Kent submission for the Department of Health's Integration Pioneer Programme

28 June 2013

Health and Social Care Integration in Kent is focused on improving the co-ordination of care for patients, service users and their families. We already have a coherent story to tell in Kent and will build on this through working in partnerships that support integrated commissioning and deliver the provision of integrated services.

What we will achieve in 5 years:

Integrated Commissioning:

- **Design and commission new systems-wide models of care that ensure the financial sustainability of health and social care services; a proactive, rather than a reactive model that means the avoidance of hospital and care home admissions.**
- **The Health and Wellbeing Board will be an established systems leader.**
- **Clinical Design partnerships between the local authority and CCGs with strong links to innovation, evaluation and research networks.**
- **Year of Care tariff financial model and risk stratification will be tested and adopted at scale.**
- **Integrated budget arrangements as the norm alongside Integrated Personal Budgets.**
- **Outcomes based contracts supported by new procurement models will be in place that incentivise providers to work together.**

Integrated Provision:

- **Good person centred integrated care will be evidenced through use of the Narrative**
- **Proactive models of 24/7 community based care, with fully integrated multi-disciplinary teams. The community / primary / secondary care interfaces will become integrated.**
- **A new workforce with skills to deliver integrated care.**
- **Leadership of the integrated workforce with a commitment to 'place'.**
- **Integrated IT systems to improve patient / service user care, underpinned by personal health records that can be accessed by the individual –"Nothing about me, without me".**
- **We will systematise self care so that people with long term conditions can do more to manage their own health and social care needs to prevent deterioration and over-reliance on services.**
- **New kinds of services that bridge current silos of working where health and social care staff can "follow" the citizen, providing the right care in the right place.**

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1. Introduction

Kent is totally committed to being part of the first phase of the integration pioneer programme, building on strong foundations but focusing on delivering integration at scale and pace. Kent's geographical size and range of stakeholders presents challenges in rolling out integrated services across the whole area but there is a determination across the whole system to demonstrate that it can be done. With the support of the Pioneer programme, we will develop models that will deliver integration across a population of 1.5 million people, which is an ambitious proposal. If Kent can deliver integrated services to that many people at scale, so can every other area of the country.

Being an Integration Pioneer will make us stronger commissioners and providers of health and social care across the whole system with implementation of improved services at a local CCG level as determined by individual CCGs. Our submission is about integration of both commissioning and provision and is a vision owned by all the major stakeholders.

2. The Vision

We will adopt the National Voices definition of co-ordinated care across our whole system and use these "I statement" outcomes to check that what we do means a real difference to the way people experience health and social care here in Kent. We are already working with users, carers and their families to re-design models of care to achieve this step change.

What we want to achieve in 5 years:

Integrated Commissioning:

- Together we will design and commission new systems-wide models of care that ensure the financial sustainability of health and social care services in Kent. These services will give people every opportunity to receive personalised care at, or closer to home to avoid hospital and care home admissions.
- We will use an integrated commissioning approach to buy integrated health and social care services where this makes sense.
- The Health and Wellbeing Board will be an established systems leader, supported by clinical co-design and strong links to innovation, evaluation and research networks. Integrated Commissioning will be achieving the shift from spend and activity in acute and residential care to community services, underpinned by JSNA, Year of Care financial model and risk stratification. We will have a locally agreed tariff system across health and social care commissioning based on the year of care funding model, allocating risk adjusted budgets, co-managed and owned by the integrated teams and patients.
- We will see integrated budget arrangements through section 75s as the norm alongside Integrated Personal Budgets.
- New procurement models will be in place, such as alliance, lead provider, key strategic partner and industry contracts, delivering outcome based commissioned services.

