



DRAFT - Integrated Commissioning Strategy for NHS South Kent Coast Clinical Commissioning Group area

Executive Summary

The local district councils, the county council and the new NHS Clinical Commissioning Group have been working together to develop this strategy which aims to improve health, social care and environmental services for the people of Dover and Shepway. We believe it is essential that we work closely together to co-ordinate the way services are provided for adults living in the area so that they can lead healthier and more active lives.

This strategy focuses on adults with a disability and older people, where there is value in the respective organisations working together. It will address some of the pressing needs identified through the local Joint Strategic Needs Assessment, particularly around the care of people with long term conditions and for those families and individuals supporting them.

Four shared aims have been identified as the first set of priorities that we will work together toward:

1. To improve the health and wellbeing of people in Dover and Shepway living with long term conditions, enabling as many people as possible to manage their own condition better.
2. People with disabilities and older people will be supported to actively participate in the lives of their local communities, enabled by environments that are inclusive, accessible and safe for all.
3. To support families and carers in their caring roles and enable them to actively contribute to their local communities.
4. To ensure that the best possible care is provided at the end of people's lives.

The combined health and social care spend in Dover and Shepway is in the region of £283m. We have a new opportunity to ensure that this money is spent in the best possible way for the benefit of local residents.

A detailed integrated commissioning plan accompanies this strategy and describes which services need to be commissioned to achieve the shared aims.

Introduction

NHS South Kent Coast CCG, Kent County Council, Dover District Council and Shepway District Council believe that it is essential to plan and commission services *together*, where it adds value, for the benefit of people living in this area.

Our aim is that, by 2017, we will change the system of care so that adults will be at the heart of their care and support, receiving services without organisational barriers that are easy to access, of high quality and that maximise their ability to live independently and safely in their community.

By working in new and innovative ways as partners we will achieve these objectives:

- Focus on prevention and targeted interventions
- Ensure services respond rapidly and are more effective
- Support carers and empower individuals to do more for themselves
- Improve the patient experience of the delivery of care

The strategy and plan is not supposed to cover all commissioning activity, so readers will only see some services described here, but they will be related to the shared outcomes and areas where there is value in partners looking at things together. This first version will focus only on adults who have health, social care and housing needs. For the avoidance of doubt, this includes older people, physically disabled people, people with learning disabilities and people who have a mental illness.

We will focus on creating an environment where providers of health and social care, housing and community based services can deliver them to a high quality for the population of Dover and Shepway. We will work with providers and incentivise them to work together to deliver better, integrated care and support around the needs of the individual, whether this involves health, social care, housing or voluntary sector services and support.

The purpose of this strategy and plan

This strategy describes the shared outcomes that health, social care and district council partners want to see for people living in the Dover and Shepway areas and how, together, we will ensure that services are delivered to achieve those outcomes. A plan has also been developed that describes the actions required to deliver this strategy.

The plan will help build a cohesive picture of the services currently being commissioned in Dover and Shepway. Over time it will be a tool that can be used to plan changes that we need to make to health, social care and housing services to see significant improvements to the health and wellbeing of the people living here.

This first integrated strategy and plan is the starting point on a new way for the NHS, KCC adult social care and district councils to work together within

the new commissioning structure that has followed the changes brought about by recent changes in legislation¹.

Why do we need to work together?

We need to work together so that we can collectively ensure that we keep the individual at the heart of everything we do and to ensure that we are effectively co-ordinating the range of services that people need to use.

The current system for supporting people living in Dover and Shepway is not affordable given the known demographic and economic pressures.

