



Developing Integrated Care in South Kent Coast and Thanet

Progress Report – September 2015

1. Introduction

NHS South Kent Coast Clinical Commissioning Group (CCG) and Thanet CCG presented a paper to the Health Overview and Scrutiny Committee (January 2015) outlining strategic plans for developing an Integrated Care Organisation (ICO).

The HOSC were supportive of the direction of travel and requested regular briefings on progress.

This briefing presents both CCGs' progress against these plans, and in developing integrated out of hospital care in each of the local communities.

It also outlines progress in developing a local system for leadership through the local Health and Wellbeing Boards.

2. Background

Local NHS and Social Care partners recognised that the current pattern of health and social care locally cannot continue in its current form.

With an increasing demand for services, a growing older population, a rise in multiple long-term conditions and health and social care budget restraints, better integrated care is seen as an essential requirement to improve the quality and efficiency of NHS and Social Care.

At present the provision of out-of-hospital care is highly fragmented. It is provided by multiple organisations that are often differently engaged and governed through the NHS or local government. Provision spans statutory public organisations such as NHS trusts, Kent County Council (KCC) and local government directly managed provision, private sector, voluntary and charitable organisations.

The South Kent Coast CCG and Thanet CCG visions for Integrated Health and Social Care, through an Integrated Care Organisation (ICO), is for patients to always be at the centre of their care and support, receiving coordinated services that are easy to access 24/7, without organisational barriers, of high-quality and which maximise their ability to live independently and safely in their community and in their own homes wherever possible.

It will ensure service users and their carers can navigate the services they need and that their health and wellbeing needs are always met by the right service in the right location.

This vision has been developed through a 'bottom up' approach with wide consultation and engagement with the CCGs' membership, patients and the public as well as partners and providers across South Kent Coast and Thanet.

This will be achieved by building a local model of health and care delivery within the natural neighbourhoods of South Kent Coast and Thanet, with each comprising of a hub of community health, social and primary medical care services, undertaking an integrated health and social care approach.

Alongside this there will be schemes to support education and empower people to make decisions about their own health and wellbeing by building on and enhancing some of the local projects already implemented or planned and introducing other schemes to ensure faster evolution of what we are already setting out to achieve.

This is a major transformation programme and requires system and culture change. The programme of work has been in place since September 2014 and it is expected that delivery of the vision for Integrated Health and Social Care locally will be an incremental process over the next five years.

A roadmap to change has been developed with the expectation of the Integrated Care Organisation being run in shadow form by 2018/19 (**Appendix 1**)

3. Programme Progress

Partnership

It is well documented that by working in partnership more can be achieved than by working apart and therefore in South Kent Coast and Thanet a multi organisational partnership approach has been established in order to develop and deliver a new model of Health and Social care provision.

Delivery of the South Kent Coast and Thanet Integrated Care Organisation, focusing on a multi-specialty provider model of organising care, (incorporating new models of care as set out in the NHSE 5-Year Forward View <http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>) is the key focus of partnership activity.

Our agreed aim is, “to ensure that South Kent Coast and Thanet people are supported to be well and healthy in their own homes and communities, by delivering a connected system, designed and delivered around local people, located in natural neighbourhoods.”

To support delivery of this aim a compact agreement has been developed and adopted by all partner organisations. The Compact provides the framework for the Health and Social care, Voluntary and Community sector and other compact partners in South Kent Coast and Thanet to work together.

It describes the relationships, behaviours and values of all organisations working in partnership to achieve a common aim.

This Compact expresses the commitment of public sector and voluntary and community sector organisations to work in partnership and is a voluntary agreement between public sector organisations, voluntary and community organisations.

Whilst no partner is legally bound by this Compact, all partners have expressly stated their intent to work in the spirit of the agreement (**Appendix 2**).

Governance

An Integrated Executive Programme Board (IEPB) has been established in both South Kent Coast and Thanet consisting of senior leaders across the Health and Social Care system.

