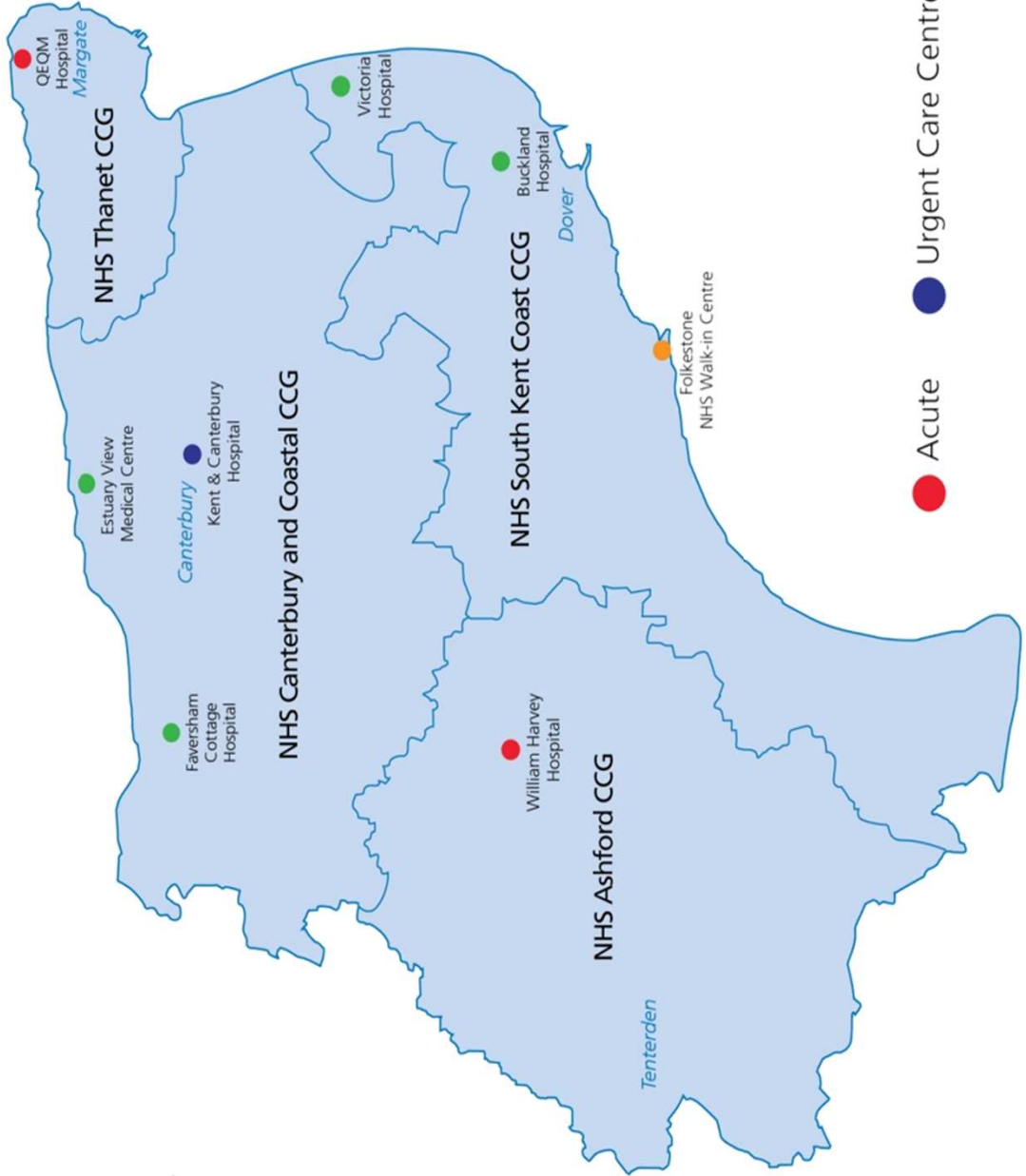


Thanet District Council  
QEQM Hospital  
Cabinet Advisory Committee

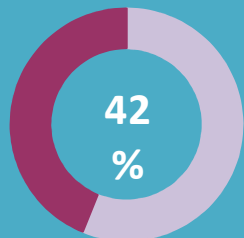
Hazel Carpenter  
Accountable Officer  
NHS Thanet Clinical Commissioning Group  
21 April 2016