How we will work together:

- Focus on our common **shared aims** to achieve improvements to the health, social care, housing and environmental services available in this area
- **Listen to the voice of the community** to continue to develop and refine this plan
- **Share information** so that commissioners, across organisations, are well informed and can **make good decisions** in the best interests of the population who live in Dover and Shepway
- Recognise the **value that will be achieved through co-ordinating** the commissioning of services
- Strive to make the **best use of public money** and achieve the **best outcomes for individuals** by jointly commissioning and delivering services where this makes sense
- Work together to achieve **an agreed shift in resources from acute settings to community settings**

This strategy will focus on the following four themes as a basis for describing the joint commissioning activity of partners:

1. Prevention and self care
2. Short term care and support – goal orientated
3. Long term care and support – sustained and ongoing
4. End of life care

The biggest area of spend, accounting for about 70% of the health and social care budget, is on people with long term conditions (like heart disease, dementia, diabetes, stroke, chronic obstructive pulmonary disease). This strategy will address ways of supporting people with long term conditions to stay healthy, well and lead active lives in their local communities.

There are increasing demographic pressures on budgets in relation to long term conditions, with increasing numbers of people have 2 or more long term conditions. The approach we all take to supporting people needs to be re-modelled to respond to the needs of the whole person and their family, rather than the “single disease management” approach.

¹ Health and Social Care Act 2012

The Kent Joint Strategic Needs Assessment identified the need to taking a life course approach to improving health and wellbeing. It focuses on four main areas, including prevention and the shift out of hospital care and has a relationship to the strategy to manage the impact of long term conditions.

These two areas are also reflected in the Joint Health and Wellbeing Strategy. The JHWS will inform commissioning decisions made by local partners, so that they focus on the needs of service users and communities, tackle factors that impact on health and wellbeing across service boundaries and influence local services beyond health and social care to make a real impact on the wider determinants of health.

Of the 5 key outcomes identified in the JHWS, this Commissioning Strategy will deliver against 4 of them:

- People are taking greater responsibility for their health and wellbeing.
- The quality of life for people with long term conditions is enhanced and they have access to good quality care and support.
- People with mental ill health are supported to live well.
- People with dementia are assessed and treated earlier.

The other outcome detailed in the JHWS is that “Every Child has the best start in life”. A separate local integrated strategy and plan is currently being developed for childrens’ services.

Taking our shared aims forward

The following 4 shared aims, common to all the partner organisations, has emerged through the process of developing this integrated commissioning strategy and plan. These aims are already reflected in each partner’s own organisational plan, but shown here to reflect the outcomes that we are collectively trying to achieve, either through jointly commissioning services or through commissioning a component part which supports the wider shared aim.

The outcomes we want to achieve:

Shared Aim 1:	To improve the health and wellbeing of people in Dover and Shepway living with long term conditions, enabling as many people as possible to manage their own condition better
Why this is important:	There is an increase in demand on services caused by demographic changes. Current services are not all fit for purpose and do not give the best outcomes for people using them.
Relevant objectives:	<ul style="list-style-type: none"> • Focus on prevention and targeted interventions • Ensure services respond rapidly and are more effective • Support carers and empower individuals to do more for themselves

	<ul style="list-style-type: none"> • Improve the patient experience of the delivery of care
Relevant themes:	Prevention and self care, Short term care and support – goal orientated, Long term care and support – sustained and ongoing
Outcomes:	<ul style="list-style-type: none"> • Reduced hospital admissions • Reduced length of stay in hospital • Timely access to local health and social care services • Improved access to information which allows people to make decisions about their own lives • Thriving and self reliant communities • Better use of public funds by reducing duplication and creating efficiencies where public bodies work better together

Shared Aim 2:	People with disabilities and older people will be supported to actively participate in the lives of their local communities, enabled by environments that are inclusive, accessible and safe for all.
Why this is important:	All people need to feel valued and safe in the place where they live. This includes their home and their local community. Everyone should have the opportunity access the place where they live, to have relationships with people around them and to actively contribute to the lives of their communities.
Relevant objectives:	<ul style="list-style-type: none"> • Focus on prevention and targeted interventions • Ensure services respond rapidly and are more effective • Support carers and empower individuals to do more for themselves
Relevant themes:	Prevention and self care, Short term care and support – goal orientated, Long term care and support – sustained and ongoing
Outcomes:	<ul style="list-style-type: none"> • People will have access to local, quality housing that meets their needs • People will be able to get around and access facilities in their local communities • People will have more choice and control over the health and social care services they use • After people are discharged from hospital they will return home to a safe and accessible environment as quickly as possible • Reduced number of hospital admissions as a result of a fall