Integrated Provision:

- A proactive model of 24/7 community based care, with fully integrated multi-disciplinary teams across acute and community services with primary care playing a key co-ordination role. The community / primary / secondary care interfaces will become integrated.
- We will have a workforce fit for purpose to deliver integrated health and social care services. To have this, we need to start planning now and deliver training right across health, social care and voluntary sectors.
- An IT integration platform will enable clinicians and others involved in someone's care, including the person themselves, to view and input information so that care records are joined up and seamless. We will have overcome information governance issues. Patient held records and shared care plans will be commonplace.
- We will systematise self care/self-management through assistive technologies, care navigation, the development of Dementia Friendly Communities and other support provided by the voluntary sector.
- New kinds of services that bridge current silos of working where health and social care staff can "follow" the citizen, providing the right care in the right place.

What the people of Kent say they want:
"I always know who the key worker for my care is and who to contact"
"I am always kept informed"
"There are no gaps in my care"
"I am fully involved in decisions and know what is in my care plan"

We already have a coherent story to tell, with many achievements already that can be learnt from and built upon.

Integrated Commissioning:

- The Kent Health and Wellbeing Board (HWB) has been established and is working across the system on the themes in our joint Health and Wellbeing Strategy. We believe Kent is also unique in developing a sub-committee architecture with local HWBs now operating at local level around CCG boundary areas. These local HWBs also include district / borough councils and some also include voluntary sector representation.
- We have created integrated commissioning groups aligned to the local HWBs where commissioning activities can be co-ordinated. These new groups will be key to local relationships between commissioners and will inform and be informed by the leadership of the local HWBs.
- The Kent HWB has produced a local integrated outcomes framework within the HWB Strategy. We have also reviewed the work of the Kings Fund and the Local Government Association with an aim to develop this further.
- KCC has recently appointed Newton Europe – an operational and financial improvement specialist – to work as Transformation Partner. Their work will focus on better aligning pathways for independent outcomes, streamlining and balancing processes and ensuring best quality and value for money on the services commissioned now and in the future. The four East Kent CCGs are also working with Newton Europe to identify further opportunities for financial efficiencies in their current system.
- KCC wants to push the boundaries of what can be achieved and recognises the importance of clinical leadership in the new commissioning environment. To facilitate dialogue between KCC and clinical leaders in the CCGs, we have engaged our own clinical leader, a respected GP, to deliver a Clinical Design service.
- Public Health has taken a lead role in developing approaches to using risk stratification to inform commissioning decisions. They have the capability to cross match pseudonymised NHS data with a range of social care and health provider records using NHS numbers in order to provide comprehensive analysis for commissioners.

Integrated Provision:

- Kent has a long history of integrated adult provision with joint learning disability and mental health teams being well established already.
- We have a Health and Social Care Integration Programme [HASCIP] that has been in place for the past 2 years aiming to introduce the long term conditions model of care at pace and scale. We currently have separate adult social care teams, community health teams and older people's mental health teams. We are currently working to align them and through the pioneer programme would like to explore opportunities to create true integrated teams with single management structures. We have already been sharing our learning through regional and national conferences. A Compact agreement is already in place between community mental health, community health and social care which describes how we will work together to create integrated care teams.
- NHS numbers are available on the majority of electronic adult social care records now, which provide a means of cross-matching care records.
- Advanced Assistive technology partnership: we were one of the areas contributing to the Whole Systems Demonstrator programme, rolling out telehealth and telecare technologies at scale. 2000 people now benefit from telecare services in Kent provided by KCC. We are a pathfinder for the 3 million lives programme, aiming to have 10,000 people using assistive technologies in Kent within the next 5 years.

