

## KENT COUNTY COUNCIL

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### HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Health and Wellbeing Board held in the Council Chamber, Sessions House, County Hall, Maidstone on Wednesday, 22 March 2017.

PRESENT: Dr B Bowes (Vice-Chairman), Mr P B Carter, CBE, Ms P Davies, Mr G K Gibbens, Mr R W Gough (Chairman), Mr S Inett, Dr N Kumta, Mr M Lobban (Substitute for Mr A Ireland), Dr E Lunt, Mr P J Oakford, Mr S Perks, Cllr K Pugh, Mr A Scott-Clark and Dr R Stewart

IN ATTENDANCE: Mrs L Whitaker (Democratic Services Manager (Executive))

#### UNRESTRICTED ITEMS

##### **273. Chairman's Welcome**

*(Item 1)*

- (1) Mr Gough welcomed Caroline Selkirk (Medway CCG), Michael Ridgwell (NHS England) and Peter Lacey (Whole System Partnership) to the meeting.
- (2) Mr Gough said that Dr Phillips was stepping down as clinical chair of the Canterbury and Coastal Clinical Commissioning Group and would no longer attend the Health and Wellbeing Board. He thanked her for her contribution to the Board and wished her every success in her new role with the Kent Community Health NHS Foundation Trust.
- (3) He also thanked Mark Lemon (Strategic Business Adviser) for his contribution to the work of the Board over many years.
- (4) Mr Gough said that, in the future, NHS England would attend meetings of the Board as required rather than attending every meeting.

##### **274. Apologies and Substitutes**

*(Item 2)*

- (1) Apologies for absence were received from Dr Armstrong, Mr Ayres, Ms Carpenter, Dr Chaudhuri, Mr Ireland, Dr Martin, Dr Phillips, Cllr Weatherly and Cllr Watkins.
- (2) Mr Lobban attended as substitute for Mr Ireland.

##### **275. Declarations of Interest by Members in items on the agenda for this meeting**

*(Item 3)*

There were no declarations of interest.

## **276. Minutes of the Meeting held on 25 January 2017**

*(Item 4)*

Resolved that the minutes of the last meeting are correctly recorded and that they be signed by the Chairman.

## **277. Draft Joint Kent Health and Wellbeing Strategy 2018-23**

*(Item 5)*

- (1) Mark Lemon (Strategic Business Adviser) and Abraham George (Consultant in Public Health) introduced the report which contained an outline draft of the Kent Health and Wellbeing Strategy 2018-23. Mark Lemon also gave a presentation which is available online as Appendix A to these minutes.
- (2) Mr Lemon said the format of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy had been revised following feedback from health and social care commissioners that the current documents did not provide sufficient detailed direction to inform commissioning decisions.
- (3) The revised approach to the Joint Health and Wellbeing Strategy aimed to: set out high level health priorities for the population from the Joint Strategic Needs Assessment in areas where improvement was required; support commissioners in making commissioning decisions; and set out the Board's position within the current health and social care planning context.
- (4) Peter Lacey (Whole Systems Partnership) gave a presentation and a short demonstration of a new dynamic modelling tool using the Kent Integrated Dataset. (A copy of the presentation is available online at Appendix B to these minutes)
- (5) The Members of the Board were generally supportive of the approach being proposed. They also made comments about: the need to ensure the model was robust and authoritative in order to influence commissioning decisions; the need to focus on the preventative or pro-active health agenda; the value of the model in mitigating the risk that health inequalities might increase; the desirability of integrating data relating to patient experience into the model; as well as the use of the model across all agendas and, in particular, for commissioning local care.
- (6) Resolved that:
  - (a) The approach adopted in the first draft of the strategy be approved for further development;
  - (b) The next steps to developing modelling, as a tool for commissioners, as set out in paragraph 4.1 of the report be agreed.

## **278. Kent Health and Wellbeing Board Review of Commissioning Plans and STP Update**

*(Item 6)*

- (1) Mr Gough introduced the report and the proposed approach to the consideration of commissioning plans. He outlined the need for commissioning plans to be aligned with the Sustainability and Transformation Plans (STP) and referred to the established practice of the Board in taking reports on specific outcomes of the Joint Health and Wellbeing Strategy. He then invited Caroline Selkirk (Medway CCG) to give a presentation on the Local Care work-stream within the STP. (A copy of the presentation was included as Appendix B to the report).
- (2) Members of the Board were supportive of the approach being taken and comments were made about the need to involve district councils and disaggregate information and data to CCG – level. It was also confirmed that the Kent Integrated Dataset did not yet include all data from children’s social care.
- (3) Mr Perks, Ms Davies, Dr Lunt, Dr Bowes and Mr Lobban gave short presentations outlining the key challenges and the links between their commissioning plans and the delivery of the STP. (Copies of the presentations are available online as Appendices C, D, E and F of these minutes).
- (4) Comments were made about the need for all partners to be fully engaged with piloting and implementing new models of service provision. It was suggested that the Board receive an update on the Your Life Your Wellbeing Pilots in East Kent and an update on social care, following a report, on additional government money for social care, to the County Council on 25 May.
- (5) Resolved that:
  - (a) The plans and activities of the commissioners represented on the Board reflect the Joint Health and Wellbeing Strategy;
  - (b) The presentations covering the key aspects of the STP be noted.

**279. Kent Joint Strategic Needs Assessment Exception Report 2016/17**  
(Item 7)

- (1) Abraham George (Consultant in Public Health) introduced the report which provided a list of key population highlights arising from the refresh of the Kent Joint Strategic Needs Assessment (JSNA). He referred to: the forecast that the population of Kent would increase by 6.1% over the next five years; the rate of increase in the number of people aged 65 and over compared with the growth in the number of people under 65; the indications, from the Kent Integrated Dataset (KID), that more than one third of the Kent population had at least one long term condition; and to the fact that, while health outcomes continued to improve for Kent as a whole, the gap between the most affluent and most deprived areas had not changed over the last 10 years.
- (2) Mr Scott-Clark said that the JSNA Exception Report should be read alongside reports relating to the Case for Change. He also said that the health inequalities gap arising from increased lung cancer rates would be addressed

through the Kent and Medway Cancer Alliance being established under the NHS Clinical Networks work programme.

(3) Resolved that:

- (a) A system wide focus on prevention for the Kent and Medway STP be endorsed;
- (b) A continued focus on the local populations with the highest health inequalities be endorsed;
- (c) The ongoing development of the KID programme be supported.

### **280. Kent Health and Wellbeing Board Work Programme**

*(Item 8)*

Resolved that the work programme be endorsed subject to the inclusion of the items relating to Your Life Your Wellbeing Pilot projects and social care, which had been identified earlier in the meeting.

### **281. 0-25 Health and Wellbeing Board**

*(Item 9)*

Resolved that the minutes of the 0-25 Health and Wellbeing Board held on 21 November 2016 be noted.

### **282. Minutes of the Local Health and Wellbeing Boards**

*(Item 10)*

Resolved that the minutes of local health and wellbeing boards be noted as follows:

Ashford - 18 January 2017;

South Kent Coast – 20 September 2016 and 22 November 2016;

Swale – 21 September 2016 and 23 January 2017;

Thanet – 12 January 2017.

### **283. Date of Next Meeting - 7 June 2017**

*(Item 11)*

### **POST MEETING NOTE**

Following the announcement that a General Election would take place on 8 June, a decision was made to postpone the meeting of the Board scheduled for 7 June to 14 June 2017.