Shared Aim 3:	To support families and carers in their caring roles and enable them to actively to contribute to their local communities
Why this is	Carers play a vital role in our communities. Too often carers

important:	are forced to ignore their own needs because of the demands they are under. We need to work together to ensure that taking on a vital caring role does not mean people having to take less care of their own health or career opportunities or suffer from social exclusion. We believe that carers are entitled to their own lives and are important in their own right as individuals not just for the role they provide ² .
Relevant objectives:	<ul style="list-style-type: none"> • Ensure services respond rapidly and are more effective • Support carers and empower individuals to do more for themselves
Relevant themes:	Prevention and self care, Short term care and support – goal orientated, Long term care and support – sustained and ongoing
Outcomes:	<ul style="list-style-type: none"> • Getting people healthy and into work • Carers have access to good quality information and advice • Carers are supported to access integrated health and social care services to support them in that role • Carers will be able to have a life of their own alongside their caring role • Carers will not be forced into financial hardship by their caring role • Carers will be supported to stay mentally and physically well and treated with dignity

Shared Aim 4:	To ensure that the best possible care is provided at the end of people's lives
Why this is important:	<ul style="list-style-type: none"> • The proportion of people dying in hospital has been steadily reducing but the disparity between preferences of place of death and the reality remains stark. • Adequate advanced planning could prevent the use of emergency services and other resources. • There is an expected increase in the number deaths due to demographic changes in the population so end of life care services need to respond to this³.
Relevant objectives:	<ul style="list-style-type: none"> • Ensure services respond rapidly and are more effective • Improve the patient experience of the delivery of care •
Relevant themes:	End of life care
Outcomes:	<ul style="list-style-type: none"> • Improve end of life care for people living in residential, nursing care and extra care housing

² Source: Kent Adult Carers' Strategy (June 2009)

³ Source: Draft EOL Care Needs Assessment for Eastern and Coastal Kent, August 2012

	<ul style="list-style-type: none">• More people die in the place of their choice having received the care appropriate to their needs• Improved end of life care for people with dementia, long term conditions, cancer and non-cancer related illness
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There will be a separate detailed plan which brings integrated commissioning activity together, with key shared outcomes and related activity. It will clearly define who will be the responsible partners in delivery and when we plan to commission services.

Before this plan can be fully developed, it is important to understand that a prioritisation exercise will need to be undertaken by lead commissioners across organisational boundaries following engagement with the public and elected members. They will need to explore how the Joint Strategic Needs Assessment relates to commissioning intentions and in time, to understand that this work will develop into a more detailed plan that drives change, truly reflects the needs of local populations and can be supported by the local Health and Wellbeing Board members.

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The financial position – current spend

It is helpful to understand how money in this area is currently spent by KCC social care and by the NHS so that we can begin to look for opportunities to re-model how and where we spend.

