

**HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE
20 AUGUST 2019**

**DEVELOPMENT OF SINGLE KENT AND MEDWAY
CLINICAL COMMISSIONING GROUP**

Report from: Dr Peter Green, CCG Clinical Chair, Medway CCG
Dr Bob Bowes, GP Clinical Chair, Kent and Medway
System Commissioner Steering Group
Glenn Douglas, Accountable Officer Kent and
Medway CCGs

Author: Mike Gilbert, Transitional Director of Corporate
Affairs, Kent and Medway CCGs

Summary

At its meeting in March 2019, the Committee received a briefing on the proposed development of an integrated care system across Kent and Medway (briefing attached at **Appendix 1** for background information). In particular, the meeting was informed about the proposed establishment of:

- An Integrated Care System (ICS) fully operating across Kent and Medway from April 2021
- A single CCG operating at a Kent and Medway level from April 2020 (formed through the merger of the existing eight CCGs)
- Integrated Care Partnerships, operating across local geographies of circa 250,000 to 500,000 resident population
- GP-led Primary Care Networks (PCNs), serving a registered population of circa 30,000 to 50,000, acting as the provider and delivery vehicle for local care.

This briefing provides a high level summary of the work to date in establishing these arrangements, and in particular the development of a single CCG.

A presentation will also be made to the Committee, which will be available after the meeting.

The Committee is asked to note and comment on the proposals.

1. Budget and Policy Framework

1.1 The NHS Long Term Plan sets an expectation that Integrated Care Systems will be established across the country by April 2021. These will be based on existing Sustainability and Transformation Partnership (STP) footprints, with the driver and intended benefits being the refocus of

commissioning and care provision on population health needs and addressing health inequalities (unacceptable differences in health and life expectancy for some communities compared to others).

- 1.2 The national Plan is clear that each Integrated Care System (ICS) will need streamlined commissioning arrangements to enable a consistent set of decisions to be made at system level. This will involve a single CCG for each ICS area. CCGs will become leaner, more strategic organisations that support care providers (through integrated care partnerships) to partner with other local organisations to deliver population health, local service redesign and implement the requirements of the Long Term Plan.
- 1.3 In Kent and Medway, work along the lines of the Long Term Plan has been underway for many months. We recognise that whilst Kent and Medway has many achievements to be proud of over the past six years and previously, there are a number of ongoing core issues that our current commissioning groups have not been able to address and which have impacted negatively on care and outcomes. These include:
 - non delivery of key access and care standards, including for cancer, diagnostics and emergency care
 - fragmented provision across a number of services, most notably children's services
 - chronic workforce issues in many areas and particularly within primary care
 - inefficient service provision, resulting in less than optimum patient experience/outcomes and unsustainable recurrent financial problems across much of Kent and Medway
 - prevention not being consistently prioritised.
- 1.4 These are not just challenges for us: the need to improve population health and wellbeing, patient experience and quality of care, and to make best use of NHS resources (staff, funding and buildings) was set out in the Five Year Forward View and has formed the basis for the work of all NHS organisations and for sustainability and transformation partnerships ever since.
- 1.5 As a result system leaders in Kent and Medway have been developing plans for an integrated care system to address these issues through:
 - reduced duplication of management and clinical effort, enabling reinvestment of resource in to the development and delivery of local care
 - consistent outcomes being set at a 'system' level to reduce health inequalities, whilst enabling local partnerships greater freedom to decide how they develop and offer care to meet these outcomes

- accelerated decision making and a more collective and responsive approach to addressing major challenges across Kent and Medway and reducing inequity of care
- less competition and greater collaboration between partners
- reinvigorated primary care services working as equals alongside the larger local providers.

1.6 Through the STP Programme Board, local leaders commissioned the development of a System Transformation Programme Initiation Document (PID). The PID outlines the initial case for change and governance framework required to deliver the various programmes of work to implement an integrated care system by April 2021. Noting that the PID is a dynamic document that will evolve over a period of time, the Programme Board approved the first version of the PID in June 2019. This is now being approved by the constituent partners. A copy of the PID is attached at **Appendix 2**.

1.7 As the PID makes clear, we firmly believe that developing a single CCG as part of a new Kent and Medway integrated care system is a real opportunity for us to achieve commissioning at scale by knowledgeable local clinicians from across the patch, backed up by local service design and delivery, by partnerships focused on patient needs. 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 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
- describe the needs of our whole population and develop outcomes for ICPs to deliver in ways tailored to their local populations
- strengthen the focus on righting health inequalities
- take on some of the assurance and regulatory functions currently delivered by NHS England and NHS Improvement.