# CCGs in east Kent

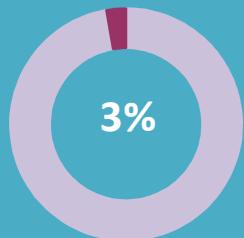


- Acute
- Urgent Care Centre
- MIU
- WIC

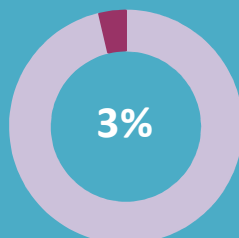
# Financial scope of CCGs including primary care



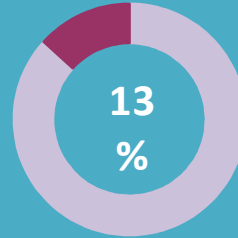
Local acute hospital services



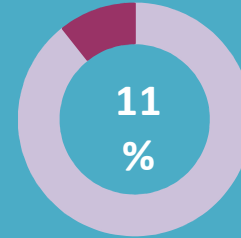
Non-local acute hospital services



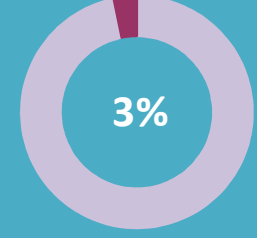
Other elective services



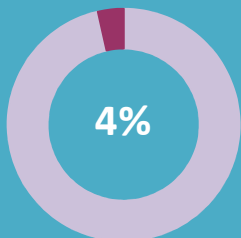
Prescribing



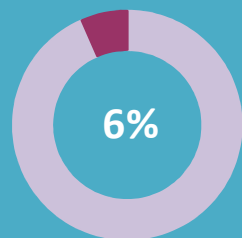
Community services



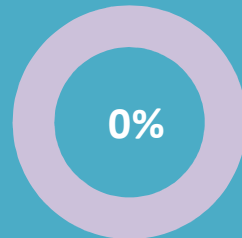
Ambulance



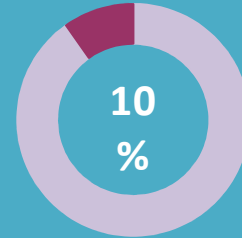
Other



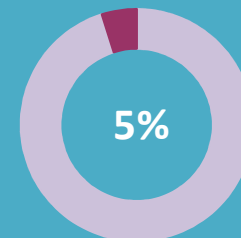
Continuing care and children's placements



End-of-life



Mental Health



Primary care

# *Case for change*

- Ongoing rising demand for care
- Fragmented services
- Unattractive clinical and practitioner roles
- Perverse incentives for clinical professionals and providers
- Insufficient funding for current way care is funded
- Poor performance
- Specialist skills shortages
- Gaps: Finance, Quality and Inequalities

# East Kent Strategy Board Update

- Through the autumn the Board have been focussing on:
  - Forming a coalition of local health and social care leaders and developing a shared vision;
  - Understanding the map of current and planned reviews and initiatives in place across the economy;
  - Developing a robust Kent Integrated Data set (formerly Year of Care) which allows us to really understand flow across the health and social care system and;
  - Working with colleagues across Kent and Medway to understand the impact in east Kent of the Vascular and Stroke reviews.

