Health and Wellbeing Board

22 September 2016

Kingston Coordinated care progress report and next steps

Report by Executive Head of Adult Care and Chief Officer, Kingston Clinical Commissioning Group

Purpose

To report on progress and seek the Board’s support for proposed next steps.

Recommendations of the Portfolio Holder for Partnerships and the Chair of Kingston Clinical Commissioning Group

To RESOLVE that -

1. the progress made in delivering the Kingston Coordinated Care programme be noted; and

2. the direction of travel in developing a transformed and sustainable health and care system be endorsed

Kingston Coordinated Care progress report and next steps

1. Background

The Kingston Coordinated Care programme brings together a growing number of partner organisations across Kingston including the Royal Borough of Kingston, the Kingston Clinical Commissioning Group, Your Healthcare Community Interest Company, Kingston Hospital NHS Foundation Trust, South West London and St. George’s Mental Health NHS Trust, the voluntary sector, home care agencies and GP Chambers (the federation of Kingston GPs).

The aims of the programme are:

- To support the development of active and supportive communities in which people are enabled to stay healthy and well, living independently as part of a thriving and resilient community

- To develop truly customer-centred care that supports people with complex needs to achieve the best possible quality of life and the goals that matter to them with an increased focus on prevention, proactive care, and self-reliance.

- To create a joint health and care commissioning service that enables a cohesive, streamlined approach to commissioning that meets existing and future needs of people in Kingston and delivers value for money.
2. Summary

The purpose of this report is to provide the Health & Well Being Board with an update on the Kingston Coordinated Care programme 2016/17. The report covers recent activity and next phase key deliverables for the following programme projects: Transformation of Bed-Based Care (nursing and residential), Joint Commissioning Service, New Model of Care, Commissioning & Contracting, Active & Supportive Communities and Joint Finance.

A programme ‘Strategic Integration’ Workshop was held in July, all project leads presented an overview of each workstream, which has been used to create a milestone plan and a risk and issues register for the programme. The milestone plan identifies key decision points linked to the governance of the programme. Project managers are now meeting bi-weekly to maintain the necessary alignment across interdependent projects. There is also an ‘enabling resource plan’ that identifies the support needs from HR/finance/procurement/legal/ ICT /estates that will be required over the life of the programme. The overall programme is now moving at a pace, the joint Commissioning Management Team (CMT) are meeting weekly to monitor project development, problem solve and ensure strategic objectives remain in focus. The biggest challenge that remains is the identification of how significant savings and cost efficiencies will be realised within the required timescales. This is currently being worked through by CMT.

There are three additional projects that are also closely aligned to the KCC programme; Transforming Home Care, All Age Service for People with Learning Difficulties and Kingston Care Passport. These projects are running in parallel and will contribute to the overall objective of providing integrated, sustainable health and social care that supports people to maintain their independence.

3. Project Progress and Next Phase of Delivery

3.1 Transforming Bed-Based Care - Recent Activity

An analysis of current bed-based care capacity and the forecast of future need has been undertaken. The analysis shows the following: the gap in provision in Kingston will be 200 nursing and residential care beds by 2020-21; the steadily increasing costs (a rise of 13% in 14/15-15/16) means an additional budget increase of circa 7.37m-9.05m would be required. By 2020 the majority of older people who require a council funded residential or nursing home place will have dementia. Many will require higher levels of nursing and support. This type of placement is currently the most difficult and expensive placement to find.

This analysis is being used to take a project approach to the delivery of additional bed capacity in Borough. A paper with options and recommendations will go to RBK Adults and Children’s Committee on 29th September. The next phase will be determined by the committee decision on the recommendations which include identification of potential new build sites, investment partners and further assessment of current provision.

Next phase key deliverables:
Commissioning and Procurement Pathways - Oct-Dec 2016 (12 weeks)

- refine and validate analysis
- financial planning to meet cost of projected demand
- identification of potential sites for development
- confirm preferred commissioning pathway
- evaluate procurement options and plan procurement
- prepare specifications (for build/joint venture option this will include shaping the partnership approach).
3.2 Joint Commissioning Service: Recent Activity
The CCG and ASC commissioning teams have been co-located and a new interim Head of Joint Commissioning Service appointed. A culture and skills audit has been undertaken across the new joint commissioning team. Sessions have also been taking place to develop shared values and behaviours for the team. Scoping of the what future commissioning portfolios will need to look like is also being undertaken and will be used to restructure the team. The Head of Service is working with a staff reference team to sense check the recent audits and stakeholder engagement and to further inform the restructuring process.