- We have 4 integrated care centres in Kent, providing long and short term (intermediate care) beds. Services are delivered within these buildings by integrated health and social care staff teams.
- The innovative "Proactive care" model, led by a local GP, is being rolled out across the South Kent Coast CCG area, already proving reductions in acute care usage.
- Kent has accessed Dementia Challenge Funds to implement projects. These include:
    - 12 Dementia Friendly Communities projects
        - Intergenerational work between schools and care homes for people living with dementia. These include developing "Dementia Diaries" and connecting people through using iPads.
    - A hospital admission prevention / faster discharge scheme – a partnership between Crossroads care West Kent (voluntary organisation) and Maidstone and Tunbridge Wells NHS Trust. This scheme sees Crossroads staff working at Pembury acute hospital and "pulling" the person back home, providing 24 hour care if required.
- Piloting personal health and social care records in Swale and South Kent Coast using "Patients Know Best" (PKB), an internet based networking IT solution that puts the person in control of who can see their shared health and social care anticipatory care plan. An anticipatory care plan has been developed which is now hosted on PKB.
- Developing a new falls response service. South East Coast Ambulance NHS Trust paramedic staff and social care practitioners will work together as a response team in order to respond quickly to 999 calls and prevent avoidable hospital admissions – anticipated go-live first phase October 2013.
- We have piloted personal health budgets and integrated personal budgets as part of the DH Personal Health Budgets programme. This work is now continuing across Kent in relation to continuing health care and the "Going Further, Faster" Integrated Personal Budgets project in South Kent Coast area.

We have a strong track history of integrated working and see our strength in being able to deliver systems change at scale, sharing good practice and ramping up local pilots and projects across a much wider geographic area for the benefit of all.

The following information in the bid goes into some of the detail of ideas already mentioned in the section above.

3. Whole System Integration

Commissioning health and social care services in the public sector is complex. While the county council is largely responsible for adult and children social care services, it currently works in partnership with seven Clinical Commissioning Groups and 12 District Authorities that commission health care and housing services respectively. The provider landscape is also extensive, with 4 acute trusts spread over 7 hospital sites, one pan county community health care trust, one mental health and social care partnership trust and many third sector and voluntary organisations including 4 hospices.

The Kent approach has been to look at whole system integration, rather than working in one area and then moving on to others, we have developed a comprehensive programme which supports integration across the entire health and social care economy.

Developing leadership and robust governance arrangements

Collaboration within the system has helped Kent achieve success to date – our integration models are not based on one design principle, rather we are exploring what best delivers success – be that a vertical or horizontal model, or provider to provider or commissioner to commissioner. We see great strength in this model as this flexibility in exploring whole system integration at local and Kent wide level allows us to share best practice but also ensure we meet local need.

We have also been able to sustain and develop commitment and participation from both mental and physical health, social care, and public health and have begun to further develop our work across other partners including the voluntary and community sector, housing and education. This is evidenced in some key projects for example work with *Crossroads Care* that crosses secondary,

primary care and community boundaries. We are working with schools and education on developing dementia friendly communities.

Designing whole system integrated intelligence

Kent Public Health has been integrating health and social care intelligence by linking and sharing coded data at a citizen level and has just successfully carried out a unique epidemiological study, using a locally developed King's Fund based risk stratification tool, giving commissioners a unique whole system baseline profile of population utilization of health and social care services.

On a local level, areas are starting with risk stratification as the tool to identify those who would further benefit from an integrated approach. Currently this work is focusing on adults, however as an Integration Pioneer Kent would be keen to explore how our approach could be applied to children's and transition services.

What we want to achieve in 5 years:

- Reduced admissions to acute care, having worked in a planned and phased approach, working with the population identified by risk stratification, with integrated Multi-Disciplinary Team Meetings and Neighbourhood Care Teams established ensuring links with acute, mental health, end of life care, pharmacy, voluntary sector and other specialist input as appropriate.
- Reduced length of stay through integrated working in the A&E department to enable improved treatment for patients and support them to return home with effective health and social care support.

Integration based on national LTC Model of Care

The Health and Social Care Integration Programme [HASCIP] has been working within CCG areas to further develop the integrated model between KCC adult social care, KCHT and KMPT regarding a shared desire to integrate community health and social care. Models of care have been flexed to address local needs and local priorities but essentially include the following:

- Integrated contacts and referrals.
- Common assessment framework using FACE.
- Integrated multi-disciplinary teams (MDTs) including the piloting of Health and Social Care Coordinators across West Kent, Canterbury and Swale.
- Closer working arrangements between intermediate care and social care enablement and home care.

