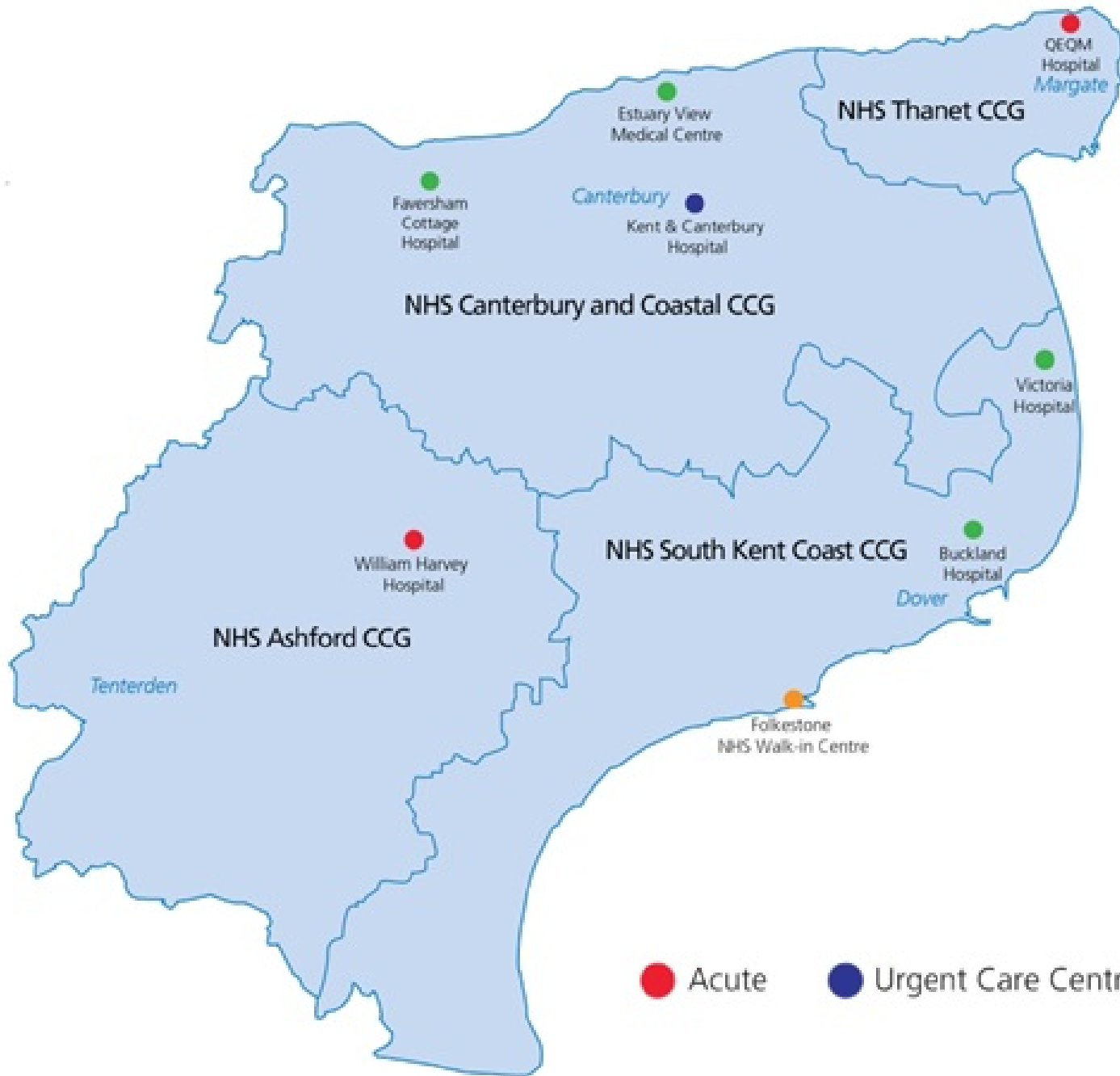


East Kent Sustainability and Transformation Plan



- Acute
- Urgent Care Centre
- MIU
- WiC

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

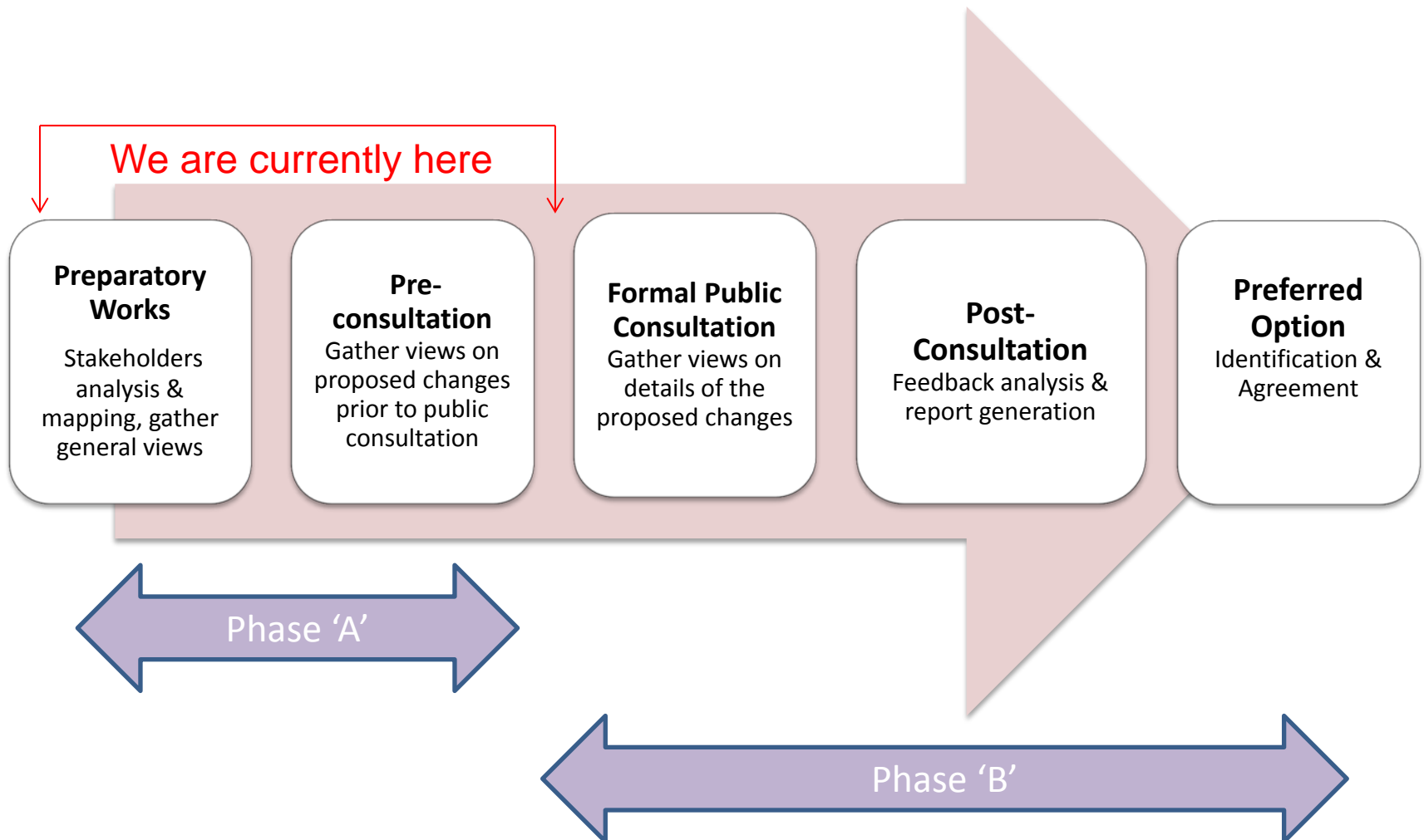
- Simplify services and remove unnecessary complexity.
- Use these services to build multidisciplinary care teams for patients with complex needs.
- Wrap multidisciplinary teams around groups of practices, including mental health, social care, specialist nursing and community resources.
- Support these 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

