

## Communities, Housing & Environment Committee

13<sup>th</sup> December 2016

Is the final decision on the recommendations in this report to be made at this meeting?

**Yes**

### Kent and Medway Health and Social Care Sustainability and Transformation Plan (STP)

<b>Final Decision-Maker</b>	Communities, Housing & Environment Committee
<b>Lead Head of Service</b>	John Littlemore, Head of Housing and Community Services
<b>Lead Officer and Report Author</b>	Paul Clarke, Healthy Lifestyle Commissioning Officer
<b>Classification</b>	Public
<b>Wards affected</b>	Borough

#### **This report makes the following recommendations to this Committee:**

1. The Committee notes the progress made on the Sustainability and Transformation Plan (STP) reflected in this report
2. The Committee agrees that the council responds to the online survey and in addition writes to the STP team to provide a more comprehensive response in line with the issues set out under sections 2.14 and 2.15 of this report.

#### **This report relates to the following corporate priorities:**

- **Keeping Maidstone Borough an attractive place for all:** The Kent and Medway Health and Social Care STP developed by NHS, social care and public health leaders encourages good health and wellbeing for residents across the region by preventing ill health, intervening earlier and having excellent care wherever it is delivered.
- **Securing a successful economy for Maidstone:** Prevention of ill health through good health and wellbeing and improved self-care are key aims of the STP which are supported by all of MBC's action areas which focus on the wider determinants of health including ensuring there are good leisure and cultural attractions, securing improvements to the transport infrastructure, promoting a range of employment opportunities and skills required and planning for sufficient homes to meet our Borough's needs.

#### **Timetable**

<b>Meeting</b>	<b>Date</b>
Communities Housing and Environment Committee	13 <sup>th</sup> December 2016

# Kent and Medway Health and Social Care Sustainability and Transformation Plan (STP)

## 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The purpose of this report is to update the Communities Housing and Environment Committee on the draft Kent and Medway Health and Social Care STP. The report identifies any gaps in the STP, the implications of the proposed changes in terms of the impact for Maidstone Borough residents and how best the council can contribute.

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## 2. INTRODUCTION AND BACKGROUND

2.1 Across Kent and Medway, health and social care have £3.4billion in funding but overspent by £141million in 2014/15. Without change, there could be a gap in funding of £486million by 2020/21.

2.2 Successful delivery of the vision set out in the initial STP will mean an expected balanced budget by 2020/21 with the exception of £29million, which is the expected annual cost of the health services required by the expanded population of the new town at Ebbsfleet. Additional funds will be sought for this.

2.3 Currently in Kent and Medway (See Appendices for further information):

- 4,000 people die early as a result of diseases which are mostly preventable.
- 240,000 people over 50 are living with long-term disability, largely as the result of health conditions. Often this could be avoided or delayed if people were more active or made other lifestyle changes.
- Around one in four people who are in hospital beds at any given time could be at home or cared for elsewhere. (This varies depending on area). For older people this negatively impacts on their recovery - 10 days in hospital (whether it is an acute (main) or community hospital) leads to the equivalent of 10 years' ageing in the muscles of people over 80.
- Population projected to grow by 5% ( $\approx$  89,000 people) over the next five years, with uneven growth across the patch putting pressures on some parts of the system.
- Significant housing growth e.g. Ebbsfleet and Maidstone, requires planning in order to meet the additional demand for health and care services.

2.4 As part of the initial draft Sustainability and Transformation Plan, 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.

**2.5** The 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.

**2.6** The STP is aiming to 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.

**2.7** 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.

**2.8** The transformation plan will aim at bringing a shift in where and how care is delivered. It builds on conversations held with local people about the care they want and need and has the patient at its heart:

2.8.1 The 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.

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

Local Care infrastructure		Description	Population served
GP practices		<ul style="list-style-type: none"> <li>Individual GP practices providing limited range of services</li> <li>Many working well at scale, others struggling with small scale and related issues incl. workforce</li> </ul>	<ul style="list-style-type: none"> <li>Various</li> </ul>
Tier 1 Extended Practices with community and social care wrapped around		<ul style="list-style-type: none"> <li>Larger scale general practices or informal federations</li> <li>Providing enhanced in-hours primary care and enable more evening and weekend appointments.</li> </ul>	<ul style="list-style-type: none"> <li>20 – 60k</li> </ul>
Tier 2 MCPs/PACS based around community hubs		<ul style="list-style-type: none"> <li>Multi-disciplinary teams delivering physical and mental health services locally at greater scale</li> <li>Seven day integrated health and social care</li> </ul>	<ul style="list-style-type: none"> <li>50 – 200k</li> </ul>

## 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

2.8.2 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 integrated services in the home and in the community.