# Developing the Kent Health and Wellbeing Strategy 2018-2023

Presented by Mark Lemon  
On behalf of the Strategy Steering Group  
22<sup>nd</sup> March 2017

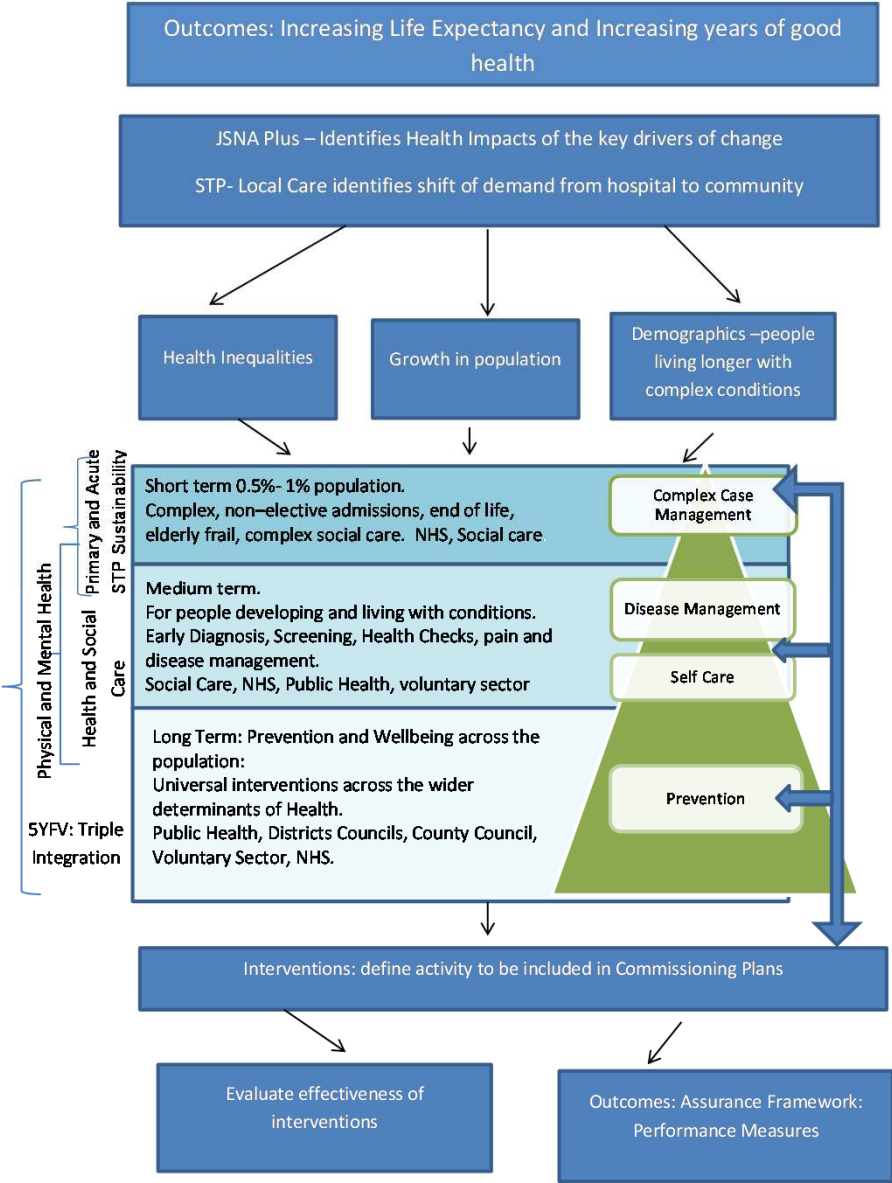
# Aims of the Strategy

- Answer the challenge set by Commissioners
- Understand the health impacts of key drivers identified by the JSNA- inequalities, growth and demographics
- Position the strategy in relation to the STP

# Approach

- These challenges have led to a radical reappraisal of the strategy
- Part of a suite of tools that support commissioners
- Identifies how Board will discharge its statutory duties and helps the Board understand its role in the future

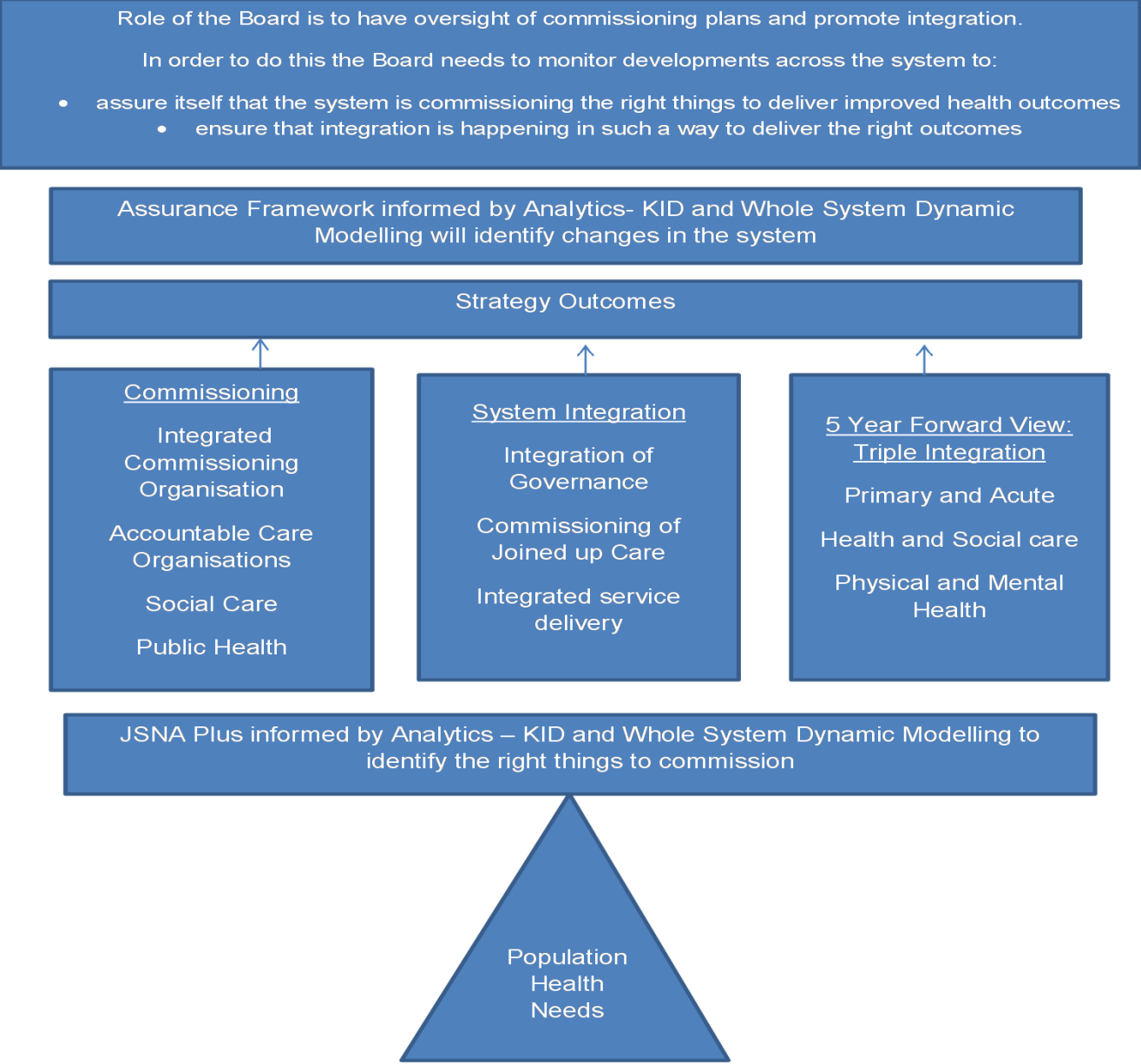
The strategy on a page:  
Page 24





# Tools

- Across the system a range of modelling happening
- This alternative approach provides capacity modelling for the longer term, uses the KID and tests commissioning scenarios for impact
- Embedding and transfer of skills – a learning health system that routinely accesses the tool set as part of the commissioning cycle
- Kent Integrated Dataset provides a unique opportunity- not available in other areas to understand local use and cost of health and social care services
- Whole System Dynamic Modelling –provides an interface where all available intelligence from the KID and other cohort modelling approaches are streamed and interrogated
- JSNA Plus
- Assurance framework for The Board to ensure commissioning plans and integration are delivering the right outcomes



Role of the Board is to have oversight of commissioning plans and promote integration.

