

**Agenda Item No:** 14  
**Report To:** CABINET  
**Date of Meeting:** 9 February 2017



**Report Title:** Transforming Health and Social Care in Kent and Medway  
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**Portfolio Holder:** Cllr Bradford  
**Portfolio Holder for:** Highways, Wellbeing and Safety

**Summary:** Report for information on the Health & Social Care Sustainable Transformation Plan for Kent & Medway including Ashford CCG update.

**Key Decision:** NO

**Significantly Affected Wards:** None specifically

**Recommendations:** **The Cabinet is recommended to:-**

- I. note the information provided on the Health & Social Care Sustainable Transformation Plan (STP) for Kent & Medway,
- II. provide feedback, and encourage Members to participate and influence the on-going process of transforming our local health and social care service,
- III. encourage Members to engage with their local Community Networks, and
- IV. provide support for the direction of travel proposed within the STP and the aspiration to provide support for better health and wellbeing, better standards of care and better use of staff and funds.

**Policy Overview:** The transformation plan will bring a profound shift in where and how care is delivered. The model presented is founded on the principle of health and care services working together to promote and support independence. The decisions made by our local health and social care colleagues will be critical in terms of ensuring appropriate care for our growing population and also in regard to the provision of services for our new and developing communities. The council has a key role to play in terms of its wider public health responsibilities i.e. the influence on wellbeing as delivered through the

corporate plan e.g. supporting growth, provision of secure and appropriate housing, promotion of an active and healthy community and protection of the environment.

**Financial Implications:**

At present it is not possible to identify the direct or indeed indirect resource implications for the Council associated with the STP. The plan sets out a broad direction of travel and does not provide any detail relevant to specific service transformation. The cost of health and social care at a macro economic level has significant public sector implications that will affect our council and all other areas of the county.

**Legal Implications:** No direct legal implications for the Borough Council

**Equalities Impact Assessment:** Not applicable

**Other Material Implications:** None

**Exempt from Publication:** No

**Background Papers:** None

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## **Report Title: Transforming Health and Social Care in Kent and Medway**

### **Introduction and Background**

1. On the 23rd November 2016, the draft Health & Social Care Sustainable Transformation Plan (STP) for Kent & Medway was released. This document sets out the thinking behind the need to change health services over the next five years to achieve the right type and level of care for the future.
2. The Leader of the Council made an announcement at the December 2016 Cabinet on this subject, indicating that officer leads from the Clinical Commissioning Group (CCG) and the hospital trust be asked to provide a presentation on the STP to a future Cabinet in 2017. A commitment was also made to keep Cabinet informed of progress as more information becomes available.
3. This report provides additional information to that given by the CCG and the hospital trust in their presentations before this meeting. It specifically encourages Members to participate and influence the on-going process of transforming our local health and social care service.

### ***What are STPs?***

4. STPs are five year plans covering all aspects of NHS spending in England. Forty-four areas have been identified as the geographical 'footprints' on which the plans are based, covering an average population size of 1.2 million people. A named individual leads the development of each STP.
5. The scope of STPs is broad and long term, covering the period from October 2016 to March 2021. Initial NHS England guidance asked health organisation leaders to consider three main issues:
  - a. improving quality and developing new models of care;
  - b. improving health and wellbeing;
  - c. improving efficiency of services.
6. They were asked to identify the key priorities needed for their local area to meet these challenges and achieve financial balance for the NHS. The plans were to cover all aspects of NHS spending, as well as focusing on better integration with social care and other local authority services.
7. The timelines for developing STPs and the process for approving them have been somewhat fluid. The original deadline for submitting plans was the end of June 2016 but this deadline was pushed back to the end of October 2016. Additional planning requirements have also been added as the process has gone on. The intention now is for the plans to be assessed by national NHS bodies, and used to form the basis of new operational plans for NHS organisations and contracts between commissioners and providers.