KCC Social Care Spend - adults

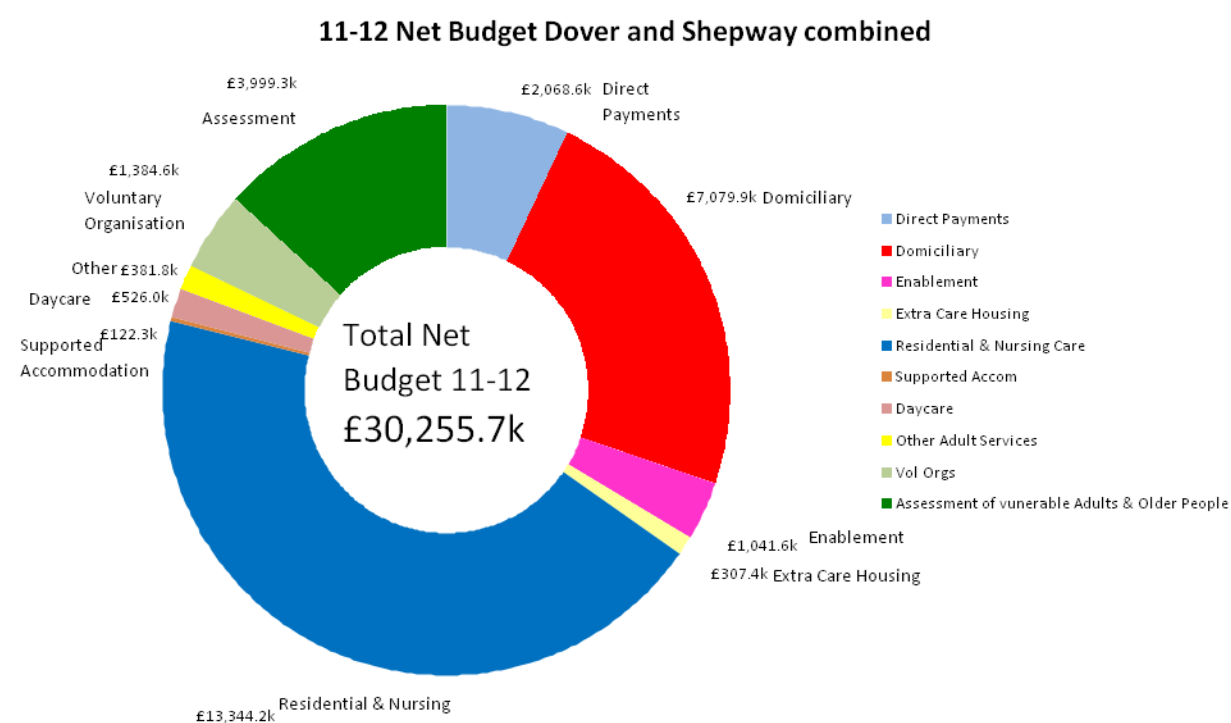


Figure 1: Adult Social Care Spend for Dover and Shepway 2011-12 (note, excludes learning disability and mental health services)

Social care spend '11-'12	Shepway (000's)	Dover (000's)	Total (000's)
Direct Payments	£ 1,402.50	£ 666.10	£ 2,068.60
Domiciliary	£ 3,967.00	£ 3,112.90	£ 7,079.90
Enablement	£ 685.90	£ 355.70	£ 1,041.60
Extra Care Housing	£ 203.60	£ 103.80	£ 307.40
Residential & Nursing Care	£ 7,842.30	£ 5,501.90	£ 13,344.20
Supported Accom	£ 46.30	£ 76.00	£ 122.30
Daycare	£ 434.20	£ 91.80	£ 526.00
Other Adult Services	£ 257.00	£ 124.80	£ 381.80
Vol Orgs	£ 740.60	£ 644.00	£ 1,384.60
Assessment of vulnerable Adults & Older People	£ 2,038.20	£ 1,961.10	£ 3,999.30
TOTAL	£ 17,617.60	£ 12,638.10	£ 30,255.70

This information describes the adult social care budget for older people and people with a physical disability. The way the budget is currently calculated does not describe the whole picture e.g. spend on carers is included within spend on voluntary sector organisations and day care.

Spend on learning disability and mental health services will be included in the next revision of this document.

