

# Thanet Planning 2014 – 2019

## Executive Summary

### **Introduction**

This document summarises a number of planning activities which have been undertaken in Thanet. Whilst still in draft, these plans are designed to ensure we are clear about, and focussed on, the correct issues in order to drive the local health system to deliver our strategic objectives for commissioning and redesign.

It draws together the strands contained within our 5 year plan, our 2 year operating plan and the Better Care Fund (BCF) and paints the picture of how we intend to influence the quality and provision of care and where it is delivered.

### **Our Priorities**

#### **Shaping Supply**

##### Acute Hospital Care

The planned and urgent care audits we have conducted this year have demonstrated that a significant amount of activity is being undertaken in hospital which either does not need to happen or would be better done in primary care, community care or social services. From April we will see a fundamental shift away from hospital towards out of hospital solutions.

##### Primary & Out of Hospital Care

Specific schemes designed to build capacity out of hospital to manage this transition are set out in the documents accompanying this summary and these are being worked on to describe how the system will look in increasing detail.

### **Outcomes**

From the Joint Strategic Needs Assessment (JSNA) it is clear that we need to improve health outcomes for Thanet residents. The following have been chosen by Thanet Health and Wellbeing Board

- Mental Health
- Over 75's
- Children and Maternity

## **Our Approach**

We are determined to commission positively to ensure that regardless of who is providing care it is wrapped around the person receiving it.

To achieve this, it will be necessary to ensure that organisational boundaries become invisible with payment and incentives driving high quality care delivered as close as possible to where the person lives.

Whilst everything we do will be based around what's right for Thanet, we recognise that we will be far more effective working in partnership with other colleagues in East Kent on the issues which require whole system strategic solutions.

## **Our Intentions**

From next year on we will see a radical reduction in the number of people having to go to hospital to receive their care.

- We will develop an out of hospital strategy and a primary care strategy which together will form the basis of a step change in the ability to care for people in their natural community
- We will implement an integrated urgent care system that will respond to need 24 hours a day 7 days a week to keep people out of hospital
- We will use our resources to provide a rapid access integrated health and social care response which is available 7 days a week. This will be based on 3 universal care teams, whose boundaries are consistent with those of social care
- We will provide primary care support to A&E to achieve a faster, more appropriate service to those who attend but do not have life threatening conditions
- We will use the current joint monies between health and social care (s256) to facilitate the transition to the implementation of the BCF which starts running from April 2015
- We will refresh our mental health strategy which will inform our priorities for improving services
- We will develop a strategy of the over 75's which will enable us to redesign the integrated support arrangements for this group
- We will ensure health services for children are provided in a way that enables them to fulfill their potential through effectively accessing education. (Not disabling them through dislocating their education opportunities.)

We have used the contracting round this year to pave the way to making rapid progress with these intentions. Our providers are demonstrating an understanding of the need for change and a willingness to cooperate, which is fundamental to our success.

The contracts we sign will have system wide CQUIN's in 4 areas: frail elderly; diabetes; COPD and mental health. They will also contain service development and improvement plans which will enable us to do the detailed work necessary to achieve our ambition.

### **What will be different?**

- Services will move around the individual not the other way round
- Extended hours and 7 day working not Monday to Friday 9 – 5
- Specialist advice available to the multi-disciplinary team not out patient referral
- Rapid response to care homes not calling an ambulance to convey to A&E
- Shared clinical information not multiple assessments
- GP's acting as care coordinators not individuals falling down gaps
- Integrated budgets not arguments about who pays

### **Making it happen**

We are developing a work plan which will support each of the five major priorities we have described. Detailed action plans with clear outcomes and timescales for achievement are being worked up. Progress on delivery of these plans will be the subject of regular reporting to the Governing Body of Thanet CCG and subsequently, Thanet Health and Wellbeing Board, East Kent Whole Systems Delivery Board and Kent Health and Wellbeing Board as appropriate.

### **Next steps**

The Governing Body is asked to consider the detail of the plans and suggested way forward and, taking account of any comments, agree the suggested approach.

We have received detailed feedback from the Area team which we will ensure is taken account of in the final submission on 4 April.