

KENT AND MEDWAY
JOINT HEALTH AND WELLBEING BOARD

14 DECEMBER 2018

**SUSTAINABILITY AND TRANSFORMATION
PARTNERSHIP (STP) STRATEGIC COMMISSIONER AND
SYSTEM TRANSFORMATION UPDATE**

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Summary

This report will provide the Joint Board with an update on the establishment of the Strategic Commissioner for Kent and Medway and what this means for the wider system and development of an Integrated Care System and Integrated Care Partnerships across Kent and Medway.

1. Budget and Policy Framework

- 1.1 Over the last two years, the Kent and Medway Sustainability and Transformation Plan has outlined the intention of the Kent and Medway health and care system to deliver an integrated health and social care model that focuses on delivering high quality, outcome focused, person centred, coordinated care that is easy to access and enables people to stay well and live independently and for as long as possible in their home setting.
- 1.2 In the last 12 months, national policy and guidance has promoted the role and expectations from “integration” of care, functions and organisational arrangements through the development of the Strategic Commissioner function and the design and introduction of Integrated Care Systems and Partnerships. National vanguards have already showcased examples of strong innovation as well as the potential for integrated service models and the benefits that they offer in meeting the needs of their local population through a shared and common purpose, a commitment responding to changing local need as well as strengthening of the prevention agenda in order to fully meet the health and well-being of local people. For providers this has resulted in increased collaborative working and the breaking down of organisational boundaries in joined up care (health and social care).

- 1.3 This paper provides an update on the progress and working principles underpinning the development of the Kent and Medway Integrated Care System and Strategic Commissioner.

2. Establishing a Strategic Commissioner and Integrated Care System

- 2.1 There is a strong drive nationally to progress at pace the move to the establishment of the Strategic Commissioner function and Integrated Care System. The Kent and Medway system and in particular the eight clinical commissioning groups committed to and started the journey towards this change in early 2018. Over the last 10 months, the commissioners of health and social care services have been working together in developing an understanding of what a Strategic Commissioner would mean for current arrangements, the opportunities that may exist such as changes to the scale and scope of commissioning, different models of commissioning as well as what a future end state may look like. This work has also benefitted from the shared experiences from the twelve vanguard Integrated Care Systems and the emerging national learning. This learning has helped to provide a degree of clarity around the expected future form and function of the Strategic Commissioner and characteristics of an integrated system.

3. Working Principles and Agreed Governance

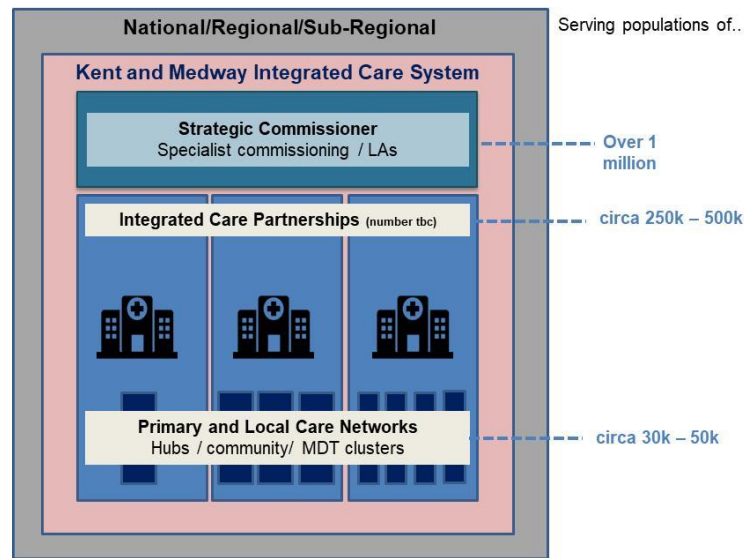
- 3.1 In February 2018, the Strategic Commissioner Steering Group was established. This group chaired by Dr Bob Bowes, Clinical Chair West Kent CCG and consisting of health and social care commissioning representatives has provided leadership and oversight to the strategic development and thinking around the Strategic Commissioner function. The meeting in October represented a significant point in the planning process with the discussion and working agreement of a future option of what the commissioning and provider landscape may look like. This is described in more detail in section 4.
- 3.2 To date there are a number of “working” principles, these include:
- A single Strategic Commissioner operating across Kent and Medway
 - Transition to the Strategic Commissioner form and functions in 2019/20 with the end state realised from 1 April 2020
 - Transitional management structures. To note these are already in operation at an executive level across the eight CCGs with leadership provided through the two Managing Directors
 - The Integrated Care System would operate across Kent and Medway and be supported locally by Integrated Care Partnerships
 - The geography and demographics of Kent and Medway could support potentially 3 or 4 Integrated Care Partnerships or equivalent models

4. Translating the national picture to Kent and Medway

- 4.1 Figure 1 outlines an emerging picture and possible arrangements for a Kent and Medway Strategic Commissioner and Integrated Care System. Engagement on this continues. The detail of core functions and operational

implementation will need to be explored and developed further and arrangements are expected to evolve based on engagement and feedback.