1.8 Medway Council is actively involved in the system transformation work at a number of levels, including membership of the following key oversight and management groups:

- STP Programme Board
- STP Non-Executive Directors Oversight Group
- System Transformation Executive Board

- System Commissioner Governance Oversight Group
- Kent and Medway STP Clinical and Professional Board
- Medway and Swale Integrated Care Partnership Board

1.9 The Kent and Medway Joint Health and Wellbeing Board, an advisory joint sub-committee of Medway's and Kent's respective Health and Wellbeing Boards has also received system transformation updates.

2. Update on System Transformation Developments

2.1 At the March meeting of the Committee the following key milestones were noted as part of the next steps:

2.1.1 ***Ongoing engagement with the members of the CCGs to agree to progress actions to move to a single CCG:***

The proposal to merge the existing CCGs in to a Kent and Medway system commissioner (alongside the establishment of local integrated care partnerships and primary care networks), is being led and driven by the eight CCG GP clinical chairs. In turn the clinical chairs are having considerable discussions with their respective GP memberships across Kent and Medway and with the Local Medical Committee (LMC).

2.1.2 A number of meetings have already taken place with GPs regarding proposals to develop a single CCG by April 2020 and feedback from these discussions is helping shape and refine the proposals. Examples include ensuring the 'golden-thread' of GP clinical leadership is apparent across all levels of the new care system; having GP representation on the CCG Governing Body from each of the current constituent areas, including both Medway and Swale; and ensuring there is an effective and clear engagement framework whereby local issues and concerns can be played in to local and system wide governance processes.

2.1.3 A further example is our commitment to ensure that current primary care commissioning/customer care teams remain locally focused and contactable.

2.1.4 GPs are also represented, and co-chair, the Kent and Medway Clinical and Professional Board and the Primary Care Board. The former is expected to become the quasi 'clinical cabinet' of the proposed new CCG, ensuring further clinical and professional representation and input in to the statutory health commissioning organisation.

2.1.5 Each of the CCG Governing Bodies and GP memberships will be asked to vote on the proposal to merge the CCGs to form a single Kent and Medway CCG prior to the formal application being made to NHS England by 30 September 2019.

2.2.1 *Support and development of Primary Care Networks to ensure readiness for funding and emerging functions in 2019/20:*

Forty of 42 Primary Care Networks have been formally registered across Kent and Medway. This includes seven networks covering the whole of Medway between them and three networks which similarly cover the whole of the Swale CCG area. Each network has appointed a local GP clinical director.

2.2.2 Primary Care Networks are groups of practices working together and with community, mental health, social care, pharmacy, hospital and voluntary services in their local area to deliver proactive, personalised, coordinated and more integrated health and social care. They typically cover populations of 30,000 to 50,000 registered patients to best meet the needs of local neighbourhoods.

2.2.3 Networks went live from 1 July 2019 and they are now providing extended access to primary care services through this joint partnership working. Networks will be expected to take on additional local care services as they become fully established over the coming months and work as part of the emerging local Integrated Care Partnerships. As part of this there is recognition that a significant programme of support and development will be required to ensure each network is able to take on these responsibilities and work to reinvigorate primary care across the system.

2.3.1 *Provider led development of the Integrated Care Partnerships:*

Four Integrated Care Partnerships have now been confirmed which between them cover the whole of Kent and Medway: Medway and Swale ICP, East Kent ICP, West Kent ICP, and Dartford, Gravesham and Swanley ICP. Medway and Swale ICP will cover the whole of the existing Medway and Swale CCG areas.

2.3.2 Integrated care partnerships will be provider led collaboratives, including primary care and voluntary sector organisations, each operating across a population of around 250,000 to 500,000. This is a fundamental shift from the competitive internal market that has existed in the NHS for almost 30 years. ICPs will hold a single contract with the Kent and Medway CCG and will decide collectively how services are to be developed and provided to meet the outcomes set by the CCG. Importantly, this will include determining the service offer for preventative, well-being and local care services. ICPs will need to be fully authorised by the CCG before they can hold a contract.

2.3.3 It is expected that ICPs will become fully established across Kent and Medway from April 2021. In the period April 2020 to April 2021, it is planned that the Kent and Medway CCG will retain all of the existing CCG responsibilities, with the majority of CCG commissioning staff remaining in their current portfolio areas. However, during the year it is expected that staff and functions will start to work in shadow ICP and PCN form, ultimately with staff transferring to the new

arrangements by April 2021. This will leave the single CCG to focus on its strategic and 'at-scale' commissioning responsibilities.

2.3.4 Whilst the ICPs are in their early stages of development, good progress is already being made by Medway and Swale ICP. Medway Council is actively involved in the ICP leadership board and working groups.

2.4.1 *Submission to NHS England in June to establish and operate as a System Commissioner and Integrated Care System from April 2020*

Further national guidance has been received from NHS England on the timetable for application for CCG merger:

- 30 September deadline for CCG's to apply for merger
- October 2019 – Regional review panel to review application
- November 2019 – National review panel to review regional recommendation and determine approval or refusal (notification to CCGs is expected by 30 November 2019)
- April 2020 – Merger of CCGs and formal establishment of single CCG for Kent and Medway
- April 2021 – national expectation that all areas of the country will be functioning as integrated care systems with ICPs operating.