In order to do this the Board needs to monitor developments across the system to:

- assure itself that the system is commissioning the right things to deliver improved health outcomes
  - ensure that integration is happening in such a way to deliver the right outcomes

Assurance Framework informed by Analytics- KID and Whole System Dynamic Modelling will identify changes in the system

Strategy Outcomes

Commissioning  
 Integrated Commissioning Organisation  
 Accountable Care Organisations  
 Social Care  
 Public Health

System Integration  
 Integration of Governance  
 Commissioning of Joined up Care  
 Integrated service delivery

5 Year Forward View: Triple Integration  
 Primary and Acute Health and Social care  
 Physical and Mental Health

JSNA Plus informed by Analytics – KID and Whole System Dynamic Modelling to identify the right things to commission

Population Health Needs

# Context for Whole System Dynamic Modelling

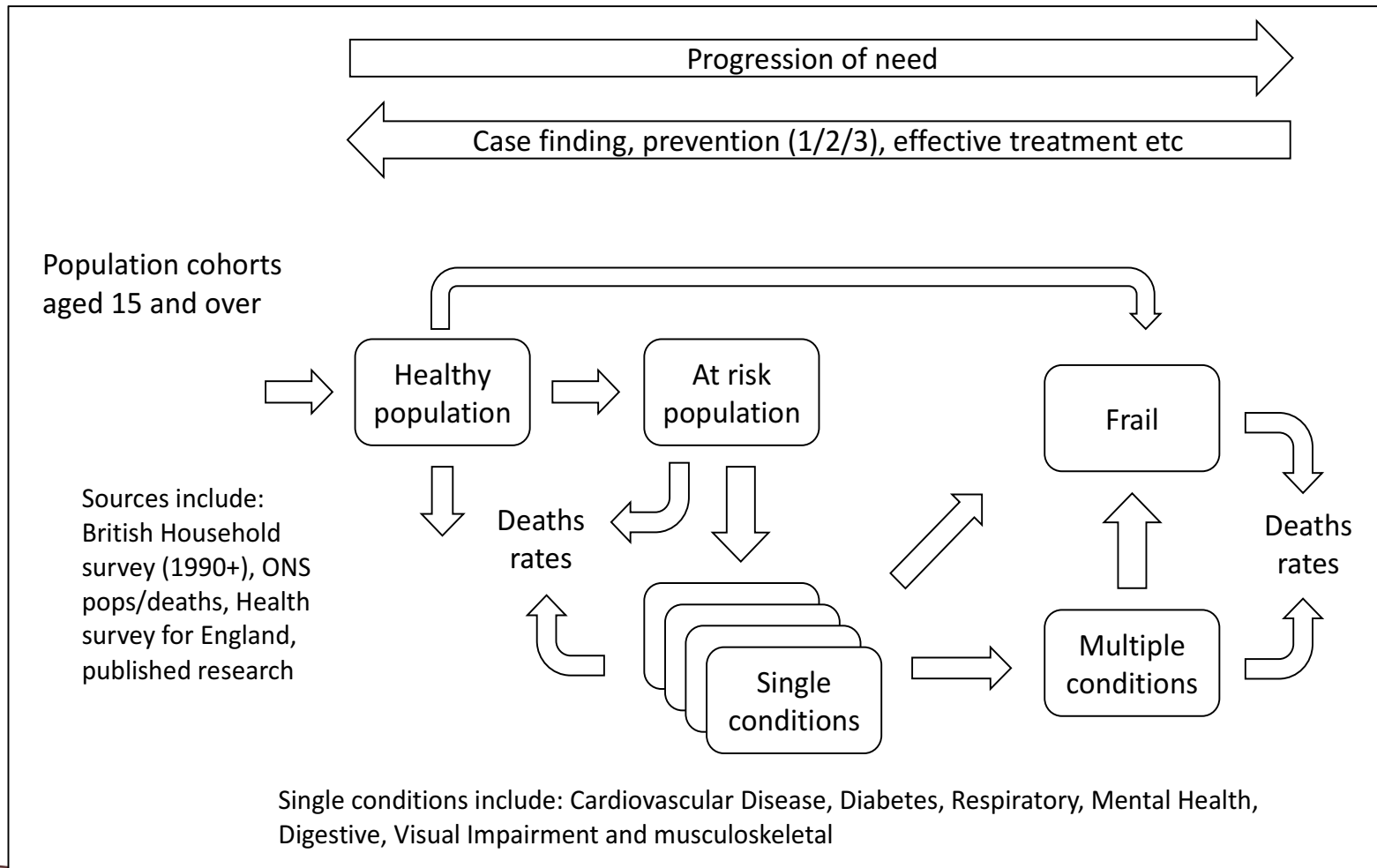
- JSNA → H&WB Strategy → improving health → informing STP
- Opportunity:
  - Conceptualising population cohorts using 'stock & flow' modelling provides an environment in which to explore the combined and dynamic effect of underlying changes and interventions such as prevention or changing health related behaviours; and local care configurations
  - KID provides a fresh and unique source of data to inform this modelling.
  - Skills Transference means ongoing availability in-house
  - Understanding the relevance of a Care Function approach to inform systems planning

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# Kent population health modelling project

Health & Wellbeing Board  
March 2017

# The model architecture



# The approach

- For the prototype demonstrator we have used national cohort studies, calibrated to Kent socio-demographics;
- We have built the model using System Dynamics software, a modelling tool available to local KCC Public Health Intelligence team and already used in a number of Kent projects;
- The model can be adapted to fit different geographies, with plans in place to apply it in the Encompass Vanguard over the coming months.

# The art of the possible – at a population level....



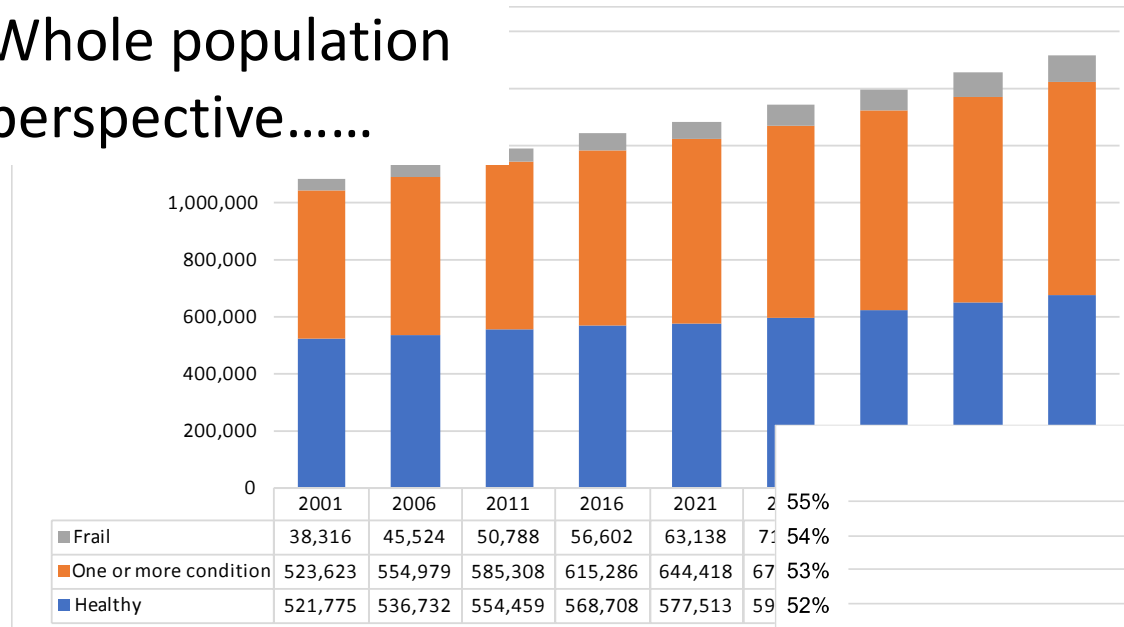
- Smoking levels are falling, but what if we were to accelerate that reduction.....
- Obesity levels are rising, but action is being taken and there is a growing public awareness of the risks, so what if these trends were reversed.....
- Hypertension can be managed effectively with appropriate, low cost drugs, so what if this were extended across the population.....
- [NOTE: these are illustrative for purposes of the current exercise, with many more potential areas of impact to explore, including wider determinants of health.....]



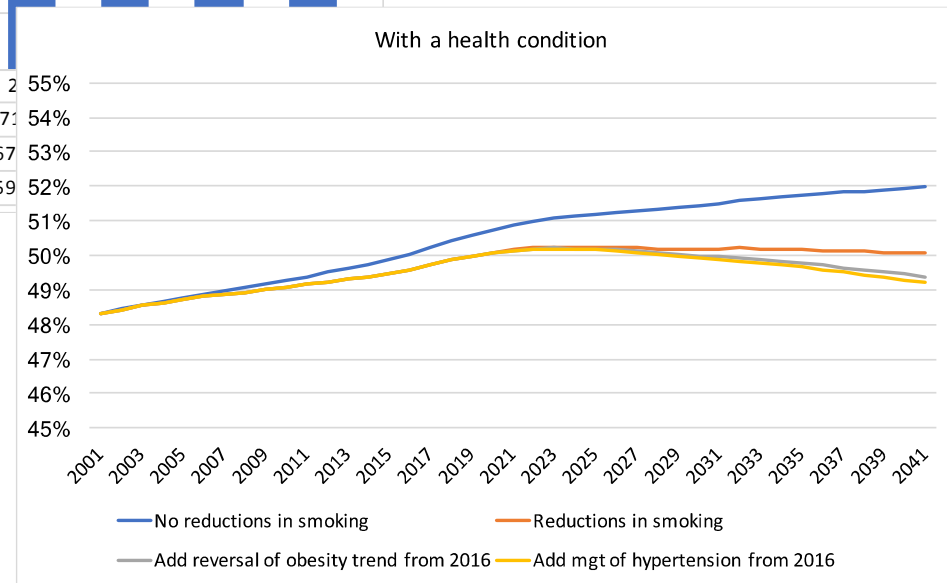
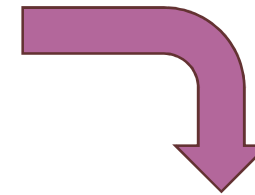
# What does it mean across Kent



Whole population perspective.....