# Future Timetable

## By Easter:

- Governance arrangements and an agreed process will be in place;
- The east Kent case for change will be agreed and;
- Key priorities for the gaps will be identified;

## By end April:

- We will be able to describe the emerging clinical models for the key priorities
- We will be developing the criteria by which those models will be tested
- Engagement with key stakeholders, including the public will be underway

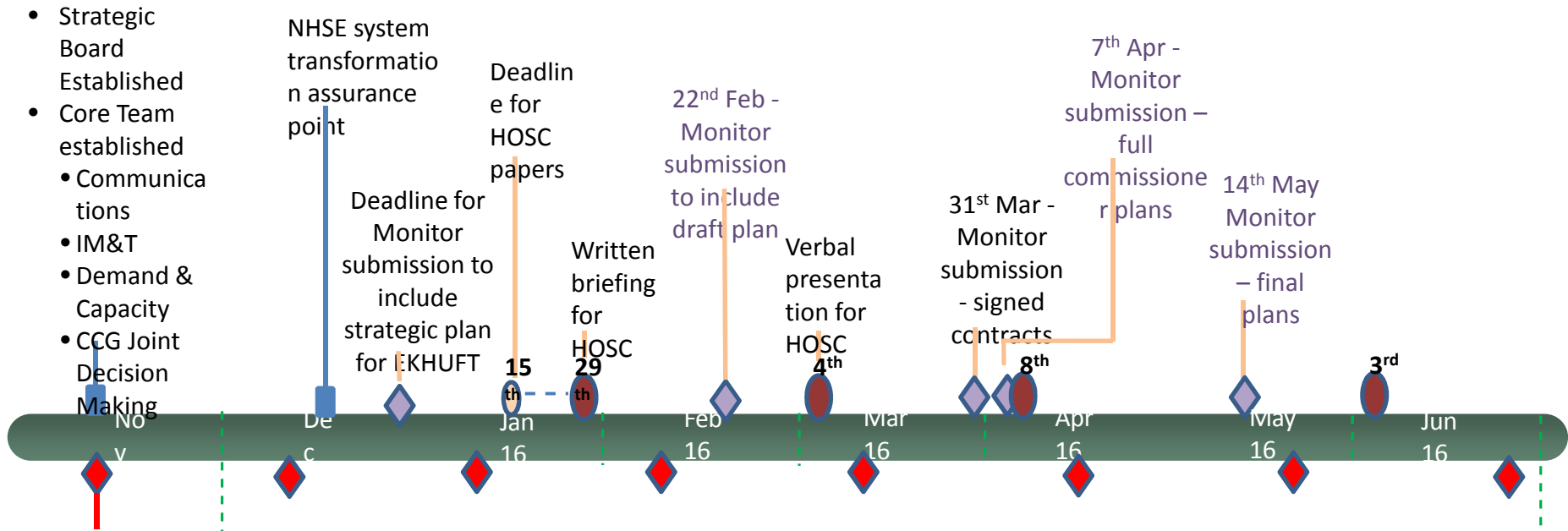
# Future Timetable

By end of May:

- Governance arrangements and an agreed process will be in place;
- The east Kent case for change will be agreed and;
- Key priorities for the gaps will be identified;

By end April:

- We will be able to describe the emerging clinical models for the key priorities
- We will be developing the criteria by which those models will be tested
- Engagement with key stakeholders, including the public will be underway

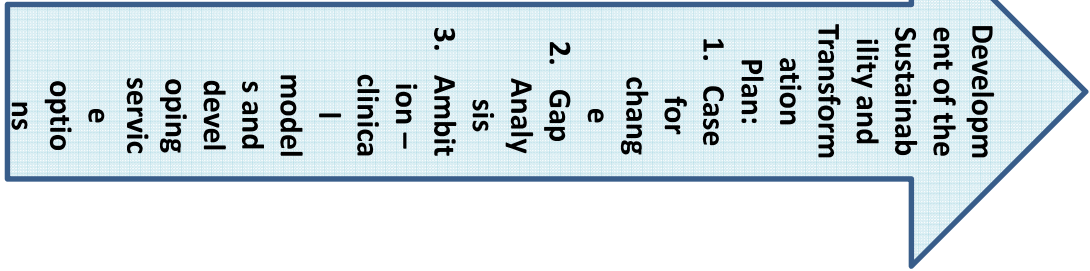


**East Kent Strategy Board**

- Actions to be completed
- Programme Resources and programme mobilisation
  - Engagement of H&WBB