What the people of Kent say they want:

"There was a plan in place to help me cope if I thought things were getting worse and make sure"
"I stayed at home and didn't have to go into hospital or long term care".
"My GP knew who she was dealing with in the team"

What we want to achieve in 5 years:

- Everyone coming through an MDT has an integrated anticipatory care plan – this plan not only identifies someone's needs should they go in to crisis but also supports self-care and contingency planning.
- Patient held record – currently in Swale and South Kent Coast CCG the online tool Patients Know Best is being used to pilot an electronic patient held care plan.

Systematising self-care and the use of technology

Self-care and self-management is essential to delivering better outcomes for people. A variety of services, already exist in Kent either as distinct services or as part of broader commissioned care pathways such as expert patient programme, health trainers, care navigators, exercises for falls prevention, advice on diet and nutrition, dementia friendly communities, including dementia cafes and peer support groups and more.

Kent is one of 7 pathfinder sites in to the *3 million lives* programme and is expected to deliver technologies to 10,000 people over the next 5 years. Work is currently taking place to identify an appropriate procurement model, including alliance contracting and single lead provider models that ensure services in locality are coordinated and include a range of methodologies for keeping people at home. This may include in the future financial incentives for providers and industry to work together. We are also part of an EU good practice and research exchange called CASA this is supporting innovation in assistive technologies in Kent.

We are already working with social care providers to test end-to-end care incorporating technology, a monitoring centre and provision of direct care – exploring the opportunities to improve outcomes whilst reducing longer term costs.

What we want to achieve in 5 years:

- Telemedicine and interactive technology used to reduce the need for patient to be in same physical space as carer or clinician before clinical care can take place.
- Through our digital engagement strategy, we will see a vast number of people in our communities benefiting from connected care using readily available technologies (via the television, smartphones and tablet devices), supporting families, carers, young carers, voluntary sector and integrated health and social care providers.
- Development of appropriate procurement model – including alliance contracting and single provider led models.
- Patients with LTCs further down the risk pyramid are fully engaged in self care schemes and may also consider purchasing technology solutions for themselves

Transforming whole system commissioning and redesigning contract and payment mechanisms

Last year the Kent & Medway PCT Cluster applied to be fast follower of the Year of Care programme of which South Kent Coast (SKC) CCG had applied to be the lead CCG. However, in light of the detailed whole population analysis led by Kent Public Health and sharing of the local datasets to the Year of Care team as part of the national analysis, Kent has just been offered this year to join the Programme as an Early Implementer Site. At the time of writing, we are also anticipating notification of early adopter status so that we can rapidly move to testing proof of concept of the new system and development of the 'RRR' tariff. We wish to look at the total cost of care across health and social care.

Following the success of the personal health budget pilot over the past three years, KCC and SKC CCG have widened the scope of Personal Health Budgets to include other patient groups such as NHS Continuing Healthcare patients. SKC CCG area is a "Going Further Faster" site testing integrated personal budgets from April 2013. The innovative Kent Card, which allows people to pay for their own care, will be used for the new integrated scheme where people wish to have integrated direct payments.

