A solid blue horizontal bar with a small 3D effect on the right side, consisting of a darker blue shadow.

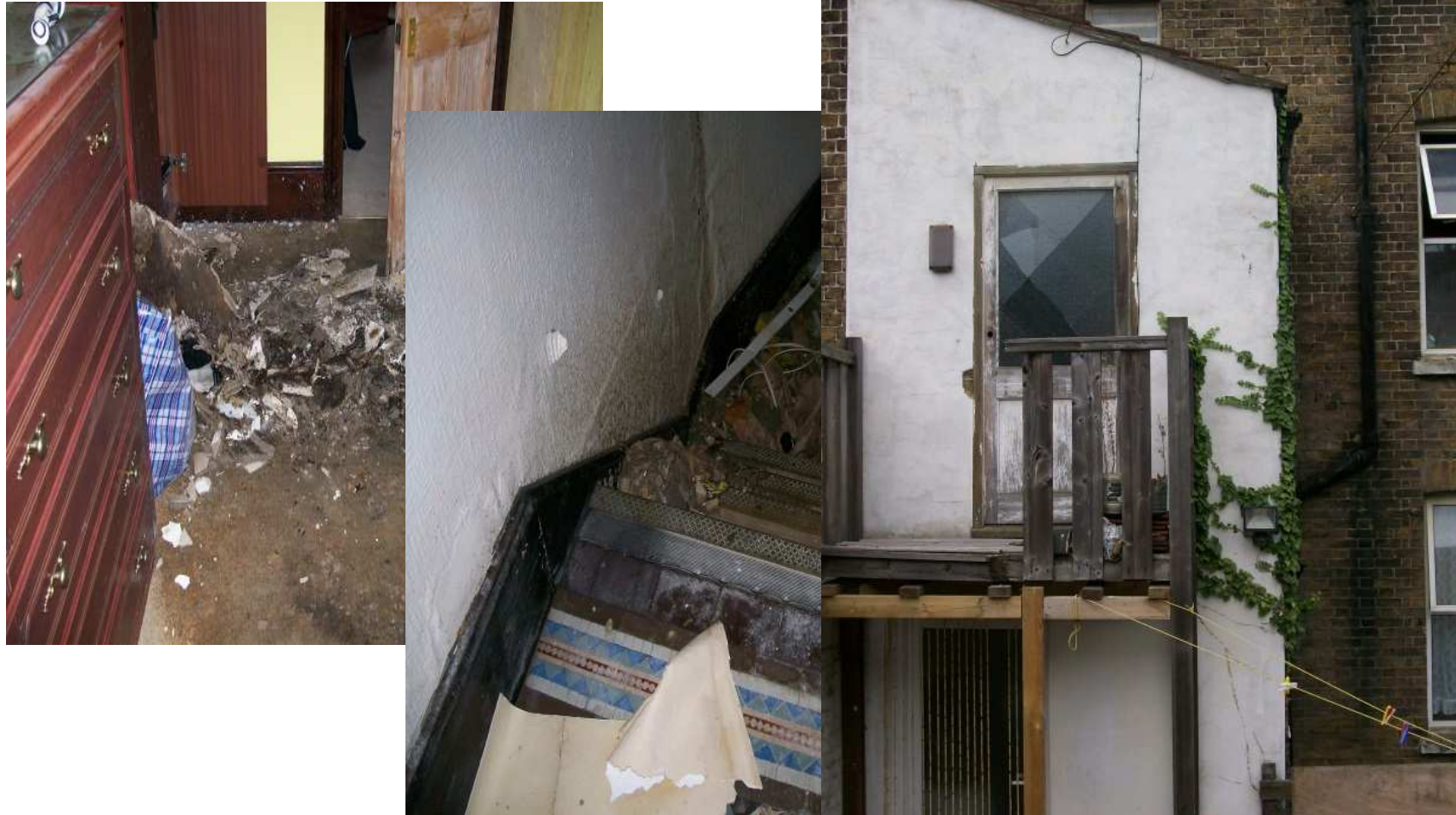
Working together
towards a
healthier Thanet