Exploring alternative scenarios.....



# Demonstration

- What does it mean for local care.....

# Some emerging messages from the model



- Frailty is the rising tide, living and dying with frailty needs a radically different model of service rooted in local care;
- Population measures for reducing risk factors are critical for long term sustainability;
- Due to underlying demographics associated with Kent's growing population and the 'baby-boom' generation, we need to run faster to stand still in terms of the overall 'burden or ill-health', and aspirations for improved healthy life expectancy.

# Next steps

1. Adoption of System Dynamics as a key tool to unlock the potential of the KID;
2. Applying the approach to the Encompass Vanguard to explore impact on local care;
3. Development of an in-house team, coached and supported by experts in WSP, to take the approach forward;
4. Ensure a robust contribution to the revised JSNA and HWB strategy by the Autumn, and a programme of development and research using KID and other intelligence sources;
5. Engagement with other partners to socialize the approach and secure benefits across the health and care economy;
6. Informing the STP, and stretching the horizon for longer term health and wellbeing benefit.



# Kent Health and Wellbeing Board STP Update

Simon Perks

*22 March 2017*

# East Kent Progress

The recent main areas of STP development with supporting activity locally in East Kent and the CCG with a clinical and organisational and resource focus are summarised below:

## **Clinical focus :**

- **Local Care Model**
- **Stroke Network**
- **Vascular Network**
- **Hospital Care Model**

## **Organisational and resource focus :**

- **Future Commissioning Arrangements**
- **Understanding Need and Demand**
- **Productivity Improvements**
- **Workforce Development**

# Local Care Model

**The Local Care Model is where the vast majority of activity and contact with patients takes place currently and more so in the future.**

**Key STP Kent and Medway wide issues to note :**

- **A more comprehensive definition and content of the Local Care Model has been agreed, emphasising early intervention and support and the integration of services around patients and carers.**
- **A strong sense of multi disciplinary working sits behind this option for health, social care and inputs from other agencies and the voluntary sector.**

**Key local aspects of this work :**

- **The development and further expansion of Accountable Care Organisations, the Encompass, Herne Bay, Ashford projects.**
- **The development of Thanet Primary Care Homes and South Kent Coast....**
- **The key priorities and targets for transformation signalled in our 2017/18 contracts with Trusts.**

# Bringing the local care models to life

## Ashford

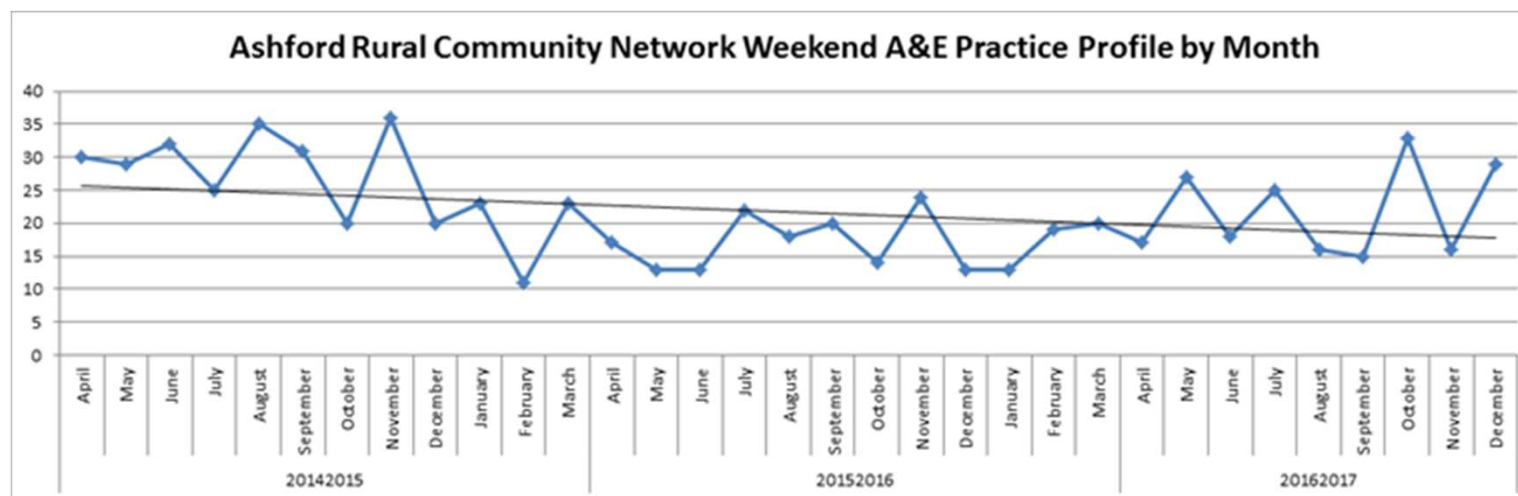
- Working towards concept of Primary Care Homes development
- Established Virtual Ward in Ashford Rural
  - Multi-agency MDT meeting held fortnightly
  - GP led with senior input from three practices
  - Complements existing MDT structures by identifying patients with complex needs who require a short term co-ordinated intervention



# Bringing the local care models to life

## Ashford Rural Weekend Urgent Care Service:

- Patients seen Apr 16 to Feb 17 – 2705
- The below graph demonstrates achieved reduction in weekend A&E activity (activity coded as ‘no investigation no treatment’) since April 2014.



# Bringing the local care models to life

## Ashford Mental Health and Wellbeing Cafe

**The project has been an alternative to the following:**

- Crisis Team – 13%
- Feeling unwell, upsetting incident, suicidal thoughts or self-harm – 18%
- Possible A&E visit/hospital admission – 4%
- Possible Police involvement – 2%
- General Low Mood – 18%
- Isolation 45%

**84% of service users signposted to other services:**

- IAPT – 12%
- CRI – 4%
- Stepps – 2%
- CMHT – 23%
- Turn to Us – 2%
- CAB – 8%
- GP – 15%
- ACAS – 2%
- Advocacy – 16%
- Family Rights – 2%
- Mindfulness – 8%
- Carers First – 6%

# Bringing the local care models to life

## Ashford MSK Triage

- Reduction of 511 (17.2%) secondary care referrals in 2016/17 compared to 2014/15 with a 3.3% increase in population

## Ashford Dermatology Triage

- Reduction of 231 (33%) routine referrals to EKHUFT for participating practices in 2016/17 compared to 2015/16

# Bringing the local care models to life

- **Canterbury**
  - Encompass Vanguard – examples of live services in following slides
  - Herne Bay - Mobilisation phase one integrated care includes MIU, linked IT and improved facilities e.g. x-ray at the QVMH site by August 2017
  - Development of phase two will include integration of practice and community nursing roles with an emphasis on wound care and catheter, all in place by November 2017
  - Development of Dementia friendly network in Sandwich

# Encompass Multi-Speciality Community Provider (MCP)

in partnership with Health and Social Care.



The objective of the Encompass MCP is to provide high quality, outcome focused, person centred, coordinated care that is easy to access, promotes wellness, and enables people to live independently for as long as possible.

The work being proposed in the local care work stream, if successful and at scale across East Kent, would support the flow of these patients out of acute beds.

Encompass MCP – Health, Social Care, Voluntary and Community involvement working together at scale

Number of People

Admission Avoidance

Integrated

GP Practice at scale built around Person/Population Health needs

Systems of Care

**Routine, Prevention and Proactive Care**

–Integrated Case Management (ICM patient centred approach for admission avoidance, anticipatory care planning.

**Emergency and Reactive Care** – ICM approach for admission avoidance, rapid/emergency response to avoid hospital admission to keep people well at home.

