

**Agenda Item No:** 7  
**Report To:** Ashford Health & Wellbeing Board  
**Date:** 18<sup>th</sup> January 2017  
**Report Title:** Sustainability and Transformation Plan  
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**Organisation:** NHS Ashford CCG



**Summary:** This report represents an update for the Board on the current status of the Kent and Medway Sustainability and Transformation Plan (STP) and the CCG Operational Plan for 2017-2019

**Recommendations: The Board be asked to:-**

Note the report

### **Purpose of the report**

1. To provide assurance to the HWBB
2. To update the HWBB on progress against the national STP expectation

### **Background**

3. Previous verbal and written updates have been provided to the HWBB on this subject
4. The STP is set in the context of nationally mandated expectation

### **Report specific section heading**

- 5.
- 6.

### **Conclusion**

7. Progress has been in line with national expectations

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## Sustainability and Transformation Plan Report to Ashford Health and Wellbeing Board

### Sustainability and Transformation

In October 2014, NHS England published “Five Year Forward View” (5YFV), which set out their vision for services over the coming five years. This document identifies that, in order to meet patients’ needs and expectations, we need to dissolve traditional boundaries. Long term conditions are now the central focus of the NHS commissioners; caring for these needs requires a partnership with patients over the long term rather than providing single, unconnected ‘episodes’ of care.

As a result there is now quite wide consensus on the direction which the NHS needs to take. Increasingly we need to manage systems – networks of care – not just organisations. We need to ensure that we have comprehensive, integrated local care and health services which are;

- tailored to communities
- provided through Multispecialty Community Providers (MCP)
- supported by a chain of high quality, smaller, acute hospitals with access to safer specialist service

Both NHS Ashford CCG and Canterbury and Coastal CCG are in a good position to deliver against these expectations. Our initial five year strategic vision, which was published in 2014, clearly set out our intention to transform our services towards a more community centric approach through our Community Networks approach.

Additionally, we are fortunate to have a national exemplar model – Encompass – which is currently being delivered across the Whitstable, Canterbury and Faversham areas and is designed to test out these new models of care.

#### i. Sustainability and Transformation Plan (STP)

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.

## **ii. STP Summary**

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

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:



	<b>STP Position</b>
<p><b>Care transformation</b> Preventing ill health, intervening earlier and bringing excellent care closer to home</p>	<p>Transforming our care for patients, moving to a model which prevents ill health, intervenes earlier, and delivers excellent, integrated care closer to home.</p> <p>This clinical transformation will be delivered on four key fronts:</p> <ul style="list-style-type: none"> <li>• Local care (Out-of-hospital care)</li> <li>• Hospital transformation</li> <li>• Mental health</li> <li>• Prevention</li> </ul>
<p><b>Productivity and Modelling</b> Maximising synergies and efficiencies in shared services, procurement and prescribing</p>	<p>We will undertake a programme to identify, quantify and deliver savings through collaborative provider productivity addressing the following areas:</p> <ul style="list-style-type: none"> <li>• CIPs and QIPP delivery (see section <b>DN – add ref</b>)</li> <li>• Shared back office and corporate services (e.g. finance, payroll, HR, legal) – the trust is leading on this for the Kent and Medway STP</li> <li>• Shared clinical services (e.g. pathology integration)</li> <li>• Procurement and supply chain</li> <li>• Prescribing</li> </ul>
<p><b>Strategic enablers</b> Investing in estates, digital infrastructure and the workforce needed to underpin a high-performing system</p>	<p>We need to develop three strategic priorities to enable the delivery of our transformation:</p> <ul style="list-style-type: none"> <li>• Workforce</li> <li>• Digital</li> <li>• Estates</li> </ul>
<p><b>System leadership</b> Developing the commissioner and provider structures which will unlock greater scale and impact</p>	<p>A critical success factor of this programme will be system leadership and system thinking. We have therefore mobilised dedicated programmes of work to address:</p> <ul style="list-style-type: none"> <li>• Commissioning transformation - enabling profound shifts in the way we commission care</li> <li>• Communications and engagement - ensuring consistent communications and inclusive engagement</li> </ul>

Our financial strategy now directs the system back to sustainability, closing the “do-nothing” financial challenge.

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.

### iii. East Kent Delivery Board

Since it was established in the autumn of 2015 the East Kent Strategy Board (EKSB) has brought together local health and social care leaders and taken a collaborative approach to redesigning services for the people of east Kent to make sure they are safe, high quality and sustainable both now and in the future. In 2016 the NHS and local authorities were asked to develop STPs, in our case for the whole of Kent and Medway. The EKSB has closely aligned with, and fed into, the Kent and Medway STP as it has developed, so the east Kent strategy work *is* the STP content for east Kent.

We will now operate as an East Kent Delivery Board to refine recommendations for how services could best be organised in east Kent in the future, ensuring that the specific needs of east Kent people are considered. However, the new approach will also enable us to take full account of the wider picture across Kent and Medway, linking in with broader work streams.

