Organising Integrated Care
NHS South Kent Coast CCG
and NHS Thanet CCG

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Case for change

- Ongoing rising demand for care
- Insufficient funding
- Fragmented services
- Unattractive clinical and practitioner roles
- Perverse incentives

What we have now?

- Not enough emphasis on wellbeing
- Lack of a clear contract between patients/public/community and the system
- Sub-optimal patient and carer experiences
- A lot of complexity with too many 'boundaries' and hand-offs
- Questionable efficiency and patchy value – some gaps, some duplication
- Not enough focus on preventive health for everyone
- Inadequate preventive care and early intervention for at-risk groups
- A health and care system that even in the short run is *not* sustainable

Should we?

- **Increase the size of services** to deal with rising demand including increasing numbers of those in crisis?
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- **Manage demand** by rationing services, tightening eligibility, hiking charges?

or intervene positively to……..

- **Change the service model** by right sizing health and care capacity and intentionally working to support individuals, families and communities to stay strong, diverting people from formal services wherever possible through sustainable, local, flexible individual and community solutions?

What will it be like for me……

7. Through the ICO we will provide the people of South Kent Coast & Thanet with the skills and tools to better manage their conditions.

8. development of community hubs where local care is planned and managed

1. Prime Ministers Challenge Fund

6. Big Picture engagement events have been held to ensure that our focus is on meeting the local population needs in South Kent Coast & Thanet

4. Development of a integrated shared care plan

5. Further use of Integrated Personal Budgets

4. Development of multidisciplinary community hubs

3. Development of an Integrated Care Organisation, including horizontal integration of teams

Integrated care: how would we know if we had it?

One Service

- To people it feels like one cohesive, coordinated service is being delivered

One Team

- To care providers it feels like they are all involved in and responsible for people's care and support - working together as one team, no matter who employs them

One Budget

- All providers understand their responsibility for adding value and for managing the resources available for the whole population as well as individual patients

Provider development approach

Procurement – why not?

- Difficulty in specifying the requirement for a new service model; as yet undeveloped.
- Need for commissioner led tight project management of delivery to align with the management of activity shifts from EKHUFT into a different setting.
- Variation in potential time lines for alignment of some service procurement which could prevent optimal scope of the project and alignment of key services.
- Distraction from the core purpose of the project to improve outcomes and experience for a better per capita cost

A 'bottom up' approach

- Built on delivery of 'I' Statements
- Enables form to follow function.
- Development of a common purpose across the local clinical and care community (putting quality as the primary focus)
- Development of a genuine sense of affiliation and common code of ethics.
- Focus of better patient outcomes.
- Single version of the truth.
- Built on Triple Aim principles of:
- Better patient experience
- Better clinical outcomes
- Better value for money
- Engages the entire front line clinical and caring community in real time change and improvement through collaborative, co-design social movement model
- Avoids costs of organisation structural change to an unknown end point
- Creates a 'safer' environment for multi-organisation service model redesign

Approach Taken

- Bottom up design which is professionally led
- Work together with partners across health and social care and voluntary sector
- Agreement on an Incremental process
- Strongly influenced by providers
- Form to follow function

Through

- Workshops to build and develop a shared “big picture” of what integrated care should look like
- Inclusive oversight and governance – leadership group
- A peoples panel to co design and drive change
- Corporate infrastructure groups: finance, commissioning, workforce
- CCG membership meeting, and acute consultants/GP meeting
- Social Care transformation programme
- Local implementation and leadership
- Underpinned with best practice, action research and evaluation and learning

Stakeholders identified some characteristics of IC SKC

- Person centred
- Keeping people well - prevention
- Managed care - care is actively managed, one care plan that is followed by everybody
- Organisation - clear and consistent funding, value for money (vfm)
- Location - looked after locally
- Care is integrated – multi professional, one team
- First contact – always get the right service

Multispecialty Community Provider Model

It's about *all* of us…

- We are all members of this 'enterprise/society' all the time – not just when we are patients
- We will be supported in taking more responsibility for our health and well being - as individuals and as communities
- We will have information and advice to help us stay healthy and to help us know how/when to seek professional advice.
- There is proactive, early identification and support for people whose health could be at risk

Membership

We always get the right service…

- A single approach to assessing people's needs means my details are shared with the professionals that will help me
- One phone call will me to the right advice or service first time.
- If I access care through a different route I can be confident that I will get the right services for my needs without unnecessary delays
- Health and care professionals know the services and support that's available and can direct me to the right place