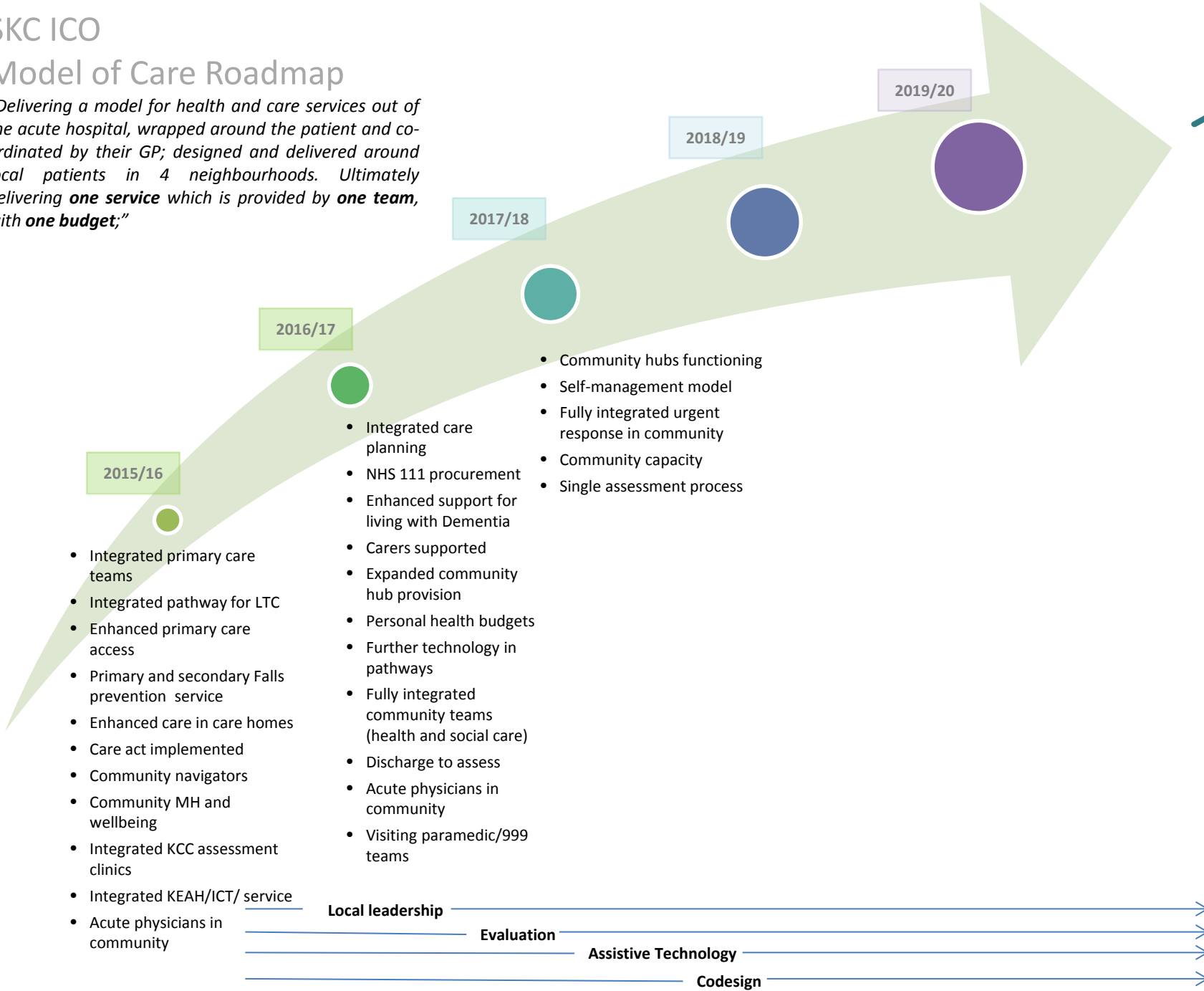
Engagement Process: Overview



South Kent Coast

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**.”*



2015/16

- 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

2016/17

- 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

2017/18

- Community hubs functioning
- Self-management model
- Fully integrated urgent response in community
- Community capacity
- Single assessment process

