

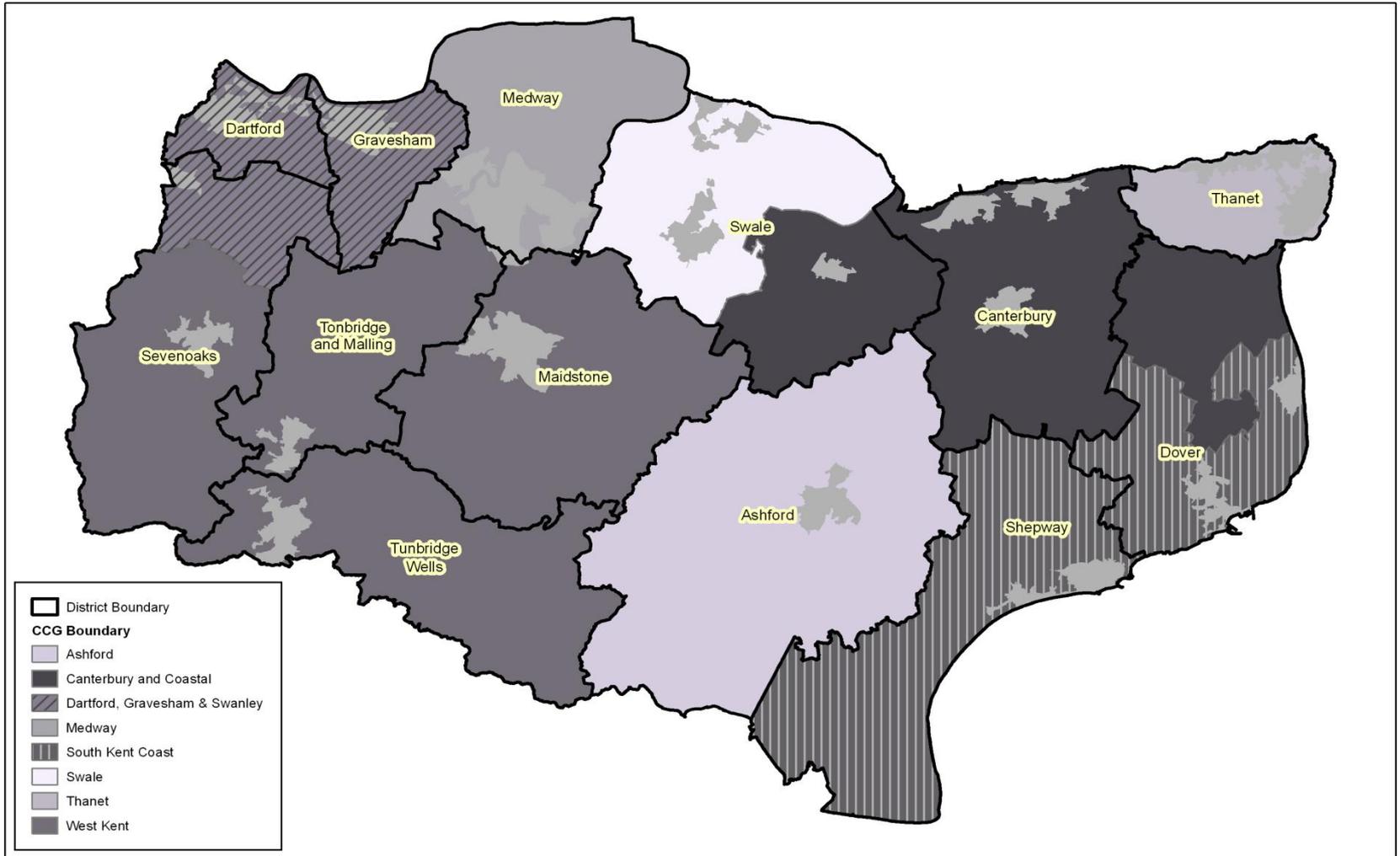
Devolution, Health & Social Care in Kent

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Cabinet Member for Education & Health Reform**

20th April 2016

The Kent and Medway Landscape



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Kent
County
Council



National Drivers

The Five Year Forward View

New Care Models

The “Triple Integration” – Primary and Acute care, Commissioning and Providers, Mental and Physical health

Comprehensive Spending Review:

- £8.4bn funding increase for NHS England by 2020/21.
- Front-loaded: £3.8bn in 2016/17.

Better Care Fund:

- Minimum of £3.9bn in 2016/17.
- Agreed plan for integrating health and social care by March 2017.
- ‘Graduating’ beyond the BCF.

Sustainability and Transformation Plans:

- Broader planning ‘footprint’ than CCGs.
 - Covering area plans October 2016 – March 2021.
 - Involvement of Local Authorities and NHS providers.
 - Frames access to Sustainability and Transformation Fund (£2.14bn in 2016/17).
 - Prioritises sustainability of provider sector before transformation.
 - One-year operational plans for 2016/17 linking with STPs.
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Transformation of Health and Social Care



FIVE YEAR FORWARD VIEW WHAT WILL THE FUTURE LOOK LIKE? NEW MODELS OF CARE

EMERGING MODELS



KENT
20 GPs & 150 staff operate from 3 sites to provide services that are traditionally done in hospital. Proving care for patients, closer to home.



