



## HEALTH AND WELLBEING BOARD

10 SEPTEMBER 2019

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

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#### Summary

This report provides a high level summary of the work to date in developing an integrated care system across Kent and Medway and in particular the development of a single CCG and the Medway and Swale Integrated Care Partnership (ICP).

This report will be accompanied by a presentation on the health and care system transformation and a presentation on the ICP which will be available after the meeting.

The Health and Adult Social Care Overview and Scrutiny Committee considered an update on the development of a single Kent and Medway Clinical Commissioning Group on 20 August 2019. The Comments of this Committee are set out in section 3 of the report. The Health and Wellbeing Board 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 1**.

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 Set out below are key milestones and 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 into 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. Health and Adult Social Care Overview and Scrutiny Committee – 20 August 2019**

3.1 The Development of a Single Kent and Medway Clinical Commissioning Group was considered by the Health and Adult and Social Care Overview and Scrutiny Committee on 20 August 2019 and the discussion was as follows:

3.2 A presentation was given to the Committee on the proposals, the key points of which were as follows:

- A strategic commissioning function was needed to enable more effective planning and commissioning of services, based upon local needs. This would be realised through the establishment of a single Kent and Medway Clinical Commissioning Group (CCG).
- It was anticipated that, nationally, single CCGs would be created to match Sustainability and Transformation Plan (STP) footprints. A single CCG would be able to achieve scale efficiencies that could not be achieved by the existing 8 Kent and Medway CCGs. There was a need to reduce CCG running costs by 20%.
- Services were not currently as joined-up as they could be, with there being too many individual agencies and it was acknowledged that there was currently too much inequality and not as much prevention work as there could be. Differences in life expectancy between areas needed to be addressed.
- Government policy had acknowledged the internal health market was not working to improve quality or reduce costs. The internal NHS market was being replaced by a culture of collaboration and mutual responsibility.
- The health system also faced a number of workforce related challenges.
- It was anticipated that the establishment of a single CCG would help facilitate the commissioning of the services required to meet need rather than blanket commissioning by area.
- Integrated Care Partnerships (ICPs) would include acute hospitals, primary care, community services the voluntary sector, council services, the ambulance service and mental health providers. Four Integrated Care Partnerships would cover Kent and Medway, including one for the Medway and Swale area. The Integrated Care Partnerships would work

- collaboratively to provide services commissioned by the single CCG. The Sustainability and Transformation Plan and Medway CCG was working closely with Medway Council to develop this collaborative working.
- Primary Care Networks would help facilitate groups of GPs to work collaboratively to deliver services to populations of 30 to 50 thousand. This would enable pooling of resources and a greater focus on the holistic needs of the local population, including preventative work. The Networks would be able to draw on local intelligence to identify and address local need, with analysis having already been undertaken by the Council's Public Health function. Seven Primary Care Networks had been established in Medway and three in Swale.
  - The single CCG would use findings of population needs assessments to identify and prioritise service provision in conjunction with partners. The Kent and Medway Joint Health and Wellbeing Board would have an important role.
  - Development of this work was being overseen by the Sustainability and Transformation Plan Programme Board, which was attended by the Leader of the Council.

### 3.3 Members asked a number of questions as follows:

**Business case, funding, staffing and the role of Medway** – A Member raised concern that they had not seen a business case, that there may not be sufficient staff and funding available and that the Medway and Swale Integrated Care Partnership area was too small. The Committee was advised that the proposals aimed to make commissioning more efficient through collaborative working. Multi-disciplinary working was likely to make GP practice more attractive as a career and the aim was to persuade more people entering the profession to train, live and work locally. The total population of Medway and Swale was about 400,000, which equated to around a quarter of the population of Kent and Medway as a whole.

### 3.4 **Role of CCGs and need for change** – A Committee Member was extremely concerned as he considered that the presentation undermined assurances that the Committee had previously been given that effective partnership working was taking place, that health inequalities were being effectively addressed and that workforce and value for money challenges were being tackled effectively. The Member was also concerned that there had been many changes to health service commissioning already and asked whether there would be further changes in the future. The Clinical Chair of the Kent and Medway System Commissioner Steering Group said the strategic commissioning capacity needed to improve while ensuring local needs were addressed. It was acknowledged that CCGs had not always had access to staff numbers or budgets required. The majority of factors that influenced life expectancy were social rather than being directly health factors. It was considered that a more collaborative approach, that was not dependent on an internal market, would help to address inequalities more effectively.

### 3.5 The Clinical Chair of Medway CCG said that under the current system, acute and community providers often did not work together effectively to resolve issues, instead looking to commissioners to do so. The development of a more collaborative working environment would help to reconfigure relationships. Much successful prevention work was already taking place

covering a wide range of health challenges, such as smoking, diabetes and cardiovascular conditions.