8. The development of STPs is by necessity a complex and challenging process. The timescales for production have been ambitious and expectations have changed and in some cases grown throughout the process. The need to engage with many different organisations and groups, especially in the larger STP areas, has also been a challenge. The involvement of local authorities has been reported to be very varied between areas. In most cases the leader has come from CCGs and NHS trusts or foundation trusts.

### ***How are STPs different from earlier approaches to health planning?***

9. For some time now there has been a shift in emphasis towards more integrated models of care in order to meet the changing needs of the population. STPs reflect this change by placing emphasis on collaboration though what is referred to as 'place-based planning', rather than on traditional competitive approaches. Practically this means the integration of primary care, community, mental health and social care, and the transfer of elements of care that would have been provided within an acute setting into the community.
10. The STPs also make it clear that the growing financial problems in different parts of the NHS can't be addressed in isolation. Instead, providers and commissioners are being asked to come together to manage the collective resources available for NHS services for their local population.
11. This emphasises the need for a place-based approach to planning and delivering health and social care services, including collaboration with other services and sectors beyond the NHS to focus on the broader aim of improving population health and wellbeing – not just on delivering better quality and more sustainable health care services.

### ***What does the Kent and Medway's STP say?***

12. The document 'Transforming health and social care in Kent and Medway' forms our local STP. It covers eight CCGs, seven NHS providers, two county councils and 13 district councils. The named lead for Kent and Medway is Glen Douglas (Chief Executive, Maidstone and Tunbridge Wells NHS Trust). The Kent and Medway STP was submitted to NHS England in October 2016 and made public on the 23 November 2016.
13. The STP does not contain specific details as to how individual services will be transformed. It is a broad strategy document that sets out the case for change (demographics, health inequalities, increase in long-term health conditions, quality of care and financial pressures). It states the aim of delivering an integrated health and social care model that focuses on quality, is outcome-focused, people-centred, coordinated and easy to access. There is an emphasis on enabling people to stay well, live independently and remain at home for as long as possible.
14. A model of integrated provision is placed centre-stage, with health and care services working together. Key aspects are as follows:
  - Developing local care built on clusters of general practices and then aggregating into Multispecialty Community Providers (MCP) and

potentially larger accountable care organisations that hold capital budgets. The objective is to operate at a scale that can allow service integration (across primary care, community, mental health and social care) that is currently considered impossible.

- Managing demand for actual services, enabling reductions in acute activity and length of stay and reduce pressure on hospital beds (net savings of £160m by 2020/21).
  - Developing a Kent & Medway-wide strategy for hospital care to ensure provision of high-quality specialist services at scale and also consider opportunities to optimise service and estate.
  - Transformation of four key elements:
    - Care Transformation – preventing ill health, intervening earlier and bringing excellent care close 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 high-performing systems
    - System leadership – developing the commissioner and provider structures which will unlock greater scale and impact
  - The financial strategy aims to direct the system back to sustainability, reducing a £486m ‘do-nothing’ gap (including social care pressures) to £29m by 2021.
  - The timetable indicates that some elements of the core transformation will influence 2017/18 operational planning with the first holistic transformation being launched in 2018.
15. Further detail is provided within the STP on the change programme to date, the case for change (population grown, demand growth, health inequalities, aging population, quality of care and sustainability) in terms of finance and workforce.
16. The full document is available at <https://www.kmpt.nhs.uk/information-and-advice/stp.htm>. This site also includes frequently asked questions, information on the patient and carer consultative committee and details of those leading development of the STP. Additional information as provided by NHS east Kent is available at <http://eastkent.nhs.uk>.

### ***Update since the STP was published – the Ashford CCG perspective***

17. Since the STP was published, Ashford CCG has provided an update to the Ashford Health and Wellbeing Board<sup>1</sup> including details of their Operational plan for 2017-19. This indicates that they are in a good position to deliver against the expectations within the STP i.e. tailoring a comprehensive, integrated local care and health service which is tailored to communities,

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<sup>1</sup> <http://vm-abcapps/committeeSystem/ViewAgenda.aspx?MeetingId=3083>

provided through MCP, and supported by a chain of high quality, smaller, acute hospitals with access to safer specialist service.

