it was in draft form and attended a leisure centre stakeholder event in July 2016. Engagement with representatives of people with disabilities has continued through development of the detailed plans.

Copies of the latest plans will be available to view and discuss at the SKC Health and Wellbeing Board meeting.

<u>Maximising Health and Wellbeing Benefits</u>

The new leisure centre will offer opportunities to deliver improved health and wellbeing benefits for our community. To maximise these benefits it will be necessary for various relevant agencies to work in partnership. Sport England's strategy 'Towards an Active Nation' emphasises the need to tackling inactivity through application of the behaviour change model. The model, as shown below, will be familiar to members of the Health and Wellbeing Board because it is similar to the public health process of change.



A review of strategies applicable to the SKC Health and Wellbeing Board has identified numerous examples of relevant objectives. For example,

- Kent and Medway Sustainability and Transformation Plan includes the aim of 'Preventing ill-health and intervening earlier: supporting and enabling people to take ownership for the health and care and healthier lifestyles'.
- Kent Joint Strategic Needs Assessment aims to achieve 'Effective prevention of ill health by people taking greater responsibility for their health and wellbeing'.
- Kent Joint Health and Wellbeing Strategy aims to 'Support people with learning disabilities with access to health services and leisure activities'.
- SKC CCG Patient Prospectus highlights the need to reduce rates of childhood obesity.

Other less obviously related objectives could perhaps be addressed by means of an innovative approach at the new leisure centre. For example, the SKC CCG Patient Prospectus commits to develop local clinics for people with diabetes. Could these be co-located with the leisure centre in the multi-function room to help encourage physical activity?

<u>Examples of health programmes / initiatives at other leisure centres:-</u>

- Free Swim and Gym schemes, e.g. in Lambeth
- GP Referral scheme in Southwark with following three aspects:-
    - **'Kickstart'** programme that offers flexibility for those who can exercise safely on their own or in groups at any time without the restriction of a timetabled programme. Participants can access all mainstream classes and sessions offered at all five sites.
    - **'Active Boost'** - traditional exercise on referral programme giving specialist supervision during a timetabled programme. The Active Boost programme provides

access to walking sessions, healthy shopping trips, gym based sessions, circuit, aqua aerobics, Pilates and graduation classes.

- **Cardiactive** – is a separate exercise on referral programme for those recovering from serious cardiac illness.
- **Healthy Lifestyle Motivators** - are available to participants in the Kickstart, Active Boost and Cardiactive programmes. The HLM meets with clients for a 1-1 motivational interview and to set future goals. These are reviewed at each of the following three appointments and exit routes identified

Examples of co-located sports and health facilities

The leisure centre has been designed to accommodate expansion in the future; perhaps this could incorporate more specialist health facilities.

- Graves Health & Leisure Centre, Sheffield (completed summer this year), new build wet/dry facility, indoor tennis, external pitches and co-located health provision; approximately £20m in total project value. Sport England has invested £2m. http://www.placesforpeopleleisure.org/centres/graves-health-and-sports-centre/#
- Great Sankey Neighbourhood Hub, Warrington (under construction), major refurb & new build wet/dry centre, external pitches & courts, integrated health provision including a pharmacy/primary care provision, digital wellbeing facilities and a library; approximately £17m in total project value. Sport England has invested £1.5m. http://www.greatsankeyneighbourhoodhub.co.uk/

Funding opportunities

DDC is applying to Sport England for £1.5 million towards the capital cost of the leisure centre

Active Aging Fund, Sport England – focus is on testing new ways of tackling inactivity and finding approaches that could be replicated across the country

Is the board aware of other possibilities?

Summary

Dover District Council would like to work with health partners to ensure that the new Dover Leisure Centre delivers health and wellbeing benefits effectively. Programmes and activities in the centre should attract as wide a range of users as possible, including people who are currently inactive.