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

Preparatory Works
Stakeholders analysis & mapping, gather general views

Pre-consultation
Gather views on proposed changes prior to public consultation

Formal Public Consultation
Gather views on details of the proposed changes

Post-Consultation
Feedback analysis & report generation

Preferred Option
Identification & Agreement

Phase ‘A’

Phase ‘B’

We are currently here
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:"

- 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
- 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
- Visiting paramedic/999 teams

Local leadership
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

- 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
- Locality delivery groups

Build

- Business plan for ICO
- Shadow commissioning HWBB in place
- Leadership of place established
- 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

Test

- Embryonic ICO (adult /LTC care) 4 neighbourhoods
- Integrated health and social care commissioning budget established
- New contracting model

Implement

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

- Continue shadow ICO
- Decommissioning
- Procurement of ICO

2015/16

2016/17

2017/18

2018/19

2019/20
Leading Integrated Health and Social Care Commissioning
SKC HWBB - Year One Roadmap

- Full recommendation presented to HWBB
- 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 Integrated Commissioning Plan

Locality Commissioning Priorities

There are 4 Localities within SKC ACO

- **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*)

*Weighted

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
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."

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2016/17
- Business plan for ICO
- Shadow commissioning HWBB in place
- Leadership of place established
- Shadow place based health budgets
- 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

2017/18
- Embryonic ICO (adult/LTC care/H&WB/children)
- Integrated health and social care commissioning budget established
- New contracting model

2018/19
- ICO specification written
- New emergent workforce in place
- Start shadow running of ICO

2019/20
- Continue shadow ICO
- Decommissioning
- Procurement of ICO

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Local leadership  Evaluation  Culture Change  Stakeholder Engagement
“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;”
Accountable Care Organisation (ACO)

Thanet Integrated Commissioning Plan

Locality Commissioning Priorities

There are 4 Localities within Thanet ACO

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

Key Components

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Thanet HWBB commission integrated OUTCOMES & PRIORITIES

DRAFT Nov 15
Ashford and Canterbury

Multispecialty Community Providers
Towards Integrated Provision

2016/17
- East Kent Clinical Strategy
- Canterbury, Whitstable and Faversham MCP - *Phase 2*
- Herne Bay Integrated Care - *Phase 1*
- Develop business case for Ashford MCP

2017/18
- East Kent Clinical Strategy – *Phase 1*
- 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

In Place
- Community Networks
- Canterbury, Whitstable and Faversham MCP *Commenced*
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)

**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

**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 centres
- In-reach and out-reach from secondary care
- Multi-agency partnership working; systems leadership and shared governance models
- Provider responsible for whole population health – based on registered GP lists
- Outcome based evaluation, payment and performance
- Care model operating on neighbourhood footprint
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