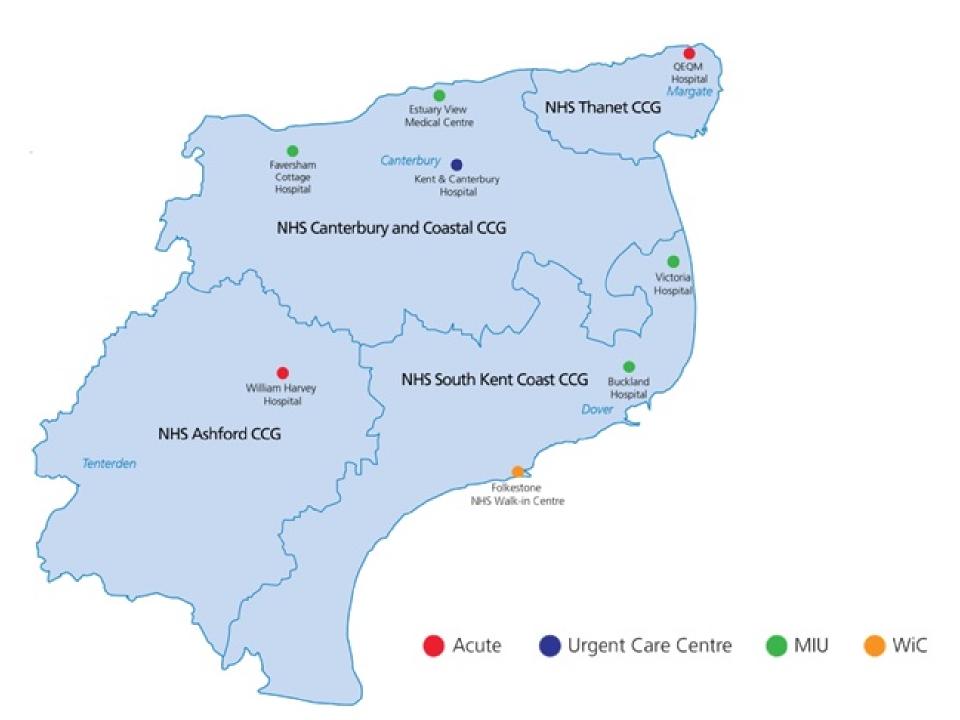
East Kent Sustainability and Transformation Plan



East Kent Health Economy Approach

All 4 Clinical Commissioning Groups

Canterbury & Coastal, South Kent Coast, Thanet and Ashford

Our Service Providers

- East Kent Hospitals University NHS Foundation Trust
- Kent Community Health NHS Foundation Trust
- Kent & Medway NHS and Social Care Partnership Trust
- Kent County Council
- Other Partners
 - Independent Sector, Health & Wellbeing Board, Local Authorities etc.

NHS England

- Specialist Commissioning
- Primary Care

Our approach

"What care will you receive?"

Clear service models and pathway specifications

"Who will provide your care?"

Provider/organisational models

- New shape of integrated, local out of hospital providers (ICOs/MCPs/Vanguards)
- Acute physical provision
- Acute mental health provision

"Who will commission your local services?"

Commissioning models

- Local Health and Wellbeing Boards
- CCG development within and alongside the above
- Aligning primary and specialist commissioning to seek devolution within the new models of care

Whole System Clinical Strategy – Overview

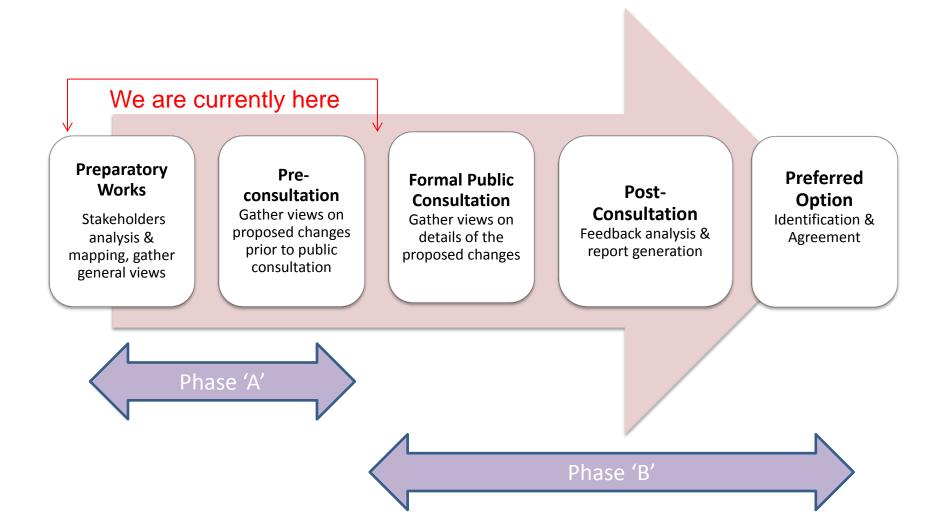
- Simplify services and remove unnecessary complexity.
- Use these services to build multidisciplinary care teams for patients with complex needs.
- Wrap multidisciplinary teams around groups of practices, including mental health, social care, specialist nursing and community resources.
- Support these teams with new models of specialist input.
- Develop teams and services to provide support to patients as an alternative to admission or hospital stay.
- Build the information infrastructure, workforce, and ways of working and commissioning that are required to support this.
- Reach out into the wider community to improve prevention, provide support for isolated people, and create healthy communities