**Acute Care**

- When intervention is essential. Working with IDT for repatriation at the earliest opportunity.

**Tertiary Care**

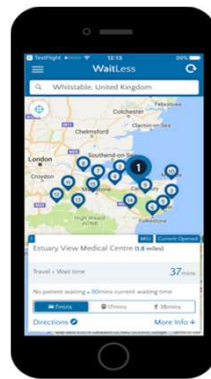
- For highly specialist intervention. Repatriation at the earliest opportunity.

CHOC (Community Hub Operating Centres)

Level of Acuity

# WaitLess

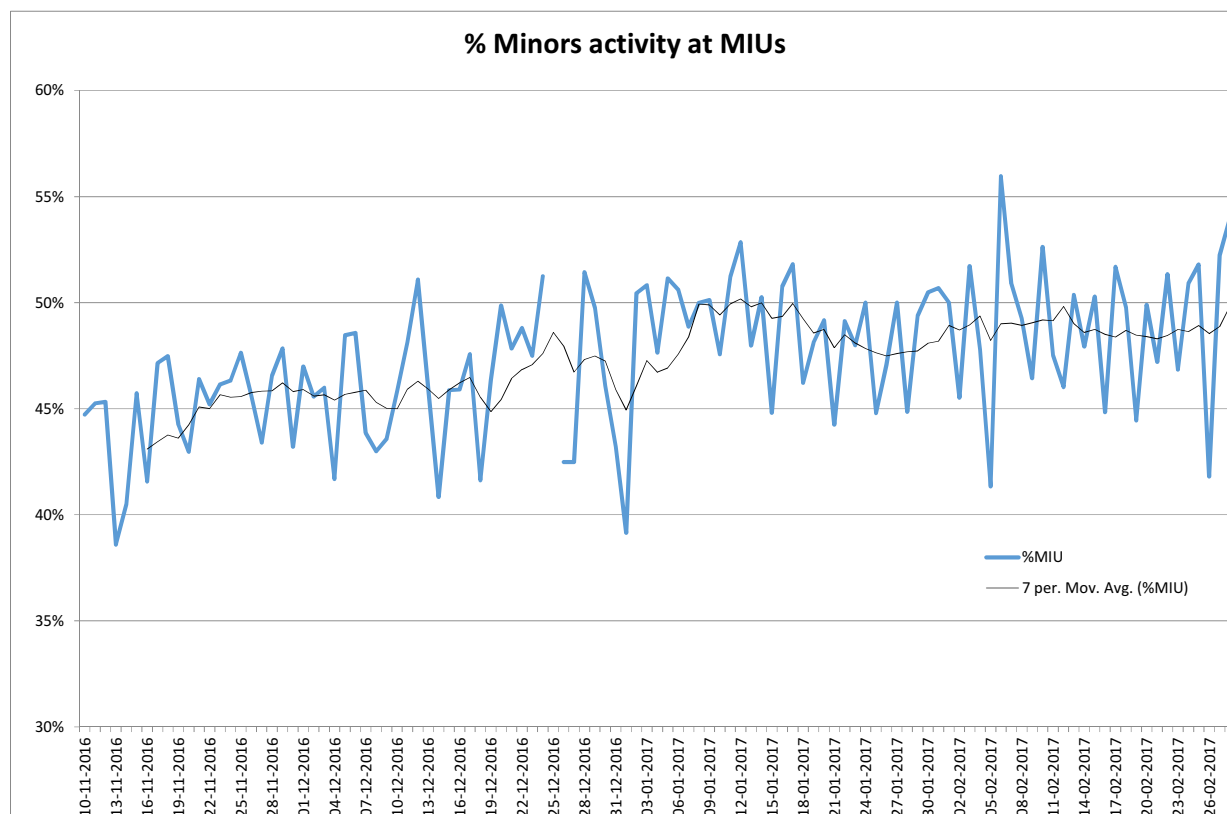
An APP for Minor Emergencies  
 Helping patients to find the  
 fastest most appropriate place to  
 get health help



This app has significant potential to reduce some of the inappropriate burden on secondary care, whilst also improving the patient experience of NHS urgent care.

**To date over 10,000 downloads and 35,000 uses** It was anticipated that perhaps 5% of patients attending A&E would be routed to MIU facilities. As at the **end of February 2017 a 4.0% shift has been witnessed.**

Page 31



# Other Initiatives:



**KCHFT Health trainer pilot:**  
**Quarter 4 results**  
**– 100% of those who had finished the programme achieved their goals**



**GP Catheter Clinics with training and competency sign off by KCHFT:**  
**End Feb 2017,**  
**29% reduction in A&E attendances**



**Wound Medicine Clinics starting 2017/18.**  
Activity modelling suggests that a **saving of 48 admissions (and associated A&E attendances) at £94k** can be expected in 2017/18. Savings were not expected in 2016/17.



# Developing GP with Special Interest, to move work from Acute to Community (also includes other HCPs with advanced skills)

- **Specialist GP Services** will mean that more people will be able to receive care from a GP surgery **without the need to travel to hospital**



- Expansion of current ENT service planned in 2017/18. **Potential saving identified of 650 new and 873 follow-up outpatients (£169k)**. Savings were not expected in 2016/17.
- Other services being scoped for potential development: Urology, Dermatology, Ophthalmology, Cardiology, Respiratory, Rheumatology and Alzheimer's – GPwSIs training during 2017/18.

# Other Services

- Community Medicines Team – expected to reduce admissions by 63 (saving of £124k) in 2017/18. Further savings likely through reduction in prescribing.
- Group psycho-education – expected to reduce cluster 8 mental health admissions by 30% (£227k).
- Health Trainers – will build on success initiative at Northgate (98% of patients reached their goals). Savings for will be modelled in Q4.
- Social prescribing – 90 referrals into service by end of December 2016. UKC currently undertaking evaluability assessment.
- None of these had savings expected in 2016/17.

# Stroke Network

**For specialist care one of the challenges is how best to develop and reinforce a network of hospital and out of hospital services that offer high quality services, good access and make best use of scarce clinical skills and specialist facilities.**

**Key STP Kent and Medway wide issues to note :**

- **A broad definition of the options to develop a stroke network have been outlined and agreed and work is now progressing to produce a full business case for consideration over the next three months.**
- **How a stroke network will support other hospital based services has been considered and the inter dependency of these services identified.**

**Key local aspects of this work :**

- **How the network options can be supported by the Local Care initiative and out of hospital services will be an important issue.**
- **How the network will impact on other hospital services is a point for consideration.**

# Vascular Network

**As for Stroke the challenges is how best to develop and reinforce a network of hospital and out of hospital services that offer high quality services, good access and make best use of scarce clinical skills and specialist facilities.**

**Key STP Kent and Medway wide issues to note :**

- **A broad definition of the options to develop a vascular network have been outlined and agreed and work is now progressing to produce a full business case for consideration over the next three months.**
- **How a stroke network will support other hospital based services has been considered and the inter dependency of these services identified.**

**Key local aspects of this work :**

- **How the network options can be supported by the Local Care initiative and out of hospital services will be an important issue.**
- **How the network will impact on other hospital services is a point for consideration, especially in relation to trauma.**

# Hospital Care

**The hospital care work stream is significant and spans both non-elective and elective services of complexity and scale. Discussions have taken place as how best to address the service issues and where to prioritise effort.**

**Key STP Kent and Medway wide issues to note :**

- **That elective orthopaedic services due to its scale, greater need for specialist theatres and equipment and historic waiting list issues is a priority area for review.**

**Key local aspects of this work :**

- **There are particular waiting list issues in East Kent that need to be addressed prior to a new and revised model of orthopaedic operation being implemented.**
- **Transformation of tiers 1 and 2 support**

# Future Commissioning Arrangements

**The STP relies heavily on integration of services at local level and co-ordination of more specialist and technical services at a Kent and Medway level. With more local services working with local hospitals and other providers through a collaborative alliance approach, what constitutes commissioning now will need to change and focus on longer term planning and the oversight and facilitation of service transformation.**

**Key STP Kent and Medway wide issues to note :**

- **Discussions have taken place on the options for local commissioning and how best to strike the balance between strategic oversight and local knowledge.**

**Key local aspects of this work :**

- **The development of a local Accountable Care Organisation, Encompass, is well advanced with the aim of the ACO operating in shadow form from May and fully in October (by means of an alliance between GPs, provider trusts and KCC social services).**