Thanet the issues



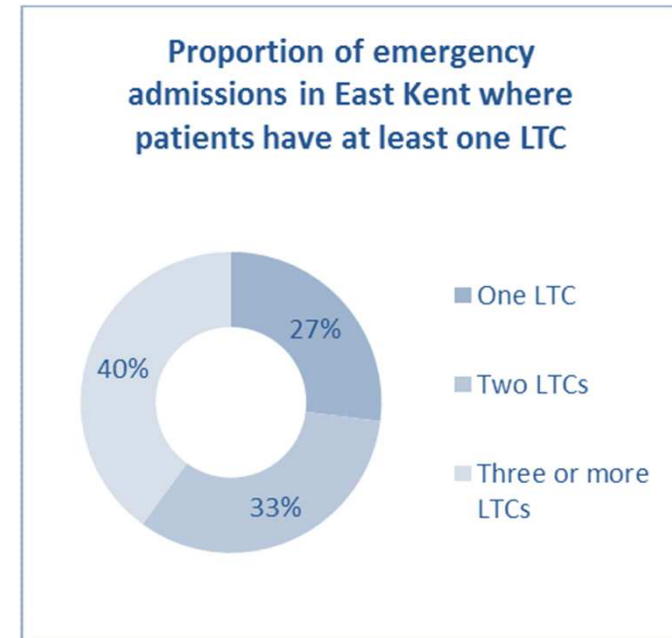
Thanet - the issues

- Behind the beauty :

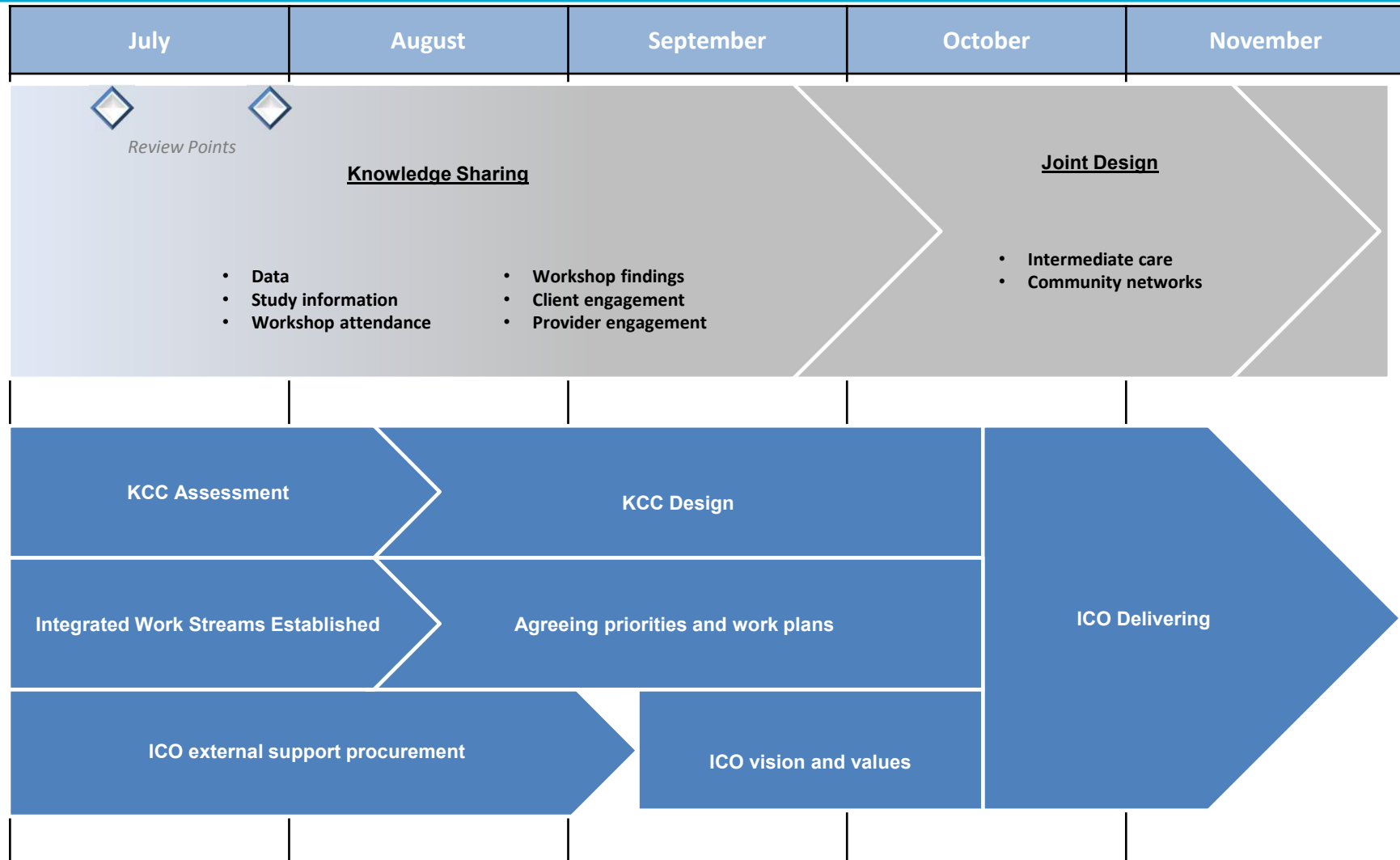


What are the pressure points?

