

## **HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE**

**16 JANUARY 2020**

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

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

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

#### **Summary**

At its meetings in March and August 2019, the Committee received reports on the proposed development of an integrated care system across Kent and Medway and was informed about the proposed establishment of:

- 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 750,000 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 report provides an update summary of the work to date in establishing these arrangements, and in particular the development of the single CCG.

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

#### **1. Recap on Policy Framework and Background**

- 1.1 The NHS Long Term Plan sets an expectation that integrated care systems will be established across the country by April 2021, with the driver and intended benefits being the refocus of commissioning and care provision on population health needs and addressing inequalities (unacceptable differences in health and life expectancy for some communities compared to others).
- 1.2 The national plan is clear that streamlined commissioning arrangements will be required to enable a consistent set of decisions and outcomes at a system

level. CCGs will become leaner, more population centric organisations that support care providers (through integrated care partnerships) to partner with other local organisations to deliver improved health and well-being, local service redesign and implement the requirements of the Long Term Plan.

- 1.3 In Kent and Medway, work along these lines has been underway for some time. However, whilst there have been many achievements over the past six years, there remain significant challenges that our existing organisations and arrangements have not been able to address and which have impacted negatively on care and outcomes. As a result system leaders in Kent and Medway developed a plan for an integrated care system to address these challenges through:
  - Consistent outcomes being set at a 'system' level to reduce health inequalities and inequity, 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.
  - Primary care services working as equals alongside the larger local providers.
- 1.4 Central to our plans is the establishment of a single CCG across Kent and Medway. This will provide a real opportunity to achieve commissioning at scale led by experienced local clinicians, backed up by service design and delivery at a more local level.
- 1.5 Medway Council continues to be actively involved in this work at a number of levels, including membership of:
  - Kent and Medway Sustainability and Transformation Partnership (STP) Programme Board
  - STP Non-Executive Directors Oversight Group
  - System Transformation Executive Board
  - Kent and Medway Clinical and Professional Board
  - Medway and Swale Integrated Care Partnership Programme Board: Chaired by Neil Davies, Medway Council CEO
  - Joint Kent and Medway Health and Well-Being Board

## 2. Update on the establishment of a Kent and Medway CCG

- 2.1 During 2019, the eight CCGs further developed their case for change and application to merge. A huge amount of work was undertaken resulting in:
- The development of workforce and organisational development strategies and plans.
  - Benefits realisation mapping for the new CCG.
  - Refinement of the Kent and Medway 'One Team' approach, previously shared with partners.
  - A comprehensive engagement and communication strategy following numerous stakeholder meetings and briefings across Kent and Medway and engagement with the public: this resulted in the publication of the report 'Engaging with local people and out partners - you said, we did.'
  - Financial mapping and development of a medium term financial plan, linked to the K&M response to the national Long Term Plan.
  - Preparing the case for change document based on the above work.
  - Development of a single governance structure for the new organisation, taking in to account the need to reflect both a local and a system wide approach.
  - Detailed mapping, programme planning and risk assessment at individual function level, to ensure all aspects of current CCG work was fully understood and played in to the merger plans.
- 2.2 The merger application, including the above suite of documents were presented to each of the current CCG Governing Bodies and GP membership meetings during September and approved (with over 75% of the GP membership that voted in each CCG area approving the proposals). A copy of the CCG application and case for change is attached at **Appendix 1**.
- 2.3 Following presentation of the case for change to the NHS England mergers panel, conditional approval was given in October for the establishment of a Kent and Medway CCG from 1 April 2020. This gave the 'green light' for formal merger preparations to commence and these are now well underway.
- 2.4 The NHS England conditions are:
- Approval of the new CCG's constitution: the new constitution must comply with legislation, guidance and be assessed as being otherwise appropriate. *(This is a generic condition for all mergers)*
  - Appointment to all statutory Governing Body roles. This relates to the CCG Accountable Officer, Chief Finance Officer, CCG Chair and the four independent and lay members. *(This is a generic condition for all mergers)*

- In year delivery of the CCG's and system wide financial recover plans and acceptable plans for future years.
- NHSE review and lifting of legal directions for the four east Kent CCGs linked to financial recovery planning.