### iv. 2017-2019 Operating Plan

The CCG will concentrate effort and resources to deliver the first year of transformational change agreed as part of the Kent and Medway STP. The key deliverables for the year will concentrate on the Local Care agenda and will be:

- Implementing and supporting the governance and organisational forms required to make local care work, i.e.; strengthening the East Kent Confederation and East Kent Delivery Board, progressing the Vanguard, Accountable Care Organisations, incentivising alliance and cooperative working.
- Ensuring primary care is prepared and resourced to take on its extended role by investing £5 per head per practice in providing an extended range of core services, forming teams and services at community level, improving access, resilience and skills, IT and estate and promote patient self-management.
- In collaboration with health and social care partners ensure services and arrangements are in place to better support the frail elderly and those of working age with enduring conditions to prevent admission and if admitted to support earlier discharge, placement and support at home, (thereby reducing acute/community beds).
- Move ambulatory care in a range of priority specialties (including diabetology and dermatology) from a hospital to a locally focused model of care delivery, (thereby reducing unnecessary and duplicative attendances and costs).
- Remodel local mental health crisis services and services for the older adults with mental health problems to form part of an integrated local approach to prevention, early intervention and accessible support.



## National Priorities and Constitutional Targets

Many of the national priorities are purposefully prioritised in our transformational work summarised above. In addition, we also intend to deliver:

- Develop a **Sustainability and Transformation Plan**, implementing milestones, so that you are on track for full achievement by 2020/21.
- **Finance** - Deliver individual CCG and NHS provider organisational control totals, and achieve local system financial control totals.
- **Primary Care** - Ensure the sustainability of general practice in your area by implementing the General Practice Forward View, tackling workforce and workload issues, and supporting general practice at scale.
- **Urgent and emergency care** - AED waits to target by April 2018, primarily by focusing on primary care prevention and interception including a primary care AED front end at the WHH and improve flow by rebalancing community services, especially those that allow rapid discharge and reablement and to avoid the necessity for community and other beds by agreeing more flexible resources between health and social care through pooling and better care fund arrangements. In addition the acute provider will be supported in achieving exemplary practice in terms of AED treatment, low lengths of stay and other flow improvements.
- **Referral to treatment times and elective care** - RTT waits to target by October 2017, primarily by working and incentivising the Trust to ensure optimum practice and improved theatre efficiency, selective investment in pinch points such as endoscopy and procurement of external, independent sector capacity especially in orthopaedics, to allow current back logs to be addressed.
- **Cancer** - Cancer compliance by February 2017, mainly as part of the RTT programme but in addition by supporting and incentivising improvements in referral management arrangements and reporting of results and findings by the Trust.
- **Mental health** - Deliver in full the implementation plan for the Mental Health Five Year Forward View for all ages. Ensure delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals. Increase baseline spend on mental health to deliver the Mental Health Investment Standard. Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support.
- **People with learning disabilities** - Deliver Transforming Care Partnership plans with local government partners, enhancing community provision for people with learning disabilities and/or autism.
- **Improving quality in organisations** - Implement plans to improve quality of care, particularly for organisations in special measures.



## CCG Specific Priorities

In addition, we are prioritising the follow areas of improvement and service redesign;

- Continue the implementation of the Urgent Care Centre model of care
- Reduce the variation in Unscheduled Care admissions and attendances
- Continued Referral Management
- Improvement of cancer service (in line with Six Clinical Priorities)
- Expand “Advice and Guidance” approach
- Re focus of Discharge to Assess programme, into Home First service
- Implementation of Care Homes strategy
- Improved diagnosis and care for Dementia (in line with Six Clinical Priorities)
- Increased service provision for Looked After Children (including Unaccompanied Asylum Seekers)
- Improve access to Maternity Services (in line with Six Clinical Priorities)
- Support the further development of new models of care, including Encompass vanguard site
- Support practice transformation, helping our GPs to develop the new models of care within their own practice
- Aid the shift towards 100% e-booking for secondary care appointments
- Continue to support the implementation of local healthy lifestyle strategy
- Improve access for Early Intervention Psychology (in line with Six Clinical Priorities)
- Improve access for Improving Access for Psychological Therapies (in line with Six Clinical Priorities)
- Continue to monitor action plans following CQC reviews for all providers
- Continue to drive improvements in quality through site visits

## Delivering the Plan

Certainty of delivery will be improved by:

- Our programme and project management arrangements will be consolidated on an East Kent basis and will support the key initiatives shown above with a basic level of general and educative support being given to continuous improvement and small scale initiatives.
- Our performance management and delivery assurance arrangements will be strengthened and supported by provider incentivisation and achievement payments.





## Resourcing the Plan

The budget is strongly linked to delivering the plan and assuring financial recovery and stability, in particular;

- Growth resources will be targeted at purposeful transformation initiatives and mainly in primary and community areas to allow earlier intervention and quicker take from secondary services and/or buying additional external activity as is the case with the RTT proposal.
- The majority of QIPP will arise from detailed and large scale transformation programmes and is openly recycled to facilitate such programmes and reward and incentivise delivery, partnership working and service improvement.
- Reserves will be commensurate with risk and to ensure maximum application of scarce resources will be based on simpler forms of contract with balanced risk sharing arrangements.

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