



Kent and Medway STP

Update

Case for change: overview



- **Population growth:** Projected to grow by c5% ($\approx 89,000$ people) over the next five years, with uneven growth across the patch putting pressures on some parts of the system
- **Ageing population:** Largest age group growth is in demographic of 85+ years bringing increased needs for health and social care
- **Health inequality:** Range of life expectancies for both men and women related to deprivation exist, with the main causes of death being from preventative interventions and the gap has not closed over the last 10 years
- **Housing growth:** Kent and Medway earmarked for significant housing growth e.g. Ebbsfleet, adding to the demand for health and care services



- **Stresses in the system:** Services close to capacity across the patch with acute occupancy in the 90s; EKHUFT, SECamb and MFT in special measures; a high ratio of patients to GPs and a number of GPs giving up general medical services (GMS) contracts or retiring
- **Delivery of constitutional targets:** Delayed transfer of care, A&E targets, Referral To Treatment, cancer targets, ambulance response times and other services pressures (e.g. stroke) continue to be an ongoing issue
- **Workforce issues:** Significant workforce issues around recruitment, rotas and maintaining a viable workforce impacting health and social care



- **Financial sustainability:** 15/16 deficit of £109m forecast to rise to £434m by 20/21 in a 'do nothing' scenario (this excludes social care budget pressures (KCC £45m, Medway Council £7m)).
- **Clinical sustainability:** Growing reliance on agencies due to workforce issues around unsustainable rotas, recruitment and retention

Transformation: four themes

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:

- **Local care (Out-of-hospital care)**
- **Hospital transformation**
- **Mental health**
- **Prevention**

Productivity and modelling

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**
- **Digital**
- **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

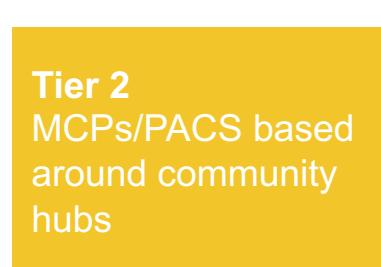
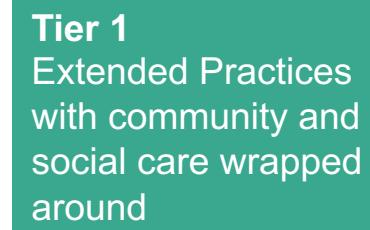
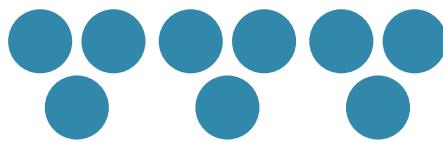
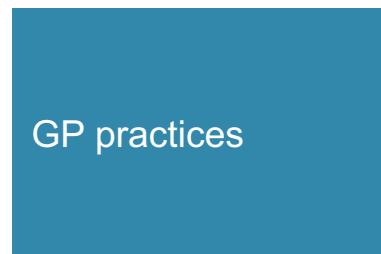
System Leadership

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

- **Commissioning transformation:** Enabling profound shifts in the way we commission care
- **Communications and engagement:** Ensuring consistent communications and inclusive engagement

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

Local Care infrastructure



Description

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

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

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

Population served

- Various

- 20 – 60k

- 50 – 200k

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 (virtual / physical) | 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

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))

DARTFORD, GRAVEHAM
AND SWANLEY CCG



THANET CCG

Queen Elizabeth Queen Mother (EKHUFT):