End State

Comprehensive, integrated local care and health services

- Tailored to communities
- List based, grounded in primary care
- Maximum scope for the team around the patient GP
- Social Services, Voluntary Sector and NHS working together
- Out of hospital provision through Multispecialty Community Providers (MCP)
- Supported by a chain of high quality, smaller, acute hospitals with access to safer specialist services

Engagement Process: Overview



South Kent Coast

SKC ICO Model of Care Roadmap

"Delivering a model for health and care services out of the acute hospital, wrapped around the patient and coordinated by their GP; designed and delivered around local patients in 4 neighbourhoods. Ultimately delivering one service which is provided by one team, with one budget;"

2019/20 2018/19 2017/18 · Community hubs functioning Self-management model Fully integrated urgent response in community Community capacity • Single assessment process



- Integrated primary care teams
- Integrated pathway for LTC
- Enhanced primary care access
- Primary and secondary Falls prevention service
- Enhanced care in care homes
- Care act implemented
- Community navigators
- Community MH and wellbeing
- Integrated KCC assessment clinics
- Integrated KEAH/ICT/ service
- Acute physicians in community

 Integrated care planning

2016/17

- NHS 111 procurement
- Enhanced support for living with Dementia
- Carers supported
- Expanded community hub provision
- Personal health budgets
- Further technology in pathways
- Fully integrated community teams (health and social care)
- Discharge to assess
- Acute physicians in community

Local leadership

Visiting paramedic/999 teams

Evaluation

Assistive Technology

Codesign

Integrated Care Organisation SKC ICO Programme Plan

"Delivering a model for health and care services out of the acute hospital, wrapped around the patient and co-ordinated by their GP; designed and delivered around local patients in 4 neighbourhoods. Ultimately delivering one service which is provided by one team, with one budget;"

Design 2016/17 Business plan for ICO

- Options appraisal of what's in scope of ICO
- Compact agreement in place

2015/16

- HWBB developed for Integrated Commissioning
- Integrated finance model developed
- Strategic workforce plan agreed targeting skill gap
- Integrated IT strategy agreed
- · Integrated health and social care dashboard
- · Comms and engagement plan
- System modelling complete

2018/19 Build 2017/18

> • Embryonic ICO (adult /LTC care) 4 neighbourhoods

Test

- Integrated health and social care commissioning budget established Shadow commissioning
 - New contracting model

2019/20

Implement



- Continue shadow ICO
- Decommissioning
- · Procurement of ICO

 ICO specification written New emergent

- workforce in place
- Start shadow running of ICO

Locality delivery groups

 Leadership of place established

HWBB in place

- Shadow place based health budgets
- Capitated budget defined
- Evaluation framework in place
- Future workforce plan complete
- Integrated information sharing platform
- Community hub(s) design model complete
- Social care transformation complete

Local leadership

Evaluation

Culture Change

Stakeholder Engagement

Leading Integrated Health and Social Care Commissioning SKC HWBB - Year One Roadmap

2016/17

January

November

September

- **Steering Group** established
- Agree Year One Roadmap
- Agree Draft financial model and next steps to deliver alignment

Agree Governance Roadmap

- Agree establishment of Groups to drive **HWBB** development
- **Better Care Fund** progress update
- Detailed finance and governance arrangements developed