18. They highlight their initial five year strategic visions, published in 2014, that set out the intention to transform services through their Community Networks approach. Reference is made to the Encompass model<sup>2</sup> which is being used to test out these new models of care. The CCG is looking to wrap community services around groupings of GP practices and commission and manage higher-acuity and other out-of-hospital services at scales in order to meet rising demand, respond to more complex health needs, and deliver prevention at scale. The CCG indicate this will enable them to take forward the development of acute hospital care as fewer patients will require acute hospital support. With regard to acute care, it is acknowledged that change is necessary to improve patient experience and outcomes, achieve a more sustainable workforce infrastructure, and make best use of their estate, reducing environmental impact and releasing savings. They wish to create centres of acute clinical expertise that see greater separation between planned and unplanned care. The aim being to end the current pattern of much needed surgery being delayed because of pressure on beds for non-elective patients.
19. The update also refers to the necessary changes being sought across Kent and Medway in regard to integration with social care.
20. As far as the 2017-19 Operating Plan is concerned, it indicates a focus on year one of the STPs changes and in particular the local care change agenda:
  - a. implementing and supporting governance and organisational arrangements
  - b. ensuring primary care is prepared and resources to take on its extended role by investing £5 per head per practice
  - c. ensuring through collaborative work that services are better placed to support the frail elderly, those of working age with enduring conditions to prevent admission ensuring appropriate placement and support at home
  - d. moving ambulatory care in a range of priority specialities from hospital settings to a locally focused model of care delivery
  - e. remodelling local mental health crisis services
21. Further objectives for the CCG are set out in this document as relevant to national priorities, constitutional targets and specific Ashford CCG priorities.

## **Implications and Risk Assessment**

22. The STP is underpinned by the knowledge that health is primarily determined by factors other than health care. District councils influence many of these factors through delivery of their core functions and through their wider role supporting communities, working with businesses and supporting other service providers. The services that are particularly important in this regard

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<sup>2</sup> <https://www.england.nhs.uk/ourwork/new-care-models/vanguards/care-models/community-sites/encompass/>

for Ashford Borough Council are housing, benefits, environmental health, planning, culture, leisure, and community safety. While the challenge of diminishing public funds is significant, the STP is an opportunity for health and social care to fully recognise the borough council's contribution to wellbeing and build it into the transformation work, collaborating to protect and promote good health.

23. Specific examples of the work undertaken by Ashford Borough Council that directly contribute to wellbeing and are of direct relevance to the STP's object to prevent ill health and desire to bring care closer to home are as follows:

#### *Housing*

- We ensure a supply of quality housing that is critical to good mental and physical health. This includes ensuring our housing provision takes into account our growing and indeed ageing population.
- We work with partners to deliver best housing that is designed to meet specific needs including assisted living and specialist provision in order to facilitate hospital discharge. Farrow Court for example is a fully dementia-friendly housing scheme. Further homes are to be provided including learning disability and recuperative care units, which will enable people leaving hospital to stay there while a care package or adaptations are put in place in their own home.
- We tackle homelessness by providing a range of prevention services and work with partners to tackle the long-term causes.
- We assess individuals for Disabled Facilities Grants which fund adaptations to enable people to stay in their own homes for as long as possible and avoid hospital admissions.
- We provide emergency housing and provide support to those who are rough sleeping.

#### *Environmental health*

- We regulate food safety, and health & safety, investigate food-borne illnesses and infectious diseases, and undertake food hygiene training to reduce illness and prevent accidents.
- We respond to statutory nuisance complaints that can cause considerable mental and physical health problems.
- We monitor air quality, and tackle problem areas thus mitigating the effects on health of poor air quality.
- We ensure compliance with the smokefree legislation.