**Setting the Strategic Context (case for change)**

- Development of JSNA, joint H&WB strategies and commissioning plans
- Clinical working group
- Continuous dialogue with H&WBBs and local communities on local health priorities and needs



**KEY**

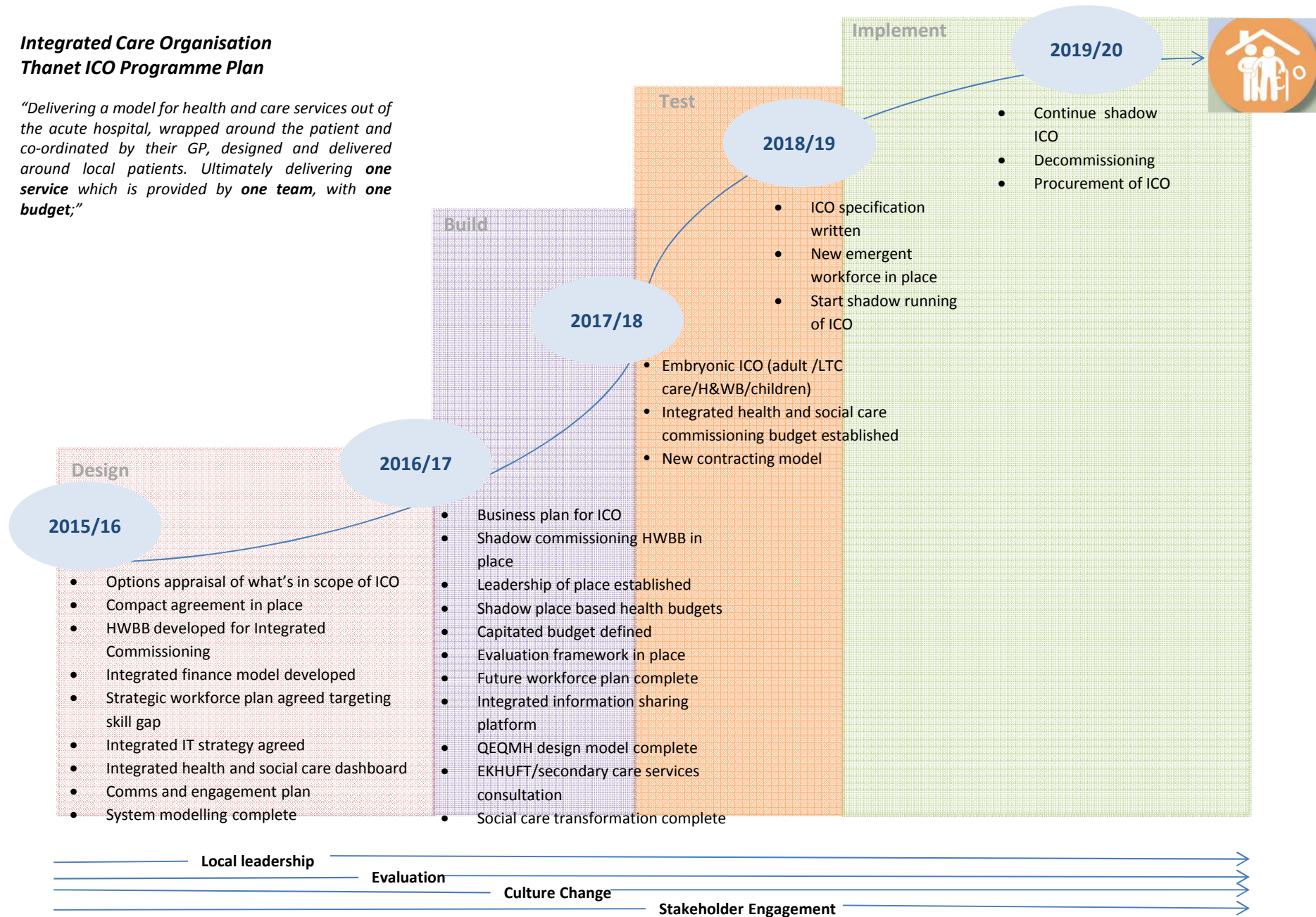
- ◆ East Kent Strategy Board
- Meeting HOSC
- meeting



