THE KENT AND MEDWAY SUSTAINABILITY AND TRANSFORMATION PLAN

Integrated Impact Specification

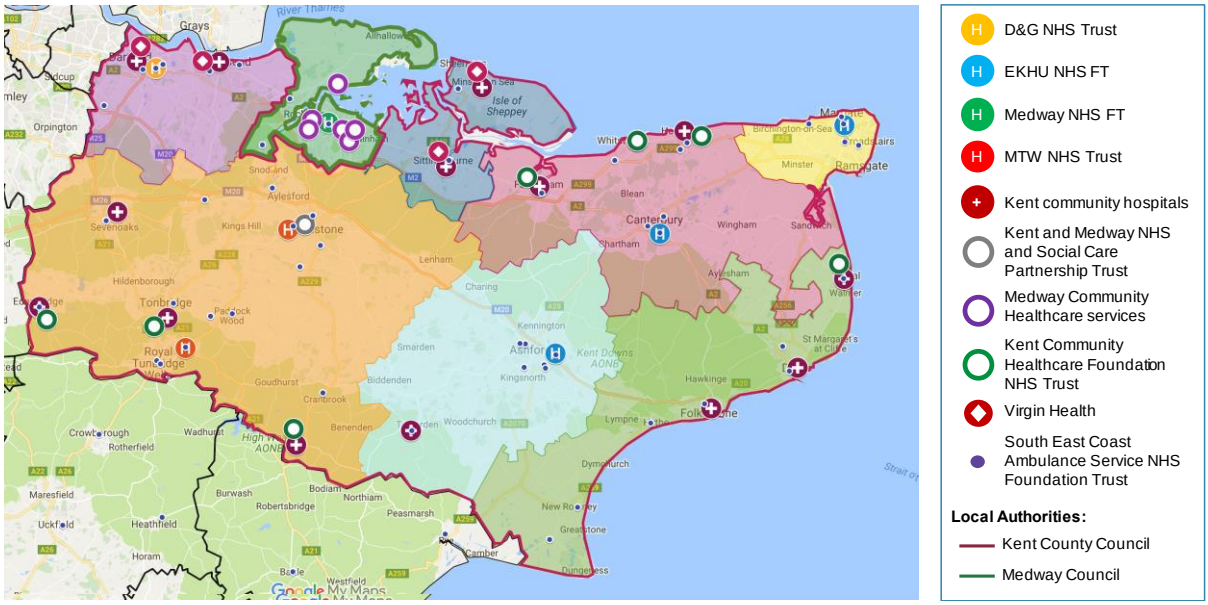
SPECIFICATION / STATEMENT OF REQUIREMENTS

Introduction

1. We are looking for an external supplier to deliver the requirement outlined in this document, namely an integrated impact assessment (IIA), which will be considered and inform the decisions of Kent and Medway Clinical Commissioning Groups ahead of them taking a decision on whether to proceed to public consultation on a number of significant service changes.

Context

2. The Kent and Medway Sustainability and Transformation Plan (STP) covers a population of circa 1.8m, with a health spend of approximately £2.9 billion (which increases to £3.4 billion when social care is included). Kent and Medway is a complex footprint with a significant number of organisations working within in it (as well as home to a diverse population):



3. We need to change the way we deliver care for a wide range of reasons and we have recently published our case for change (http://kentandmedway.nhs.uk/latest-news/kent-medway-case-change-published/). The following reflect some of the drivers:

Health and Wellbeing	• Our population is expected to grow by 414,000 people by 2031. Growth in the number of over 65s is over 4 times greater than those under 65;

