

Update from the meeting of the East Kent Programme Board on 8 June 2017

About the East Kent Programme Board

The East Kent Programme Board has been set up by local health and care commissioners to spearhead the drive to determine how best to provide health and care services to the population of east Kent. Its work is part of the wider Sustainability and Transformation Plan (STP) for Kent and Medway.

Comprising all organisations involved in the planning, provision and delivery of health and care services in this area, the Board is an advisory board with a clinical chair. Its membership includes the chief executives and most senior clinicians and leaders of east Kent's NHS and care services. The Board oversees a work programme and advises local health and care commissioners whose role it is to plan the future pattern of services across east Kent.

As of 17 November 2016, the East Kent Programme Board has a new and formalised role within the governance structure of the Kent and Medway STP. This allows the Board to build on the work it has done at an east Kent level with colleagues in health and social care across Kent and Medway.

The following themes were discussed at the meeting:

Clarity of purpose

The Chair set out a clear purpose for the meeting.

- To ensure alignment around progress to date and forward plan to transformation which includes consultation for East Kent acute services reconfiguration
- To agree ways of working between all partners to ensure all parties are appropriately involved as the work develops.

It was agreed that the East Kent Programme Board was a forum to unlock silos and to facilitate work across organisational boundaries. There was alignment around shared goals and continued commitment to work together to promote health and wellbeing and reduce health inequalities, and to improve hospital and local (out of hospital, including health and social care) services for people in east Kent, working within the available funding.

Hospital care workstream update

The board received an update on the work of the hospital care workstream, where the priority focus is on urgent and emergency care, acute medical care and elective orthopaedic services in east Kent, and stroke and vascular services across the whole of Kent and Medway. These services have been assessed as most in need of change to make sure they consistently meet national quality standards. Kent and Medway currently has the worst outcomes for stroke in the country and work continues with focus around proposals to develop hyper acute stroke units to offer more concentrated specialist care in the critical first 72 hours after a stroke. The work in east Kent continues with the development of a model of care based on Sir Bruce Keogh's clinical model for urgent and emergency care. The emerging proposal is to establish a major emergency centre with specialist services; an emergency centre and a medical emergency centre, creating a sustainable model across all three of the main EKHUFT hospital sites. This proposed model of care, and hurdle criteria to apply to a long list of options, has been discussed widely, including with the South East Clinical Senate. Patients and the public are being asked for their views on the model of care at a series of listening events in June and July. Hurdle criteria were discussed with patients and the public at a series of events in the Spring of this year.



The East Kent Programme Board member organisations include:

NHS South Kent Coast CCG; NHS Canterbury and Coastal CCG; NHS Ashford CCG; NHS Thanet CCG; East Kent Hospitals University NHS Foundation Trust; Kent Community Health NHS Foundation Trust; Kent & Medway NHS and Social Care Partnership Trust; South East Coast Ambulance NHS Foundation Trust; and Kent County Council.

In terms of process, once the hurdle criteria have been applied to create a medium list of options there will be a specific Clinical Board meeting to identify and discuss clinical interdependencies between the different service options (acute medical, urgent and emergency and elective orthopaedic services in east Kent, and stroke and vascular services across Kent and Medway) and how the options interact with each other to develop a final shortlist of options.

The workstream will be developing a pre-consultation business case which is a necessary pre-requisite before formal consultation can be agreed by the clinical commissioning groups responsible for leading consultation on any proposed service change. Work continues with the CCG governing bodies to establish joint governance arrangements (for example in the form of a joint committee) for consultation.

Progress on delivering local care

Whilst across Kent and Medway there is a collective agreement on the principles and framework for the future of local care, each CCG is responsible for developing and implementing the work locally. The Board received reports on each CCG's individual progress on developing plans for their population in their area.

Thanet has looked at how to increase the population served by practices, the mix of staff required and the implementation of services which support everyone; such as the 'acute response team' which has had a very positive response from patients and staff.

In South Kent Coast all practices have agreed to work together as a single provider/collaborative to offer additional services such as multi-disciplinary teams, hubs or home visiting services. They are currently focusing on bridging the gap between mental health, primary care and secondary care and intend trialling enhanced services for dementia from July/August.

Encompass is the collective of GP practices across Canterbury and Coastal CCG which have established multidisciplinary teams, and agreed five community health operational centres. The EMIS system (for electronic patient records) will provide the connectivity between practices and wider provider services. Currently their focus is on growing the number of 'GPs with special interests' (ie those who specialise in, for example, diabetes or mental health), geriatrician support and increased working with the hospice and voluntary sector. They reported that the WAITLESS app has facilitated a shift of 5% of people from A&E to MIUs in the area.

Ashford CCG have agreed the potential for developing multidisciplinary teams which can be supported via their alliance with KCHFT. They have had success with improved catheter and wound care, better connectivity via EMIS for patient records and reduced A&E admissions due to closer local working. Herne Bay has established their integrated urgent care centre at the Queen Victoria hospital, and are looking at improving ophthalmology services.

There was a debate around whether sufficient local care work was in place (ie at sufficient scale) to increase local capacity enough to allow for changes that need to be made for patients currently in an acute care setting. There was a discussion on the need to develop a single capacity plan for hospital and local care in the round, recognising the ambition to look at pathways of care for the population rather than looking at capacity organisation by organisation. The board agreed it was also 'whole system capacity' that was needed, ie service capacity rather than bed capacity, and recognising the critical importance of social care. All agreed that this was not about a 'send and receive' process from acute to local care, but about developing an holistic approach across the system for patients.



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There was also a discussion on increasing the rate of change, acknowledging that it was 'easier to copy than to invent', learning the lessons from where others have already made progress.

Accountable care system

The board received a brief update on developing an accountable care system within east Kent. A system transformation workstream has been recently established as part of the Kent and Medway sustainability and transformation work programme. The development of accountable care systems will be part of the focus of this workstream.

Digital transformation

An options paper is being developed to look at investment options to support the development of a single care record/Kent care record.

Estates transformation

There isn't yet a full estates strategy for Kent and Medway, although this is a work in progress led by the estates workstream for the Kent and Medway sustainability and transformation work programme. The board received an update on the establishment of an east Kent task and finish group to focus on this and to link in with the 'one public estate' discussions as part of the overarching estates workstream.

For more information about the work of the East Kent Programme Board visit: <http://eastkent.nhs.uk/>

Ends



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