# Thanet Future Accountable Care Organisation

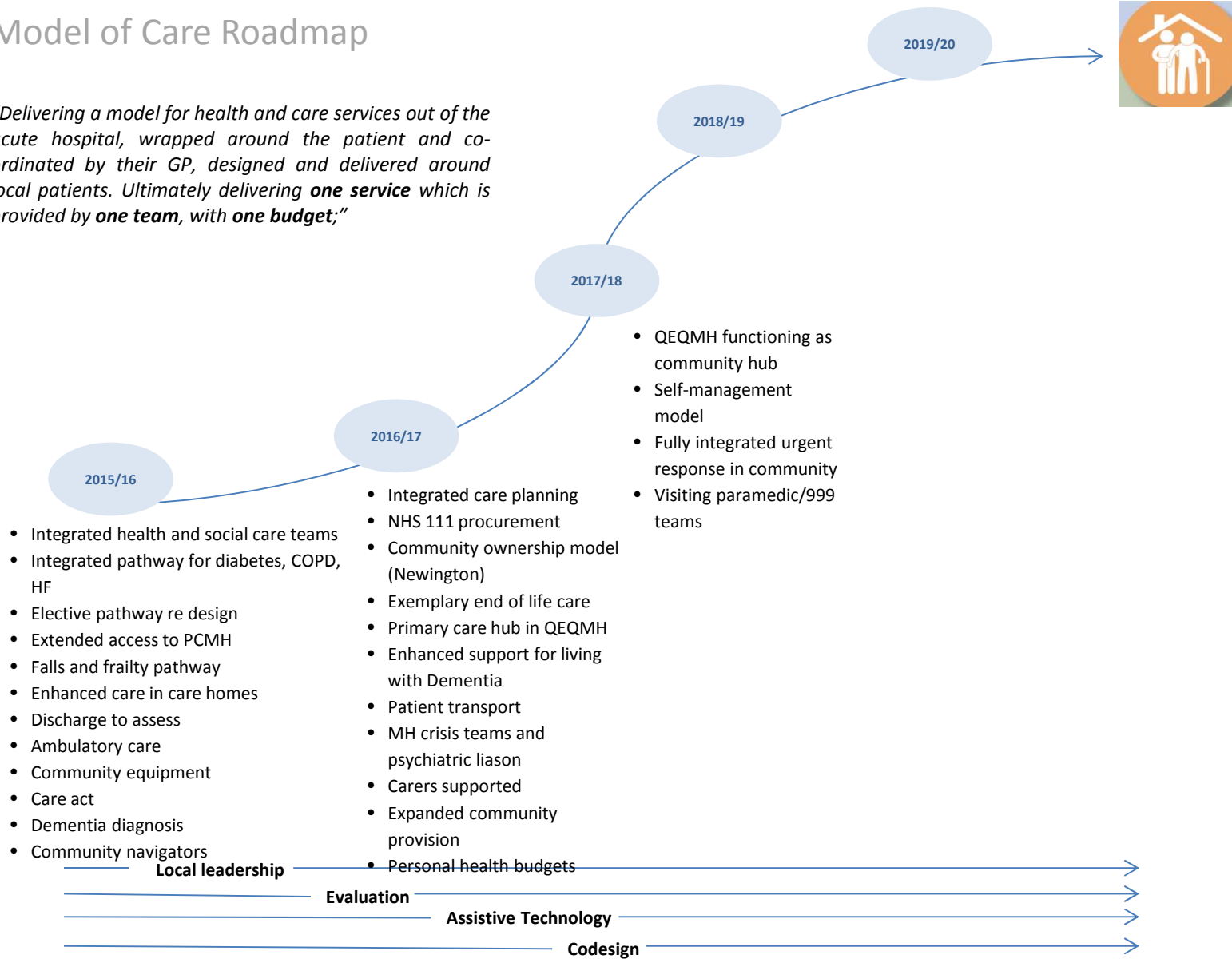
**Integrated Care Organisation  
Thanet ICO Programme Plan**