#### *Leisure services, parks, green spaces, community, and cultural facilities*

- We provide leisure centres, parks, playgrounds and green spaces to enable and encourage physical activity.
- We promote physical activity through club development and supporting locally organised events and programmes.
- We provide community and cultural facilities contributing to mental health and social wellbeing.
- We provide and support arts festivals and cultural programming that contribute to a healthy lifestyle.
- We work closely with and grant aid the voluntary/third sector to develop provision that supports health inequality and promotes better choices for those most vulnerable.

### *Health Promotion*

- We are partners in operating the new One You shop in Ashford Town Centre that provides smoking, health weight and mental health support to our residents.
- We provide smoke-free playgrounds and support public health campaigns aimed at tackling smoking.
- We restrict the advertisement of smoking and alcohol on our public buildings.

### *Community safety*

- We provide a 24/7 public CCTV and lifeline service.
- We work with premises that sell alcohol to promote responsible drinking and reduce the sale of high strength alcohol.
- We tackle alcohol-related anti-social behaviour and crime through partnerships with police, voluntary organisations etc.
- We promote road safety to prevent collisions that kill or seriously injure.
- We provide support for domestic abuse preventative work including employing our own Domestic Abuse Coordinator.
- We provide grants to community groups engaged in wellbeing projects and administer grants from other agencies e.g. supporting families programme and Police and Crime Commissioner.

### *Employment and welfare*

- We work with business to provide the right local conditions for growth and reducing unemployment which can be a symptom and cause of poor health. This includes direct and significant financial investment in Ashford town centre.
- We process housing benefit and council tax support, and signpost individuals to debt advice, credit unions and budgeting help.
- We work with the county council to deliver the Troubled Families Programme, providing intensive support to families to reduce school truancy, crime and anti-social behaviour, and support family members into employment.
- We employ Welfare Intervention Officers whose work includes supporting those with health and mental health problems. Welfare, employment and benefits advice and support provided to reduce inequalities.

### *Planning*

- We promote health and wellbeing by requiring new developments to provide green spaces and routes that encourage Active Travel i.e. walking and cycling.
- We promote access to public transport and proximity to amenities.
- We ensure our long-term local plans support health and wellbeing, securing local infrastructure and investment.

24. Whilst the above list is by no means exhaustive but it does illustrates the opportunities that are available to prevent ill health and to support people to live or be treated independently at home and thus reduce demand on health and social care services. This must be recognised and actively pursued as the STP develops and detailed service decisions are made.



25. The STP highlights opportunities available to optimise the health and social care estate. It is important for any spatial estate strategies to work in synergy with the council's developing local plan and other stakeholders' infrastructure provision. This is vital with regard to health and social care for established communities but also our newly developing communities such as Chilmington Green. Local planning needs to ensure that health and well-being objectives are reflected in planning policies in both Local and Neighbourhood Plans. Crucially, this also includes the ability for the planning system to help deliver the health infrastructure necessary to support new and existing communities in line with new models of health service provision. The goal is to promote healthy communities and embed those principles into the design of new developments. The input from health providers and commissioners is key to providing a robust and joined-up strategic and operational approach and the opportunity to build and strengthen partnership and communications with the council to help realise this objective should be taken forward.
26. As well as responding to and supporting a growing population, it is vital to ensure that services respond specifically to the increasing elderly demographic. The transformation is an opportunity to make this happen. This is particularly relevant to the council's work with partners to deliver the best housing choices for older people, and others requiring supported housing, in well-designed accommodation that meets their needs.
27. The council's housing options team work closely with the mental health services to try to ensure a smooth transition from hospital or to respond to homelessness issues relevant to hospital discharge. There is, however, scope to broaden this work and to work more collaboratively over planned hospital discharge procedures where a housing or homelessness issue may delay or prevent discharge from hospital or where discharge presents a pressure on the homelessness service.
28. There is no specific resource implication identified for the council at this point in time, not least because there is so little detail within the STP as to what is actually going to change. The cost of health and social care at a macro economic level does of course have significant public sector implications that will affect our council as it will others around the country.
29. More locally the decisions made by our health and social care colleagues will be critical in terms of ensuring appropriate care for our growing population and also in regard to the provision of services for our new and developing communities. The council has a key role to play in terms of its wider public health responsibilities e.g. supporting growth, provision of secure and appropriate housing, promotion of active and healthy communities, and protection of the environment.
30. Finally, while closing shortfalls in NHS finances is clearly necessary, there is a risk that the new care models that have prevention at their heart are unlikely to deliver short-term savings and thus be side-lined.