- Increasing use of emergency services
 - GP, Minor Injuries, Accident and Emergency
- Increase in long term conditions
 - Older patients tend to have longer spells and are readmitted more frequently after a first hospital spell
 - Ageing is a fundamental factor, as the prevalence of LTCs is up to 6 times higher in over 65s than in under 65s
 - Patients with LTCs have been recently estimated to account for 70% of the total health and care spend in England
- Public Expectation
 - Faster, better, more
- Increasing residential/nursing placements/long term care and wrong provision



Project Timeline



Integrated working - our approach

Underpinning Principles

- Local community will be at the heart
- Having shared aims
- Share responsibility to deliver aims together
- Accountability and flexibility at local level
- Will not involve organisational change at this time
- Respect for organisational constraints
- Challenge traditional barriers and boundaries
- We will give staff the ability to grow and develop
- Trust and respect
- Quality

Public Engagement and Co-Production



The Thanet Plan in progress

1. People receive high quality, equitable and accessible GP Services

MIG up and running
Practices working together in teams
Over 75s initiatives underway

2. People receive high quality, integrated out of hospital care covering physical and mental health

GP step up beds – admission avoidance
Westbrook House optimisation
Age UK befriending scheme

3. People receive timely, clinically appropriate and high quality care in hospital

Capped contract – change enabler
Established local EKHUFT Operational Group
Re-design of GP in A&E

4. People receive high quality Mental Health and wellbeing care in the most appropriate setting

Dementia diagnosis improvement
Mental Health Primary Care workers
Improved access to the Beacon

5. To ensure quality children's services

Children's Board
Adoption & looked after children improvements
Referrals to CAF – improved process

6. To contribute with partners to reduce health inequalities in Thanet

Reduced teenage conception rates
Reduced difference in life expectancy for men between least and most deprived populations
Reduced rate of under 75 deaths from cancer

• **Voluntary / Third Sector organisations**

- Police Volunteer / resident
- Thanet Community Networks
- Porchlight
- Independent Domestic Abuse Advisor

Thanet District Council

- Housing Regeneration
- Antisocial Behaviour
- Environmental Health
- Administrator
- Environmental Enforcement