Full recommendation presented to HWBB

March

- Agree SKC HWBB commissioning priorities
- Agree outcome measures
- Agree public communication /engagement plan
 - Review SKC HWBB Membership

Agree final integrated commissioning plan 2016/2017

- Deliver agreed integrated commissioning plan and monitor performance via the dashboard
- Shadow place based budget in place
- New contracting models
- Development plan 2017
- HWBB running in Shadow form

Accountable Care Organisation (ACO)

SKC HWBB commission integrated OUTCOMES & PRIORITIES

SKC Integrated Commissioning Plan

Locality Commissioning Priorities

There are 4 Localities within SKC ACO

Key Components

- Dover population 57.7k (64.7k*)
- Folkestone– population 87.1k (94.6k*)
- Romney Marsh
 population 21.1k (26.9k*)
- **Deal** population 34.5k (38.0k*)

That will become a provider of integrated out of hospital care

Key Components

- Access to specialist clinics in the community
- Pathways to prevent admission and to facilitate earlier discharge from hospital
- Rehabilitation
- Prevention
- Supporting independence
- Primary mental health
- Provider risk share agreement across localities

They will have an Integrated (capitated) commissioning budget

Key Components

- Accountability for budget spend
- Accountable for purchasing local services to deliver model of care
- Lead provider commissioning model
- Financial risk management

And become a locality Commissioner

Key Components

- Integrated locality capitated commissioning budget
- Accountability to develop local commissioning plan
- Risk share agreement across 4 localities
- Commissioning for quality and outcomes
- Commission to meet locality health needs and priorities
- Integrated commissioner

*Weighted

Thanet Future Accountable Care Organisation

Integrated Care Organisation Thanet ICO Programme Plan

"Delivering a model for health and care services out of the acute hospital, wrapped around the patient and co-ordinated by their GP, designed and delivered around local patients. Ultimately delivering one service which is provided by one team, with one budget;" 2019/20

Implement

Continue shadow

- Decommissioning
 - Procurement of ICO

2018/19

ICO specification written

- New emergent workforce in place
- Start shadow running of ICO

Embryonic ICO (adult /LTC care/H&WB/children)

Test

- Integrated health and social care commissioning budget established
- · New contracting model

Design 2016/17

2015/16

- Options appraisal of what's in scope of ICO
- Compact agreement in place
- HWBB developed for Integrated Commissioning
- Integrated finance model developed
- Strategic workforce plan agreed targeting skill gap
- Integrated IT strategy agreed
- Integrated health and social care dashboard
- · Comms and engagement plan
- System modelling complete

Business plan for ICO

Build

- Shadow commissioning HWBB in place
- Leadership of place established
- Shadow place based health budgets

2017/18

- Capitated budget defined
- Evaluation framework in place
- Future workforce plan complete
- Integrated information sharing platform
- QEQMH design model complete
- EKHUFT/secondary care services consultation
- Social care transformation complete

Local leadership Evaluation Culture Change

Stakeholder Engagement

Thanet ICO Model of Care Roadmap

"Delivering a model for health and care services out of the acute hospital, wrapped around the patient and coordinated by their GP, designed and delivered around local patients. Ultimately delivering one service which is provided by one team, with one budget;"

2016/17

2015/16

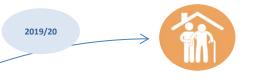
- Integrated health and social care teams
- Integrated pathway for diabetes, COPD, HF
- Elective pathway re design
- Extended access to PCMH
- Falls and frailty pathway
- Enhanced care in care homes
- Discharge to assess
- Ambulatory care
- Community equipment
- Care act
- Dementia diagnosis
- Community navigators
 Local leadership

- Integrated care planning
- NHS 111 procurement
- Community ownership model (Newington)
- Exemplary end of life care
- Primary care hub in QEQMH
- Enhanced support for living with Dementia
- Patient transport
- MH crisis teams and psychiatric liason
- Carers supported
- Expanded community provision
- Personal health budgets

Evaluation Assistive Technology

Codesign

2017/18



2018/19

 QEQMH functioning as community hub

- Self-management model
- Fully integrated urgent response in community
- Visiting paramedic/999 teams

Accountable Care Organisation (ACO)

Thanet HWBB commission integrated OUTCOMES & PRIORITIES

Thanet Integrated Commissioning Plan

Locality Commissioning Priorities

There are 4 Localities within Thanet ACO

Key Components

- Quex population 30k
- Ramsgate population 51k
- Margate population 42k
- **Broadstairs** population 20k