2.5.1 *Continue exploratory discussions with local authorities on the alignment and integration of health and social care commissioning*

Medway Council and Kent County Council are actively involved in the system transformation programme. Discussion are ongoing regarding current and future commissioning arrangements, building on the solid arrangements already in place within Medway.

3. Risk management

3.1 There is a full risk management framework in place for the system transformation programme. Risks are proactively managed through the overall risk register and each of the programme risk registers, and reported through the governance framework to the STP Programme Board as required.

3.2 Current material risks relate to: ensuring sufficient resourcing of the programmes alongside delivering business as usual; securing the CCG Governing Bodies and GP Membership approvals to apply for merger; ensuring effective support arrangements are in place to enable ICPs and PCNs to fully establish themselves; and ensuring ongoing and effective engagement with the various stakeholders across Kent and Medway.

4. Engagement

- 4.1 As part of our application, we are required to evidence how we have effectively engaged and discussed our proposals with a range of stakeholders, including the public and Healthwatch. We also need to evidence how we have taken their comments on board as part of our proposals.
- 4.2 In June we published the Programme Initiation Document (PID) as outlined above and this is being considered at public board meetings across Kent and Medway. In addition, we have produced a public summary of the PID (attached at **Appendix 3**), along with frequently asked questions, and a supporting presentation to engage with patients, public and hard to reach groups. We are running an on-line survey which asks the public for their views and comments by 16 August. These will be used to refine our proposals prior to going to Governing Bodies in September.
- 4.3 We have worked closely with our Kent and Medway STP Patient and Public Participation Group (PPAG), which has been supporting us to engage with members of the public and giving us their feedback.
- 4.4 As part of our on-going plan to engage with stakeholders on the proposal for a single CCG, we plan to publish our case for change over the coming weeks. This will outline the challenges facing the health and wellbeing of people across Kent and Medway, how we plan to address these and the associated benefits to patients, staff and other stakeholders in developing an integrated care system and single CCG across Kent and Medway.
- 4.5 We have written to all key stakeholders including local MPs and local and district councils, copy of letter dated 29 July to Medway Council attached at **Appendix 4**

Links to the Long Term Plan

- 4.6 In response to the Long Term Plan and to support the development of our local five year plan of which system transformation is a clear part of, we are also engaging on a number of priorities where the public can have their say to help shape our future plans. For example, we know we need to improve children's services across Kent and Medway and in particular the equity of care received; something we believe could best be supported by a single commissioner. We have worked with Healthwatch Medway and Healthwatch Kent to speak to children, young people, parents and families and are currently expanding on this work with the development of surveys and other engagement activity.
- 4.7 The plan will be a continuation of our work to date and support the move towards becoming an integrated care system. It will be a shared plan between the NHS and local authorities and will reflect the commitment in Kent and Medway to join up public health, health and social care services to improve the health and wellbeing of the population.
- 4.8 It will cover delivering a new service model for the 21st century; increasing the focus on population health and becoming an integrated care system; prevention; further progress on care quality and outcomes; giving our staff the

backing they need; delivering digitally enabled care; and using taxpayer's investment to maximum effect. Within sections on prevention, care quality and outcomes we will cover: improving performance on waiting times for A&E, referral to treatment, and cancer; addressing dementia diagnosis rates; transformation of urgent and emergency care; five year prevention plans on smoking, alcohol and obesity; and confirming increased investment in mental health for adults and children and young people.

- 4.9 Throughout the summer, we are running a range of engagement activities to test our thinking and help shape the plan and our local priorities to tackle local health inequalities. We are also reviewing existing patient and public engagement feedback on the key themes of the NHS Long Term Plan, so our plan is aligned to the wealth of local feedback we already have on how health and care services need to improve.
- 4.10 The first draft of our response to the Long Term Plan will also be submitted to NHS England and NHS Improvement at the end of September, with a final version incorporating their feedback submitted for sign off in November. The plan and an easy read summary will be published following NHS England and NHS Improvement review and approval. Engagement with stakeholders across Kent and Medway will continue beyond the publication of the plan.

5. Financial implications

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

6. Legal implications

- 6.1 A number of formal commissioning agreements are held between the Council and Medway CCG. Subject to the application to merge being successful, these agreements will need to be reviewed prior to any novation, alteration or cessation.

7. Recommendations

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

Lead officer contact

Simon Perks
Director of System Transformation
Kent & Medway STP
Email: simon.perks@nhs.net

Appendices

1. Briefing to HASC - March 2019 (provides background information)
2. Kent and Medway System Transformation Programme Initiation Document
3. Public summary of PID
4. Letter to stakeholders, including Medway Council, dated 29th July 2019

Background Papers

None.