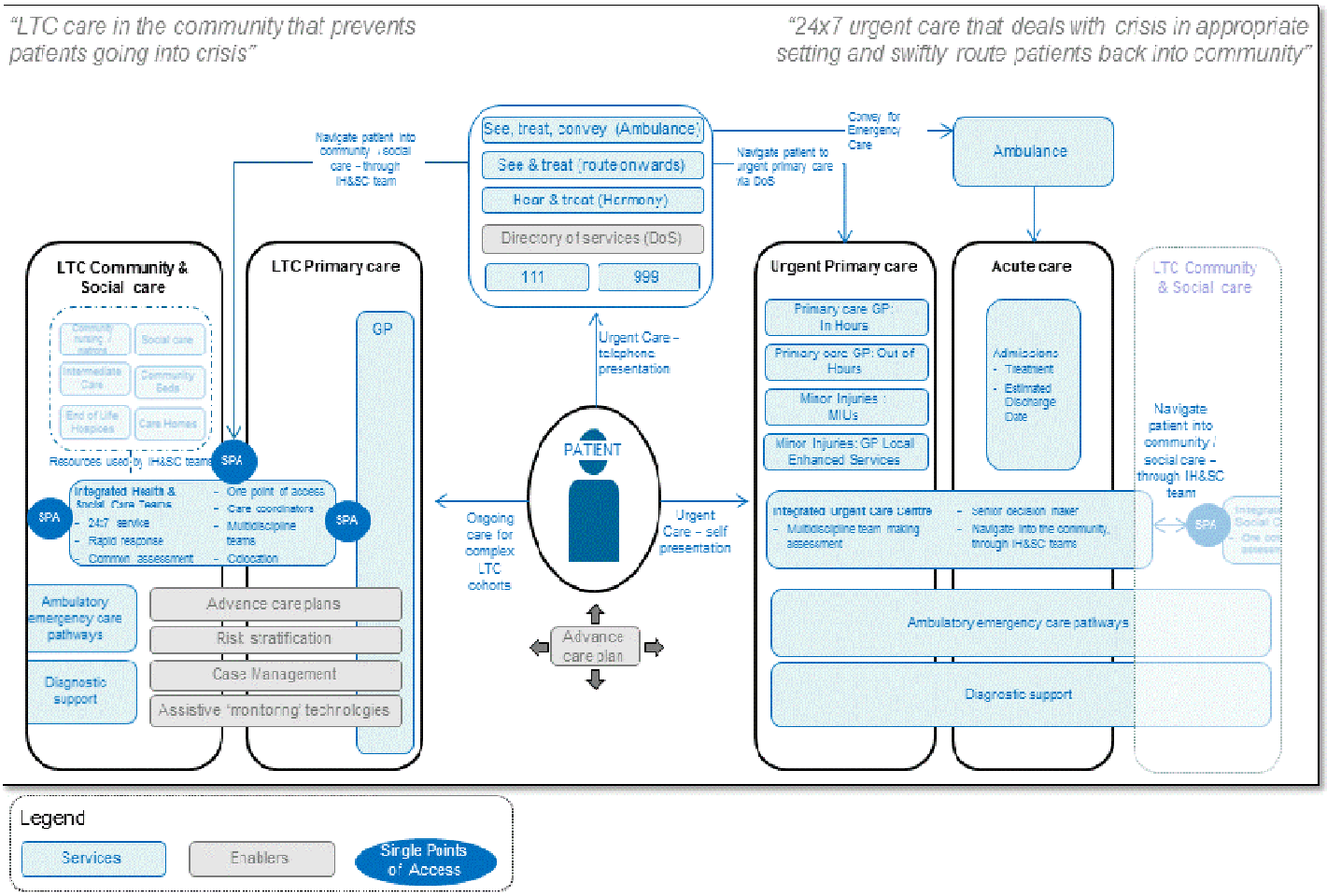
What we want to achieve in 5 years:

- Increased investment in community based support vs. spend on acute and residential care through the creative use of Year of Care Tariff funded care – seeing more people receiving preventative support and reduced admissions to acute care.
- Integrated personal budgets will be widely available across Kent and people will be able to get access to the money quickly without over-complicated procedures. It will be the norm for people to be involved in decisions when developing their care and support plan.

Whole system approach

Kent will use the opportunity as an Integration Pioneer to further explore the use of technology and community based schemes (such as befriending) to improve the outcomes and experience of individuals and carers. We would also like to explore how District Councils could further support work, for example developing specific housing models as alternatives to residential care, or work with CCGs and Adult Social Care in prevention through adaptations and home improvement work.

The diagram below is an example of work that has been done to develop a target operating model for integrated care in East Kent. It illustrates proactive care on the left of the model and integrated urgent care on the right hand side. It incorporates the idea of an integrated urgent care centre, and community based geriatricians who work between community and secondary care. The model will ensure the safe and appropriate removal of urgent care activity from secondary care and will maximise the use of physical, virtual and mobile resources to support individuals when dealing with a crisis. This is replicated in the other health systems, although different models of integrated care are being explored in partnership with providers and the voluntary sector. Specific work around integrated discharge planning with acute trusts and bed management are being worked on to support admission avoidance and ensuring support for patients and carers.



