



HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

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KENT AND MEDWAY TRANSFORMATION – UPDATE ON INTEGRATED CARE SYSTEMS AND KENT AND MEDWAY SYSTEM COMMISSIONER

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Summary

The NHS Long Term Plan sets an expectation that Integrated Care Systems will be established by April 2021. Work has commenced across Kent and Medway in designing an integrated system including changes to existing organisational forms, functions and the anticipated benefits that these changes will have in better meeting the health needs of the population.

This paper sets out:

- Progress to date in developing an integrated model;
- Outputs from two co-production workshops held across the system on future organisational forms and functions;
- High level timeline for transition to a shadow form and end state by April 2020; and
- Key next steps.

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.

- 1.3 The following paper provides an update on the Kent and Medway System Transformation programme. The report provides an update for noting.

2. Background

- 2.1 In January 2019, NHS England published the Long Term Plan. The Plan set out a requirement to establish Integrated Care across existing Sustainability and Transformation Partnership (STP) footprints no later than April 2021. The driver and intended benefit to this development is the refocus of commissioning and provision on population health needs and in addressing the inequalities that have developed across the country in recent years.
- 2.2 In Kent and Medway, work has already started to think about what an integrated care system would mean for existing organisations, their form and functions as well as the opportunities that exist to deliver alternative and integrated models of care, delivering care out of hospital and with social care and voluntary sector organisations.
- 2.3 In December 2018, the first of two whole system events was held. The event was attended by over 40 leaders and representatives from across health, social care and local authorities and helped to shape and inform a proposed future integrated structure for health and social care across Kent and Medway. In February 2019, this model was tested with a wider audience of over 90 representatives including patients, public representatives and regulators. The two events have helped to produce a model to which there is a broad consensus on which to build and develop detail on. There is also an appetite to progress with pace the transformation to realise a number of the identified benefits associated with it.

3. What does this mean for how services are commissioned and provided across Kent & Medway?

- 3.1 Delivering local care, improving prevention, investing in mental health services and supporting providers to deliver clinically and financially sustainable services that meet national standards requires changes in commissioning and provider models.
- 3.2 The system wide events in December and February sought to explore how services and functions could be aligned and or integrated in order to improve outcomes for the population of Kent and Medway. The discussions and input from representatives helped to inform the future integrated care framework for Kent and Medway. This framework proposes:
 - An Integrated Care System (ICS) operating at a Kent and Medway level
 - A single CCG including the System Commissioner operating across Kent and Medway
 - Integrated Care Partnerships (ICPs) operating across local geographies to enable a greater focus on local health needs. The working assumption is for 4 ICPs although this is still subject to further discussion and agreement.

- Primary Care Networks (PCNs) acting as the provider and delivery vehicle for local and community care.

3.3 Figure 1 outlines the “end state” a Kent and Medway System Commissioner and Integrated Care System. The detail of core functions and operational implementation are currently being explored and developed further, and arrangements are expected to evolve based on ongoing engagement.