Kent Police

- Inspector
- Sergeant
- PCs
- Gangs specialist PC
- PCSOs

Kent Fire and Rescue Service

- Watch Manager
- Vulnerable persons officer

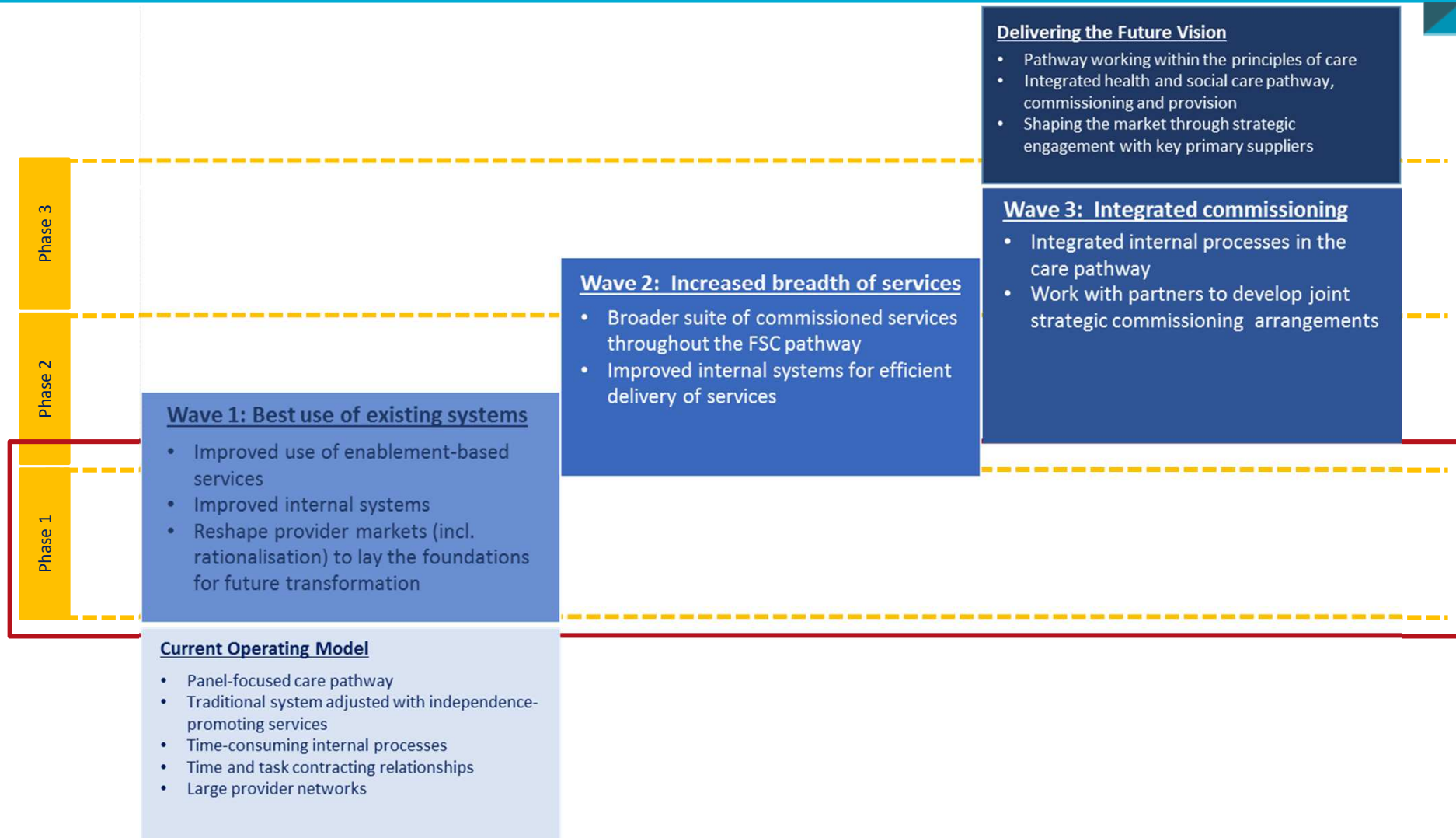
Kent County Council

- Community Warden
- Trading standards
- Public Health
- Mental Health Practitioner
- Kent Integrated Adolescent Services

Home Office / DWP / NHS

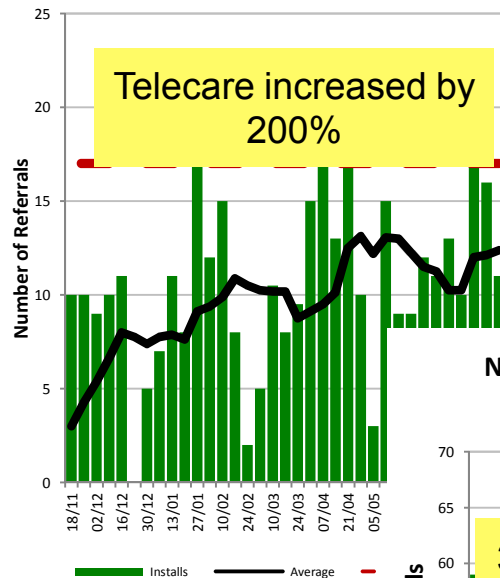
- Immigration, Compliance and Enforcement Officer
- Job Centre Plus advisors
- Health Visitor
- GP

Transformation (A Waved Approach)