NHS Spend - adults

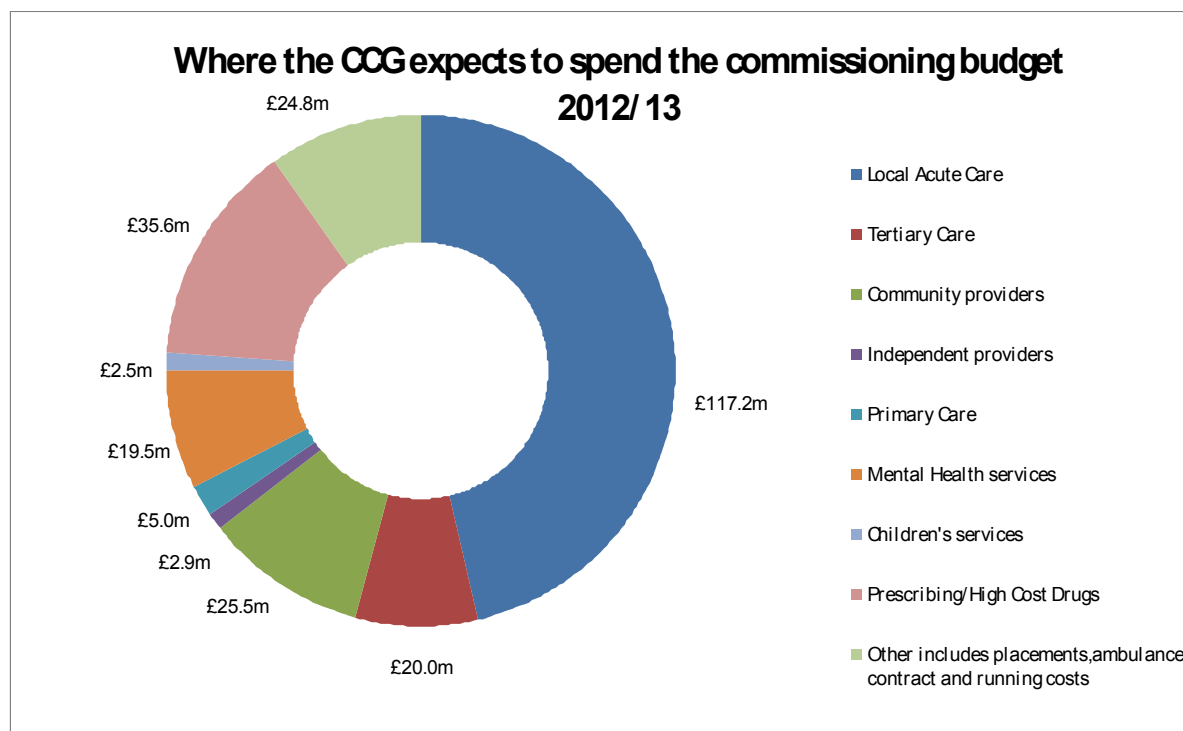


Figure 2: NHS South Coast Kent CCG expected spend for 2012-13

NHS Expected spend '12-'13	Total (£ 000's)
Local Acute Care	117,200
Tertiary Care	20,000
Community providers	25,500
Independent providers	2,900
Primary Care	5,000
Mental Health services	19,500
Children's services	2,500
Prescribing/High Cost Drugs	35,600
Other includes placements, ambulance contract and running costs	24,800
TOTAL	253,019

The chart (fig.2) is a reasonably accurate depiction of where the CCG spends the commissioning budget. The headings are quite broad as, at this time, it is

not possible to break down the spend to specific disease areas such as Long Term Conditions. Following future refinements to financial reporting we should be able to provide greater detail. Our aim is to shift the proportion of spend by reducing spend in the acute sector and increasing spend in the primary/community sectors over the coming years.

Currently health and social care both use terms such as “intermediate care” but they have different definitions in each organisation. We are jointly aiming for greater alignment of definition to be able to use the financial information in a constructive way to inform decisions.

Understanding these budgets is part of the strategy and the work we need to do together.

Reference list / key documents

- Health and Social Care Act 2012
- South Kent Coast CCG Commissioning Plan 2012-5 / Annual Operating Plan 2013-16
- KCC Bold Steps for Kent
- KCC Adult Social Care Transformation Blueprint 2012
- Dover District Council Corporate Plan 2012-2016
- Shepway District Council Corporate Plan 2012 - 17
- Dover and Shepway Joint Strategic Needs Assessment 2012
- Health and Wellbeing Strategy for Dover and Shepway (to be written)
- Draft Joint Health and Wellbeing Strategy (2012)
- Draft Eastern and Coastal Kent End of Life Care JSNA – August 2012
- Live it Well
- Kent and Medway Dementia Integrated Plan (2012)
- Kent Carers Strategy (2009)