The IEPBs have been established to enable executive leaders from commissioner and provider organisations, and local authorities to have oversight of, and be responsible for ensuring effective and sustainable delivery of the agreed integrated health and social care plans.

A Programme Director is in place working on behalf of the two CCGs and Kent County Council, providing strategic leadership and programme management, in addition to a project support officer.

A programme plan and roadmap have been developed and agreed identifying high level key milestones and actions. A number of supporting workstreams have been established to support delivery of the programme in addition to locality delivery groups focusing on changing and implementing the new model of care. The following gives a brief outline of workstream progress

Workforce Development

A critical element of delivering the new model of Integrated Care is ensuring we have a sustainable and skilled future workforce. As part of the SKC and Thanet ICO programmes, we have been lucky enough to work with universities across Kent, Surrey and Sussex on the development of an ICO workforce plan for the future.

A synthesis of the work packages they are carrying out will provide guidance and advice on the development and delivery of education and training to ensure future workforce is fit for practice, realistic and affordable.

In taking this work forward we have held workshops aimed at frontline clinicians and practitioners across health, social care and the voluntary sector facilitated by Dr Michael Tremblay, focusing on the new model of care and the skills required to deliver that model.

The outcomes from these workshops will feed into the development of a future workforce plan for the ICO.

In addition it is important to 'grow our own' future workforce locally. An open day will be held in October in east Kent focusing on careers working in Health and Social Care. All schools have been invited with the aim of developing young people's interest in health and social care of the future.

Research and Development

The ICO programmes of work include a focus on research and evaluation, and a workstream devoted to this has been established in SKC and Thanet and is being led by the Centre for Health Service Studies at the University of Kent. This will ensure an evidence-based approach, alongside the generation of local evidence of effectiveness of the integrated care initiatives. Initiatives in both SKC and Thanet have been agreed for formal evaluation. Lessons learned will be fed into the design and implementation of the programme.

Good data is critical when evaluating and planning future services. Across Kent we have an integrated database which takes data from services across health and social care and will enable us to plan future care effectively. Primary care data is critical and practices across SKC and Thanet have agreed to release pseudonymised activity data.

All partners have agreed in principle to fund the evaluation programme over the next three years.

Information Management and Technology (IM&T)

An IM&T strategy group has been established, made up of all partners and is there to oversee the development and implementation of Information Technology (IT) as a key enabler to integrated care.

This group will develop an IM&T strategy and plan to support the ICO delivery ensuring that full interoperability across provider systems are in place, as well as identifying new technologies across the CCGs to support quality and effectiveness of patient services.

Work is already underway focusing on developing a mechanism for sharing patient information between the hospitals and GPs. This will be expanded to other groups of Health and Social Care professionals as the project gains momentum this year.

Patient care plans will be shareable shortly with East Kent Hospitals Trust (EKHUFT) and then other providers as the functionality becomes available.

Finance

It is recognised that there is a need to collate Social Care and Health Finance and Performance data to help inform the Integration agenda, therefore an integrated finance working group has been established.

As a start this group is looking at data for Thanet and South Kent Coast for Older People (65+) and Physically Disabled (18-64) related services.

In addition there has been an agreement within the local Health and Wellbeing Board (HWBB) for the CCG, KCC and the local council to develop a transparent budget approach where the CCG, social care and district budgets are presented together.

Work has also started on developing a capitated budget for CCG localities to support locality commissioning with shadow place-based health and social care budgets in situ by August 16/17.

The aim is to have an Integrated Health and Social Care commissioning budget established by 17/18.

Communication and Engagement

A communication and engagement working group is in place. This group is working to ensure alignment of communications relating to transformation and development of the ICO and ensure that this is aligned with any wider east Kent or Kent consultations.

The engagement team agreed a creative approach to involving local people in co-designing care in their areas and having a real input into identifying their area's needs, service priorities and opportunities for their community and making the most of community assets.

