

Care models

- NAPC review of general practice being reflected in an action plan.
- Advanced NH plans at SNH and MNH layers.
- Acute trust configuration and service model unsustainable in its current form with work underway on priority changes.

Four Layers of Care

Primary Care – improve access/reduce variation/improve outcomes

Neighbourhood Care – focus on highest need/target interventions

Intermediate Care – services best delivered at greater scale in the community

Acute Care – co-ordinated system/improve flow and productivity



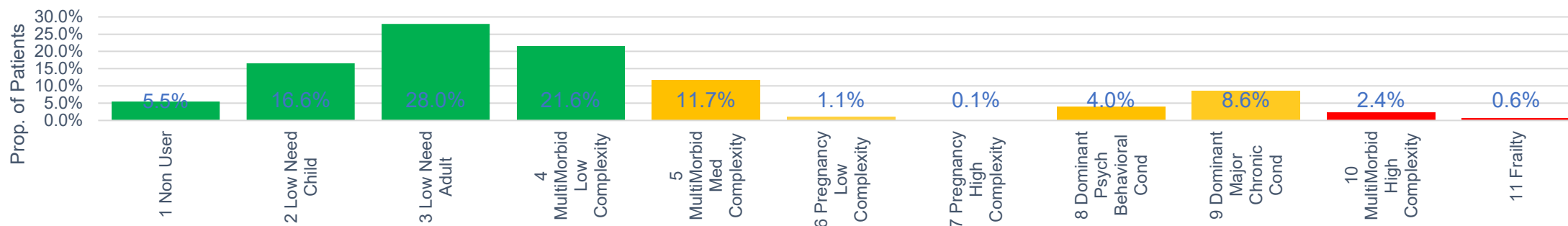
Set up to deliver

- A System Leadership Group and System Provider Group to set direction.
- A commissioning policy and plan for joint policy with local government after resolution of historic disputes.
- Commissioning intentions to be published summer for consultation alongside final five-year strategy: focus on costing, ROI, year of care tariff, outcome payment reform.
- Emerging local commissioning capability programme dovetailed with national offer.
- A Provider Alliance comprising two Provider Collaboratives/primary delivery vehicles:
 - **Neighbourhood Collaborative** – will deliver primary, neighbourhood and intermediate care at scale, including improving rehabilitation and intermediate care to support recovery. Physical Neighbourhood Hubs will develop in parallel to the model of care shifting in a complementary way.
 - **Acute Collaborative** – will deliver acute model of care.
- Plans for a new pan primary care provider organisation in train to underpin.

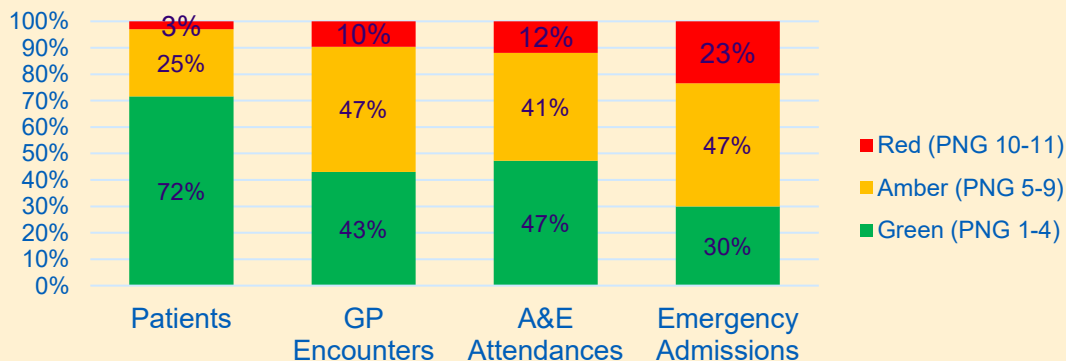


What does this mean in practice: Population segmentation

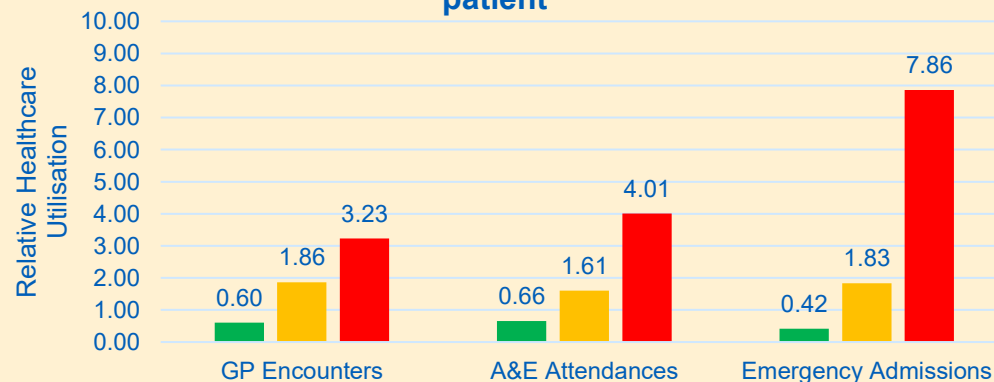
Patient Need Group (PNG) segmentation takes a multimorbidity approach to categorising patients
 1.88m patients in K&M: 3% (~56.5k) are in Patient Need Group (PNG) 10-11 (Red) and they account for 23% of emergency admissions



PNG 10-11 (Red) account for 3% of the pop. but 10% of GP encounter and almost 25% of emergency admissions



PNG 10-11 have >3x more GP encounters, 4x more A&E attendances and 8x as many emergency admission compared to the average patient



6 pillar neighbourhood collaborative

- **Risk Stratification**
 - Shared population segmentation at neighbourhood level.
 - Data used to target support and intervene earlier.
- **Proactive Care – SNH Approach**
 - Anticipatory, planned care for people at rising and high risk.
 - Multidisciplinary working focused on prevention and stability.
- **Reactive and Intermediate Care – MNH Approach**
 - Rapid response and intermediate care to avoid admission.
 - Focus on recovery, reablement and timely flow.
- **Early Learning – NNHIP (Folkestone and Hythe)**
 - Strong neighbourhood leadership is critical.
 - Shared data and MDT working improve flow and experience.
- **Neighbourhood Alliance and Joint Leadership**
 - Partners aligned around a shared neighbourhood purpose.
 - Joint leadership with collective accountability.
- **Neighbourhood Academy**
 - Builds consistent leadership and MDT capability.
 - Supports scale, sustainability and spread.