	an aging population means increasing demand for health and social care. • There are health inequalities across Kent & Medway; in Thanet, one of the most deprived areas of the county, for example, a woman living in the best ward for life expectancy in Thanet can expect to live almost 22 years longer than a woman in the worst. The main causes of early death are often preventable. • Over 500,000 local people live with long-term health conditions, many of which are preventable. And many of these people have multiple long-term health conditions, dementia or mental ill health.
Quality of Care	• There are over 1,000 people who are in hospital beds who could be cared for elsewhere if services were available. Being in a hospital bed for too long is damaging for patients and increases the risk of them ending up in a care home. • We are struggling to meet performance targets for cancer, dementia and A&E. This means people are not seen as quickly as they should be. • Many of our local hospitals are in 'special measures' because of financial or quality pressures and numerous local nursing and residential homes are rated 'inadequate' or 'requires improvement'.
Sustainability	• At the end of 2015/16 we were overspent by a net £110m and we estimate this will rise to £486m by 20/21 across health and social care if we do nothing. • Our workforce is ageing and we have difficulty recruiting in some areas. This means that senior doctors and nurses are not available all the time and there are high numbers of temporary staff across health and social care. • All of our NHS providers face a number of challenges around their sustainability and in relation to delivering the quality of care we aspire to. East University Hospitals Foundation NHS Trust and South East Coast Ambulance NHS Foundation Trust are in CQC special measures (Medway Foundation NHS Trust has recently come out of CQC special measures). Maidstone and Tunbridge Wells NHS Trust is in financial special measures.

Our strategic intentions

4. Our STP has outlined the transformation we wish to bring about against four themes:

Care Transformation	Preventing ill health, intervening earlier and bringing excellent care closer 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 a high-performing system
System Leadership	Developing the commissioner and provider structures which will unlock greater scale and impact

The following provides a summary of our transformation themes:

<table>
<tr><td>Care Transformation</td><td>We are transforming our care for patients, moving to a model which prevents ill health, intervenes earlier, and delivers excellent, integrated care closer to home.

This clinical transformation will be delivered on four key fronts:

• Prevention: Enlisting public services, employers and the public to support health and wellbeing, with efforts to tackle the future burden of cardio-vascular disease and diabetes
• Local care: A new model of care closer to home for integrated primary, acute, community, mental health and social care
• Hospital transformation: Optimal capacity and quality of specialised general acute, community and mental health beds
• Mental health: Bringing parity of esteem, integrating physical and mental health services, and supporting people to live fuller lives</td></tr>
<tr><td>Productivity</td><td>We can achieve more collectively than we can as individual organisations.

This applies most immediately for Providers in Kent & Medway as they look to realise efficiencies and productivity improvements in non-clinical settings.

Learning the lessons from the Carter Review, we will undertake a programme to identify, quantify and deliver savings through collaborative provider productivity addressing the following priority areas:

Specialties
• Orthopaedics
• Care of the Elderly
• Urgent & Emergency care
• Obstetrics & Gynaecology
• Community Paediatrics

Cost Centres
• Temporary Staffing
• Supplies and services
• Corporate and back-office
• Medications
• Pathology
• Estates</td></tr>
<tr><td>Enablers</td><td>We need to develop three strategic priorities to enable the delivery of our transformation:

• Workforce: Transforming our ability to recruit, inspire and retain the skilled health and care workers we need to deliver high-quality services – including partnership with local universities to develop a medical school
• Digital: Unifying four local digital roadmaps within a single Kent and</td></tr>
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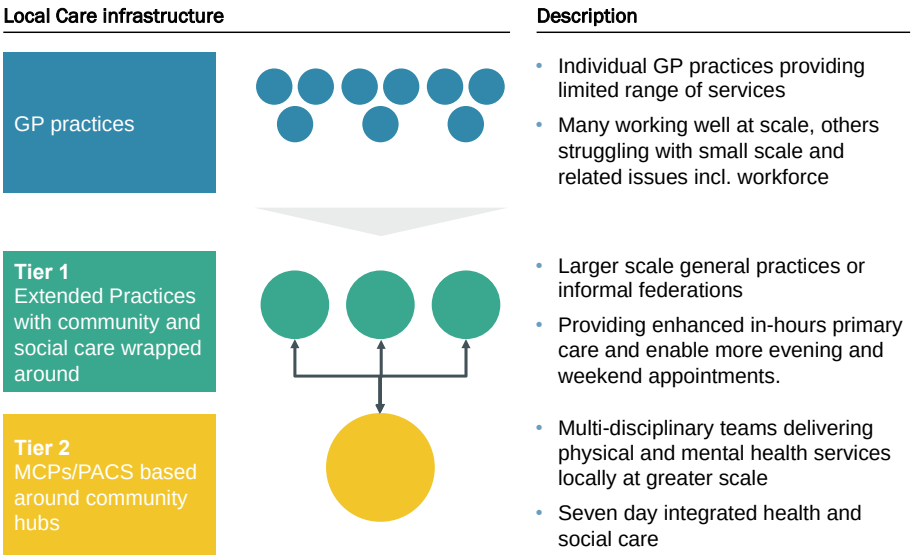
	Medway digital framework, which both informs and is informed by the strategic clinical models we are implementing • **Estates:** Achieving 'One Public Estate' by working across health organisations and local authorities to find efficiencies, deliver new models of care, and develop innovative ways of financing a step change in our estate footprint
System Leadership	A critical success factor of this programme will be system leadership and system thinking. We have mobilised dedicated programmes of work to address: • **Commissioning transformation:** The Kent & Medway Sustainability and Transformation Plan programme is seeking to deliver an integrated health & 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. • **Communications and engagement:** Ensuring consistent communications and inclusive engagement which inform and include all key stakeholders in the design and development of the STP We are currently designing a workstream to consider provider organisational form and develop the strategy to sustaining innovative provider models, including Accountable Care Organisations (ACOs).

