

## **DGS and Swale CCGs**

**Health and Well-being Board  
22 March 2017**

## **DGS and Swale: Top Three Priorities**

- Getting the system ready for the future whilst delivering must do targets in year
- Delivering financial balance in a period of sustained growth across both areas; plus moving towards integration of budgets
- Bringing clinicians and the public along with us from the start of the journey

## **DGS and Swale: New Models of Care / STP**

- Local models of care fully aligned to STP strategy
- Medway, North and West Kent Delivery Board established with focus on defining acute clinical models of care across the three localities
- Elements of urgent care services likely to go out to procurement early (in agreement with STP Board)
- Ideally, full integration of services, including with local authority; but concerns around how this is delivered if of some organisation is on a countywide solution with no flexibility
- Dependent on risk sharing
- Requires capital investment in some areas

## **DGS and Swale: Improving bed occupancy levels**

- Majority of medically fit patients in beds require local packages of care
- How is new local authority funding and council tax levy to be used in 2017/18? Good opportunity to ring fence funding, through BCF? Ideas for utilisation:
  - Decent living wage for care workers and/or other employment incentives to improve recruitment/retention for Dom Care agencies.
  - Support into Discharge to Assess teams to provide high levels of community therapy in order to divert pts out of long term care.
  - Enhance the re-assessment team to ensure that people with a PoC are still receiving what they actually need and not what they had at discharge/initial start up
  - Full roll out of the Care Navigator/Age UK pilot to cover all areas of the patch and focus on self-care and management