2018/19

2019/20

Local leadership

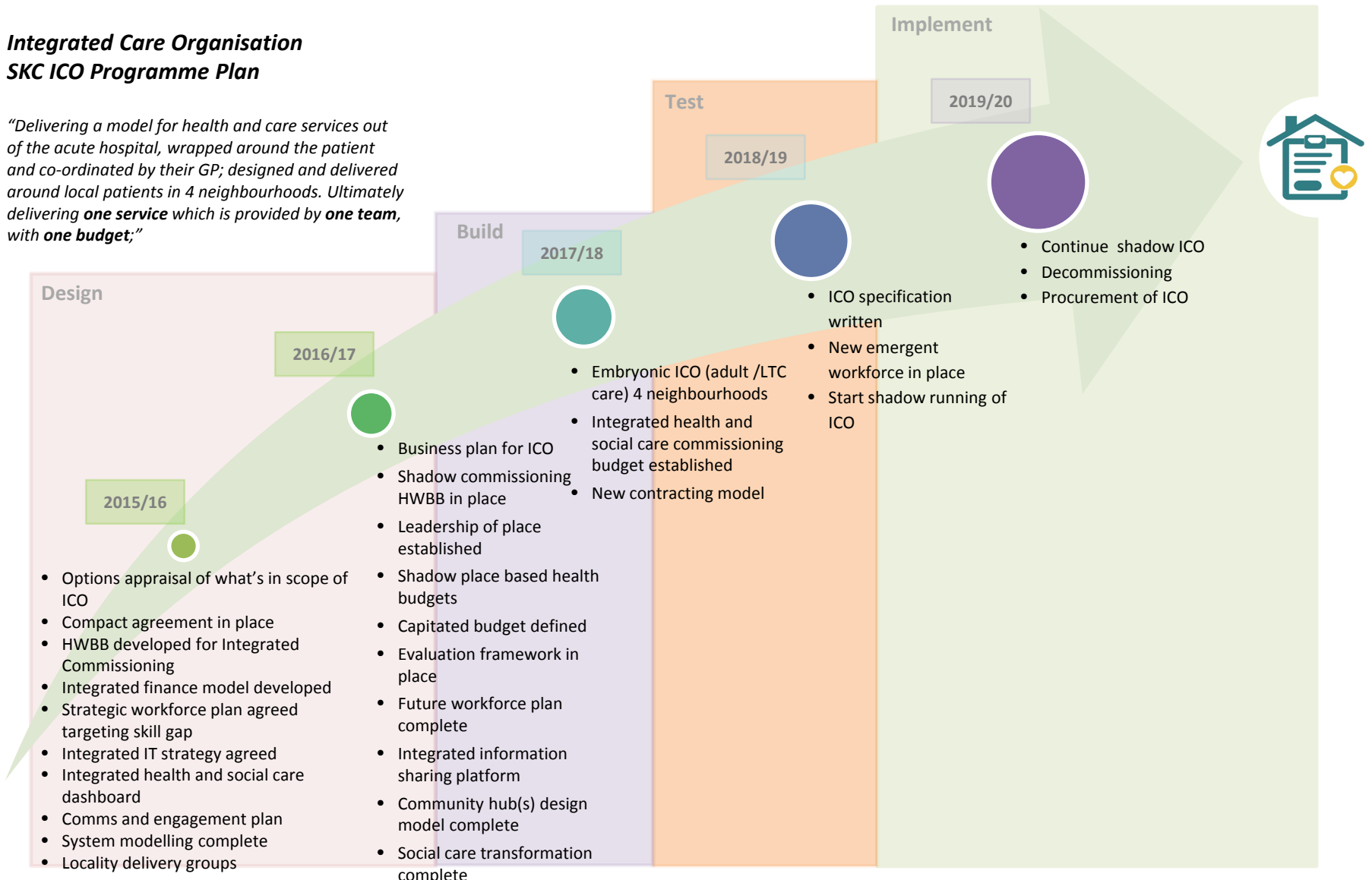
Evaluation

Assistive Technology

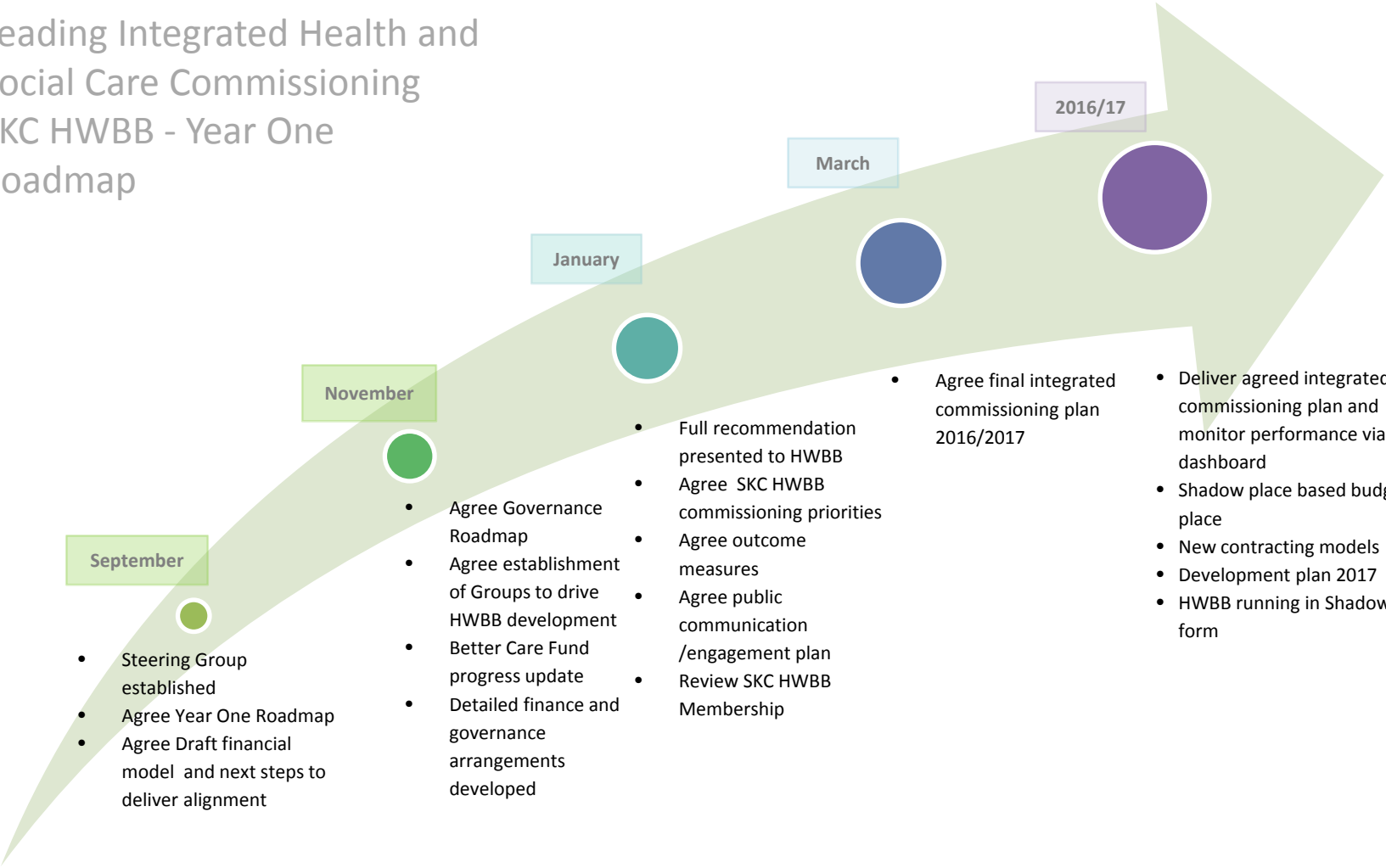
Codesign

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**;”



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



September

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

November

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

January

- Full recommendation presented to HWBB
- Agree SKC HWBB commissioning priorities
- Agree outcome measures
- Agree public communication /engagement plan
- Review SKC HWBB Membership

March

- Agree final integrated commissioning plan 2016/2017

2016/17

- 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*)

