

Via email

**Kent and Medway Sustainability and Transformation
Partnership**

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Establishing a single NHS Clinical Commissioning Group for Kent and Medway

Dear colleague,

Further to various meetings and discussions you may have been party to, we would like to update all council leaders and chief executives on our work towards merging the eight clinical commissioning groups (CCG) in Kent and Medway to form a single CCG for the whole area.

The development of a single CCG is part of our work to establish an integrated care system; in line with work happening across the country to deliver the NHS Long Term Plan. This is fundamentally about improving how health and care organisations work together to offer the best support to people living in their area. An integrated care system has three core elements, outlined below and summarised in the attached booklet:

- GP practices working together in networks – called **primary care networks (PCNs)**
- four new **'integrated care partnerships'** across Kent and Medway, drawing together all the NHS organisations in a given area and working more closely with health improvement services and social care
- **a single commissioning organisation for Kent and Medway**, led by local doctors, to take a 'bird's eye view' of health priorities for local people and look at where shared challenges, such as cancer and mental health, should be tackled together.

Our achievements

Since April 2013, when CCGs became responsible for planning and purchasing health services to meet the needs of our local populations, we have seen some real successes across the county which have confirmed the value of clinically-led commissioning:

- far more services provided out of hospital such as geriatrician clinics in Medway, Canterbury, Ashford; diabetes care, prevention and treatment in west Kent and Swale, cataract clinics in Herne Bay, the Healthy New Towns initiative in Ebbsfleet, urgent home visiting service in South Kent Coast, which improve convenience for patients and attendance rates, to name just a few
- the introduction of GP-led multidisciplinary teams working both proactively to manage the health of people with multiple conditions at risk of hospital admission and reactively, to treat them at home whenever possible when they suddenly deteriorate
- high-quality GP services sustained in the face of ongoing challenges with recruitment and retention, with practices supported to work closely together, improving resilience and maintaining services for patients
- redesigned eating disorder services which no longer limit access to those below a certain body mass index, or have an artificial divide between children's and adult services, but instead focus strongly on early intervention for all ages.



Clinical knowledge, expertise and passion were key to driving through these improvements and only GP-led commissioning could have delivered them.

Our frustrations

However at the same time, the configuration of CCGs in Kent and Medway has made it difficult for us to:

- provide the coherent joined-up direction that providers in Kent and Medway need, eliminating confusion and duplication
- deal as effectively as we would wish with issues facing the provider trusts in the county, including performance against constitutional standards, other issues of quality, and overspends, maximising bang for our commissioning buck
- tackle issues affecting the whole population of Kent and Medway, such as cancer and children's services, which need a single approach
- leveraging our collective knowledge, expertise and strength to improve population health and prevent illness, moving to outcomes-based not activity-focused commissioning.

Local focus – primary care networks and integrated care partnerships

We are aware that there may be concerns about a loss of local focus as the eight CCGs come together to form one. However, we believe that the new primary care networks and integrated care partnerships will strengthen the ability of the NHS to design and provide care tailored to the needs of its local communities and through greater partnership working build a more sustainable workforce.

The PCNs will assess unwarranted variations in health within their populations and work within ICPs to address them, ensuring that the focus is always on patient and population needs.

PCNs provide great opportunities for more multi-professional working and access to a wider skill mix to look after patients' medical and non-medical needs. For example, from April 2021, every PCN is expected to have a social prescribing link worker, who will help patients to get the most out of community and voluntary support, reducing the impact of loneliness on their health.

ICPs will bring together PCNs and all the different health and care organisations as the key health and care partnership within a given area, to work as one, agreeing together how services are designed and delivered and funding for their area is spent. They will also take local responsibility for prevention and promoting the health and wellbeing for their populations. They will work for the good of the patient and the population rather than working in silos can happen now.

Outcomes-based commissioning by the single Kent and Medway CCG will enable this. For instance, if the CCG commissions ICPs to improve the proportion of people with severe and enduring mental illness who are in work, one may need to work with the voluntary sector to improve training and job opportunities, another with local councils on housing, and a third with the police on hate crime prevention: each taking the actions required to deliver the outcome for its population.

We are and will continue to engage with patient and public representatives to ensure the voice of the people we serve is clearly heard within the new arrangements.

Benefits of a single CCG

A Kent and Medway CCG will enable us to:

- overcome the fragmentation that undermines our current effectiveness
- offer consistent support to the new primary care networks (PCNs), enabling them to develop rapidly everywhere in Kent and Medway to play their full part in the new health and care system
- better develop the pipeline and mix of staff that the NHS needs, including new roles to extend the care available to support people's mental and physical health and wellbeing through primary care networks, providing a much more holistic approach
- provide authoritative leadership to the new integrated care partnerships (ICPs) and let contracts that are both transformative and deliverable
- describe the needs of our whole population and develop outcomes for ICPs to deliver in ways tailored to their local populations



- strength the focus on righting health inequalities
- take on some of the assurance and regulatory functions currently delivered by NHS England and NHS Improvement.

Best of both worlds

We have heard from some that this is about re-creating structures of the past. That is not so. The very clear gain from the Health and Social Care Act was the introduction of GP-led commissioning. Managers and clinicians working together can do far more than either can do in isolation.

At the same time we need to recognise our limitations and how we can do things better. The proposed changes have been developed by the NHS for the NHS and have their roots in the very clear need for services to be high quality, integrated and sustainable.

We believe that a single commissioner as part of an integrated care system for Kent and Medway will enable us to achieve the best of both worlds: commissioning at scale by knowledgeable local clinicians from across the patch, and local service design and delivery, by partnerships focused on patient needs.

And, while we recognise the initial focus is on establishment of a system commission, we also recognise that the integrated care system is made up of the sum of its parts and equal focus is needed on the other elements.

Therefore, we would welcome the chance to **come and discuss these changes** with your members and seek your views on proposals for a single commissioner, the development of the integrated care system and how you would want to work with the system commissioner as part of a shared leadership model.

In September, we will need to submit our application to NHS England to obtain agreement for creating a single Kent and Medway CCG. We will be including views from stakeholders in the submission and, if you agree, we would like to include a letter of support from your council.

If you have any questions or would like to arrange a meeting to discuss the proposal in more detail, please contact Executive Assistant Mandy Cordwell by emailing [REDACTED] or call [REDACTED]. You can find more information on our website at www.kentandmedway.nhs.uk/ics and a link to the public survey, which is live until 16 August.

Yours faithfully,

[REDACTED]

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Inc: Summary booklet