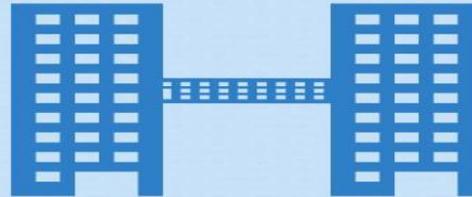
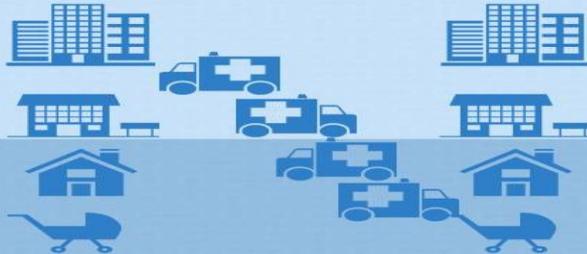
AIREDALE
Nursing & residential homes have videolink to consultants for acute & routine care. A&E attendance down 53% & admissions by 35%



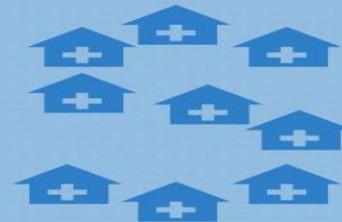
ROTHERHAM
GPs & Community Matrons, sign post to voluntary sector with 'social prescriptions'. Resulting in reduction in A&E visits and admissions.



LONDON
GPs and social services collaborate to improve care. Reduction in patients moving to nursing homes. Savings for both health & social care



SECONDARY CARE
PRIMARY CARE



VERTICAL INTEGRATION - PRIMARY & ACUTE CARE CARE SYSTEMS (PACS)
Lead by hospital's. Can run GP practices. Accountability for health of population

HORIZONTAL INTEGRATION - MULTISPECIALTY COMMUNITY PROVIDER (MCP)
Lead by network of GP practices. Employing consultants and community staff. Run community hospitals.



SPECIALIST CARE
In London, reduction in stroke units from 32 to 8 resulted in 17% reduction in mortality and 7% reduction in hospital stay. Need to explore other clinical areas.



COMMUNITY HOSPITALS
Link admin with community hospitals. Specialist services eg Moorfields has 23 locations. Integrate with primary care



CARE HOMES
1/6 aged over 85 are in care home. Increasing elderly population. Care is better provided at home. Integration with social service [Better Care Fund]



SPECIALIST CARE
Birth rate is highest for 40 years. 75% of women want to deliver at home but 15% do so. Support choice for women, commission a review. Easier for groups of midwives to set up services.



URGENT CARE NETWORKS
Increasing demand, 100m calls / visits annually. More use of GPs, Pharmacies, Mental Health. 7 day working for hospitals. Supporting clinical triage.

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Health and Social Care Integration in Kent

Kent is developing integration across the County to deliver the transformation required by the Five Year Forward View and other national drivers including:

Two Vanguards:

Estuary View, Whitstable – Multi-specialty Community Provider

Dartford and Gravesham NHS Trust with Guy's and St. Thomas' – Acute Care Collaboration. Foundation Healthcare Group

The Kent (and now Medway) Health and Social Care Integration Pioneer Programme

And a number of other key developments:

Prime Minister's Challenge Fund (South Kent Coast)

Healthy New Towns initiative in Ebbsfleet

Integrated Discharge Teams (North Kent)

Health and Social Care Integration in Kent (ctd)

Community Networks (Ashford and Canterbury)

Integrated Care Organisations (Thanet, South Kent Coast)

Urgent and Emergency Care Strategy.

Integrated commissioning between NHS and KCC – e.g. learning disabilities, mental health

Year of Care tariffs and Kent Integrated Data Set

Care Plan Management System and Electronic Shared Care Plans (West Kent)

Kent is committed to achieving the integration and transformation required by 2020, delivered through the STP.

The Devo Question is what can Devolution add to this ?

Devolution or Local Leadership ?

Devolution deals across England have included Health and Social Care elements e.g.:

Greater Manchester

April 2016, new Partnership Board to control £6bn combined health and social care budget.
5-year strategic plan.
£450m transformation fund (up to 2021).

North-East England

Commission to review scope of GM style health devolution.
Northumbria – Integrated Care through a Primary and Acute Care System.

London

Collaboration agreement to pursue transformation at three levels – local, sub-regional, pan-London.
Five pilots concentrating on different aspects of system transformation.

In reality all of these developments can be achieved through existing powers and mechanisms.

The Devolution Question

Health and Social Care are usually part of a much bigger “Devo Deal” that focusses on a number of other priorities such as economic growth, transport, housing etc.

The Devolution situation in Kent and Medway is still evolving and the final form of any “Devo Kent” is still very unclear, if it happens at all.

Our priorities are to ensure that:

Devolution discussions do not divert attention and energy from the integration and transformation we are developing

Any arrangements we make to develop integration are able to be incorporated into any Devolution proposals that may arise

Devo question now becomes what can we learn from the Devolution deals that will help us deliver integration in Kent ?

Kent Response

The construction and implementation of the STP is critical to ensuring we can meet these priorities

The Kent Health and Wellbeing Board and its partners lobbied robustly for an STP footprint coherent to the County rather than a more regional area whilst recognising the wider interdependencies of some aspects of planning issues – e.g. acute hospital sustainability

Led to achievement of a workable overall footprint of Kent and Medway built on four more local health economies of Medway and North, East and West Kent supported by existing mechanisms such as the North Kent Executive Programme Board and the East Kent Strategy Board

Enables the focus on Kent and Medway to ensure wider system sustainability whilst recognising the local emphasis necessary to develop the transformation of that system

Challenges

Arrangements in Manchester and London may help us design the framework we need to establish but challenges still remain:

Effective leadership of the STP process and implementation

Incorporating the Medway dimension into a system designed for Kent and visa versa

Engaging all partners effectively, especially providers

Finance and resources