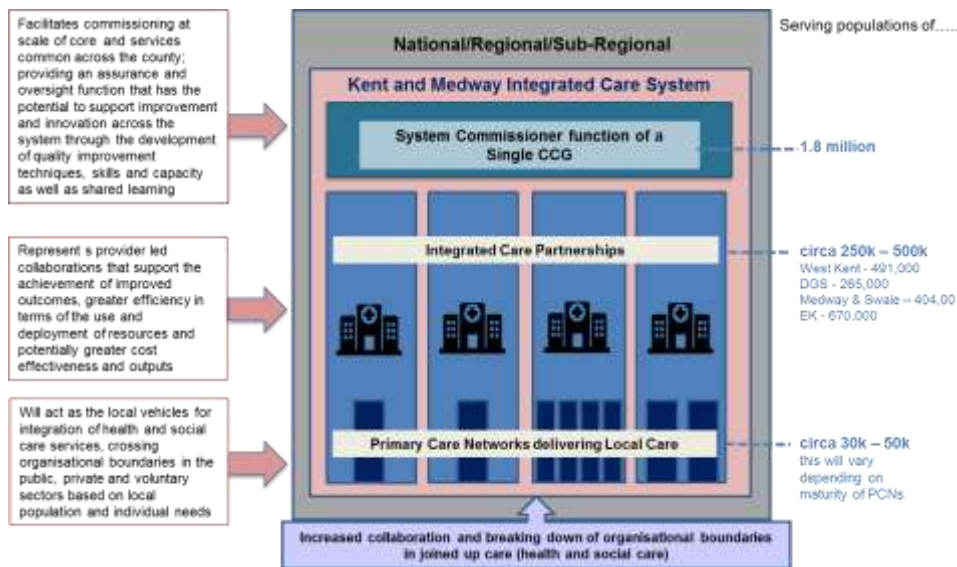


Figure 1: Kent and Medway Integrated Care System architecture including Integrated Care Partnerships & Primary Care Networks

3.4 A single Clinical Commissioning Group (CCG) will be responsible for delivering a number of functions. As a system commissioner, it will be responsible for:

- Defining the needs of the population of Kent and Medway down to a population level of 30-50k;
- Setting the outcomes to be delivered in addressing those needs, including emphasising prevention and addressing health inequalities;
- Allocating capitated budgets within new financial frameworks that encourage Integrated Care Partnerships to focus on population health;
- Providing oversight and offering strategic solutions to Kent and Medway wide functions such as Strategic Estates, Digital, Workforce, and Finance;
- Supporting and delivering the organisational development of providers to become members of Integrated Care Partnerships;
- Giving license to, and receiving assurance from, ICPs on the delivery of outcomes within budget;
- Acting as the point of escalation of dispute and risk in ICPs;
- Commissioning core services at scale;
- Holding a single contract for larger (Kent and Medway) providers, whilst enabling and maintaining local flexibility;
- Direct commissioning of rare and very expensive services;
- Providing commissioning support and back office functions;
- Developing a Kent and Medway approach to service and quality improvement.

- 3.5 In addition to the commissioning of health services, the establishment of a Kent and Medway system commissioner presents an opportunity to explore the potential for closer alignment or integration of health and social care commissioning in the future. Early conversations have been had with the two upper tier Local Authorities and there is willingness in principle to align first and explore practical ways of integrating health and social care commissioning.
- 3.6 An **Integrated Care System** will operate at the level of Kent and Medway. The Integrated Care System aims to offer a strategic “view” of the system providing oversight, challenge and holding each other to account. There are a number of existing arrangements that will act as key component parts of the ICS, including the Clinical and Professional Board, the Kent and Medway Joint Health and Wellbeing Board and aspects of the current STP Programme Board.
- 3.7 The ability to work as a whole system, both commissioning and provision will strategically strengthen the planning in response to population needs and expected outcomes, as well as the management of resources and its deployment. It is anticipated that the ability to work as a system will also offer opportunities to preside over key activities such as financial arrangements and incentives, in line with single system control totals, a capability that needs to be in place by 2022. It is expected that the Integrated Care System will also hold a number of assurance and oversight functions. The detail of these functions continues to be worked through as part of the merger of NHS England and NHS Improvement.
- 3.8 **Integrated Care Partnerships** represent a provider led collaborative, operating most effectively across a population of 250,000 to 500,000 (although can be larger). The logic behind this is the achievement of sufficient scale to collectively look at how services are provided and the benefits, in particular around collective working 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 (e.g. 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 4 ICPs (East Kent, Dartford Gravesham and Swanley (existing Primary and Acute Care Services model), Medway and Swale and West Kent) – this continues to be discussed.
- 3.9 Key functions of the Integrated Care Partnerships include:
- Accountability for the health of their whole population rather than for the delivery of specific service lines as at present;
 - Focus on responding to population health needs and the provision of programmes that promote prevention and address health inequalities;
 - Ensure a focus on population health; more than the sum of individual care pathways;

- Assure and oversee the quality of services and care provided. This assurance role will need further scoping in line with changes in NHS England and Improvement;
- Support organisational development to enable cultural change and thus deliver integrated working at executive, managerial and practitioner level;
- Local route for escalation and risk management within the system; and
- Local contract management and the increased use of alternative contract forms to support integrated delivery.

3.10 **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 Long Term Plan identified further and continued development of Primary Care Networks (PCNs) as a key function and way of further enhancing the integration of local and primary care. 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. They will support the delivery of multidisciplinary services to meet the needs of the population as defined across the whole of Kent and Medway. The national GP contract (February 2019) further supported the development of PCNs and their significance in the future design of systems by highlighting direct funding flows and accountability for local services.

