

South Kent Coast Clinical Commissioning Group

(Community Hubs / Primary Care)

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Community

Health) Integrated (General & Menta Discharge Team

Equipment

Transport

Community

Denta

Central Hub

URGENT RESPONSE SUPPORT

(KCC Short Term Pathway)

- GP Service with Physician Associates (branch to local surgeries) Urgent Appointments
- Minor Injuries with
- Nurse Practitioners (Minor illness overflow from GP service)
- Paramedic Practitioners (GP home visits, rapid response, cover in MIU)
- Rapid Response Nursing (Support to PPs, cover in MIU)
- Integrated Intermediate Care (includes KEAH) (Social care/KEAH Supervisors, Therapeutics, other HCPs, MDT support to ICT beds)
- Ambulatory Care (initial Treatment)
- Voluntary Organisations
- Housing/Benefits Advice/advocacy
- KCC Assessments Clinics

Medical Specialists (as part of MCP)

Mental Health Services/IAPT

Diagnostics 8am-8pm 7/7

- (Urgent & Planned)
 - Sexual health services

 - Community Orthopaedic Services

Clinical Nutrition & Dietetic Service

- Chronic Pain Services
- Podiatry Services
- Diabetes, Lymphodema, Cardiac, Epilepsy, Respiratory, Nurse Led Clinics

PLANNED CARE

NHS 111 / Care Navigation / Out of Hours Medical Services / KCC Out of Hours

- Out patients One stop "initial consultations, follow-up face-to-face or virtual via telemedicine/telephone with consultants, nurses or therapists/Frailty Clinics
- Ambulatory Care (follow up)
- MSK Physiotherapy
- Occupational Therapy
- Special & Language Therapy





- Community Support via i.e. Voluntary Orgs, Community Wardens
- Domiciliary Care Services Early Identification of deterioration
- Access to Step-up / Step-down Beds
- Children's Centres
- Learning & Physical Disability



General Practice

(6.30pm - 8.00pm Mon-Fri/Sat,Sun & BH's 8am-8pm covered via the 'Hub')

LONGER TERM MANAGEMENT

(KCC Adult Community Teams)

- GP's
- Nursing Team (Practice nurse, Nurse Practitioner, Community Nurses, Specialist Nurse, Hospice CNS)
- Mental Health Workers / Mental Health Specialists
- Medicines Management Support / Pharmacy
- Health Trainers (Health Checks/Prevention/Self Care/Empowerment/Carers Health)

- Case Managers (Adult Social Care)
- Health Visitors
- Midwifes
- Children's Community Nursing
- Care Navigators (General & Mental Health)
- Cardio / Pulmonary Rehabilitation
- Continence Services

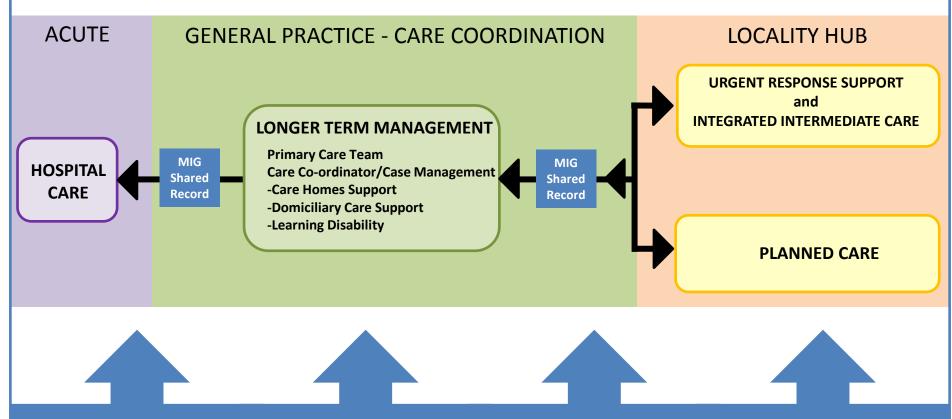
Accessible Care / Co-ordinated Care / Proactive Care/Personalisation No wrong door ' 'Every contact counts'

Clinical Leadership / Workforce Development

Mobilise Community Assets to Build Resilience

08/07/2015 - deh

INTEGRATED CARE ORGANISATION LOCALITY MODEL



- East Kent wide Community Services
- Acute Services (General & Mental Health)
 Integrated Discharge Team
- SECAmb 999

- NHS 111
- Care Navigation
- Out of Hours Medical Services
- KCC Out of Hours

- Equipment Services / KCC Fast Track
 Equipment Provision
- Minor Surgery
- Community
- Dental Services

ICO Development Work Streams

- Integrated Primary Care: bringing together a multi-agency, multidisciplinary team around GP's and their practices in order that care is coordinated and includes care hones support and education of domiciliary carers
- Pathway Redesign: Mental Health, Rheumatology, Cardiovascular Disease, Respiratory Disease, Dermatology, Diabetes,
- Integrated Intermediate & Urgent Care: bringing together, health, social care and voluntary sector intermediate care services into one response through an agreed pathway

ICO Development Work Streams Cont'd

- Information Management & Technology: ensure full interoperability across provider systems is in place. Promoting appropriate new technologies across the CCGs to ensure quality and accessibility of patient services
- East Kent End of Life Strategy refreshed & Improvement plan agreed with 3 task and finish groups: Pathway Redesign, Education & Workforce, Information Management & Technology
- Pharmacy & Medicines Management: Identify Medicines
 Management processes, across providers in SKC CCG, that require improvement, to ensure the safe and cost effective use of medicines

Prevention & Self Care

To ensure that there is proactive targeted work to ensure that ill health is prevented where possible and inequalities reduced:

- Through information and structured education and the use of technology support people to self care and improve their own outcomes
- District Councils, KCC, Public Health, CCG and patients representatives working collaboratively to combine resources and knowledge to improve health and wellbeing ie: maximising the use of the community workforce developing cross organisational 'community agents'
- Joint approach to health messaging to the wider public
- Collaborating on work with troubled families, community wellbeing
- Reviewing the ward profiles and developing joint initiatives for improvement
- Collaborating on the Healthy & Active Strategy linking to the prevention pathway
- Joining District Council Initiatives with existing commissioned services to maximise outcomes

Health, Housing & Social Care

Health, social care, district councils, public health and voluntary sector will work together to address poor housing that leads to poor health to improve outcomes. Two task & finish groups being planned:

Healthy Housing:

- Health proofing homes form excess cold, damp & mould
- Home safety slips, trips & falls
- Access to support services ie: Age UK, Citizens Advice
- Healthy eating
- Fuel Poverty keeping warm, keeping well

Accommodation Strategy:

- Review of sheltered provision; potential remodelling?
- New extra care housing
- Develop intermediate care in housing settings
- Independent living including use of telecare
- Care home bed modelling
- Discharge to assess
- Other specialist accommodation LD, MH, PD