Figure 1: Emerging arrangements across Kent and Medway



- 4.2 National guidance and the strategic direction from NHS England suggests a number of characteristics such as geography and demography that can be used to shape how an integrated system may be formed and operate.
- 4.3 Applying these principles to Kent and Medway would create the following:
- 4.3.1 A **Strategic Commissioner** that operates at the level of Kent and Medway, facilitating more frequent commissioning at scale of core and services common across the county. This ability to commission once on behalf of the existing eight Clinical Commissioning Groups would help to support parity across the population of Kent and Medway in terms of the quality and access to services. In addition to the commissioning of health services the establishment of a Kent and Medway Strategic Commissioner also presents an opportunity to explore the potential for closer alignment or integration of health and social care commissioning in the future.
- 4.3.2 An **Integrated Care System** to operate at the level of Kent and Medway. The ability to work as a whole system, both commissioning and provision would strategically strengthen the planning in response to population needs as well as the management of resources and its deployment. NHS England has recently signalled that there is an expectation that “systems” will be capable of reporting a single system financial control total by 2022. In simple terms this equates to the ability to balance commissioning budgets and how much it costs to deliver services. It is expected that the Integrated Care System will also hold a number of assurance and oversight functions. The detail of these functions is closely aligned to the current consultation on NHS England and Improvement’s future management structures and responsibilities. In addition to assurance, the oversight function has the potential to support improvement and innovation across the system through the development of quality improvement techniques, skills and capacity as well as shared learning.

4.3.3 **Integrated Care Partnerships** represent provider led collaborative, operating most effectively across a population of 250,000 to 500,000. The logic behind this is the achievement of sufficient scale to collectively look at how services are provided and the benefits, in particular around collectively working together to offer existing and new models of care that are more effective in responding to people's needs. This use of new and alternative models, including ways of working can also support the achievement of improved outcomes, greater efficiency in terms of the use and deployment of resources (eg workforce, estate, adoption of new technology) and potentially greater cost effectiveness and output that aligns to a single system control total. The working proposal for Kent and Medway based on population size, is for 3 or 4 Integrated Care partnerships.

The ability to demonstrate the benefits of integrated working across a geographical area offers an additional option to the Integrated Care Partnership. The North Kent system (Dartford, Gravesham and Swanley CCG and Dartford and Gravesham NHS Trust) has joined forces and committed to an integrated Primary and Acute Care Services (PACS) model. The PACS will be a joint venture between the Trust, CCG, GP Federation and Community Services. It will be provider led and patient centric and continue to foster and deliver the type of multi organisational and multi-disciplinary teams that are developing around the local care hubs.

4.3.4 **Primary Care Networks** have been an emerging form over the last 12 months as part of the development of primary and more broadly local care provision. The planned Primary Care Networks across Kent and Medway will act as the local vehicles for integration of health and social care services, crossing organisational boundaries in the public, private and voluntary sectors based on local population and individual needs.

4.4 The outline above, pending further development, discussion and agreement, signals a change to the way in which health and potentially social care services have been commissioned to date. Future commissioning and delivery will be seeking to take advantage of models that:

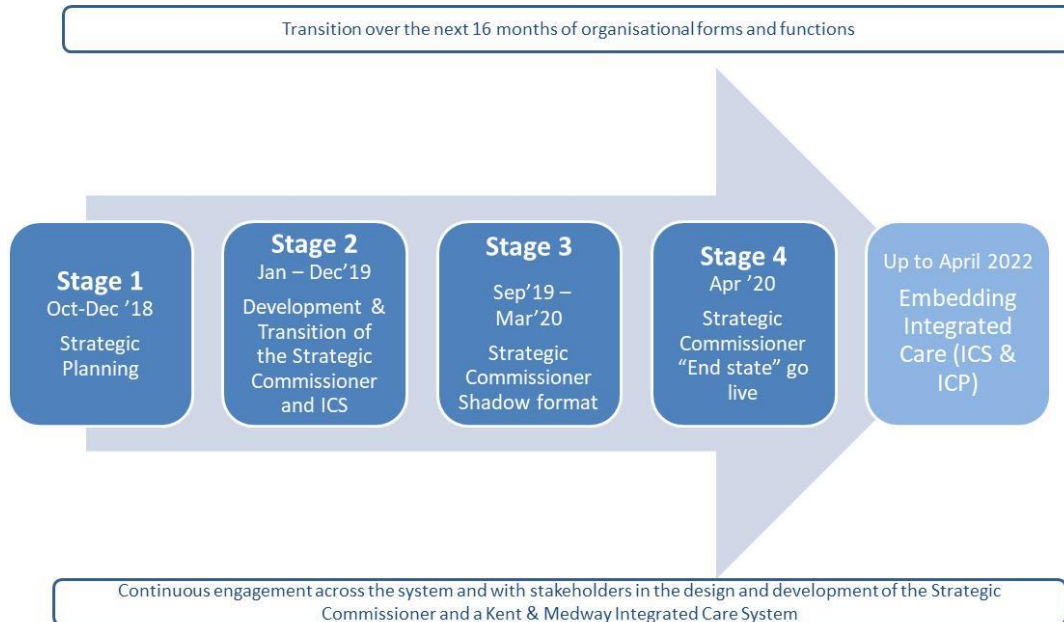
- Focus on and are responsive to the needs of the population of Kent and Medway
- Seek to be sustainable in their delivery considering key factors such as workforce, standards of care, co-ordination of health and social care needs and financial affordability
- Forward looking and seek to innovate and make improvement to the operational challenges facing current provision
- Champion integration and focus on the patient experience and improved outcomes across health, social care and general well being.