2.8.3 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 pressures on the availability of hospital beds. Reducing the number of beds in main hospitals by 10 percent.

2.8.4 This means there is a commitment to a Kent and Medway-wide strategy for **Hospital Care**, which will provide high-quality specialist services at scale and also consider opportunities to optimise services and estate footprints as the landscape of care provision becomes more local.

2.8.5 Work is ongoing to surface potential opportunities and evaluate them ahead of public consultation from June 2017

**2.9** The STP aims to maximise value of one public estate by:

- Releasing capacity that is surplus to needs from reduction in beds and release of unnecessary estate and invest in housing and community facilities.
- Maximising colocation of professionals in hubs to facilitate 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.

**2.10** The STP aims for a radical transformation in the population's health and wellbeing, the quality of care, and the sustainability of the system by targeting interventions in four areas:

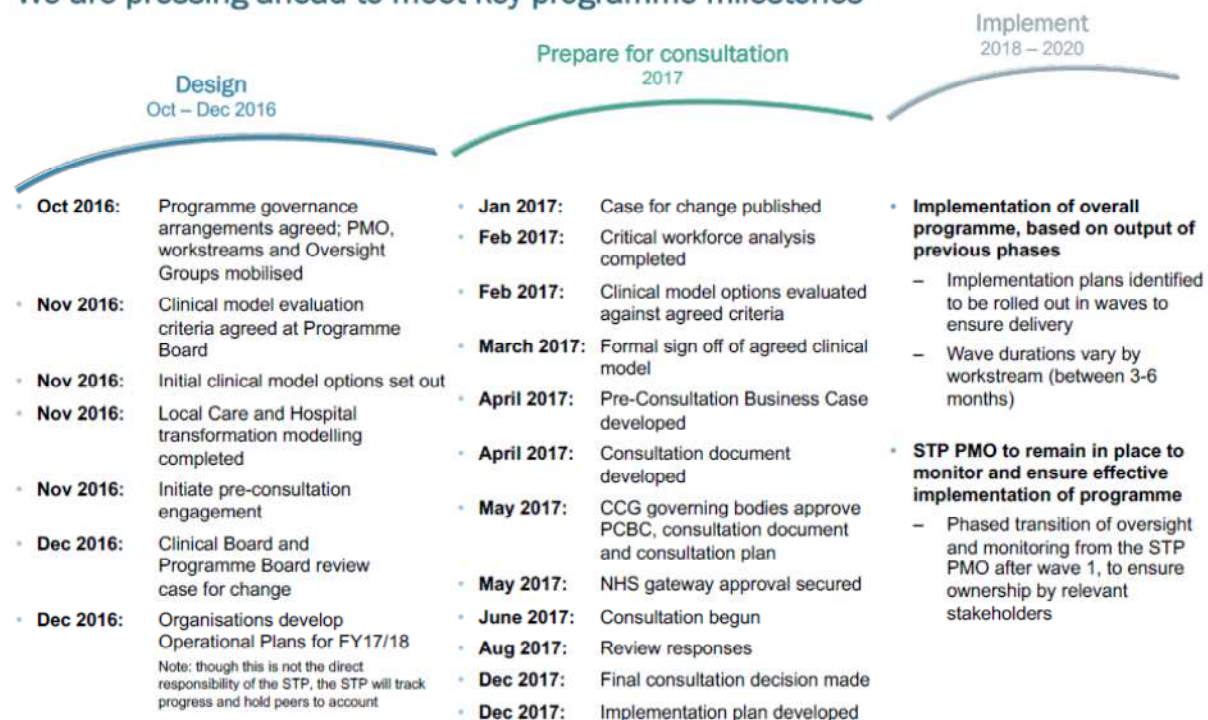
- **Care Transformation:** Preventing ill health, intervening earlier, local care, hospital care and mental health
- **Productivity:** Maximising synergies and efficiencies in shared services, procurement and prescribing
- **Enablers:** Investing in estates, digital infrastructure and the workforce needed to underpin a high-performing system
- **System Leadership:** Developing the commissioner and provider structures which will unlock greater scale and impact