We will look at care across the whole spectrum of care provision, preventing avoidable admissions, ensuring 24/7 care where required and restructuring A&Es to support pioneering urgent care treatment centres. Some aspects of the model around step up/ down facilities have already been tested to ensure services are proactive and responsive to meet demand, supporting both admission avoidance and facilitated discharge; thereby reducing bottlenecks.

Clinical engagement has been positive and the benefits of integrating General Practitioners with specialists, such as community based Consultant Geriatricians, is already proving fruitful. The development of closer working relationships and provision of support and education is helping to keep older people at home or care home, without the need to come to hospital. Short term care can be provided within the home to prevent an avoidable and potentially distressing admission.

Within the proposed model, similar principles would be introduced to support risk stratified high users of secondary care, including patients with long term conditions, neurological conditions or patients requiring a time-limited period of reablement. Consultants and consultant practitioners (non-medical) could work across the pathway to provide specialist advice to community and primary care teams, supported by technology to have a three way consultation with the patient, GP

and themselves within the patient's home or GP practice. We will pool resources and look for opportunities to up skill staff to work across the spectrum of care.

What we want to achieve in 5 years:

- New whole systems models of care across Kent – this might look and feel different in different geographic patches to reflect local population and priorities, but will all deliver better outcomes within the available cost envelope.

4. Integrating Care and Support Across all Stakeholders

As outlined in our introduction our existing integration programme has strong support from all stakeholders within Kent, including the public. The Integration Pioneer bid is supported across CCGs, within organisational corporate management structures, at Cabinet level within KCC (Paul Carter, Leader of KCC is holding a series of Health and Social Care Integration events) and at the Health and Wellbeing Board.

The governance arrangements for integration operate like a cohesive chain, each link providing an important element to achieve success and only as strong as the next connecting link. As an Integration Pioneer the Health and Wellbeing Board would retain oversight of progress and it has been agreed that a sub-group would be established to support partners in delivery. Accountability of progress would remain within the existing governance arrangements of all stakeholders, thus ensuring the chain remains unbroken.

Each CCG area has a robust governance structure that seeks to engage and involve all key area stakeholders including local hospitals, hospices and the ambulance service (SECAMB). This supports the both integrated commissioning and integrated provision through different plans and groups.

Integration does not take place in isolation of the needs of the patient, service user or carer. HASCIP has a robust communication and engagement plan and holds a number of engagement events with public, patients as well as the voluntary and community sector. Many of the CCG area HASCIP Steering Groups have patient representatives, further public involvement takes place via CCG Patient Participation Groups and as an Integration Pioneer we would seek to explore how to embed *Making it Real* and the Narrative as a benchmark to our success and work in partnership with Kent Healthwatch to deliver this. The Dementia Friendly Communities programme has coproduction at the heart and has already delivered.

What the people of Kent say they want:

"I won't have to keep repeating myself to lots of different people"

"I don't need to worry about who is paying for my care, I contact one person and it's all sorted"

To sustainably deliver a future integrated model of provision we need a sustainable supply of staff and the development of skills in the community that can deliver care to the highest standards. We would welcome the opportunity to develop a model with Health Education England and local employers and voluntary organisations which ensures that the workforce plans reflect our vision for care over the next 5 to 10 years. This we believe will require joint approaches to planning, skills development and training in the right setting and with the right rigour around education and training outcomes. The health and care workforce is, to a great extent a local resource and this focus on development could creatively link in our education and academic partners as well as those focusing on employment and regeneration.

There are also employer level HR challenges to implementing integrated provision. This is supported through current developments within HASCIP – a joint HR plan, staff engagement events, a staff guide and an integrated training plan between health and social care. We would welcome further support in exploring the mutual extension of operational roles – so that Community Nurses can assess and implement social care solutions easily and vice versa for Case Managers (especially where Nurse trained).