## **Equalities Impact Assessment**

31. Not applicable.

## Consultation Planned or Undertaken

32. There has been considerable consultation by the NHS, social care and public health in Kent and Medway over recent months regarding the STP<sup>3, 4</sup>. This is continuing with many opportunities for the public to engage with the process. A commitment has been given that at the appropriate time there will be full public consultation about any substantial changes proposed. The STP indicates that work is on going to develop and evaluate potential opportunities before public consultation from June 2017.
33. The STP is regularly discussed locally at the Ashford Health & Wellbeing Board with presentations being provided over recent months by the CCG and East Kent Hospitals University NHS Foundation Trust. The most recent update being the presentation to the Ashford Health & Wellbeing Board mentioned earlier in this report.
34. At county level, the Kent Health & Wellbeing Board and the KCC Health Overview & Scrutiny Committee have regularly debated the STP. This work will continue as the plans are developed and the transformation programme becomes clear.
35. A key priority moving forward will be for the STP leaders to strengthen involvement in the content of the plans, particularly as they move into making recommendations and subsequent implementation. The local authority has a role to play in this and the CCG have given a commitment to work with the Ashford Health & Wellbeing Board and to keep the council informed of the changes as and when more information becomes available.

## Other Options Considered

36. Not applicable.

## Reasons for Supporting Option Recommended

37. The council recognises the importance of the STP to us all at both a professional and personal level. It wishes to work with health and social care leaders in order to design and deliver the best possible integrated and collaborative services.

## Next Steps in Process

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<sup>3</sup> Transforming health and social care in Kent and Medway – updated November 2016 - [http://www.kent.gov.uk/\\_\\_data/assets/pdf\\_file/0017/65204/The-core-narrative-STP.pdf](http://www.kent.gov.uk/__data/assets/pdf_file/0017/65204/The-core-narrative-STP.pdf)

<sup>4</sup> Better health and care in east Kent: Time to change - <http://eastkent.nhs.uk/wp-content/uploads/2016/08/East-Kent-Better-health-and-care-online-leaflet.pdf>

38. There are no specific actions identified in this report for the council. Officers will continue to work with local leaders on the development of the STP and subsequent implementation. Members are encouraged to participate in the STP process and, when possible, influence the transformation of local health and social care services for Ashford. Engagement with the three local Community Networks is emphasised. Further details on how to do this are provided at <http://www.ashfordccg.nhs.uk/get-involved/>.

## Conclusion

39. The need for radical change is clear in order to face what are significant health and social care challenges. There is widespread support for the integration approach, a commitment to collaborative working, and support for the emphasis placed on prevention.

## Portfolio Holder's Views

40. *As Portfolio Holder for wellbeing I take an active interest in the development of the health and social care issues affecting our constituents. While the STP highlights significant challenges it also offers ambitious alternatives which are focused on improving the services provided. We will continue to work with NHS and social care leaders in Kent as the plans develop and encourage consultation to ensure that no changes to the services people currently receive will be made without local engagement and, where required, formal public consultation.*

Cllr Brad Bradford – Portfolio Holder for Highways, Wellbeing and Safety

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