Care transformation

5. The work on care transformation is initially focusing on significant changes that need to be made in:
   - Local care (care provided outside of hospitals)
   - Acute hospital care

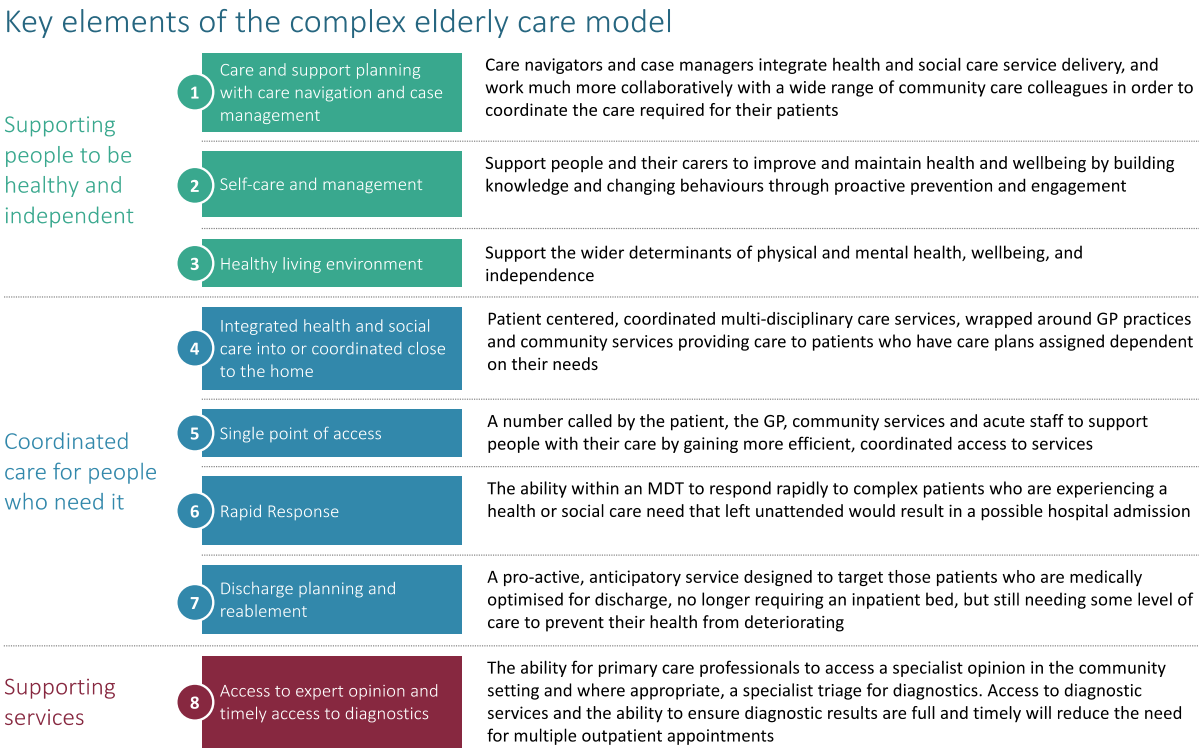
Local Care

6. Local care is the term we are using for health and social care services delivered outside of a main hospital setting, close to or in people's homes, in their local communities. As the needs of our population change, and more people are living with complex and multiple chronic long-term conditions we need to adapt the way we deliver care to better suite their needs. Our aim is to keep people out of hospital, unless they really need to be there, by putting more focus on keeping people well and helping them to manage their conditions with more and better local care. Any consultation on acute hospital services will take place against a set of clear plans for how Local Care will be developed.
7. The intent remains, as outlined in the October STP submission, to develop Local Care by scaling up primary care in clusters and multi-speciality community providers (based on patients registered with a GP within a defined locality):