We also want to explore further the development of a new workforce leadership model through further development of 'Leadership of Place'. This could see a development of common purpose at a CCG/ Local HWB level that enables the local workforce – in its broadest sense to connect to the work of care and health. Thanet CCG – supported by the SEC SHA piloted a programme with local government and provider partners in 2011/12 leading to the development of the 'Big Check' programme. This is being evaluated and will be redesigned to support the work of the Thanet HWB.
Kent is submitting an Integration (Information) bid which will help facilitate much better integrated and co-ordinated services around the individual, improve clinical outcomes and enable providers to communicate real time to improve the "patient" experience. As Integration Pioneers we would welcome the opportunity to share the progress we have made on information governance but also to explore how with multiple stakeholders you can overcome some of the perceived barriers to sharing information.

What we want to achieve in 5 years:

- We have moved from engaging and involving patients and carers to co-production.
- Integrated Commissioning taking place that is outcome based and informed by all key stakeholders including patients, District Councils and Housing.
- There are clear lines of accountability and decision making between member practices, CCGs and partner organisations.
- An interoperability gateway that allows viewing of care record and plans, in a secure controlled and auditable way from clinical systems across all key stakeholders.
- Neighbourhood Care Teams made up of integrated health and social care staff are situated across Kent and 24/7 accessible.

5. Capability and Expertise to Deliver

Kent has a strong track record in delivering transformation projects and providing strong leadership to explore barriers to implementation and innovative solutions – examples include the Whole System Demonstrator programme, implementation of Self Directed Support, personal health budgets and the ongoing development and implementation of Risk Stratification.

Within the Kent Governance structures there are locally based integrated commissioning plans and also local plans for delivering integrated health and social care teams. The Health and Social Care Integration Programme is also supported by a Kent wide Programme Team to act as an additional resource to deliver both local plans and Kent wide initiatives. On a local level each CCG provides strong leadership and are working to further develop their local visions for integrated services. This is supported by a willingness to explore potential barriers not only on a local level but on wider macro-level.

Kent recognises that a willingness to take risk is an important ingredient in innovation. In order to support integration and achieve success we combine our robust governance with system wide leadership, using learning opportunities as they arrive and seeing a role for the local authority and the Kent and Medway Commissioning Support Unit in cross fertilisation of ideas. Work is also taking place to explore opportunities for financial risk sharing models as well as whole system incentives to encourage providers to work together.

What we want to achieve in 5 years:

- A fundamental change in how the health and social care system operates, but also in how practitioners operate within this and how workforce planning needs to accommodate integration.
- Existing pilots completed and evaluated including Year of Care, 3 Million Lives, and Going Further Faster (Integrated Personal Budgets).

6. Sharing lessons across the system.

Kent is committed to sharing learning on integration and has already benefitted greatly from this approach through attendance at conferences, both in presenting our Integration Programme and networking with others. Also through existing networks such as ADASS and Transforming Social Care groups. CCGs are also making use of Protected Learning Time to explore issues around Integration.

Kent is also one of the 8 areas taking part in the Department of Health's System Leadership programme, and is focusing its work on developing a clear and owned definition of what integration means for the Kent Health and Wellbeing Board. This Pioneer work will complement the focus of the System Leadership programme.

Kent is keen to explore further work with the Academic Health Science Network and Clinical Senates, particularly to explore how we can evaluate the success of integration. However we recognise that this is an area where there is always scope to develop further and as an Integration Pioneer we would be keen to link with ICASE, but also see great potential in seeking to develop a local version which could provide learning across Kent and act as a repository for work to date, ensuring access to stakeholders, the health and social care workforce and the public.

In particular Kent is keen to explore further how we link to and further develop the wider health and social care workforce, ensuring everyone understands the importance of integration and we can ensure the changes need to deliver.

What we want to achieve in 5 years:

- A network across Kent that allows sharing of good practice – including the development of a local level ICASE and extension of the current EU Innovation Pioneer network.
- Broad understanding of the principles of integration across the entire health and social care workforce and within the Kent population.