This has resulted in the model of integrated care being designed by more than 200 clinicians and the public with co design from the outset, building upon a shared sense of ownership and ambition for health and care in the area.

The group have developed a draft communications and engagement plan which will support the ICO work.

4. Developing an Integrated Commissioning System

Health and Wellbeing Boards (HWBB) provide a genuine opportunity to develop a place based, preventative approach to commissioning health and care services, improving health and tackling health inequalities and the wider determinants of health.

Their role is as a local system leader and with further development they could provide the foundations on which wider devolution of health and care and responsiveness to local needs can be built. This is reinforced In 'Making it better together': a call to action on the future of Health and Wellbeing Boards, published in June 2015 by the Local Government Association and NHS Clinical Commissioners.

In SKC and Thanet the local HWBB have been exploring how they could become a commissioning/decision-making body. A small working group has been established to explore options and look at best practice in other areas.

This work is being overseen by the District CEOs, CCG Accountable Officer and senior officers from KCC. It is clear that membership and governance would need to develop and change to enable this vision. This needs to be aligned with the strategic role and framework of the statutory Kent HWBB.

Development of the SKC HWBB and the Thanet HWBB has already started and is running in parallel with the development of the Integrated Care Organisation with the idea of running the new HWBB model in shadow form from April 2016.

Both local HWBB have agreed the commitment and ambition to become a vehicle for change.

5. Progress on developing and delivering a new integrated model of care (service provision)

NHS South Kent Coast and NHS Thanet CCGs are now at the position where an outline model for integration has been designed locally.

Whilst this work was happening, the *Five-Year Forward View* was published which outlined four new models of care for integration. The work that both CCGs are doing fully aligns with this direction of travel. The following outlines the progress made in each CCG locality.

South Kent Coast

The local GPs in South Kent Coast are looking to lead the establishment of an 'Integrated Care Organisation' (based on the nationally described Multi-Specialty Community Provider Model). Ultimately this will become a full risk-sharing, population-based approach to organising integrated care locally.

The CCG is beginning to implement the ICO operational model in SKC. The focus is on the function and redesign of the currently commissioned services across Health, Social Care and the third sector, the form of the ICO will follow at a later date.

There are four natural localities in SKC CCG, Deal, Dover, Folkestone and Romney Marsh, the four local delivery groups are in place and meet bi-monthly.

The membership includes; statutory and voluntary services including patients and public membership, some also involve local councillors. The groups provide oversight and scrutiny to the developing ICO operating model across SKC.

There are a number of workstreams that have been established in order to deliver the operating model. The following work streams are either running or just starting:

- Integrated primary care
- Prevention and self-care
- Pathway changes - mental health, rheumatology, cardiology, respiratory, dermatology, diabetes
- Locality urgent care, rehabilitation and enablement
- Pharmacy and medicines management
- Information management and technology
- Health, housing and social care
- End-of-life care improvement.

We are working closely with KCC social care and the district councils who are supporting, in particularly the health, housing and social care and prevention and self-care. There are opportunities to communicate targeted messages to each household by partnering with the councils to place information in their magazines and to also send out message through adding flyers to the council tax bills.

In addition we are starting work together to build a comprehensive directory, to include public health of services, interventions and technology that can support improved health and wellbeing, reduce isolation and promote independence through innovative housing options.

In October, we intend to pilot the integrated intermediate care service together with KCC social services, Kent and Medway Partnership Trust (KMPT) and the voluntary sector. This is phase 1 of the integration of such services with phase 2 looking to utilise the KCC Area Referral Management Services (ARMS) as the single point of referral for delivery of the integrated intermediate care pathway.

We also intend to pilot an integrated locality level urgent care pathway that will involve the Minor Injury Unit (MIU) nurse practitioner, rapid response nurses and paramedic practitioners working together to deliver an integrated urgent and crisis response.