Next phase key deliverables:
- Resilience training programme for the whole new service implemented
- Outline structure for new service proposed
- Draft change programme in place

3.3 New Model of Care: Recent activity
The Design Team have now completed their action learning and analysis of some of the experiences people have of the current health and social care system. Their work has been written up and development of a new model of care is underway. The principles produced from the ‘Voice of the Customer’ engagement and the findings of the Design Team are being used to develop new care pathways, a single point of access (SAP) and more integrated multi-disciplinary teams (MDTs).

The new model will be closely aligned to Active & Supportive Communities to ensure that people only enter the system and access health and social care services if there is not appropriate alternative support from provision in the community. ‘Attain’ have been commissioned by current providers to write up and describe what the model of care will look like based on further design work undertaken by managers and front-line staff in existing health and social care teams.

Attain presented a draft slide deck at a recent Provider's Group meeting (Your Health Care, Staywell, Kingston Hospital, Mental Health Trust, ASC) with commissioners and SWL NHS also present. Feedback is being prepared commenting on whether the draft model will deliver the principles underpinning the re-design and on the proposed phasing for implementation. Commissioners are coordinating a response back to Attain.

The ‘integration’ and ‘model of care’ project leads are working closely with the ‘transforming home-care’ project to ensure all changes are aligned and continue to focus on keeping people independent and minimising their requirements for service interventions.

Next phase key deliverables:
- Feedback on proposed new model by 7th September, to be discussed at the Programme Delivery Group on 12th September
- Agree principles, model, phasing and timescales for implementation at the Kingston Commissioning Board (14th September) and Programme Delivery Group (26th September)
- Refresh delivery plan

3.4 Commissioning and Contracting: Recent activity
Commissioners hosted two workshops for a range of stakeholders to identify future commissioning outcomes for transforming health and social care services. The outputs are being used for soft market testing prior to moving to a competitive tendering process/ commissioning pathway. A Prior Information Notice (PIN) has been placed on the London Tenders Portal for the
next 6 weeks publicising the intention to engage with potential providers prior to joint re-commissioning. The PIN describes the intention to commission:

- ‘high quality holistic services which are relevant to local needs’
- ‘support the development of active and supportive communities, promoting healthy, independent, resilient and thriving communities’
- ‘develop customer centred care supporting people with complex needs with an increased focus on prevention, proactive care and self-reliance’

**Next phase key deliverables:**
- Scoping workshop to be held to determine services in scope for the re-tendering/commissioning contract proposal
- Work with the Finance Group to identify the cash envelope for future commissioning
- Commissioning pathway and phases to be determined

### 3.5 Active & Supportive Communities: Recent activity

The first performance reports have been received from VCS organisations that have recently been commissioned to work collaboratively to deliver the Active & Supportive Communities outcomes. The new form of reporting, focusing on customer feedback, case studies and testimonials, clearly provides insight into how organisations are making a positive difference to people’s lives and enabling people to maintain their well-being and independence.

Work has started to develop a ‘social prescribing’ model for Kingston that harnesses all the community activity and support in the Borough that people can engage with; this will include the commissioned and non-commissioned VCS offer, self-care and self-management provision, community based public health provision and universal services that offer more adapted opportunities for people with specific needs.

**Next phase key deliverables:**
- Formation of a new ‘Board’ to include GPs and all main stakeholders
- An ‘Asset Map’ of the Borough to identify the potential social prescribing offer
- Exploration of potential ICT platforms and the links to the new model of care’s Single Point of Access
- Exploration of the potential to link a social prescribing offer to GP’s new DXS system
- Exploration of how the new risk stratification tool might be used to target particular groups through social prescribing

### 3.6 Joint Finance Group: Recent activity

Five priority area ‘shadow’ pooled budget arrangements between the CCG and ASC have been put in place as a way of monitoring the ‘what if’s’ over the coming months. The learning from this arrangement will be used to inform S75 for next year and develop risk share agreements for integrated commissioning. Work is on-going to establish the cash envelope for the re-commissioned outcomes based contract.

The Joint Finance Group are undertaking the overall programme budget monitoring to ensure allocated resources come within budget and any additional requirements are identified, prioritised and can be met within the existing unallocated resource.
Next phase key deliverables:
- Work with the Commissioning and Contracting workstream to agree how to model finances for the joint commissioning service and the section 75 agreement for 2017/18 - a joint working group has now been established
- Undertake financial data evaluation for the new model of care
- Continue to monitor KCC Resource plan

Background papers – held by the author of the report, Niki Lewis, Programme Lead, Kingston Co-ordinated Care & Promoting Independence
- KCC PID,
- KCC Business Case,
- KCC Milestone Plan,
- KCC Resource Plan