2.5 Delivery plans to meet the conditions and establish the CCG from April 2020 are progressing well:

- With the planned retirement of Glenn Douglas as Accountable Officer in April 2020, interviews for a permanent Accountable Officer took place on 6 December. The appointment of an Accountable Officer requires NHS England approval and the outcome of the process is expected to be announced in the New Year.
- Eight GP Governing Body members and eight deputies have been elected to sit on the Kent and Medway CCG Governing Body. This includes the election of:
  - Dr Peter Green, GP at High Parks Medical Practice in Cliffe Woods and the current CCG Clinical Chair for Medway CCG
  - Dr Antonia Moore from the Thorndike Practice in Rochester and current GP Governing Body member for Medway CCG.
- The outcome of the election of the Kent and Medway CCG Clinical Chair, to be elected from the eight GP Governing Body members is expected to be announced early in the New Year.
- Appointments to the other Governing Body member roles including the independent lay member for patient and public engagement will be made during January.
- Appointment to a permanent Chief Finance Officer and Chief Nurse for the CCG will commence during January, following consultation with existing CCG incumbents.
- A transitional CCG senior management team has been in place for a number of months. Following appointment of the Accountable Officer a permanent senior management team will be appointed from spring 2020
- Kent and Medway is currently on track to meet the financial control totals agreed with NHS England at the start of the year, albeit a number of risks to delivery remain. It is hoped that the financial directions placed on the east Kent CCGs in 2019 will be lifted prior to April 2020.
- The new CCG Constitution and supporting corporate documents have been submitted to NHSE for approval.

- 2.6 Nine CCG work streams have been established, led by existing CCG directors to oversee the merger. These include: commissioning, HR and OD, communications and engagement, digital, finance, and corporate services.
- 2.7 Importantly, work has also commenced on the development of the population health function which will be a core component of the new organisation alongside the commissioning function. This will involve working with partners and other agencies to ensure services are effectively commissioned and provided based on population health and well-being. The focus will be on developing outcomes and care standards that address inequity and inequality and raise care outcomes and health and well-being standards. This is a critical ambition that will require concerted effort and focus across the integrated care system over a number of years: as one of the system leaders, the CCG will need to play a pivotal role in this regard.

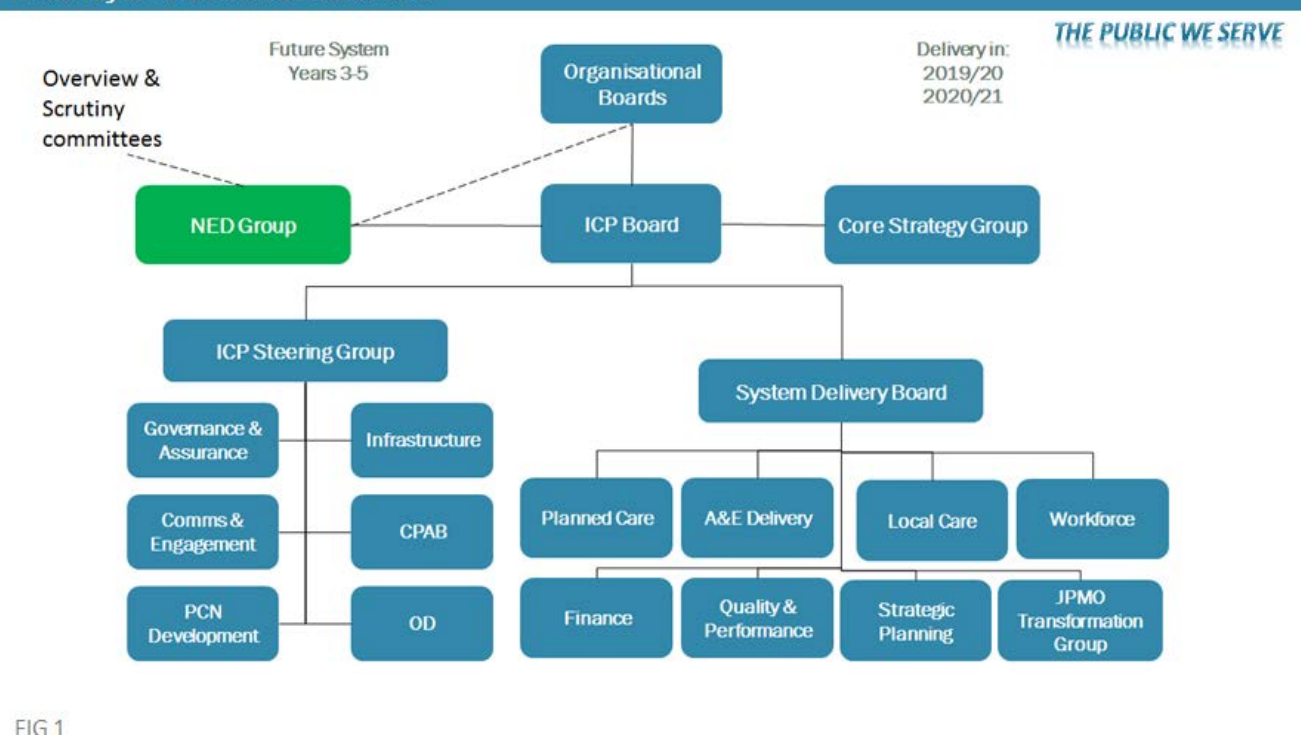
#### Transition (post April 2020)