**2.11** The STP enlists 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. The aims of the prevention programme include:

- Treating both physical and mental health issues at the same time and effectively
- Concentrating 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.

## 2.12 Timeline of STP:

We are pressing ahead to meet key programme milestones



## 2.13 Implications of the proposed changes on our community:

2.13.1 People will be able to access more services in their community and at home, with more support for frail elderly people and people with complex needs, including those reaching the end of their lives whenever possible to maximise their quality of life. Health and social care teams will support people at home, providing care, treatment

and support around-the-clock, including in crisis and will be based in GP practices and hubs.

- 2.13.2 There will be a reduction in the number of hospital beds.
- 2.13.3 People will be encouraged to take charge of their own 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. It is unclear what systems and training will be in place to take this approach effectively.
- 2.13.4 Some services which are currently delivered through individual GP surgeries will be moved into an extended practice or hub. Individual GP practices will provide a limited range of services from what they currently deliver. In West Kent there are currently 62 GP practices which will go to 9 extended practices with 3-5 hubs.
- 2.13.5 People will be supported to leave hospital as soon as they are medically fit.
- 2.13.6 Health and social care professionals will come together to work as a single team for a local area and will be able to access records 24 hours a day (with client consent).
- 2.13.7 Patient experience to be improved through digital initiatives such as;
  - Health and care professionals having immediate access to all relevant information about a patient's care, treatment diagnostics and previous history, for all patients across Kent
  - 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
  - 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, to virtual consultations, online assessments and diagnostic systems, and advice on apps to monitor own health. There are no details as to how and if those who are unable to access the digital resources will be supported. This is important when considering health inequalities.
- 2.13.8 Increased services to prevent and manage long-term health conditions such as diabetes and lung disease.
- 2.13.9 It is intended that every part of Kent and Medway will have access to more specialist and out of hours service, provided by a hub which includes services around:
  - 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 phone or 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.

2.13.10 Mental health will be an integral part of local care. There will be 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.

2.13.11 There are plans to develop a Kent and Medway Medical School for both undergraduate and post-graduate education.

## **2.14 Gaps within the STP:**

2.14.1 Whilst reducing health inequalities is an aim of the STP there is no detail as to how this will be implemented. Proportional universalism should be applied where Health and Social Care services are focused more in areas of greater health inequality.

2.14.2 Whilst reducing health inequalities is an aim of the STP there is no detail as to how this will be implemented. There is no detail as to whether this means that proportional universalism will be applied where Health and Social Care services are focused more in areas of greater health inequality.

2.14.3 District/Borough Councils have not been involved so far in the development of STP, which is remiss for a number of key reasons:

- The vision of the STP is to improve health and wellbeing for the population, reducing their need for health and care services. However the transformation focus is still almost entirely on health and social care services which is unlikely to decrease the burden of use but risks moving people into other parts of the system. Health is primarily determined by factors other than health care such as the environment in which people live and good quality employment. District and Borough councils are in a good position to influence many of these factors through their key functions and in their wider role supporting communities and influencing other bodies.
- The importance district councils have in place shaping, active travel, access to leisure facilities and green spaces, access to a

clean and safe environment, environmental enforcement, quality housing and regeneration and employment.

- The effect the STP will have on our residents and communities.
- To shift the focus of STP towards primary prevention more than secondary and tertiary.
- There will be an increase of tier 2 weight management programmes from 2,348 across Kent and Medway to 10,000. This is still a small number and other strategies/areas of focus are needed to reduce obesity and the burden on health and social care. In Kent alone (excluding Medway) there are 771,476 people aged 16+ estimated to be overweight or obese which is 64.6% of the adult population (Kent 'Healthy Weight' JSNA Chapter Summary Update 2014/15). To significantly reduce the pressure on health and social care a whole system response to obesity is required which includes transport, the built environment, housing leisure, licensing and a range of other key drivers. Many of these factors are beyond the reach of health and social care but not district/borough councils.