*“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
- 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 Compact



To maximise the health benefits to the whole community through integrated working, sharing knowledge, experience, expertise and resources.

**Delivering improved integrated health and social care for the population of Thanet.**

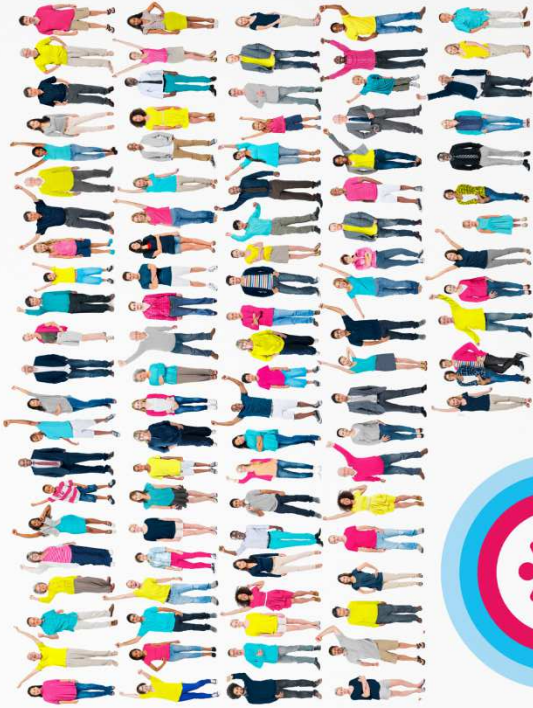


THANET COMPACT is made up of NHS Thanet CCG, Kent County Council, Thanet District Council, Kent Community Health Foundation Trust, East Kent Hospitals Foundation Trust, Kent and Medway Partnership Trust, Kent Integrated Care Alliance (KICA), Local Medical Committee (LMC), Integrated Care 24 (IC24), South East Coast Ambulance Service (SECAmb) and the University of Kent.



# Thanet Compact

Ensuring that the people of Thanet are supported to be well and healthy in their own homes and communities. Delivering a connected system, designed and delivered around local people, located in neighbourhoods.



**Delivering improved integrated health and social care for the population of Thanet.**

THANET COMPACT is made up of NHS Thanet CCG, Kent County Council, Thanet District Council, Kent Community Health Foundation Trust, East Kent Hospitals Foundation Trust, Kent and Medway Partnership Trust, Kent Integrated Care Alliance (KICA), Local Medical Committee (LMC), Integrated Care 24 (IC24), South East Coast Ambulance Service (SECAmb) and the University of Kent.



# Accountable Care Organisation (ACO)

## One Service

- Patient centred
- Co-designed services
- Holistic care .
- Extended access.
- Primary Care.
- Enhanced care i.e care homes.
- Single IT System

## One Team

- Integrated Health and Social Care Teams.
- Removing barriers.
- Recruitment and retention.
- Competencies.
- New roles.
- Good place to work.

## One Budget

- Capitated budget.
- Accountability.
- Budget spend.
- Purchasing local services to deliver model of care.
- Lead provider commissioning model.
- Financial risk management.

**Evaluation**

**Innovation**

Thank You