*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

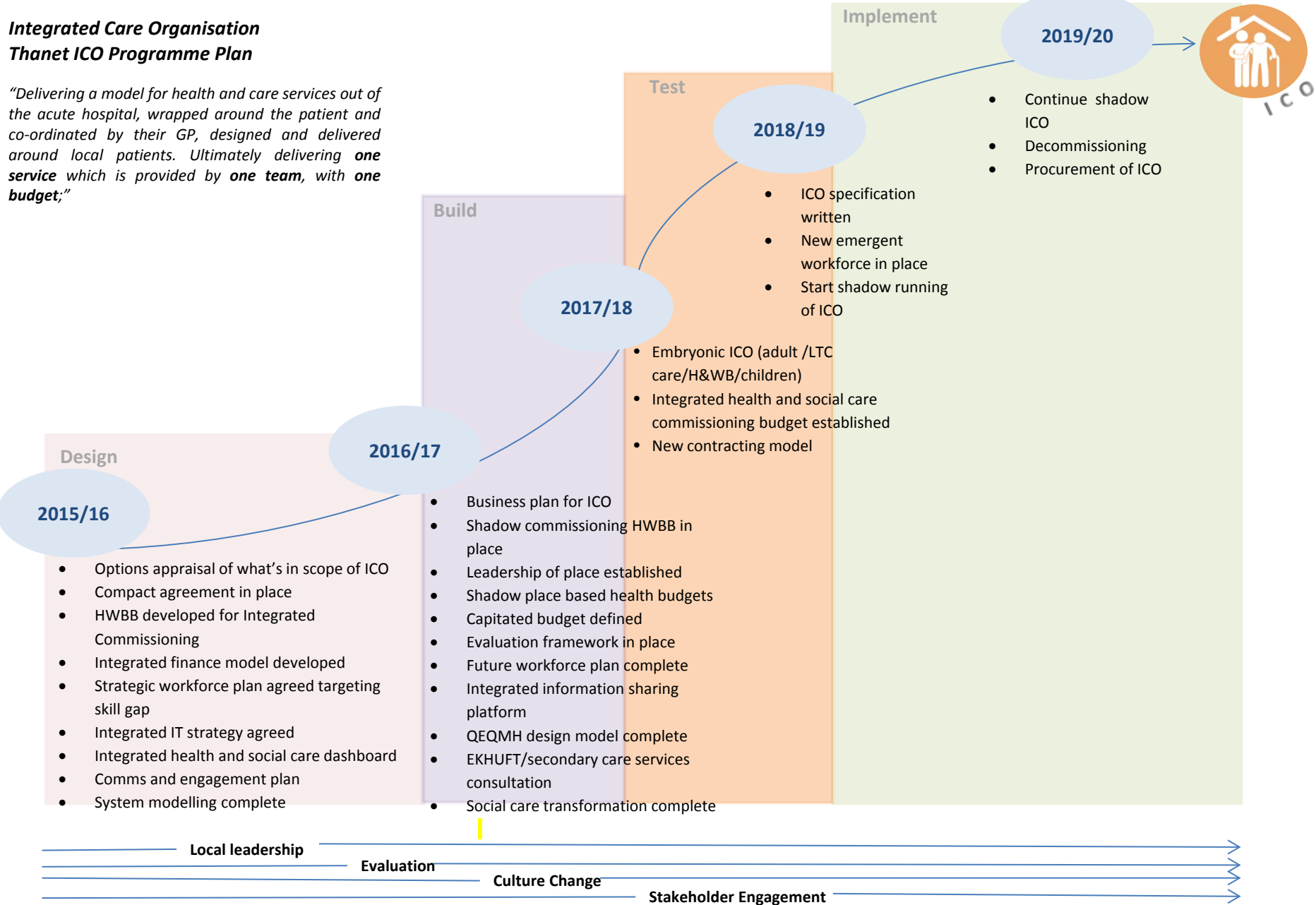
Key Components

- 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

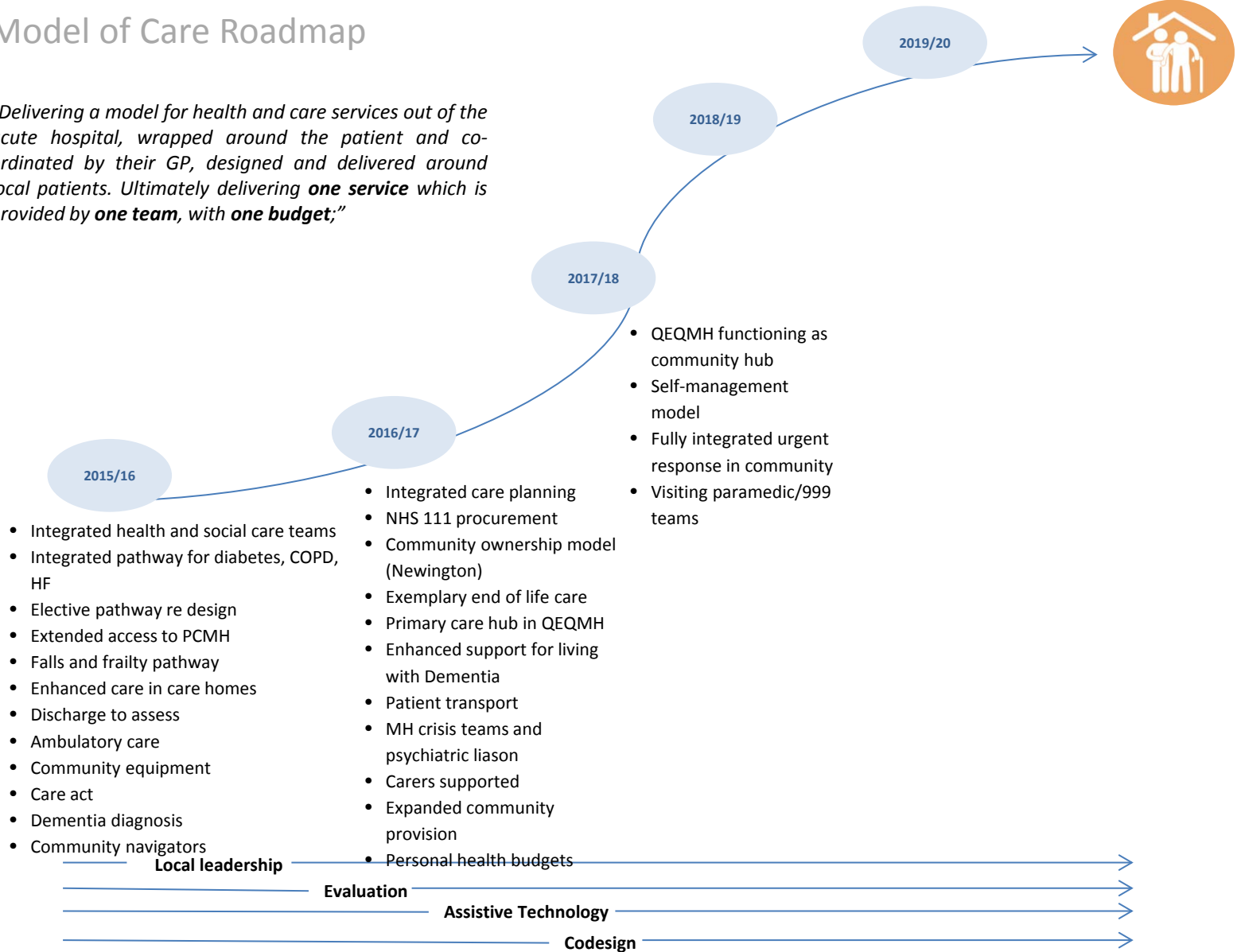
“Delivering a model for health and care services out of the acute hospital, wrapped around the patient and co-ordinated by their GP, designed and delivered around local patients. Ultimately delivering **one service** which is provided by **one team**, with **one budget**.”