First contact

Our care is integrated…

- We are supported by multi-professional teams are organised around common functions
- They work as one team even when not co-located and share information to enable better care to be provided
- Everybody in the system is aware of what others are doing and following the care plan
- My care is integrated across locations, over time and by conditions

Integrated care

Our care is actively managed…

- I have one care plan that supports my health and wellbeing
- My plan is understood and followed by everybody in the system
- The plan summarises my responsibilities and the support I can expect.
- If I have complex needs a care co-ordinator helps me manage the different elements of my care so it meets my needs and preferences
- If I need to get specialist treatment in a hospital, my local team will know about it and put in place the care and support I need to return home

Managed Care

We are looked after locally…

- I can get most of my care at home, in GP surgeries or in a larger community health & wellbeing centre
- Consultant advice will be available to me and my doctor locally wherever possible
- Modern technology helps in monitoring people's health and keeping health professionals in touch
- Integrated care is organised for the whole of SKC but its tailored for my community

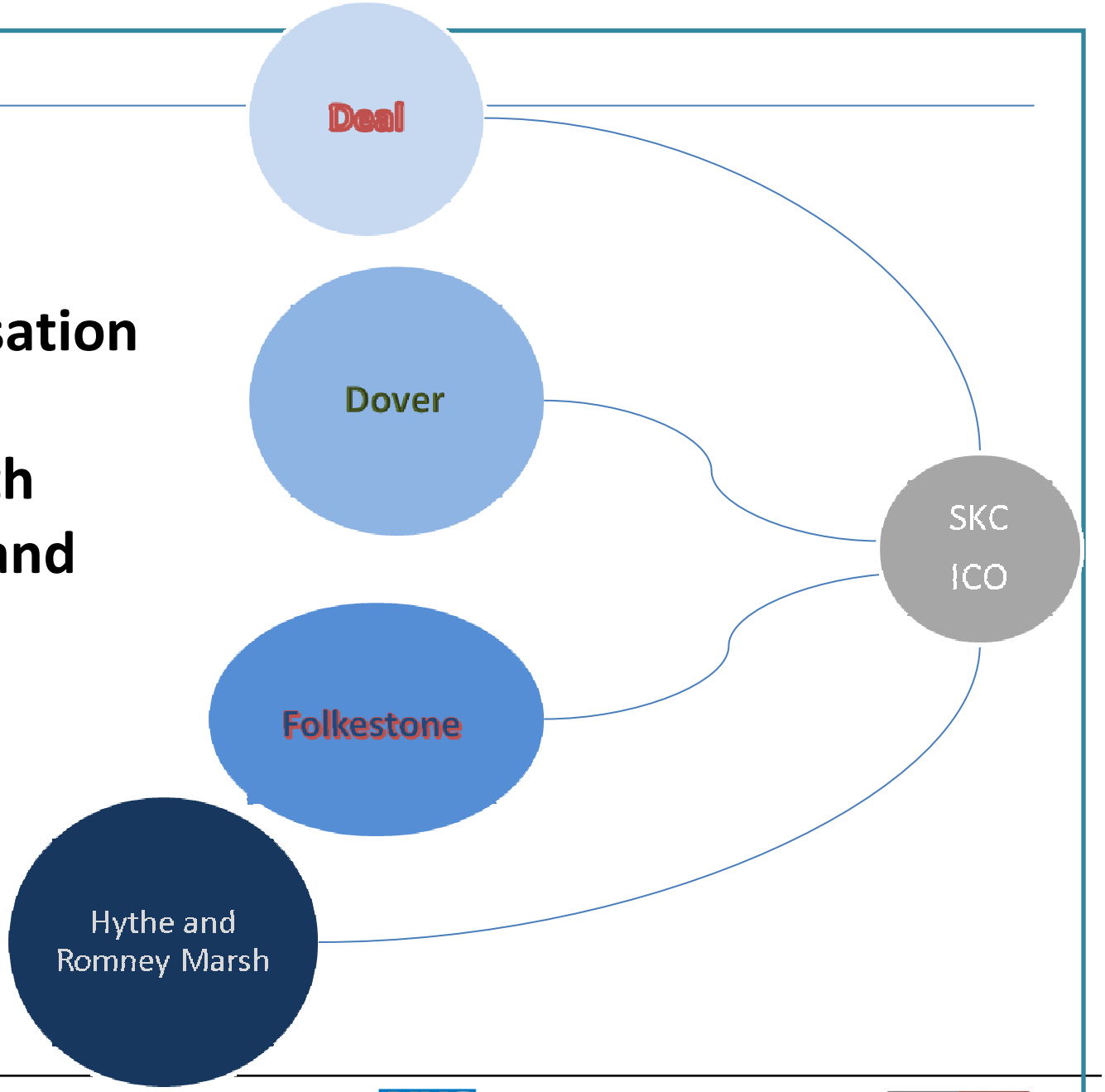
Location

We have clear and consistent funding…

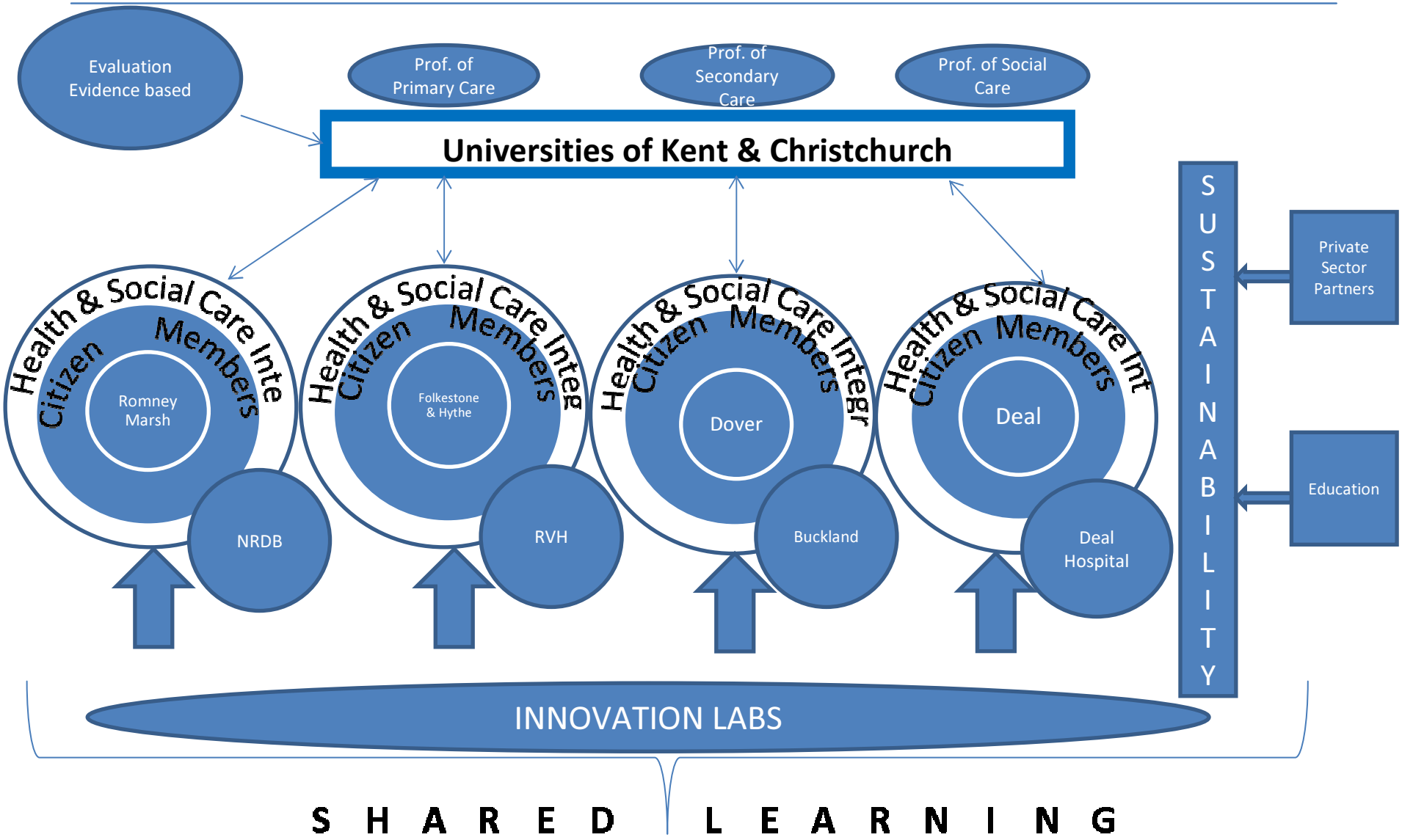
- There is one consolidated budget that supports the health and care needs of the whole population
- We use our community's assets to support health and wellbeing as well as the budget for public services
- Value for money is constantly reviewed to make sure that resources are used to match changes in need and to maximise health outcomes and wellbeing
- We are able to hold the organisation to account for how it looks after us and spends our money

Organisation

A central organisation supporting communities with different needs and patterns of care.