That will become a provider of integrated out of hospital care

Key Components

- Access to specialist clinics in the community
- Pathways to prevent admission and to facilitate earlier discharge from hospital
- Rehabilitation
- Prevention
- Supporting independence
- Primary mental health
- Provider risk share agreement across localities

They will have an Integrated (capitated) commissioning budget

Key Components

- Accountability for budget spend
- Accountable for purchasing local services to deliver model of care
- Lead provider commissioning model
- Financial risk management

And become a locality Commissioner

Key Components

- Integrated locality capitated commissioning budget
- Accountability to develop local commissioning plan
- Risk share agreement across 4 localities
- Commissioning for quality and outcomes
- Commission to meet locality health needs and priorities
- Integrated commissioner

Ashford and Canterbury

Multispecialty Community Providers

Towards Integrated Provision

2016/17 • Ea

- Community Networks
- Canterbury,
 Whitstable and
 Faversham MCP
 Commenced
- East Kent Clinical Strategy
- Canterbury, Whitstable and Faversham MCP -Phase 2
- Herne Bay Integrated
 Care Phase 1
- Develop business case for Ashford MCP

East Kent Clinical
 Strategy – Phase 1

2017/18

- Canterbury,
 Whitstable and
 Faversham MCP Phase 3
- HB Integrated Care -Phase 2
- Ashford MCP Phase 1 & 2

2018/19

- East Kent Clinical Strategy – *Phase 2*
- Canterbury,
 Whitstable and
 Faversham MCP Phase 4
- HB Integrated Care -Phase 3
- Ashford MCP –
 Phase 3

2019/20

- Smaller, safer, more specialist secondary care services
- Secondary care (physical and mental health) support to primary care out of hospital
- Out of hospital provision through Multispecialty Community Providers (MCP)
- Access conducive to decrease health inequalities



Encompass: Components

Patient care perspective

Primary care at scale with extended / enhanced range of offers

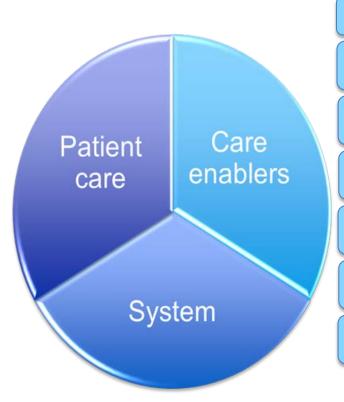
Person-centred care: supporting independence and well being

Focus on prevention and self-care

Whole population model with specific targeted pathways (e.g. extensivist for over 65 with comorbidities)

Community asset based approaches and social prescribing

Assistive technologies (mobile apps, telehealth, telecare, telemedicine)



Care enablers perspective

Single points of access for patients and staff

Integrated community multidisciplinary teams with new roles, e.g. navigators

Single shared assessments and joint approaches to clinical governance and management of clinical risk

Information hubs integrated shared digital care records and interoperable systems

Risk stratified care planning and case management – with dedicated support to those at higher risk of admission

Care hubs and new health and wellbeing

In-reach and out-reach from secondary care

System perspective

Primary care provider development

Horizontal integration of existing 'out of hospital' provision

Integration of health and social care funding and commissioning

Care funded through fully delegated capitated budget; with risk and gain share

Outcome based evaluation, payment and performance

Care model operating on neighbourhood footprint

Multi-agency partnership working; systems leadership and shared governance models

Provider responsible for whole population health – based on registered GP lists

Encompass - Community Hub Operating Centres (CHOCs)

- Located in Whitstable, Canterbury, Faversham and Sandwich
- Include as core
 - Integrated nursing and social care services
 - Health prevention and health promotion services
 - Access to voluntary and community services via social prescribing
- Each hub will incorporate:
 - General Practice
 - Integrated nursing and social care (including domiciliary care)
 - Functional therapy services
 - Access to voluntary and community service via social prescribing
 - Health promotion and prevention services
 - Integrated mental health services

Towards "Full Integration" of Commissioning

- What is the decision making process?
- Where does accountability and responsibility sit?
 - Department of Health/NHS England
 - Department for Communities and Local Government
 - Local Councillors
- How does this fit with existing Joint Commissioning Group and the Better Care Fund?
- What is the link with Five Year Forward View and "Place Based Systems of Care"?
- Do we need to develop local HWBB as a commissioning entity?
- How will local HWBB address issues which affect East Kent?

Thank You