- 3.6 It was recognised nationally that existing CCGs were not delivering as much as they could, hence the wish to reframe the way they operated. There could not be guarantees that there would not be further restructures in the future but this would be determined by Government.
- 3.7 **Financial Savings, stroke services, commissioning challenges and GP numbers** – A Committee Member considered that the proposed changes were motivated by the need to make financial savings of £44million, which had subsequently increased to £46 million. The Member had not seen figures to indicate how much the changes would cost or how the restructuring would impact on the ability to realise savings. The decision taken not to establish a hyper acute stroke unit in Medway was a particular concern in view of the acuity and number of patients in Medway. Patient transport and dermatology were examples of where there had been significant commissioning related challenges. It was asked how capacity had been strengthened to avoid similar occurrences in the future and how services outside the scope of a single CCG would be commissioned. The Member also asked whether the system would have capacity to adequately address health needs and inequalities and whether the local shortfall of GPs would be addressed.
- 3.8 The Clinical Chair of Medway CCG acknowledged that budgeting for prevention could be challenging as it required current spending to realise future benefit. It was hoped that the proposals would help to facilitate an increase in preventative and collaborative work. There was unlikely to be an increase in the number of GPs per person but the extension of multi-disciplinary working, involving other medical professionals, would help to address patient needs. Some complex services commissioned by NHS England would continue to be commissioned by that organisation but the majority would be commissioned by the single CCG. It was anticipated that future commissioning would be undertaken more collaboratively and would be better placed to meet local needs.
- 3.9 The Clinical Chair of the Strategic Commissioner Steering Group said that the framework for Integrated Care Partnerships did not make them more likely to lead to privatisation and that it was envisaged that the proposals would enhance joint working. Although there was an ongoing need to do commissioning efficiently and make savings where possible, the driver of the proposals was not the need to save money, rather they were about making better use of existing resources. This could be better achieved through the creation of a single Kent and Medway CCG. A single Accountable Officer for the Kent and Medway CCGs had been appointed in April 2018 and savings had already being made.
- 3.10 **Probity** – A Member asked whether there were appropriate safeguards in place to prevent inappropriate contracting of services from persons or organisations that those involved in the commissioning process had a personal connection to.
- 3.11 NHS representatives in attendance felt that the way in which the question about probity had been asked was inappropriate. The Committee was advised that declarations of interest had to be made at CCG meetings, in a similar way



to which they were made at the Council and that there were thorough processes in place to deal with potential conflicts. It was considered that establishment of a single CCG would be likely to lead to greater transparency as decisions would no longer be taken by eight separate CCGs. The Committee accepted assurances that the questions raised were not directed at those present.

- 3.12 **Public Meetings** – A Member expressed concern that the Joint Meeting of Clinical Commissioning Groups, that had made the decision in relation to the Kent and Medway Stroke review, had concluded in private due to disruption caused by some audience members. This had also resulted in Medway Councillors having to leave the meeting. Following a question about Medway Council processes, the Democratic Services Officer advised that there was provision for the press and public to be required to leave a Medway Council meeting if there was repeated disruption and following warnings from the Chairman.
- 3.13 **Population increases** – In response to a Member question that asked whether population increases were taken into account when funding was allocated to an area, the Clinical Chair of Medway CCG said that funding was determined by a national formula that was based on the population at a point in time. Ensuring that resources available matched growth was therefore a challenge. The centralisation of some services was necessary in order to ensure that specialised 24/7 care could be provided. This required there to be sufficient staff and patient numbers within the catchment area.
- 3.14 **Voluntary Sector Support** – In response to a question about engagement with the voluntary sector, the Committee was advised that some CCGs had engaged closely with the voluntary sector in relation to social prescribing. It would be important for Integrated Care Partnerships to have a close relationship with voluntary organisations. The skill for the single CCG would be to set outcomes based contracts that would require Integrated Care Partnerships to involve all partners. The Deputy Managing Director of Medway CCG added that the voluntary sector was a key workstream for Medway CCG and that it had performed better than the national average in terms of voluntary sector engagement.
- 3.15 **Stroke Review and Integrated Care Partnership Geography** – A Committee Member questioned whether the conclusion that a single CCG could be more effective than eight separate Kent and Medway CCGs cast doubt on the Kent and Medway Stroke Review decision as this had been made within a structure that was considered to no longer be suitable. It was also asked which specific areas would fall within the Medway and Swale Integrated Care Partnership area.
- 3.16 The Sustainability and Transformation Partnership Director of System Transformation said that the existing CCGs had come together to develop the Stroke Review process and that the review was considered to have followed an appropriate process. The Clinical Chair of Medway CCG said that the population covered by the Medway and Swale Integrated Care Partnership included all patients registered with practices in the Medway and Swale area. This included those living outside Medway and Swale who were registered with one of these practices.

### 3.17 Decision

The Committee

- i) Noted and commented on the update provided.
- ii) Requested that:
  - a) Details of CCG and Sustainability and Transformation Partnership meetings be provided to the Committee, to enable Members to attend those meetings open to the public.
  - b) Details of current Council representation at Sustainability and Transformation Partnership meetings be provided to the Committee.

## 4. Risk management

- 4.1 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.
- 4.2 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.

## 5. Engagement

- 5.1 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.
- 5.2 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 2**), 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.
- 5.3 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.
- 5.4 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.

- 5.5 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 3**.

#### Links to the Long Term Plan

- 5.6 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.
- 5.7 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.
- 5.8 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.
- 5.9 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.
- 5.10 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.

## **6. Financial implications**

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

## **7. Legal implications**

- 7.1 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.

## **8. Recommendations**

- 8.1 The Health and Wellbeing Board is asked to:
- 8.1.1 note the comments of the Health and adult Social Care Overview and Scrutiny Committee; and
- 8.1.2 note and comment on the update.

### **Lead officer contact**

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### **Appendices**

1. Kent and Medway System Transformation Programme Initiation Document
2. Public summary of PID
3. Letter to stakeholders, including Medway Council, dated 29<sup>th</sup> July 2019

### **Background Papers**

None