

# DGS CCG and Swale CCG (North Kent)

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# Integration and North Kent

- Two CCGs - share common demographic profile, providers and challenges
- NK (including Medway) already has in place a strategic alliance given that patient flow is predominately contained within this area non-electively;
- Developing greater alliances and a wider footprint strategy across North and West Kent
- We recognise the need for wider footprint planning and health integration;
- Most importantly we understand the value and need to integrated both commissioning and provision not only across health, but also with social care.

# North Kent – integrated commissioning

- Clear governance structure in place;
  - Joint strategic commissioning board
  - Executive Programme Board
- Have aligned commissioning teams for:
  - Children's
  - LD
  - Carers
  - Aspects of mental health – dementia and integrated primary care teams
- Next steps is to move from alignment to full joint commissioning

# North Kent – integrated provision

## **DGS**

- IDT – based around DVH
- IPCTs – community
- Carers services
- Primary care mental health workers
- Dementia nurses
- ADSS

## **Swale**

- IDT funded jointly with Medway
- IPCTs – aligned or localities and emerging Swale federation
- Paramedic practitioners
- Joint funded post with Borough council focusing on health inequalities
- Carers services
- Dementia nurses

# What has worked well

- Governance structure – allows for open debate, planning and monitoring of delivery;
- Fair to say that alignment of commissioning and integration of commissioning has happened at a greater pace;
- We have more joined up provision – IPCTs, IDTs, and real inclusion of the voluntary sector;
- This has resulted in a:
  - Reduction in ambulance conveyance – 1% reduction
  - Low DTOC – Nov 1.74%
  - Success regarding 'home first' within Swale has been maintained – rolling out to DGS
  - Better patient experience

# Next steps – opportunities

- Opportunity to bring together social care with through the community service tender – key plank of the bid was centred around integration of health and social care;
- Emerging federations with an opportunity of bringing together social, community health (including mental health) and primary care together;
- 90% of care takes place within the community – cornerstone and backbone of provision
- Hospitals are great for the acutely unwell and need to be an integral part of our communities, but they are not *the* community.

# Key risks

- Organisational risks and bottom line
- Not more of the same but transformation requires capacity and resource
- Care markets stimulation and workforce issues
- Open governance systems will assist in mitigating such issues
- HWBB in taking receipt of plans and helping to support delivery and releasing the blocks and tensions