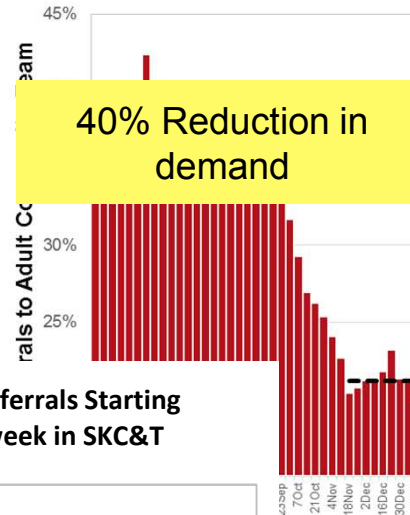


Phase 1 Outcomes

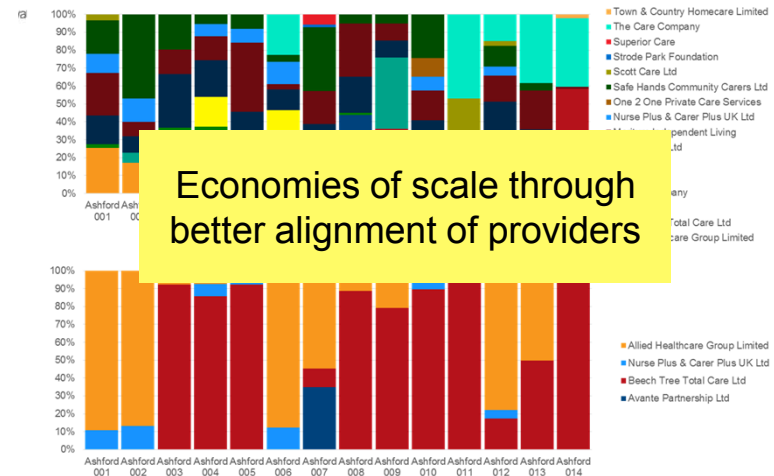
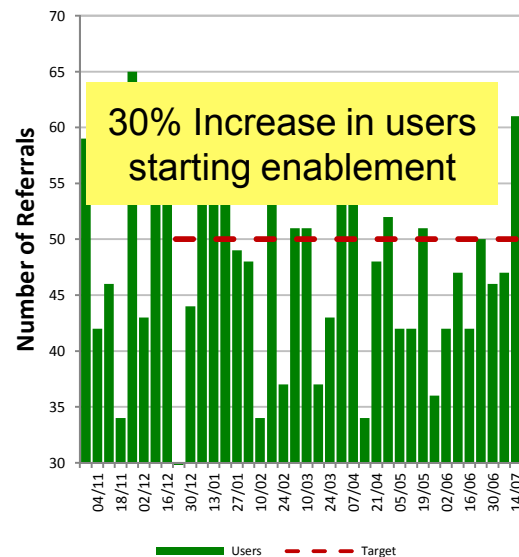
Number of Telecare Installations
each week in SCK&T