8. The above proposed new model of local care builds on both national and local good practice including the Encompass Vanguard in East Kent.

9. Work to better understand the challenges that health and social care face in Kent and Medway has highlighted the need to better support the elderly frail and the challenges associated with predicted increasing demand from this group of patients associated with changes in our population demographics. This has been a significant focus of the work within the Local Care workstream:

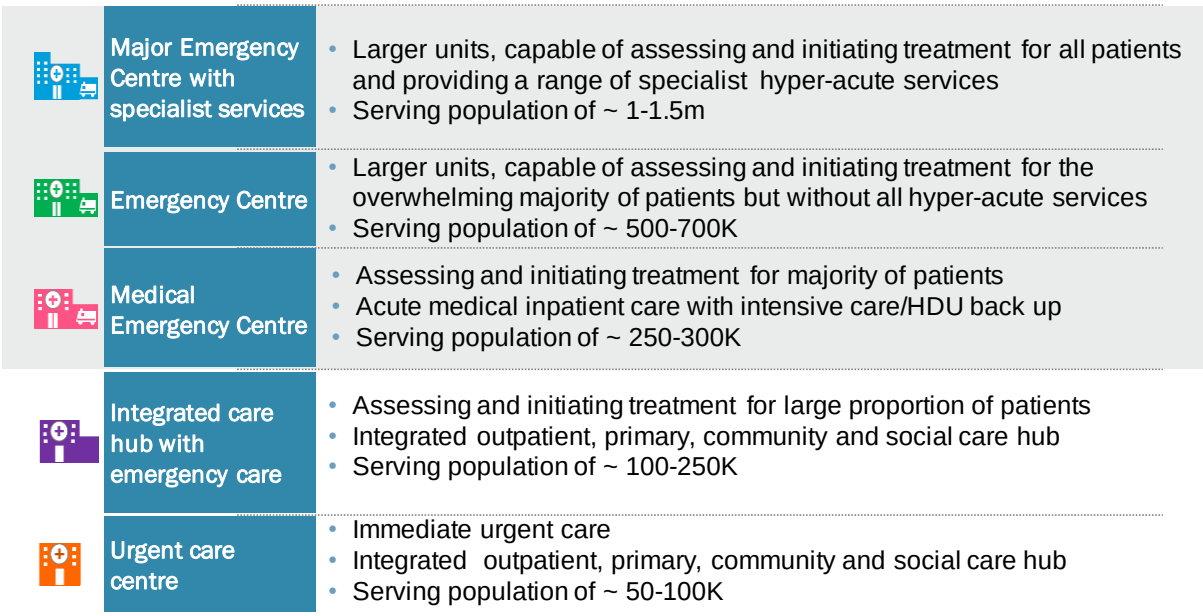


Hospital care

10. Bed audits and analysis suggest that around 1,000 patients in acute beds in Kent and Medway could be cared for elsewhere if services were available

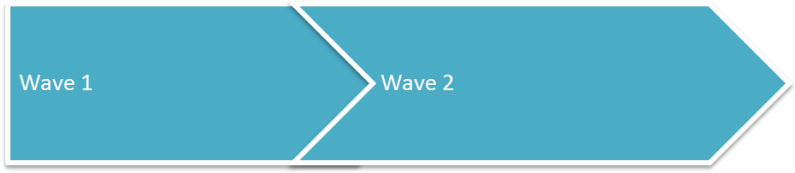
11. By developing alternative care options for this cohort of patients through the work on Local Care we will create capacity to consolidate some of our acute services to make the best use of scarce specialist secondary care staff and deliver optimum clinical outcomes.