- 2.8 The next couple of years will continue to be transitional, as the integrated care system across Kent and Medway takes shape. In particular, GP led primary care networks will be further developed and formal establishment of integrated care partnerships (including the Medway and Swale ICP) is expected from 2021. During this time the CCG will continue to host the majority of its existing functions until such time as the ICPs are ready to hold contracts and take on some of the CCG's current responsibilities.
- 2.9 From April 2020 and during this transitional period, existing CCG staff will transfer to the new Kent and Medway CCG under their current terms and conditions. No staff will transfer to the new partnerships until the CCG is fully assured that the ICPs are ready and able to take on new responsibilities, and the necessary staff consultations have taken place.
- 2.10 Whilst this is not expected until the end of 2020 at the earliest, some CCG staff will continue to lead on ICP portfolios over the preparatory year. In the meantime CCG commissioning and patient facing teams such as medicines optimisation and primary care teams will start to work in a more integrated way with the emerging ICP providers, whilst retaining their employment with the CCG. Also, and as with provider employed staff, there will be opportunities for CCG staff to be seconded into ICP roles to ensure they are not disadvantaged.
- 2.11 Commissioning support and back-office teams across Kent and Medway CCGs will also work in a more consistent and streamlined way, with single operating procedures and systems being put in place. This work is already underway. As an example, within the corporate services function, which includes information governance, audit, risk, CCG estate, complaints, and committee services; a single structure has already been developed across Kent and Medway by the teams and is being consulted on with an expectation that this will be implemented in the New Year. This will reduce duplication, ensure consistency, enable staff to upskill in key areas and 'level up' the service offer to other CCG functions. It will also improve resilience across the wider system.

*Development of the Integrated Care Partnerships:*

- 2.12 As previous noted, four ICPs have been confirmed across Kent and Medway: Medway and Swale, East Kent, West Kent, and Dartford, Gravesham and Swanley. Medway and Swale ICP will cover the whole of the existing Medway and Swale CCG areas.
- 2.13 Nationally, ICPs are provider led collaboratives, including primary care and voluntary sector organisations, operating across a population of up to 500,000 residents. In Medway and Swale, the ICP also includes equal stakeholder involvement providers and health and local authority commissioning colleagues. The development of ICPs is a shift from the competitive internal market and once fully established it is planned that ICPs will hold a single contract with the CCG, enabling local system partners to decide collectively how services are developed and provided.
- 2.14 Whilst the ICPs are still in their early stages of development, excellent progress is being made by Medway and Swale (M&S) ICP. Medway Council is actively involved in the ICP leadership board and working groups.
- 2.15 The current M&S ICP operating model, with associated workstreams, has been developed to deliver the agreed systems outcomes for success and shared vision as set out in 2018.
- 2.16 At the core of the operating model is the principle of co-production and transparency.
- 2.17 All system commissioning and provider partners have leadership roles in respect of chairing working groups and there is open membership of each group to all partners. This deliberate model was introduced to give parity of ownership and control; therefore allowing all ICP organisations to be collectively responsible for the success of the workstreams, board and ICPs future as a whole.
- 2.18 It is well understood that in the M&S ICP not one organisation alone is able to mobilise and manage the ICP in its totality and therefore all members are collectively reliant on all system partners to succeed.
- 2.19 The 2020 shadow operating model has been designed to transition the system to ICP full mobilisation with the least amount of disruption and will ensure that the previous system structures (highlighted on the right hand side of Fig1 overleaf) will be redesigned and fit for purpose when the ICP mobilises its contract.

## Medway and Swale ICP structure



### 3. Risk Management

- 3.1 There continues to be a full risk management framework in place for the system transformation programme and in particular the CCG merger programme. Risks are proactively managed through internal governance controls and reported through the governance framework to CCG Governing Bodies and the STP Programme Board as required.
- 3.2 The largest risk being managed at present is ensuring sufficient resourcing of the merger and transformation programmes alongside delivering business as usual, particularly during the intense winter months.

### 4. Engagement

- 4.1 As part of our merger application we were required to evidence how we effectively engaged and discussed our proposals with a range of stakeholders, including the public and Healthwatch. A large number of stakeholder and public briefings were held during the summer and autumn of 2019, the outcomes from which played in to our merger application and the 'you said, we did' document at **Appendix 2**.
- 4.2 In addition, a number of public and stakeholder briefings were held linked to the development of our plans in response to the NHS Long Term Plan: during the summer and autumn we ran a range of engagement activities to test our thinking and help shape our local priorities.
- 4.3 We continue to work with GP Members, the Patient and Public Advisory Group, Healthwatch and local stakeholder groups as we further develop and roll out our plans.

4.4 We also continue to engage with and seek the active contribution of our staff. We held a county-wide staff away day in the autumn and further events are planned for January and February. This is alongside the formal staff consultations that are required as part of the CCG merger programme.

## **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. As part of the merger process we are planning to review these prior to any novation or amendment.

## **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](mailto:simon.perks@nhs.net)

### **Appendices**

1. Kent and Medway CCG's merger application and summary case for change
2. Engaging with local people and our partners – You said, we did