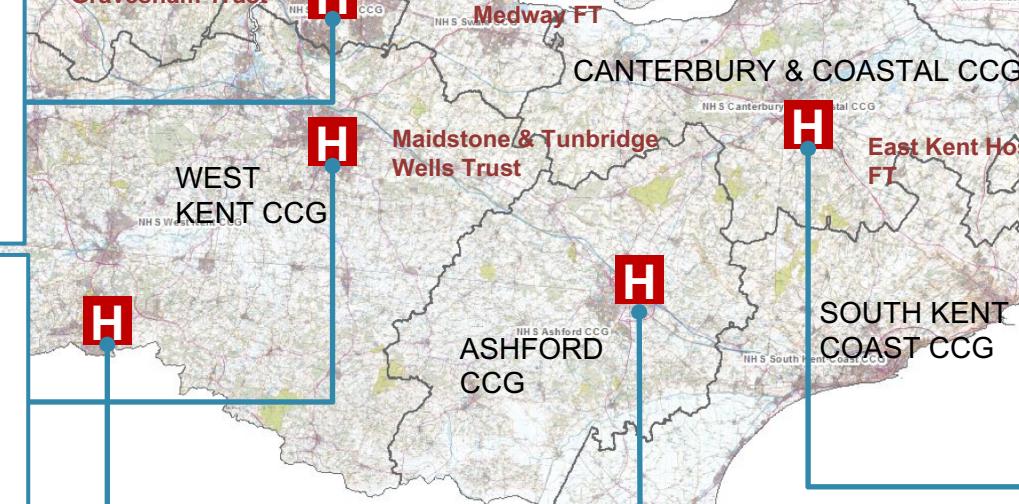
Emergency and planned medical and surgical care, stroke thrombolysis, obstetrics and paediatrics (including a special care baby unit (SCBU))

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

- Further develop our accident and emergency centre to create 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 primary percutaneous coronary intervention; 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 / specialised services in a shared care model between London and local providers;
- Development of new and innovative models of care.

East Kent

- EKHUFT has modelled the shift in activity and capital requirements for a range of acute configuration options
- EKHUFT's plans are based on improvements to local care which will mean 300 acute beds will be no longer needed
- EK's initial thinking sees the creation of one emergency hospital centre with more specialised services¹ and a trauma unit serving east Kent
- 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 and deliver sustainable services that deliver high quality care

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 (e.g. hip and knee replacements) potentially taking the shape of a single shared centre
- A collaboration between DGT and GSTT to develop a Foundation Healthcare Group model

Note: ¹ Including primary percutaneous coronary intervention (pPCI), vascular, renal head and neck; urology; hyper-acute stroke; haemat-oncology and gynae-oncology specialist in patient services

Our Mental Health programme will deliver 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

2 Open Dialogue Pilot

3 Encompass MCP Vanguard

4 Single point of access

5 Complex needs

Acute Care:

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

1 Improved patient flow

2 Therapeutic staffing and peer support

3 Liaison Psychiatry

4 Personality disorder pathway

5 Single point of access

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

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 safe service and rota arrangements
- Develop a Kent and Medway 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 Kent and Medway-wide view of estate held by health and care organisations and develop a long-term estates plan to enable the required transformation
- 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

