

**Pioneer programme – Interface with Forward View new models of care**

Below are the seven models of care described in the Forward View. Please can you provide information on those with which your pioneer programme overlaps, or for which you would like to be considered as a test bed. We anticipate that as you may overlap with a number, please can you provide a sense of phasing or interdependencies, for example which models you are seeking to implement first, and when.

For convenience the Forward View document can be accessed here: <http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

New model of care	Pioneer perspective - Kent	Order of phasing (ie 1 = top priority; 2 = second priority etc)
Multidisciplinary community providers (horizontal integration around GP networks with MSTs covering wide service range including up to community hospital)	<p><b>South Kent Coast &amp; Thanet</b> Thanet and South Kent Coast CCG's are currently developing their model of integrated health and social care around natural communities with the aim of developing an Integrated Care Organisation. The model includes horizontal integration of teams including GP, mental health, care management, community nursing and intermediate care services (health/social care/mental health/domiciliary /voluntary care/access to community beds across the system by both health and social care to accommodate step up and step down with the person at the centre.</p> <p><b>Ashford &amp; Canterbury</b> The framework for commissioning community-based services is to ensure that health, social care and voluntary services are based around individuals and the communities in which they live and work. The framework has been termed Community Networks and will be focussed around our clustering of GP practices and the local communities that they serve. Selection and design of these services will be carried out in partnership with local patients, services users, provider and partner organisations. Consequently the services will be based on the needs of our local population.</p> <p>Examples of services that may form part of the community networks include: some outpatient services, neighbourhood care teams (which provide care to people in their own homes), GP care, consultants who provide care for the elderly, community and voluntary sector support and mental health services.</p> <p>One of the key enablers for successful delivery is the development of our Primary Care Strategy which underpins the Community Network approach.</p> <p>There may be one or two networks that are slightly more developed in their thinking and design models for local services that would enable them to be considered a</p>	1
Primary and acute care systems (vertical integration across GP, hospital, mental health and community care)	<p><b>West Kent</b> West Kent BCF is underpinned by the West Kent Mapping the Future which introduces a new model of Primary Care focusing on three distinct but interlinked areas of care (prevention, proactive and reactive) creating larger scale GP led multi-disciplinary health and social care teams which are wrapped around a suitably sized group of practices to ensure a suitable skill mix balanced against critical mass of population need. This will be our interpretation of multidisciplinary community provider models.</p> <p><b>DGS &amp; Swale</b></p> <p><b>South Kent Coast &amp; Thanet</b> Thanet and SKC CCGs are developing an integration model that includes some integration of primary and acute systems, engagement across the health and social care system has been in progress for the last couple of months and it is expected that a proposed model will be ready in early January for implementation as part of the organisation of integrated care model.</p> <p><b>Ashford &amp; Canterbury</b> Development of Community Networks is the key enabler to our Strategic Vision.</p> <p><b>West Kent</b> During 2015, we will redesign and then procure ophthalmology services in West Kent to integrate our extended and enhanced opticians services (including rapid eye clinics), our current ophthalmology GPWSS services, our current community ophthalmology team and all ophthalmology currently delivered by the Acute Trust which does not depend on an Acute Hospital facility for its delivery. It is anticipated that all this activity will be provided outside an acute hospital building.</p>	1* part of the same project in different parts of the West Kent Health system
Urgent and emergency care networks (integration of A+E, urgent care centres, ambulance, 111, out of hours GP, community health teams and pharmacies)	<p><b>DGS &amp; Swale</b></p> <p><b>South Kent Coast &amp; Thanet</b> There is an Urgent Care Strategy (Integrated Urgent Care Centre Model- IUCC) in place that covers the whole of east Kent (which includes both SKC and Thanet CCGs)and is being tested as part of the resilience funded schemes in addition the OOH and 111 service design is taking place to include the IUCC in preparation for the procurement exercise due to take place in 2015</p> <p><b>Ashford &amp; Canterbury</b> We are currently implementing our vision of Integrated Urgent Care Centres, for this to be fully effective the Community Network model needs to be in place.</p>	2
Viable smaller hospitals (shared services or full integration with larger hospital, or specialisation)	<p><b>West Kent</b> In 2015/16 West Kent intends to reprocure as one bundle the following: GP in A&amp;E (primary care and A&amp;E minors work), Enhanced Rapid Response Service, and GP Out of Hours Service to achieve a single provider solution focused at delivering as much urgent care activity outside of admission to an acute hospital. It is anticipated that there will be colocation which will allow the system to better manage peaks in activity in any of these areas.</p> <p><b>DGS &amp; Swale</b></p> <p><b>South Kent Coast &amp; Thanet</b> SKC CCG is developing the Deal community hospital as a hub for services across health, social care and voluntary organisations, ensuring full utilisation of the inpatient beds for both step up and step down for the use by both health and social care for the appropriate patients. In addition seeking to provide accessible out patient follow up services in areas such as rheumatology and orthopaedics and investigating the use of technologies and other health care professionals in this provision across acute and primary care. Thanet and SKC CCG are working in collaboration with the Hospital Trust around the shift of acute care into the community as part of the integrated care model in addition to identifying implications for the main acute hospital sites and the redesign of the site in Thanet.</p> <p><b>Ashford &amp; Canterbury</b> This is a much longer project which can only be implemented once the Community Networks are delivering reductions in attendances and admissions</p> <p><b>DGS &amp; Swale</b></p>	1* part of the same project in different parts of the West Kent Health system
Specialised care (concentration in centres of excellence)	<p><b>South Kent Coast &amp; Thanet</b> SKC and Thanet CCGs are involved in Kent &amp; Medway level work starting looking at stroke and vascular services working from a centre of excellence</p> <p><b>Ashford &amp; Canterbury</b> This is our lowest priority and can only be completed after reduction in admissions and attendances brought about through the Community Networks. However, we have already begun rationalising the outpatient services.</p> <p><b>DGS &amp; Swale</b></p>	3
Modern maternity services (following review, test new models including wider choice and more midwifery-run services)	<p><b>Ashford &amp; Canterbury</b> This has already been completed following a public consultation.</p> <p><b>DGS &amp; Swale</b></p>	6
Enhanced health in care homes (shared health and care models of in-reach services)	<p><b>South Kent Coast &amp; Thanet</b> Model in place for quality improvement, support and education to care homes in order to reduce unnecessary attendance at A&amp;E, this works across community health and social care services (older peoples nurse specialist and social care) and includes a community geriatric supporting the care homes via the nurse specialist or GP, in addition, a model of additional support via the community night nursing service is being tested - a proactive approach to support the care homes by making nightly contact with them and addressing any issues that may escalate over night. Integrated discharge team will incorporate the care home specific pathway</p> <p><b>Ashford &amp; Canterbury</b> This is part of our better care fund and Community Networks model of care. We have already been increasing the level of support however this can only be fully effective following introduction of the Community Networks model of care</p> <p><b>West Kent</b> In 2015/16 we intend to contract with GP practices to provide medical support to care homes in West Kent. This will include anticipatory care plans for high intensity users in the top 20 targeted homes. It is anticipated that the coordination of care for vulnerable people in West Kent through an effective multi-disciplinary team approach and a focus on anticipatory and end of life planning with help prevent crisis and unplanned acute hospital admissions. This will be complemented by a focused High Impact Support Team to work specifically with care homes.</p> <p><b>DGS &amp; Swale</b></p>	3
Are there are elements of your model which are relevant but missing from the above options?		2