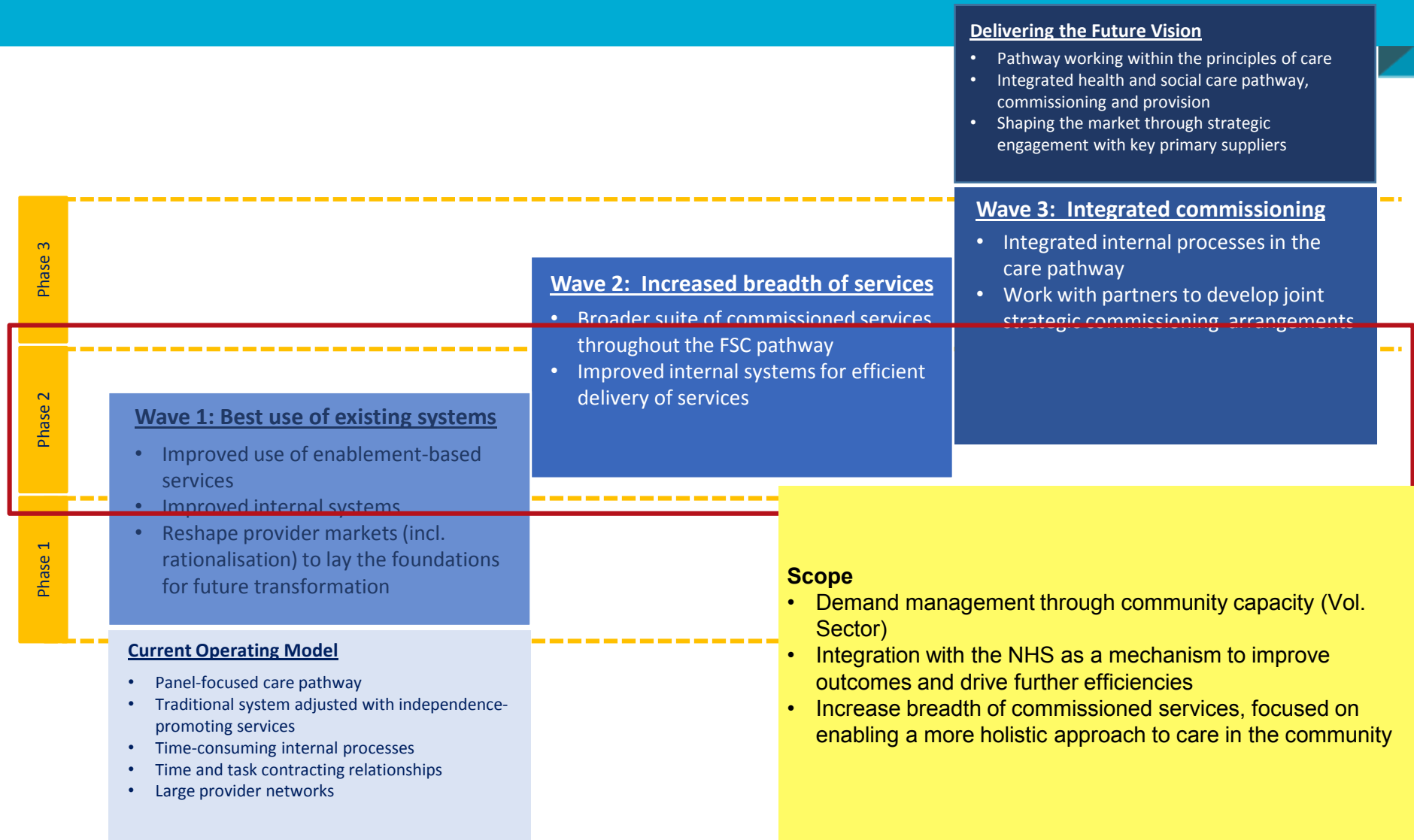
Reduction in onwards
demand



Number of Referrals Starting
KEaH each week in SKC&T



Transformation (A Waved Approach)



Kent Accommodation Strategy

Thanet		
Older People:	+/-	Known
Residential incl Dementia Care	-621	
Nursing incl Dementia Care	344	
Extra Care	278	40
Sheltered Housing	0	

KCC currently working with private developers for 40 new extra care units and are in early discussions for options for care villages

Need to consider what existing sheltered provision could be remodelled to extra care

Intermediate Care – reviewing the plans

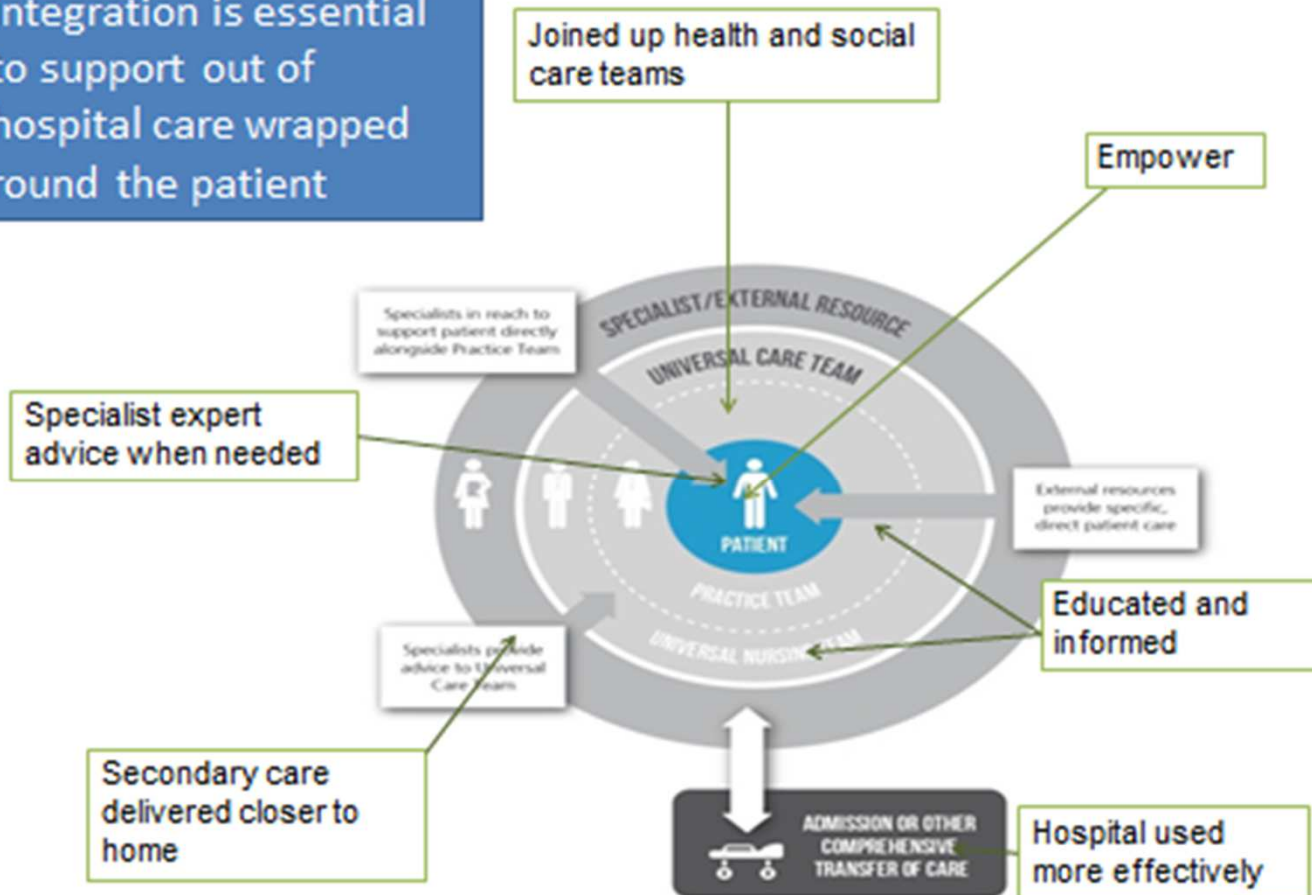
Vacancy Rate 4%
National rate 7%

KCC funds ~42% of the placements

Quality and availability of Nursing Care and Dementia Nursing key issue in Thanet