12. The work on hospital care sees a number of different service models emerging to support emergency and urgent care. These are shown in the following diagram and build on the NHS England review of urgent and emergency care:



13. The first three of the five models would receive blue light ambulances. We expect to see our acute hospital sites, subject to consultation if needed, align to these different service models.

14. An analysis of patient flows within Kent and Medway that there are negligible potential activity flows from East Kent to the rest of Kent and Medway. We therefore believe it is possible to consult on service change in East Kent alone, though the impact on future options in the rest of Kent and Medway will need to be considered. Therefore, two waves of public consultation are now proposed but undertaken within a clear strategic framework for all of Kent and Medway:



Priority services for transformation	• Stroke across Kent & Medway • Vascular across Kent & Medway (if consultation is required) • Emergency services in East Kent (incl. acute medicine, accident and emergency, critical care) • Orthopaedics in East Kent	• Emergency services and trauma and orthopaedics in rest of Kent & Medway • Further service areas to be determined.

15. **This document and the associated requirement relates to the service changes proposed in wave 1 (i.e. service changes identified in wave 2 are excluded).** The critical path that sees consultation on wave 1 services taking place in the autumn 2017 is being pursued by the STP Programme Board. Work to develop the strategic enablers (e.g. estates, workforce and digital) is also progressing against this timeline.

Programme

16. Going forward the following programme time lines have been identified:

DESIGN Jan – March 17	ENGAGE April – June 2017	PREPARE FOR CONSULTATION	CONSULT THE PUBLIC
• Fully develop hospital care strategy, incl. clinical models • Further develop Local Care model with clinical engagement • Publish public-facing case for change and engagement • Bottom up plans developed in productivity focus areas • Mobilised commissioning transformation work	• Engagement • Establish joint decision-making arrangements • Appoint full-time executive leadership • Source and transition to permanent PMO • Locality development of Local Care plans Develop PCBC • Begin NHSE assurance processes • Begin to deliver productivity savings	• NHSE assurance processes • Transition to commissioning transformation future model • Develop productivity performance transparency • Develop mental health transformation plans	• Consult the public on wave 1: Stroke across Kent & Medway; Vascular across Kent & Medway; Emergency services in East Kent (incl. acute medicine, A&E, critical care); Elective orthopaedics in East Kent • Respond to feedback on consultation • Prepare for wave 2 consultations (2018): Emergency services and Elective orthopaedics in rest of K&M; Community beds; Cancer; Paediatrics

17. The supplier should assume that the delivery of the project would need to be completed over a staged period of the service change programme with a pre-consultation report completed by the 7 July 2017.

Deliverables

18. The follow details the high-level deliverables that are being commissioned:

- A pre-consultation report covering stroke and vascular services
- A pre-consultation report covering vascular services
- A pre-consultation report covering emergency services in east Kent (including acute medicine, accident and emergency and critical care), plus elective orthopaedics

19. As part of the review and in order to meet our statutory duties for the eight Kent and Medway CCGs, there is a need to undertake a full integrated impact assessment of the emerging recommendations. This will help commissioners make decisions throughout the option development process and support formal recommendations which will then go to formal public consultation. These recommendations will encompass the commissioning responsibility of NHS England with regard to primary care and certain specialist services.

20. Supporting this Integrated Impact Assessment, the CCGs need to understand current patient activity by specialty and by point of delivery, both within the CCGs and with surrounding commissioners. More detail on the areas to be covered in the IIA are detailed in this specification.

