

Kent Pioneer Programme – Profile

1.1 What is your area like?

Kent is a large county with a 1.5m population. The health of people living in Kent is generally better than the England average. Life expectancy is above average; rates of early death from heart disease and stroke and from cancer are below average and continue to improve. There are health inequalities within Kent. Swale and Thanet have the highest proportions of people living in deprived neighbourhoods. Swale has a lower life expectancy for women and Thanet for both men and women when compared to the England average.

Overall, the population of Kent is predicted to grow by 8.4% over the next seven years, representing an extra 123,000 people. The biggest increases are to be expected in the older age groups. This makes the work within Kent's Integrated Care Pioneer Programme and delivery of the Better Care Fund a key priority in ensuring a sustainable health and social care system.

Kent has seven clinical commissioning groups (CCGs), four acute trusts spread over seven hospital sites, one countywide community healthcare trust, one mental health and social care partnership trust and many third sector and voluntary organisations, including four hospices.

1.2 What are you aiming to achieve?

Health and social care integration in Kent is about improving outcomes for our population by transforming services locally so that they support independent lives, empower people and place a greater emphasis on the role played by citizens and their communities in managing care. We support the vision of the patient's/service user's perspective outlined in *Integrated Care and Support, Our Shared Commitment* May 2013:

“I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me.”

Specifically, we aim to deliver:

By 2015:

- Fully integrated health and social care teams
- Proactive models of 24/7 community-based care wrapped around the GP as co-ordinator of care
- Access for patients to a shared care plan

By 2016:

- Access to services through local referral units
- Crisis and rapid response teams
- 'Hospitals without walls' in the community

- A continued focus on enablement, admission avoidance and crisis intervention

By 2018 we want to achieve an integrated system that is sustainable for the future and crosses the boundaries between primary, community, hospital and social care with services working together, along with voluntary and private sector organisations. There will be improved outcomes for our population, drawing on the 'Kent Pound' across the entire health and social care economy.

1.3 What have been the highlights of your first year?

- Developing a programme of proactive care
- Setting up an integrated rapid response service
- Setting up an integrated discharge team
- Extending the working hours and co-location at the weekends of our health and social care co-ordination team
- Intergenerational work towards dementia-friendly communities
- A shadow tariff and capitation budget
- Leadership development to support local leaders
- Developing a methodology for self care

1.4 Details of the year

In South Kent Coast we had set up a programme of proactive care for people with long-term conditions supported by a multi-disciplinary team (MDT) which has achieved reductions in A&E attendance and admissions, patient-reported improvements and savings of over £224,000. See case study: [Embedding proactive reablement care](#).

An integrated enhanced rapid response service for West Kent began in November 2013 to avoid unnecessary hospital admissions and support people on discharge from hospital. The service is already achieving results. See case study: [Developing an enhanced integrated rapid response service](#).

Since October 2013, a multi-disciplinary integrated discharge team has been up and running in North Kent. The team aims to reduce admissions, ensure patients' needs are proactively managed to reduce their length of stay and to enable patients whose medical conditions are stable to leave hospital in a timely manner. There is evidence that the team's work is reducing emergency admissions, A&E waiting times, improving access to mental health assessments and avoiding permanent care for people supported. See case study: [Operating an integrated discharge team](#).

Health and social care co-ordinators are based in Canterbury and West Kent CCGs. They help co-ordinate activity around MDTs and between GPs and community services. In Canterbury the current service has had over 3,363 contacts, with 1,920 A&E attendances avoided and 1,443 admissions avoided over the year January 2014 – January 2015. The cost saving to the local health economy has been identified as over £200k. From April 2014 the service moved to extended working hours, included co-locating at the local acute site at weekends.

We have continued our work to build dementia-friendly communities – including work with local communities through intergenerational activity between schools and care homes with people living with dementia. This includes the creation of dementia diaries, connecting people through iPads and training workshops for paramedics.