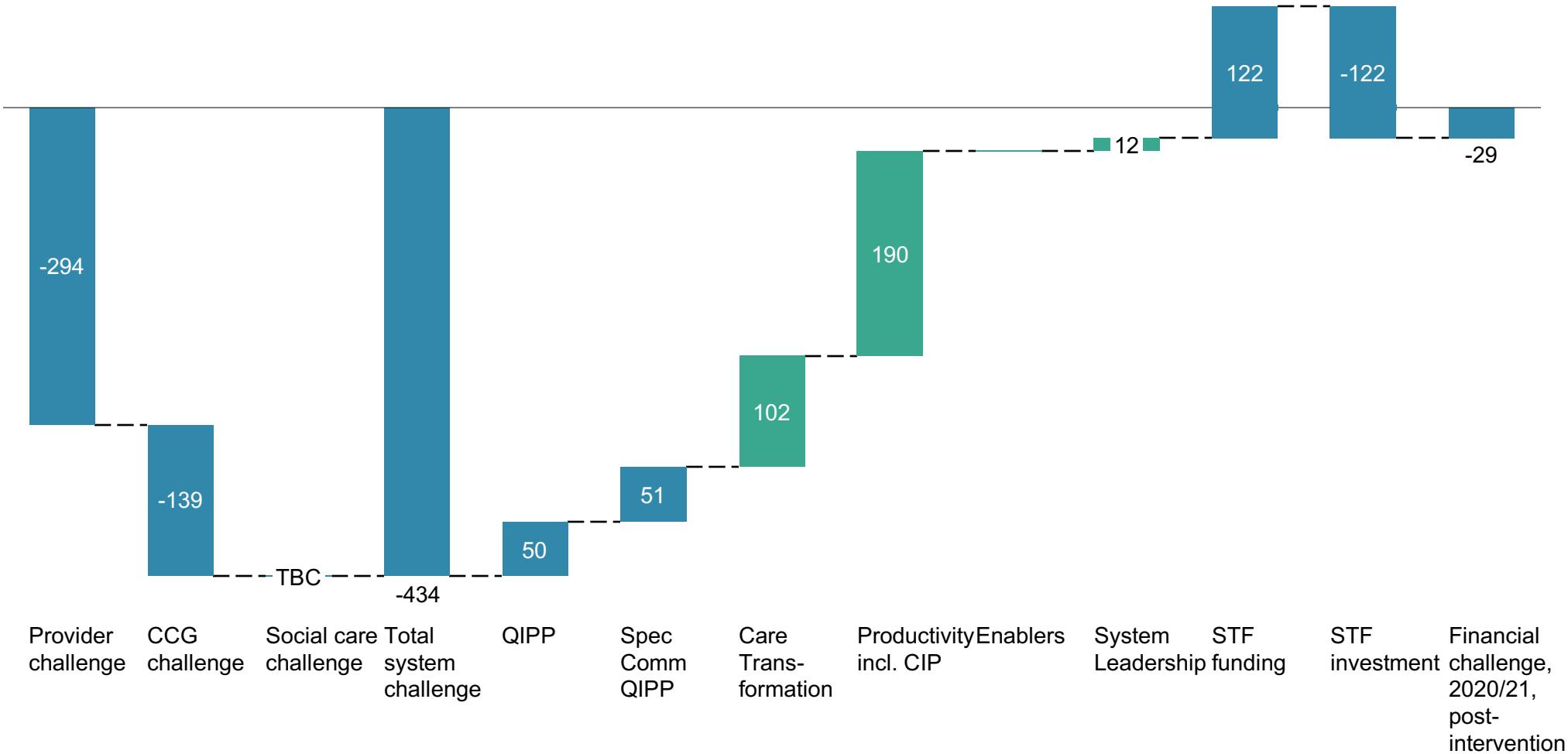
Delivering the digital capabilities that are necessary to underpin and facilitate the STP