Vision

Integration is essential to support out of hospital care wrapped round the patient



Integrated Care Organisation - a way to accelerate delivery

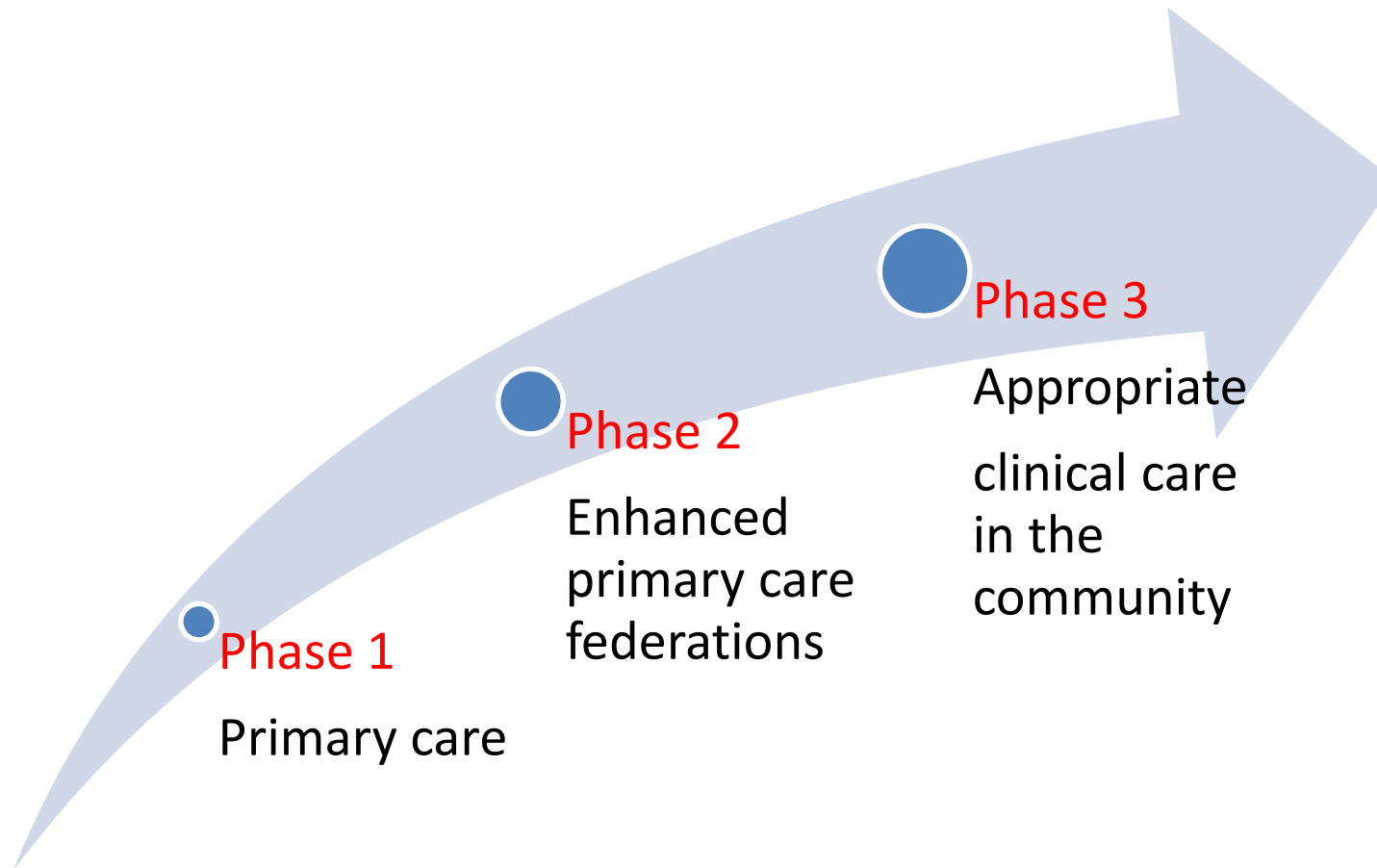
What is it?