7. Evidence Based Practice and Practice Based Evidence.

Kent would like to be at the forefront of developing a robust evaluation for integration and has begun to explore creating and developing our own evidence base. This has included looking at the work of Professor John Glasby on practice based evidence, as we understand that the traditional norms of evidence based practice are hard to apply within integration. We were pleased that John was able to attend a recent conference that we held for voluntary sector organisations across Kent to explore some of these issues.

A number of small scale local evaluation studies have already taken place. For example evaluation of the Proactive Care programme by LSE, Going Further Faster using POET, and ongoing evaluation on the immediate effects of integration through the Integrated Care Survey through Meridian by KCHT. More detailed surveys have also been designed and delivered, as well as work with the University of Kent to create a framework to evaluate the Year of Care Programme.

Although much work is focused around the known impact of integration – seeking to move money from acute/residential in to community support we are also talking with local providers about what new models of support may mean and working with them to find out what opportunities there are. As an Integration Pioneer this is an area in which we would welcome further support. CCGs are also reviewing services to identify innovative commissioning models for future procurement.

As discussed Kent is also working with National Voices and TLAP *Making it Real* to begin to make use of the 'I Statements'. We would welcome the opportunity as an Integration Pioneer to explore further how we can use the National Voices work and the new Shared Commitment and ensure it is used to frame ongoing work and evaluation.

What we want to achieve in 5 years:

- Increased evidence to support the vision and implementation of integration within Kent.
- A robust evaluation framework that provides both local and Kent wide measures of success.

8. Opportunities to Maximise Success

These are areas we are currently exploring but would relish the opportunity to tackle with the support of the DH and also by learning from others elsewhere. In particular we are keen to look further at:

- Improved communication between services, providers and patients. Patients go where it is easiest and they don't always know who to contact. Further work can be achieved in supporting people to access services in the best way for them and through a variety of media.
- Contract design – to develop innovative contracting models such as strategic lead provider or Alliance provider models. The inability between commissioners and providers to agree on a common contracting model will hinder ideal spread of clinical and financial risk of meeting desired patient and service outcomes.
- Flexibility, tariff & pricing – what new models could be implemented?
- Information governance – work is already progressing in Kent to ensure this does not act as a barrier to creating integrated teams. However we would welcome discussing some of the wider national issues and work towards patient held records and work across multiple partners for example Districts, Housing etc.
- I.T. platforms – There is system wide agreement to information sharing. KCC and the Kent CCGs have submitted a bid to the Health and Wellbeing Information Centre to support development of information sharing platform. This will be a significant success to enable integration across health and social care providers – and in a short time also with members of the public. However we would welcome further support in finding lasting solutions to infrastructure differences.
- Develop additional funding streams.

We think that we offer a unique environment to really test out the possibilities that the pioneer programme brings. Our track history and innovative approach to integration at scale sets us in good stead for leading this programme for the nation.

We understand the barriers that exist and are excited to work with other pioneers and the national team to test out new policy, advise on legislative change and push the boundaries on integrated commissioning and provision. Most of all, we really want to improve the experiences that our local people have of our current fragmented health and social care system, moving from a reactive set of services to working with people and our communities in a positive proactive way that improves quality of life, health and wellbeing for everyone.

For further information about this bid, please contact: Jo Frazer, Health and Social Care Integration Programme Manager, Kent County Council jo.frazer@kent.gov.uk 0300 333 5490

Contributing stakeholders include all CCGs (Thanet, South Kent Coast, Ashford, Canterbury and Coastal, West Kent, Swale & Dartford, Gravesham and Swanley), Kent County Council [KCC], Kent and Medway Commissioning Support Unit [KMCS], Kent Community Health NHS Trust [KCHT], Kent and Medway NHS and Social Care Partnership Trust [KMPT], East Kent Hospitals University NHS Foundation Trust [EKHUFT] and Swale Borough Council's Housing Department. We are committed to work with all district councils, housing, the voluntary sector and other health and social care providers in making integration real.