# Understanding Need and Demand

**The STP assumes that the future design and provision of health and social services will be evidenced based with the concentration being on value, i.e. the outcomes and outcome improvements achieved proportionate to the resources required to achieve these improvements.**

**Key STP Kent and Medway wide issues to note :**

- **Based on existing data a profile of the needs of the population served, the interventions provided and a sense of the outcomes achieved has been derived and is being used to identify areas where service redesign is likely to yield the greatest benefits, e.g. the frail with multiple and complex needs.**

**Key local aspects of this work :**

- **The STP work builds upon the East Kent Strategy work and is closely linked with plans to share resources more fairly and incentivise transformation.**

# Productivity Improvements

**The STP alongside service transformation and a concentration on improved outcomes, expects the health and social care system to be efficient and productive.**

**Key STP Kent and Medway wide issues to note :**

- **A series of productivity improvements in the hospital and primary care areas have been identified including, improvements to diagnostic services, fully shared drug formularies and sharing back office services (as examples).**

**Key local aspects of this work :**

- **The CCG is involved in all these initiatives and has a particular interest in effective and shared formularies and cross service medicine management.**



# Workforce Development

**The STP transformed Service models combined with changes in the forecast numbers of people of working age means that fewer more skilled and adaptable staff is a necessity. This will also have the benefit of delivering better continuity of care to patients.**

**Key STP Kent and Medway wide issues to note :**

- **Full support of the University of Kent to lead bid for a K&M medical School**
- **A proposed series of investments in the development of the workforce to support Local Care and integrated teams has been identified and a business case produced for approval.**

**Key local aspects of this work :**

- **On an East Kent basis discussions are well advanced between the Community Trust, CCGs, Social Care and GPs on forming integrated teams with a locality focus that will become operational within months.**

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## **DGS and Swale CCGs**

**Health and Well-being Board  
22 March 2017**

## **DGS and Swale: Top Three Priorities**

- Getting the system ready for the future whilst delivering must do targets in year
- Delivering financial balance in a period of sustained growth across both areas; plus moving towards integration of budgets
- Bringing clinicians and the public along with us from the start of the journey

## DGS and Swale: New Models of Care / STP

- Local models of care fully aligned to STP strategy
- Medway, North and West Kent Delivery Board established with focus on defining acute clinical models of care across the three localities
- Elements of urgent care services likely to go out to procurement early (in agreement with STP Board)
- Ideally, full integration of services, including with local authority; but concerns around how this is delivered if of some organisation is on a countywide solution with no flexibility
- Dependent on risk sharing
- Requires capital investment in some areas

## DGS and Swale: Improving bed occupancy levels

- Majority of medically fit patients in beds require local packages of care
- How is new local authority funding and council tax levy to be used in 2017/18? Good opportunity to ring fence funding, through BCF? Ideas for utilisation:
  - Decent living wage for care workers and/or other employment incentives to improve recruitment/retention for Dom Care agencies.
  - Support into Discharge to Assess teams to provide high levels of community therapy in order to divert pts out of long term care.
  - Enhance the re-assessment team to ensure that people with a PoC are still receiving what they actually need and not what they had at discharge/initial start up
  - Full roll out of the Care Navigator/Age UK pilot to cover all areas of the patch and focus on self-care and management



*West Kent  
Clinical Commissioning Group*

# Commissioning plans & the STP

22<sup>nd</sup> March 2017

# Challenges

Developing effective providers of local care that remains preventative, holistic, comprehensive and enduring

Achieving system wide financial health

Transforming the care of the frail to match the best in the world





West Kent's plans link to the STP

Clusters- configuration of local care staff to match groups of practices

Hubs- physical space for more specialised services, some diagnostics, beds,

Working with LA

Beds review, community, residential & nursing including for those with dementia

Urgent care system redesign



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# Health and Wellbeing Board

March 2017



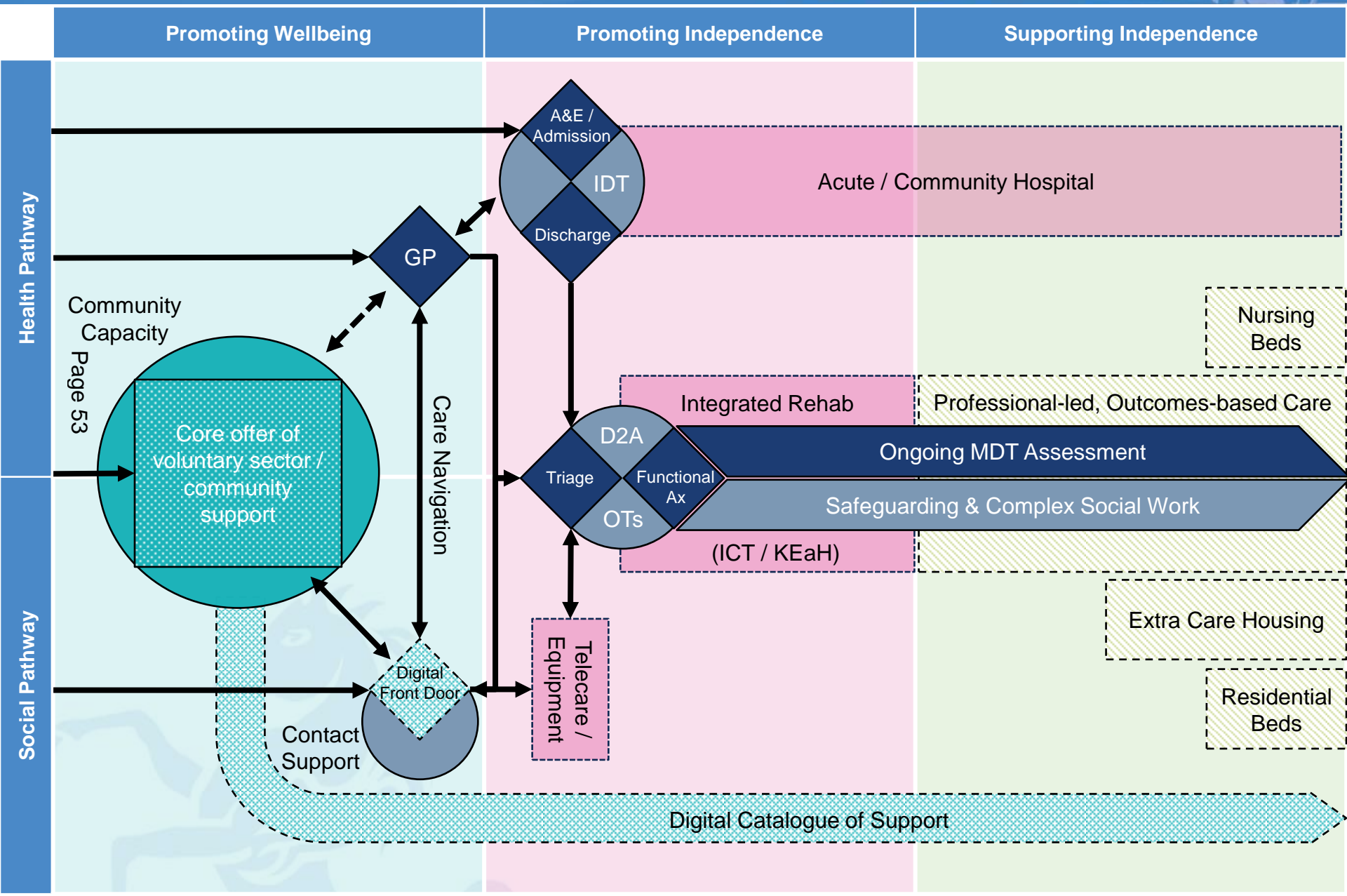
# Key Commissioning Challenges



1. The care provider market is unstable – the current model is reactive and cannot sustain rising demand and increased pressure on supply
2. By making best use of the skill sets of both health and social care professionals, and aligning processes, systems and structures, better outcomes can be achieved for individuals and duplication and inefficiency can be reduced
3. If properly supported, the voluntary and community sector can do more to meet the needs of individuals
4. With the right capacity and processes, more people could be supported to live in alternatives to residential and nursing care