Integrated Impact Assessment Approach - Outline methodology

21. The IIA should follow the below broad methodology:

Phase	Key Tasks and Outputs
Pre-consultation impact assessment	TASKS: • Desk research into clinical trends and need for services; scoping of protected characteristics; strategic stakeholder consultation, equality engagement forums; impact on health outcomes (against shortlisted options); a quality impact assessment; and a detailed travel and access assessment based on three modes of transport (car, public transport, blue light ambulance) assessing • Public engagement activities, offering public and patient groups the opportunity to input into the recommendations and assessments going forward into the commissioners. These activities must be thoroughly audited and outputs documented. OUTPUTS: A pre-consultation IIA report identifying potential positive and negative health impacts; impact particularly on groups vulnerable to service changes (with a focus on those covered by equality legislation); and detailed travel and access impacts for the whole population as well as for vulnerable groups.

22. It is important that both the approach and the outputs can be used in conjunction with

the other elements of the programme, which are being undertaken / have been undertaken, including but not limited to:

- Activity Modelling
- Travel Analysis

Integrated Impact Assessment Outputs / Reports

23. The Integrated Impact Assessment should cover:

i. **Evidence review** To understand the overall demography, and specifically the protected characteristic groups within the relevant CCG populations.

ii. **Strategic stakeholder engagement** especially with groups representing patients with protected characteristics. A number of meetings and other engagement events considered necessary by the supplier will be needed across the CCG populations in order that the views of protected characteristic groups can be properly taken into account. These engagement activities and all outputs will need to be thoroughly documented.

iii. **Impact assessment** based on the emerging recommendations it will be necessary to undertake an assessment of the new models and how they potentially impact on protected characteristic groups, the health outcomes of the populations and what can be done to mitigate any adverse impact. This impact assessment will need to fulfil the requirements of an equalities impact assessment.

iv. **Travel and access impacts** to consider increases and decreases in journey times and patterns; it is important to look at overall impacts as well as travel impacts for vulnerable groups. A workshop is required to validate the methodology which will be used.

v. **Sustainability impacts** in particular our requirement to report on the carbon footprint change.

vi. **Quality impact assessment** that considers the impact on patient safety, effectiveness of care and patient experience (i.e. that the potential consequeences of the proposed changes on quality are considered and any mitigating actions are considered objectively)

24. In addition to the content already specified the pre-consultation report will need to include or appended reports on:

- The results from the evidence review and demographic analysis
- Detailed results of engagement exercises – this will take the form of a brief report of each engagement exercise and handing over any original material taken at meetings (e.g. flip charts, notes etc..)
- Details of emerging recommendations assessing their impact on protected characteristic groups / health impact; the report should include the tenderer's recommendations to either change proposals to reduce or eliminate adverse impacts, or recommendations to mitigate impacts; the identification of benefits,

positive equality impacts and opportunities for the future.

- Detail of baseline data that was considered and has informed the IIA
- A map, table and analysis of the travel and access impact assessment[1], which should identify time-based and geographical exclusion areas and this analysis should include
    - Car (Peak and Off Peak)
    - Blue Light
    - Public Transport
- The Supplier is required to present the pre-consultation report to:
    - Supplier presentation to Programme Board
    - Supplier presentation to East Kent Programme Board
    - Supplier presentation to the Stroke and Vascular Programme / Delivery Boards

Linkage to NHS England Guidance

25. As service must support the CCGs in delivering the requirements for Service Change as set out in Delivering Service Change for Patients (NHS England, 2015) with specific reference to the duties of the CCG commissioners.

Project Management Requirements

26. Supplier will need to support the following project management requirements and contract oversight, including provide ongoing updates and interim reports. The following activities will be undertaken to hit the available timescales
    i. Weekly Contract Review
    ii. Weekly Risks and Issues Review
    iii. Weekly Review against Timeline
    iv. Risk Register (held within the programme team)
    v. Integration of timeline into the master contract schedule (held within the programme team)
    vi. Escalation reporting to the programme board, via the programme operations executive – with supporting audit trail
27. In addition, the outputs of the programme will be peer reviewed against other similar integrated impact assessments, with a view to passing the NHS England assurance review

[1] *This requirement will address the issue of travel and access, a more detailed piece of work will be undertake separately to the IIA to consider travel implications, by specialty and point of delivery, as part of the development of the pre-consultation business cases (PCBC)*.