The Forward View also speaks to a range of enablers and approaches which are integral to integrated care models and change programmes. Please provide information on any aspects your programme exemplifies.

Enabler/approach	Pioneer perspective
Prevention and early intervention (healthier behaviour, public health leadership, targeted prevention, employment support, workplace health)	<p><b>South Kent Coast &amp; Thanet</b> SKC CCG has an integrated commissioning group in place that reports to the local health and wellbeing group, identified areas of work that are linked to the Better care Fund work for example - CVD, diabetes, falls, housing. In addition SKC are developing an inequalities pilot focused around 3 practices using Health Trainers developing a pro active approach to Health and Wellbeing with the aim of reduction in the use urgent care services. Both thanet and SKC CCGs plans focus on self management, self care and prevention is an integral part of the model of integrated care.</p> <p><b>Ashford &amp; Canterbury</b> We are engaging with the Public Health Team in KCC to explore opportunities for preventative services to be commissioned and driven at network level, linking to both sections below.</p> <p><b>DGS &amp; Swale</b> Obesity prevention and smoking prevention</p>
Patient empowerment (access to information, self-care, patient choice)	<p><b>South Kent Coast &amp; Thanet</b> There is work being progressed regarding patient self care - 'Patients in Control'. There are plans for a focus on self management, self care and prevention is an integral part of the model of integrated care in Thanet and SKC</p> <p><b>Ashford &amp; Canterbury</b> Our community networks are being codesigned and coproduced by local stakeholder groups. Public engagement is implicit in everything we are trying achieve</p> <p><b>DGS &amp; Swale</b> integrated IT systems</p>
Community engagement (carer support, community volunteering, VCS partnership, NHS as employer)	<p><b>South Kent Coast &amp; Thanet</b> Have undertaken patient and public engagement across both SKC and Thanet CCG areas to seek views on how services should be designed and gaps identified and to test the integrated care ideas with them. In addition as part of the integration plans both CCG localities have developed a 'building community capacity' model</p> <p><b>Ashford &amp; Canterbury</b> Our community networks are being codesigned and coproduced by local stakeholder groups. Carers, the voluntary sector etc are key stakeholders and are engaged in our codesign teams.</p> <p><b>DGS &amp; Swale</b> working with vol sector on community agents etc</p>