5. High Level Timeline for Delivery

5.1 As previously mentioned, the intent and vision for a Strategic Commissioner and move to an integrated system was signaled earlier this year. Figure 2 of the report sets out a high level timeline that would see a Strategic Commissioner (end state) fully operational by April 2020. It is anticipated that capability to carry out functions such as commissioning at scale will be in place from April 2019 with 2019/20 used as a transition year for the development and embedding of arrangements. Based on the scale and

complexity of the change, the current thinking is that the integrated care system will need a longer period to mature and be ready to operate at its full capacity and capability. Current planning proposes a further 2 years embedding period for Integrated Care Partnerships to be fully functional. This timeline aligns with proposed system reporting (eg control totals) by 2022.

Figure 2: High level timeline to Strategic Commissioner and Integrated System “end state”



6. Next steps

- 6.1 A key part of the transition to a Strategic Commissioner and the development of integrated care system is the engagement and feedback from stakeholders in the design of future functions. A critical part of this engagement is a system wide event on 12 December 2018. It is anticipated that the output from this will help to refine and develop the detail around delivering an integrated model, the functions that would sit with the Strategic Commissioner and at the different parts of the Kent and Medway system.

7. Risk management

- 7.1 A standing agenda item for the Strategic Commissioner Steering Group is the review of the risk and issues register. The risk register is subject to a monthly review or more frequently in the event of a change in circumstances or an escalated risk.

8. Financial implications

- 8.1 The financial implications of the Strategic Commissioner and wider system transformation programme are currently being worked through. As the transition to the "end state" is developed there are a number of working principles that are being incorporated within the programme including where possible the use of existing resources within the CCG to lead transition arrangement; the potential delivery of efficiencies through the scaling up or

consolidation of services as well as better targeting of resources through aligned planning across the system.

9. Legal implications

- 9.1 The Kent and Medway Joint Health and Wellbeing Board has been established as an advisory joint sub-committee of the Kent Health and Wellbeing Board and the Medway Health and Wellbeing Board under Section 198(c) of the Health and Social Care Act 2012.
- 9.2 The Joint Board operates to encourage persons who arrange for the provision of any health or social care services in the area to work in an integrated manner and for the purpose of advising on the development of the Sustainability and Transformation Partnership. In accordance with the terms of reference of the Kent and Medway Joint Health and Wellbeing Board, the Joint Board may also consider and advise on the development of options for the Local Authorities' role in a Strategic Commissioner arrangement with Health.
- 9.3 The Joint Board is advisory and may make recommendations to the Kent and Medway Health and Wellbeing Boards.
- 9.4 The legal implications of the proposed changes with the establishment of the Strategic Commissioner and an Integrated Care System for Kent and Medway will need to be reviewed and agreed by governing bodies and membership of the existing eight CCGs as their constitutions.

10. Summary

- 10.1 The Strategic Commissioner programme has progressed at pace in the last two months. The programme is showing an early and emerging form of the Strategic Commissioner, the associated Integrated Care System and significant amount of work to do to achieve the end state of a Kent and Medway Strategic Commissioner by April 2020. Over the next two months and in particular with the planned system wide engagement to shape the design and development of the future state, the programme will develop in detail with early stages of the transition becoming increasingly visible.

11. Recommendation

- 11.1 The Kent and Medway Joint Health and Wellbeing Board is asked to note the update on establishing the Strategic Commissioner and the development of the Integrated Care System in Kent and Medway.

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Appendices

None

Background Papers

None