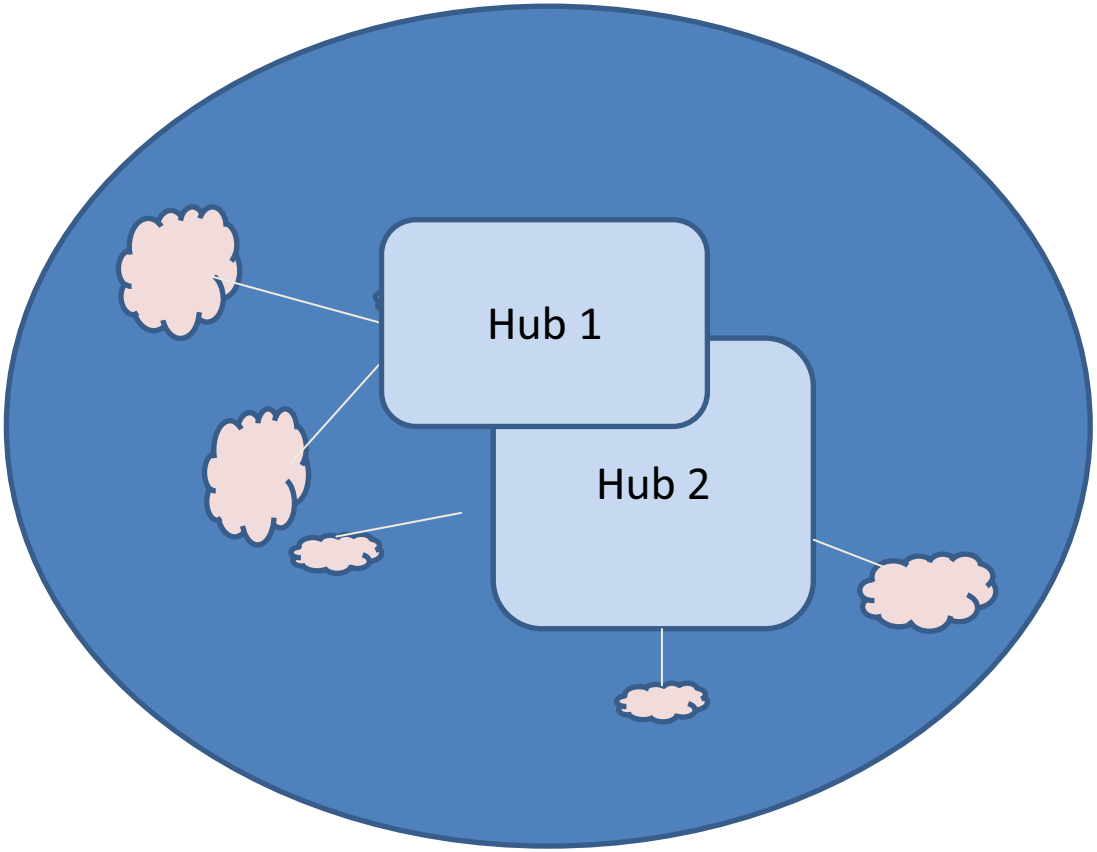
SKC Organisation of Integrated Care



Thanet's ICO will have some similarities but some key differences to that that for SKC

THANET'S ICO

- NOT a solely medical model, it needs to focus on reducing health inequalities
- Thanet's communities are enabled to support health and wellbeing with multi specialty teams
- The option of 1 or 2 hubs.
- QEQM is a central point for the community
- Maximise delivering care in Thanet



Thanet's integrated care building blocks

NO WRONG DOOR

"ONE" TEAM

CAPABLE COMMUNITIES

CARE IS PLANNED AND MANAGED (including guided self care)

WHAT GOES WHERE *new roles for QEQM and Gateway plus*

COMMISSIONING & CONTRACTING FOR INTEGRATED CARE

THE ICO ENTITY AND ITS GOVERNANCE

Challenges and next steps

Challenges

- Shared vision/tough choices
- Continued engagement – taking the public and workforce with us
- Workforce – skills and competencies and numbers
- Organisational form, risks and rewards to enable change
- Leadership to deliver and ensuring delivery of safe care through significant change
- Information sharing

Next Steps

- Develop integration programme plan
- Implementation of new models of care – phased approach
- Identify locality leadership to take forward
- Continuous stakeholder engagement
- Possibility of test bed site
- Design the evaluation model
- Explore integrated commissioning approach
- Model the financial flows