2.14.4 There is no mention of the wider determinants of health or place shaping both of which are key in determining the health of the population.

2.14.5 The focus on prevention includes increasing awareness, uptake and capacity of health improvement services including weight management, stop smoking and some community services (social prescribing). More detail is required:

- Will the increase in capacity of tier 2 weight management programmes (from 2,348 to 10,000 a year across Kent and Medway) mean more funding will be available? Particularly as many of the programmes such as those in Maidstone have often run at capacity.
- Will community programmes which will be signposted through the social prescribing agenda be able to support an increase in capacity without additional resources? If capacity is reached and there are long waiting lists, how will people's expectations and motivations be managed?

2.14.6 Behaviour change is an important element within the STP. There is no detail as to whether training will be in place for NHS and the wider workforce to deliver and ensure behaviour change techniques are used correctly. Changing behaviour of an individual or a group is a skill. This is particularly important as signposting may not always be appropriate given the limited capacity of health improvement services and that shifting patient responsibility for their own health is a key aim.

2.14.7 There is little explanation on how and if the STP will link in and help shape the new Kent Adult Lifestyle Service.

2.14.8 There is a need to understand what incentives organisations who can support the objectives of the STP will gain from this given the



cost benefits will be seen within Health and Social care and not within their own organisations.

2.14.9 More information is needed on the workplace health initiatives that will be delivered. Are these going to build upon the Kent Healthy Business Awards which have already been a success in Maidstone and if so will there be more resources?

## **2.15 How the council can best contribute to the STP to bring about positive changes for our community**

2.15.1 Prevention of ill health and self-care are key aims of the STP. Health is primarily determined by factors other than health care such as the environment in which people live and employment. The council can play the key role in primary prevention ensuring all our actions have a positive effect on health through tackling the wider determinants of health (Planning, Parks and Leisure, Economic Development, Licensing, Community Safety, Housing, Environmental Health etc.) which are primarily beyond the reach of health and social care. We also have a key role in place-shaping.

2.15.2 The Borough Council could also support specific parts of the STP through its various services and functions including:

- Supporting Hospital Discharge, particularly Housing Services and Homeless Prevention.
- Supporting to reduce attendances at Accident and Emergency departments, and emergency admissions to hospital beds. Through Community Safety Unit (CSU)(e.g. urban blue bus), Housing services etc.
- Support workplace health initiatives through the Kent Healthy Business Awards and Regeneration and Economic Development Service. We are in a key position to support the STP through this given the success in Maidstone of the Kent Healthy Business Awards and also the key connections and influence we have with local businesses through the Regeneration and Economic Development Service.
- Communications to provide health messages to the general public.
- Planning to support STP around Health and Social Care one public estate particularly around investing in housing and community facilities. Development of new services in community locations will mean the council will need to be involved.
- Health Improvement Services currently delivered by council.

Given the financial constraints facing the Council, any such support would be dependent on the availability of additional funding.

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## **3. AVAILABLE OPTIONS**

3.1 The Committee can choose not to act at all as Maidstone Borough Council does not have a statutory responsibility for Health. However, this would

mean the Council foregoing the opportunity to influence the formation of the local STP which will have an impact on the health, care and wellbeing of our residents and communities.

- 3.2 To consider the progress made on the STP reflected in this report and send a council response to the STP team via the online survey before the 23<sup>rd</sup> of December 2016.
- 3.3 To complete option 3.2 but recognise the limited scope of the online survey to provide a full and comprehensive response on behalf of the council. Therefore in addition to provide a formal comprehensive response on behalf of Maidstone Borough Council to be agreed with the Chairman and Vice Chairman of the CHE Committee.