Thanet ICO

Model of Care Roadmap

*“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**;”*



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
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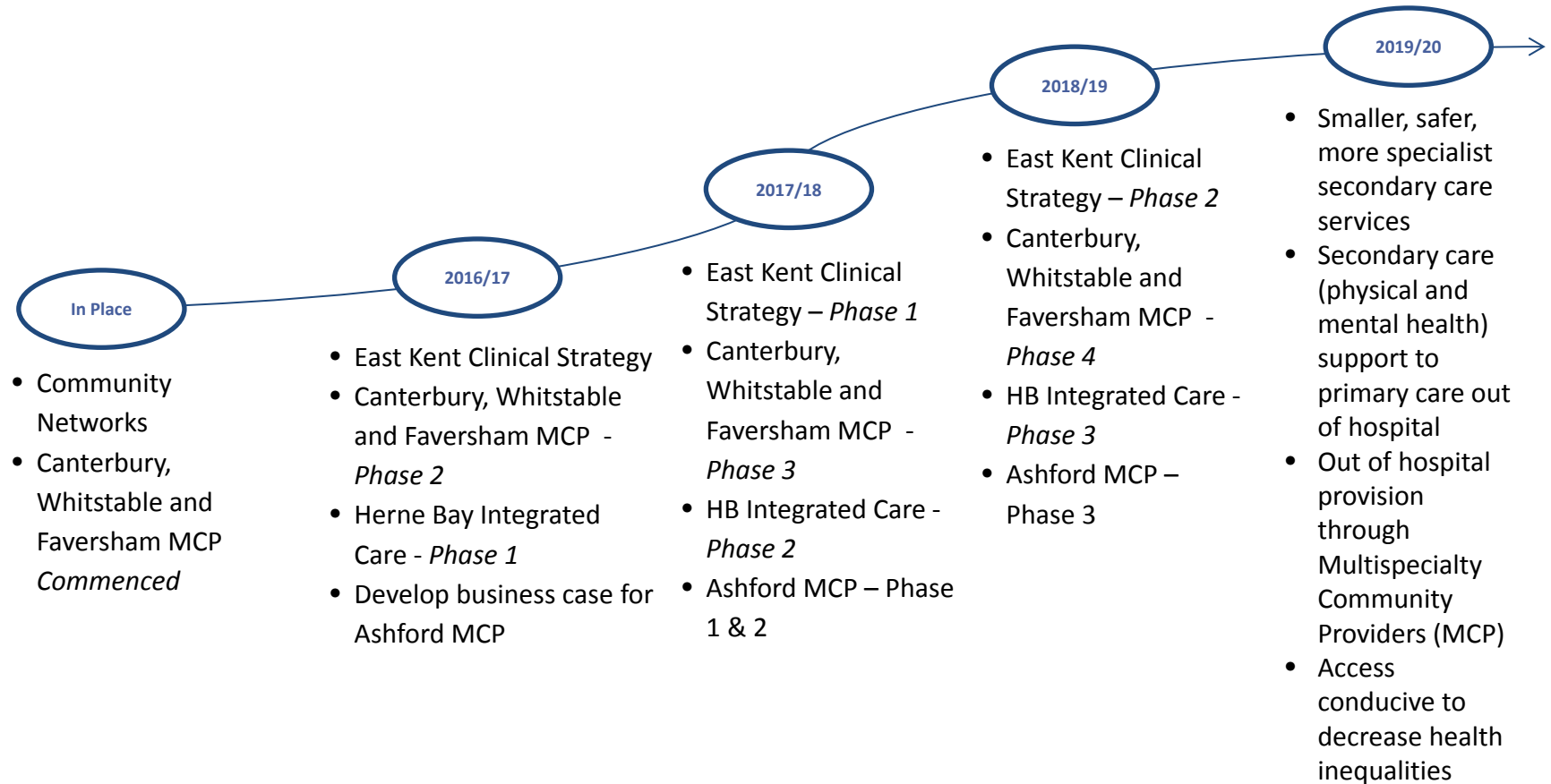
Key Components

- 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



Encompass: Components

Patient care perspective

Primary care at scale with extended / enhanced range of offers

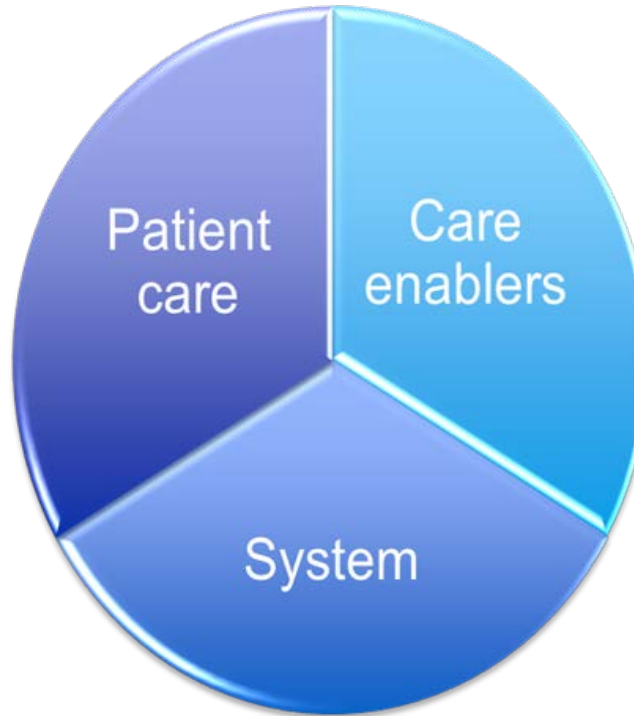
Person-centred care: supporting independence and well being

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 centres

In-reach and out-reach from secondary care

System perspective

Primary care provider development

Integration of health and social care funding and commissioning

Outcome based evaluation, payment and performance

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

Horizontal integration of existing 'out of hospital' provision

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

Care model operating on neighbourhood footprint

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