# KCC are designing a new operating model



# Which requires close collaboration with our health partners



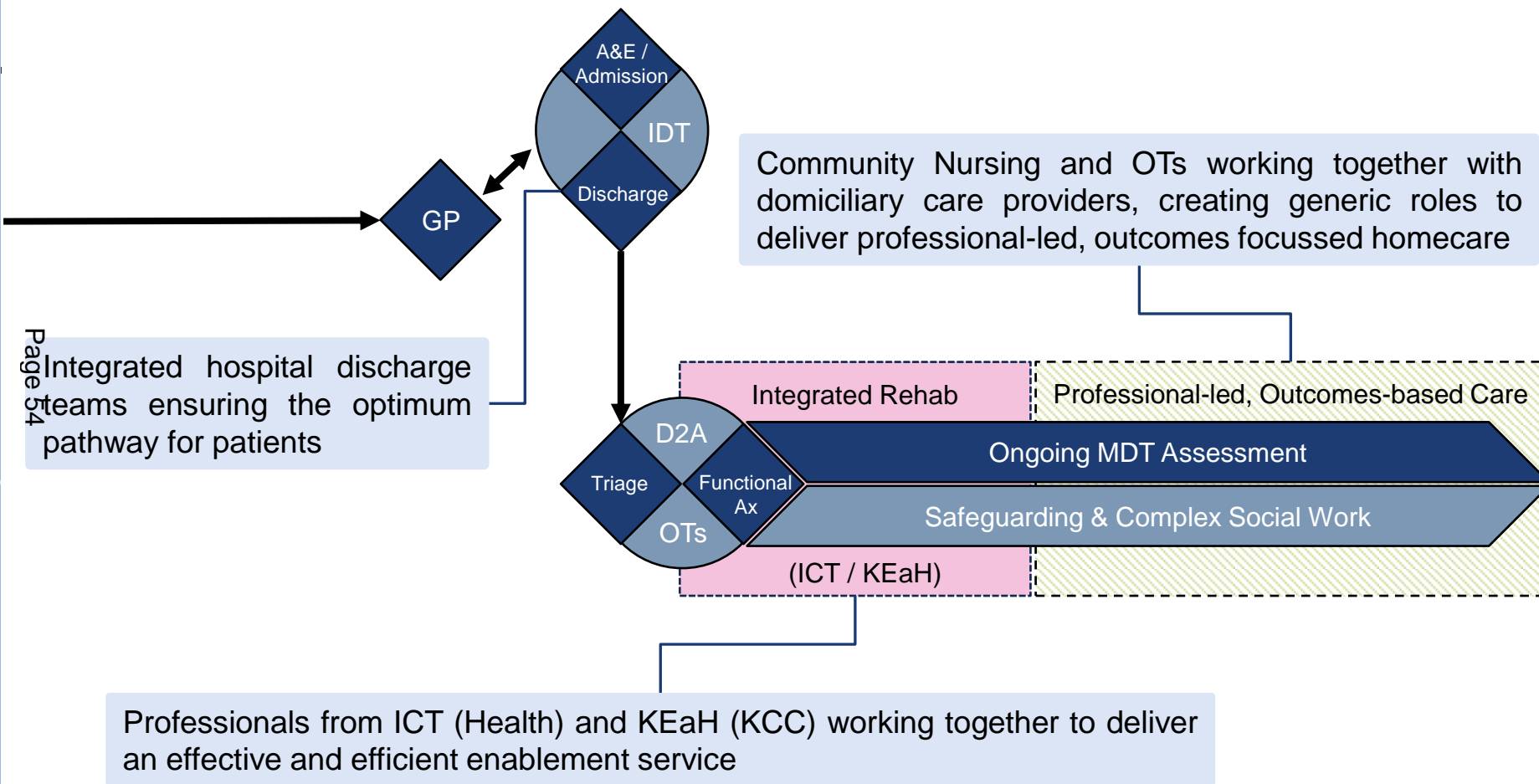
Promoting Wellbeing

Promoting Independence

Supporting Independence

Health Pathway

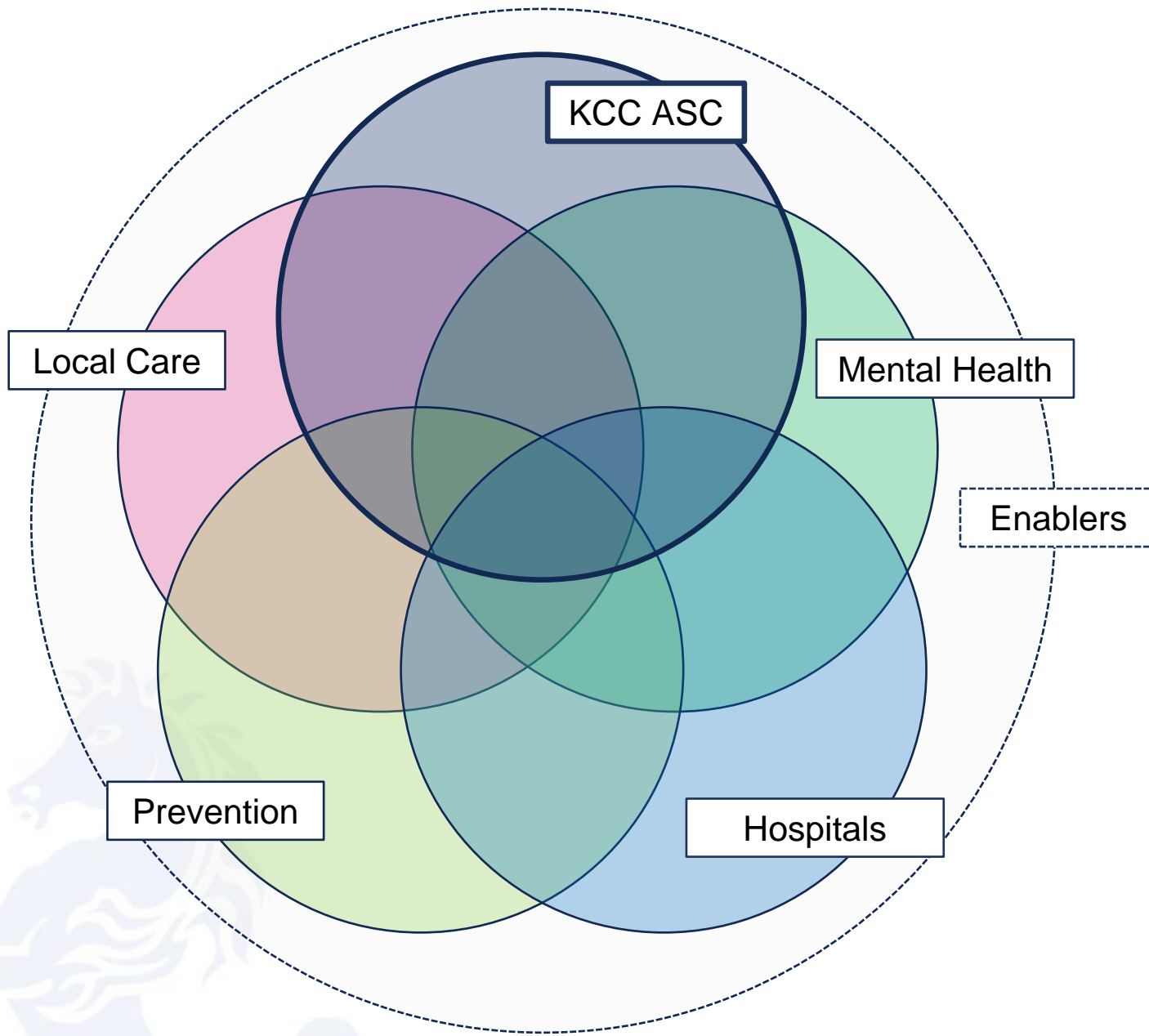
Social Pathway



Page 14

The programme is closely aligned with the Kent and Medway STP, allowing transformation to be delivered at pace and scale

# This programme will design and test components of the STP workstreams



# And most closely aligns with Local Care



- Single point of access for voluntary and preventative support
- Promoting alternative accommodation

There is considerable overlap between the two, though the all scopes are different