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#### **4. PREFERRED OPTION AND REASONS FOR RECOMMENDATIONS**

- 4.1 The preferred option is contained in paragraph 3.3, as this proposal will allow the council to provide a comprehensive response to the STP team.
- 4.2 A more formal response will enable the council to demonstrate the importance of being in a position to influence factors which determine our residents' health, many of which are beyond the reach of the NHS and Social Care and that the council should therefore be involved as a key partner in the formation of the STP. This will ensure better outcomes for our residents and in the long-term reduce the financial burden on services.

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#### **5. CONSULTATION RESULTS AND PREVIOUS COMMITTEE FEEDBACK**

- 5.1 There has been no consultation specifically on the STP. Consultations have taken place to demonstrate the importance of borough council's involvement in the public health on the following dates:
  - Wider Leadership Team Workshop: Tuesday 13<sup>th</sup> September 2016. Following this session, Heads of Service were requested to nominate a health champion for their area.
  - Members Workshop: Monday 17<sup>th</sup> October 2016.

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#### **6. NEXT STEPS: COMMUNICATION AND IMPLEMENTATION OF THE DECISION**

- 6.1 Following the decision of the Committee, should the recommendations be accepted a letter will be drafted based on the assessments within this report and signed off by the Chair and Vice Chair of the CHE Committee to go to the STP team.
  - 6.2 There will be a Council response to the online survey before the 23<sup>rd</sup> of December based on the assessments within this report.
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## 7. CROSS-CUTTING ISSUES AND IMPLICATIONS

Issue	Implications	Sign-off
<b>Impact on Corporate Priorities</b>	The STP contributes to the delivery of the Strategic Plan priorities: Keeping Maidstone an attractive place for all and Securing a successful economy for the Maidstone Borough.	Head of Housing and Community Services
<b>Risk Management</b>	Not being involved in the health agenda would carry the risk that the Council is unable to influence matters relating to the health and wellbeing of its communities.	Head of Housing and Community Services
<b>Financial</b>	There are no direct financial implications involved relating to this report.  However, this may change should the council become involved in the formulation and then delivery of the STP.	Section 151 Officer and Finance Team
<b>Staffing</b>	There are no staffing implications involved relating to this report.	Head of HR Shared Service
<b>Legal</b>	There are no legal implications identified in this report.	Interim Deputy Head of Legal Partnership
<b>Equality Impact Needs Assessment</b>	None	Policy & Information Manager
<b>Environmental/Sustainable Development</b>	None.	
<b>Community Safety</b>	None.	
<b>Human Rights Act</b>	None.	
<b>Procurement</b>	None	
<b>Asset Management</b>	None	

## 8. REPORT APPENDICES

The following documents are to be published with this report and form part of the report:

- Appendix 1: Letter from health and social care leaders across the NHS  
[https://gallery.mailchimp.com/02839480f06ca808cd31129a4/files/STP\\_coving\\_letter\\_23\\_November\\_2016.pdf](https://gallery.mailchimp.com/02839480f06ca808cd31129a4/files/STP_coving_letter_23_November_2016.pdf)
  - Appendix 2: Transforming health and social care in Kent and Medway: Summary version  
[https://gallery.mailchimp.com/02839480f06ca808cd31129a4/files/Transforming\\_health\\_and\\_social\\_care\\_in\\_Kent\\_and\\_Medway\\_updated\\_Nov\\_2016.pdf](https://gallery.mailchimp.com/02839480f06ca808cd31129a4/files/Transforming_health_and_social_care_in_Kent_and_Medway_updated_Nov_2016.pdf)
  - Appendix 3: The Sustainability and Transformation Plan in Full  
[https://gallery.mailchimp.com/02839480f06ca808cd31129a4/files/20161021\\_Kent\\_and\\_Medway\\_STP\\_draft\\_as\\_submitted\\_ii.pdf](https://gallery.mailchimp.com/02839480f06ca808cd31129a4/files/20161021_Kent_and_Medway_STP_draft_as_submitted_ii.pdf)
  - Appendix 4: Sustainability and Transformation Plan summary slides  
[https://gallery.mailchimp.com/02839480f06ca808cd31129a4/files/Summary\\_slides\\_20161122.pdf](https://gallery.mailchimp.com/02839480f06ca808cd31129a4/files/Summary_slides_20161122.pdf)
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