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

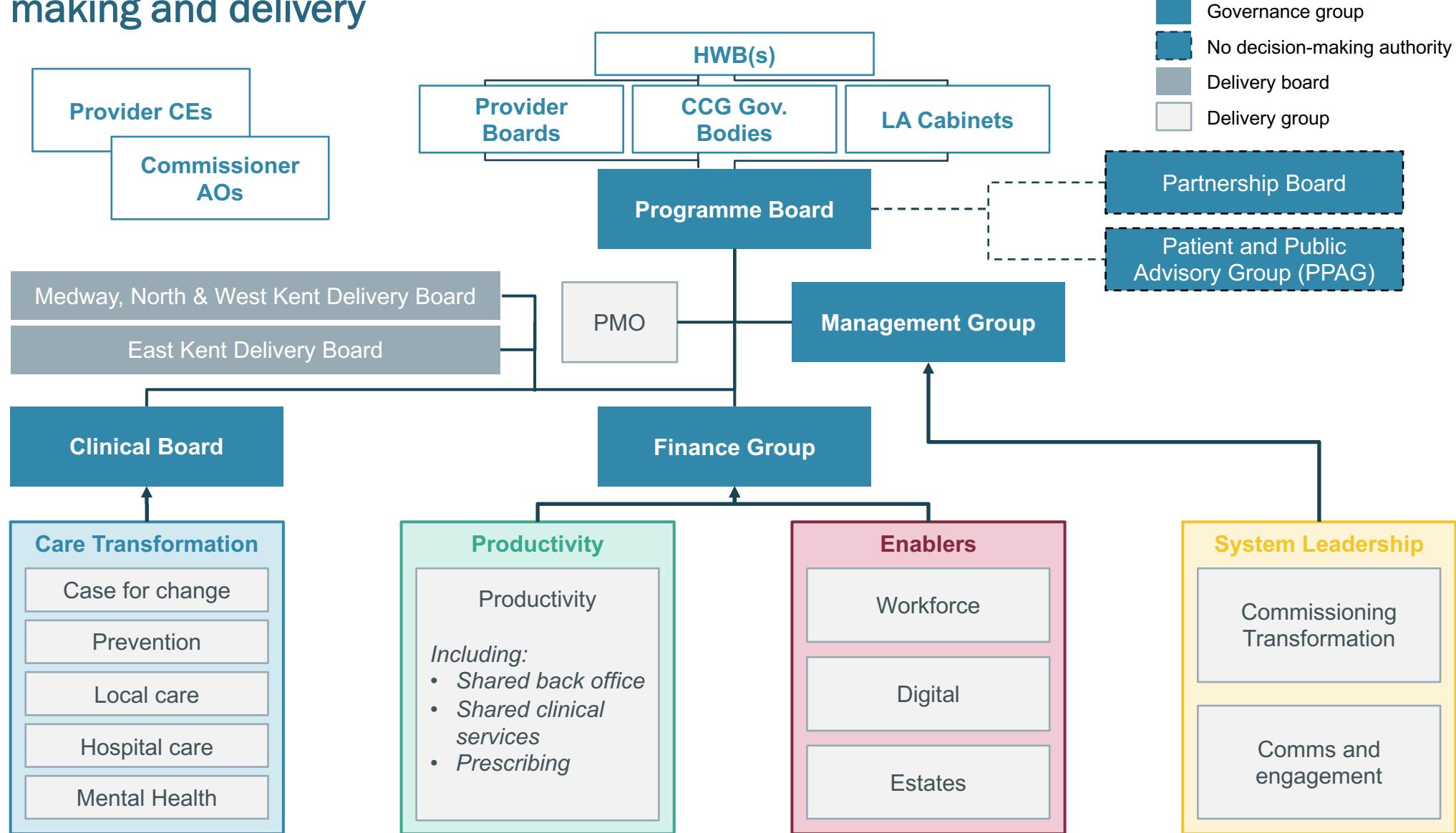
Our financial plan brings the system close to balance

£ Millions, Kent and Medway health system



These figures exclude the social care budget pressure of £52m by full-year 2020/21 (KCC £45m, Medway Council £7m).

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



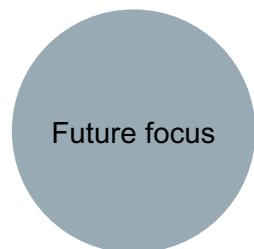
Incorporating existing work programmes: East Kent Strategy Board



- Established Sept 2015. Collaboration of local health and social care leaders to focus on transformation and service re-design
- Ambition: make health and social care services safe, high quality and affordable for the long-term – same as STP guiding principle. EKSB work *is* the STP content for east Kent
- Significant and wide-ranging work programme looking at all aspects of health and social care economy
- Case for change developed and published Aug 2016.



- EKSB work to merge with STP programme – single coherent plan and consistent approach across Kent and Medway
- EKSB becomes East Kent Delivery Board within STP programme governance, but local CCGs remain decision-making bodies
- A single programme approach will help deliver one, consistent ‘model of care’ for local (out of hospital) and specialist hospital-based services across Kent and Medway, and shared strategies for ‘enablers’ such as finance, workforce, IT etc
- Ability to maximise improvements at scale (specialist services such as stroke).



- Develop clinically and financially sustainable local service proposals within Kent and Medway strategy framework.
 - drive development and delivery of service proposals that meet local residents needs and reflect principles/approach for Kent and Medway
 - develop, review and agree models of care with local clinical leadership and widespread clinical engagement – test and share across Kent and Medway
 - foster local ownership of proposed changes and drive comms and engagement about proposals
 - ensure East Kent commissioners make final decisions about local changes.

We are pressing ahead to meet key programme milestones