3.11 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 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;
- Are forward looking and innovative 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 wellbeing.

3.12 The proposed changes to organisational form and functions signals a significant transformation of health and social care commissioning and provision. The development of strong relationships and formal partnerships across providers in different settings and sectors form a critical part of the success of delivering this change.

4. **Timeline to shadow form and transition**

4.1 There is a national requirement to establish an Integrated Care System by April 2021. The appetite for earlier change and transition has been signalled across the system, largely due to the benefits it can offer to the services delivered as well in helping to address a number of the operational challenges faced. Figure 2 outlines a high level timeline for delivery of the “end state” by

April 2020 and the opportunity for transition to new arrangements in some areas from the autumn 2019.

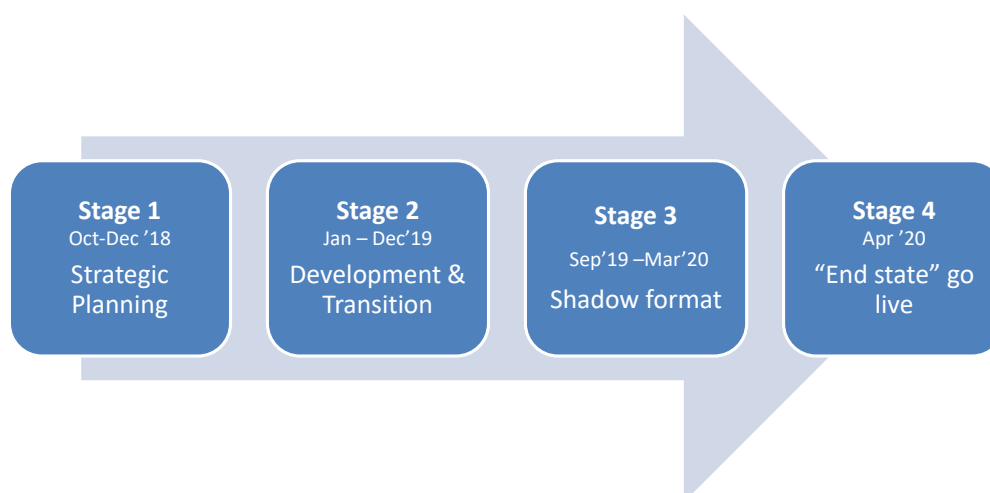


Figure 2: Timeline to establishing the Kent & Medway Integrated Care System and System Commissioner

5. Next Steps

- 5.1 Over the next 6 months there are a number of critical milestones to achieve in order to transition to the arrangements in April 2020. These include:
- Ongoing engagement with the members of the CCGs to agree to progress actions to move to a single CCG;
 - Support and development of Primary Care Networks to ensure readiness for funding and emerging functions in 2019/20;
 - Provider led development of the Integrated Care Partnerships;
 - Submission to NHS England in June to establish and operate as a System Commissioner and Integrated Care System from April 2020; and
 - Continue exploratory discussions with local authorities on the alignment and integration of health and social care commissioning.

6. Consultation

- 6.1 In the last 4 months there have been two system wide workshops that have focused on the development and design of the Kent and Medway integrated care system, organisational forms and functions. The output of these discussions which involved over 150 leaders and representatives from across all aspects of the system has informed and produced the proposals in this paper.

7. Risk Management

- 7.1 The System Commissioner development is part of the system transformation workstream within the Kent and Medway STP. Risks are proactively managed through the overall risk register for the STP and reported through the STP Programme Board on a regular basis. Current risks relate to ensuring effective engagement in the design of the System Commissioner across internal and external audiences.

8. Financial implications

8.1 There are no financial implications to Medway Council arising directly from this report.

9. Legal implications

9.1 At this time, there are no legal implications to Medway Council directly arising from the contents of this report. The creation of a System Commissioner does not change any existing arrangements between Medway CCG and the Council. However, the implications of a possible single Kent and Medway CCG will need to be considered as proposals develop.

10. Recommendations

10.1 The Committee is asked to note and comment on the update.

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Appendices

None.

Background paper

None.