In relation to Information management and technology the strategy work stream will oversee the continued implementation of the interoperable IT system within general practice that will eventually allow consensual access to patient summary record and anticipatory care plan.

Phase 1 implementation is completed and is moving into Phase 2. The workstream will ensure delivery of the work plan that includes the mobilisation of all available and appropriate technologies.

Work has just started on the bringing together and developing the integrated team around general practice which is designed to put in place a care coordination model for the most vulnerable patients.

This will also deliver care coordination for patients at the end-of-life care and the groups have started that will be responsible for the pathway redesign and education and workforce.

Additionally, we recognise the value contribution of domiciliary care agency staff and are planning to provide an educational programme for them to assist in the identification of the deteriorating service user to ensure that staff are skilled enough to undertake a simple assessment of their service user should they feel that they may becoming unwell to act quickly to avert a crisis and potentially improve the outcome.

We are beginning to scope with KCC the opportunities for 'community agents' who can support the wider community to improve health and wellbeing and will ultimately support the prevention agenda.

The CCG is working to develop managed care pathways and 'tiers of care' across speciality areas such as diabetes, cardiology, respiratory, dermatology and rheumatology as a focus.

We are testing the nurse consultant led rheumatology pathway from September 2015 in Deal. It is our intention that the redesigned pathway will be SKC CCG's blueprint for other specialty areas for appropriate management of patient groups across the acute and primary care system.

The final work stream, pharmacy and medicines management is due to start late November, early December.

Thanet

Thanet CCG recognises that as more people live longer and with complex co-morbidities, there is a need to address the fragmentation of care which is apparent across the health and social care system. Integrated care aims to close any gaps in care provision and ensure care co-ordination leads to improved patient experience and outcomes.

Ultimately, Thanet CCG and partners will commission and provide person centred services where care is delivered around the individual via a single point of access.

In Thanet a number of design sessions have been held to advance thinking on the locality model for integration focusing on the role of QEQMH as an integral element of the model providing community orientated acute provision ensuring that services are drawn into Thanet wherever possible. Further engagement is currently taking place to design with residents and clinicians the service details of the local areas within Thanet (Broadstairs, Margate, and Ramsgate) and those services which are all across Thanet.

Two workstreams have commenced in Thanet as the first steps in developing the ICO:

1) Local hospital (Queen Elizabeth the Queen Mother) design as a community asset

This includes development of Integrated Primary Care at 'the front door' and redesigning the frailty pathway to improve patient flow and safety for frail, older patients.

2) 'Stay at home' services

This includes the Integrated Health and Social Care 'wrap-around' teams servicing four 'clusters' of practices within Thanet, increasing access to paramedic practitioners, implementing discharge to assess and enhancing support to care homes.

Emerging Clusters

Practices in Thanet have formed into groups, or clusters, resulting in four clearly defined localities: Broadstairs, Margate, Ramsgate and the Quex Cluster (comprising Birchington, Garlinge, Minster and Westgate).

Work has taken place with two of the four clusters to map the proposed provision of integrated health and social care teams which could operate at a practice level, cluster level or Thanet wide level to ensure effective use of resources whilst meeting the needs of the population within the cluster.

Workshops are planned with current providers, practices, patients and the public to consider what current pathways would look like if they were delivered in an integrated way. This ensures the patient voice is central to any redesign and frontline staff delivering those services are empowered to effect the changes needed to ensure true integration of patient care.

6. Next Steps

- Further development of the HWBB to become local commissioner of health and care services.
- System modelling of out of hospital care and acute provision for the future.
- Implementation of the model of care in localities.
- Development of the potential community service models for mental health.
- Development of the potential service models in Thanet for Children's services, focused on support for emotional health and wellbeing.
- Strengthening of local leadership to deliver the model of care.
- Investigation into contracting mechanisms for the future and future provider organisation models, for example, Accountable Care organisations.

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Working on behalf of KCC and Thanet and SKC CCGs

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