As an early implementer of the Year of Care approach to funding, Kent has outlined what could be achieved through delivering whole-system transformation. We have established a shadow tariff and annual risk-adjusted capitation budget, based on people's levels of health care need (as opposed to what specific diseases they have) Year two of the pilot started at the end of the first quarter of 2013. Work has continued with the group of patients who had been identified in the first audit phase, to build up a longer-term picture of their care.

The Kent Innovation Hub was launched in December 2013 as a means of connecting stakeholders across Kent on the issues of integration: www.kent.gov.uk/pioneer.

In relation to information governance, we are mapping data sources for shared system-wide intelligence and will be continuing the development of shared data for commissioning

We have been working on ensuring that our workforce is fit for purpose in taking forward our integration work – this includes the innovative development of 'leadership of place', supporting local leaders within services, teams and on the front line.

"Since I have been part of the Health and Social Care Integrated Programme pathways work over the last year, I now take a different approach by thinking through the options and alternatives to hospital care – when in the past we sometimes took people to hospital when they didn't need to go."

West Kent paramedic

1.5 What has been the most exciting aspect?

Kent's approach to integration is about local delivery and, as it is a very large county, we are proud of having brought and kept all the stakeholders together in our Integration Pioneer Steering Group and having developed shared aims and objectives. We believe we have kept the momentum going for change focused on real outcomes for patients and services users because of the commitment of the very senior steering group members and because of regular communication with all those involved in the work programme.

We are aware that other areas may have found it challenging to engage with GPs, ensuring they are involved in developing the vision and plans for new models of care. We are very fortunate, therefore, that our steering group is chaired by a GP who is really focused on the vision, is passionate about it and is a strong advocate with other GPs.

1.6 What has been the most challenging aspect?

Bringing everyone together – it's challenging as well as exciting! We have had to work hard at building relationships between multiple partners.

As with other areas, it has been challenging to sort out information governance arrangements and we are hoping for some assistance nationally with this issue.

We have also requested support with arranging insurance for nurses; if a nurse is not working in a setting that is covered by crown indemnity or a traditional GP practice working under vicarious liability, they are very expensive to insure. The greater the level of independent working and decision-making, the higher the cost. This is a 'block' for going forward if we are to successfully implement more community based services.

1.7 What are you planning to do next year?

- Integration Pioneer Steering Group will be doing further work around leadership and developing work in relation to the models of care in the NHS Five Year Forward View
- Our Better Care Fund work will be very much about embedding local implementation – establishing different models of neighbourhood care teams etc
- Looking at evaluation, furthering our connections with European partners benefiting from the experience with similar issues across Europe: bringing the best practices and lessons learned to Kent through our (CASA) Consortium for Assistive Solutions Adoption Programme
- Kent Innovation Hub is at the forefront of the collaboration between Kent and its European partners to improve:
 - Synergies between social and healthcare services towards integrated commissioning and provision
 - Business modelling and proper monitoring by engaging industry and business
 - Raising the awareness of the European institutions and stakeholders of Kent's successes and identifying opportunities for replication
- The Innovation Hub has the capacity to develop a number of policy instruments and measures bringing together synergies between public/private partnerships, research and development and knowledge transfer, venture capital funding, care providers and the business sector in the county and across Europe
- Implementing our shared care plan model
- The CCGs will be developing contracting and payment models, building on the work we have already done towards capitated budgets

1.8 What is your advice for areas starting on their own integration journey?

- Build in good communication; talk to each other regularly and ensure that you are all sharing the same objectives
- Keep focused on what this is about – improved outcomes for people
- Involve users and carers in the design and development of services or change

In developing our Innovation Hub to support integrated working, we used a number of motivational statements. We have found the following to be a genuine reflection of the reality of bringing together individuals and organisations to collaborate in transforming services:

“Innovations do not just happen – they are a team effort. Most successful innovation occurs at the boundaries of organisations and industries where the problems and needs of users and the potential of technologies are linked together in a creative and collaborative process that challenges both.”

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