- Re –setting the out of hospital provider landscape
- Focused on common purpose (organisation agnostic)
- Single leadership of place
- Process kick off through current providers SEPTEMBER 2014

Challenges:

- Trust
- Accountability and risk
- Governance and regulation (local and national)
- Alignment with acute hospital
- Locally led

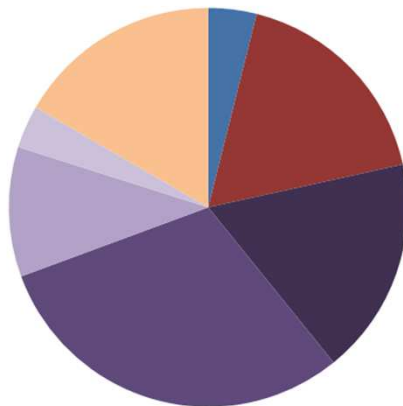
Clinical Phasing



The Better Care Fund

2014/15 planned CCG Non-hospital based spend split by provider

£31m

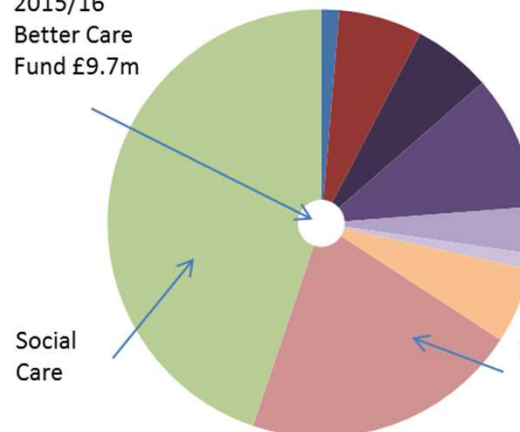


- GP Enhanced Service
- KMPT Community
- KCHT - Community Hosp
- KCHT - Teams
- KCHT - Specialist
- EKHUFT Community
- Public Health

2015/16 Non-hospital based Health and Social Care Spend

£91m

2015/16
Better Care
Fund £9.7m



Social
Care

NHS England
GP

- GP Enhanced Service
- KMPT Community
- KCHT - Community Hosp
- KCHT - Teams
- KCHT - Specialist
- EKHUFT Community
- Public Health
- GP
- Social Care

Better Care Fund Submission - what did we say?

Key Area of Focus	Expected Outcomes
<ul style="list-style-type: none">• Enhanced Primary Care (including supporting self-care).• Improving integration of health and social care teams.• Enhancing care co-ordination.• Improving dementia diagnosis and support.• Increasing Primary Mental Health Support.• Increasing support to care homes• Enhancing End of Life care• Preventing Falls.	<ul style="list-style-type: none">• Reduction in emergency admissions.• Reduction in A&E attendances.• Reduction in delayed transfers of care.• Increasing the effectiveness of re-ablement.• Avoidance of unplanned admissions.• Improved Patient and Service User experience.• Reduction in long-term admissions to residential and nursing homes

The Kent Vision in Thanet



More people are living with multiple long term conditions, this is a challenge locally and nationally to the public's health but also an opportunity to deliver services in a way that improves outcomes, improves experience of care and makes best use of resources.

Using the Integration Pioneer and Better Care Fund the citizens of Kent can expect:

- Better access – co-designed integrated teams working 24/7 around GP practices.
- Increased independence – supported by agencies working together.
- More control – empowerment for citizens to self-manage.
- Improved care at home – reduction for acute admissions and long term care placements, rapid community response particularly for people with dementia.
- To live and die safely at home – supported by anticipatory care plans.
- No information about me without me – the citizen in control of electronic information sharing.
- Better use of information intelligence – evidence based integrated commissioning.

Kent Integration Pioneer Programme in Thanet

Wave 1 Systems and Partnerships	Wave 2 Breadth of Services	Wave 3 Integrated Commissioning of Integrated Provision
Principle of culture change and shared vision	Leadership	Outcomes based contracts
Health and Wellbeing Board performance dashboard	Contracting model	New procurement models
Evaluation Framework	Year of Care / Tariff & Pricing	New kinds of services
Innovation Hub	Integrated budgets	Co-production of services
Risk stratification	Integrated care	24/7 Care
I Statements	Integrated contacts and referrals (SPA)	Workforce
Optimisation /Productivity Health and Social Care	Personal Health Records	Integrated IT
Multi-disciplinary team meetings	Systemised self-care	Outcomes based evaluation
Workforce	Housing	Financial risk sharing models/ incentives
Information Governance	End of Life Care	
Urgent Care	Voluntary Sector	
Establish principle of co-production		





Discussion