Local Care

Supporting services

- 8 Access to expert opinion and timely access to diagnostics

Supporting people to be healthy and independent

KCC ASC Strategy

Coordinated care for people who need it

1 Care and support planning with care navigation and case management

2 Self-care and management

3 Healthy living environment

4 Integrated health and social care in or coordinated close to the home

5 Single point of access

6 Rapid Response

7 Discharge planning and reablement



# Making a significant contribution to the overall model



Supporting people to be healthy and independent

1 Care and support planning with care navigation and case management

Pilot  
Supporting Independence: Professional-led, outcomes-based homecare



2 Self-care and management

Promoting Wellbeing: Core offer, digital offer / self assessment



3 Healthy living environment

Promoting Wellbeing: Core offer



Page 57

Coordinated care for people who need it

4 Integrated health and social care into or coordinated close to the home

Supporting Independence: Professional-led, Outcomes-Based Homecare



5 Single point of access

Promoting Wellbeing: Front door / triage



6 Rapid Response

Promoting Independence: Discharge to assess / functional assessment



7 Discharge planning and reablement

Promoting Independence: Integrated rehab



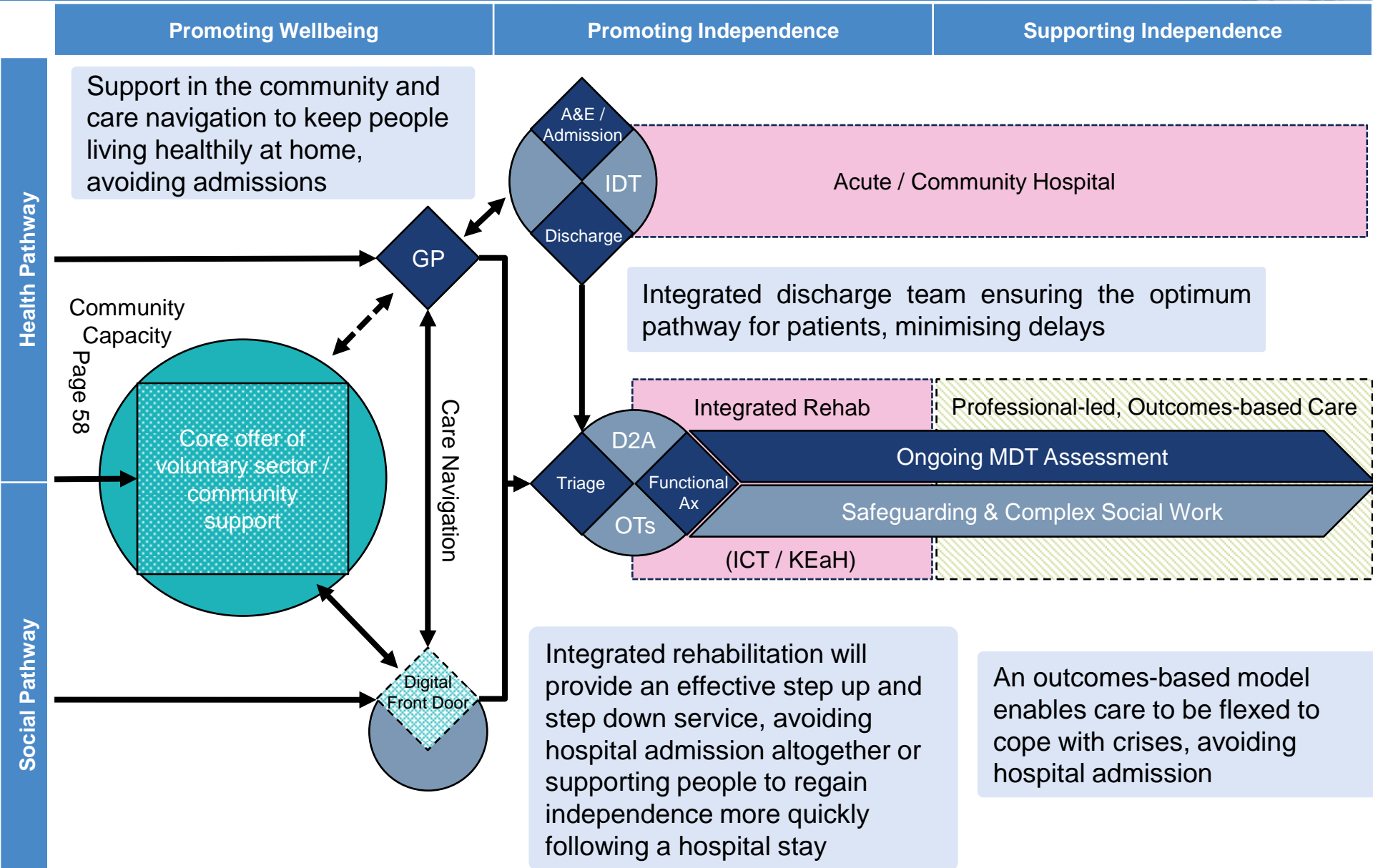
Supporting services

8 Access to expert opinion and timely access to diagnostics

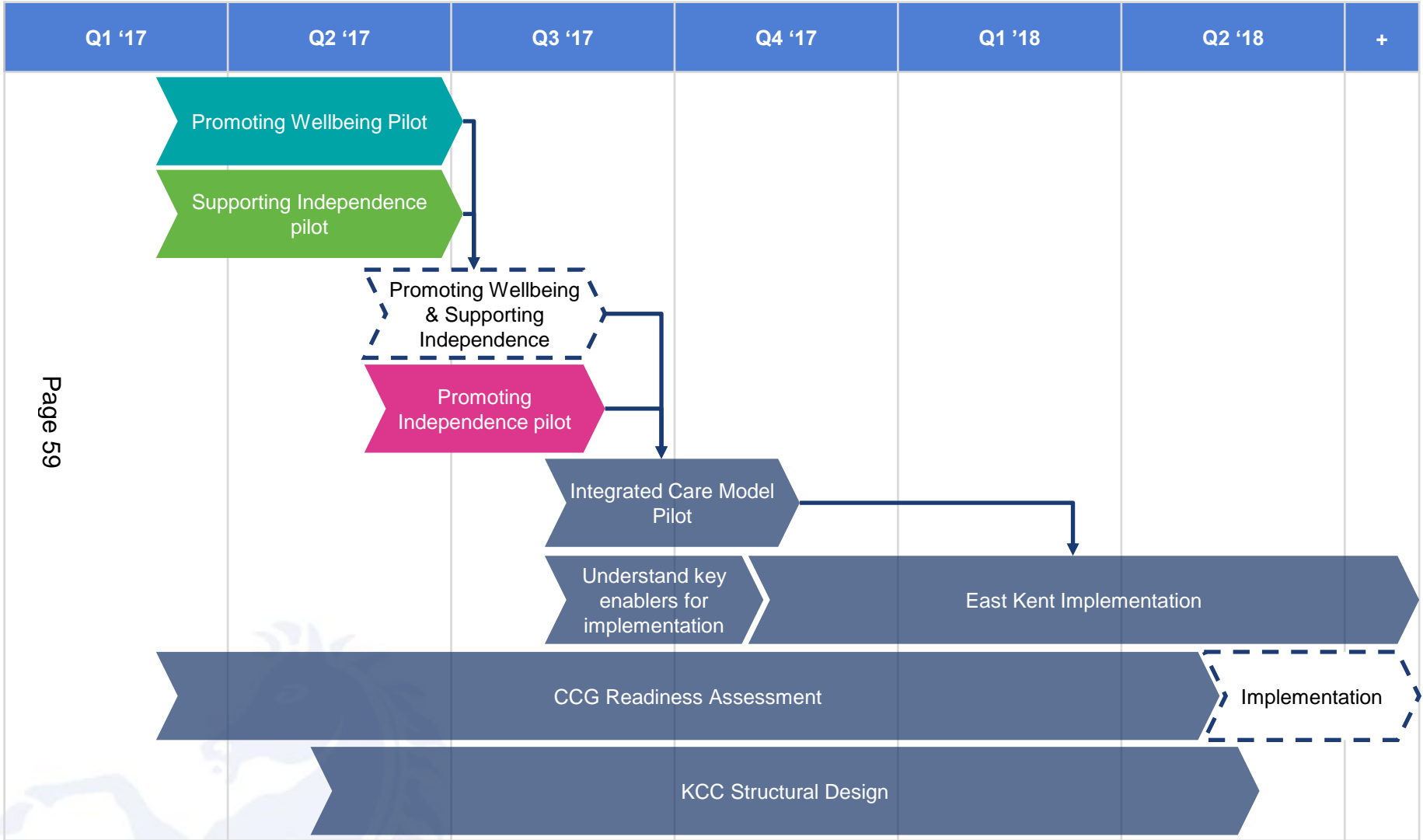
N/A



# And supporting the delivery of capacity in the Acute Hospitals



# The whole model will be piloted in East Kent and then implemented across the county



Pilots will demonstrate and measure the benefits to the Health and Social Care economy and direct detailed design of the new operating model. Implementation will require clear understanding of all enablers, such as workforce, estates, digital etc.

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