

HEALTH AND WELLBEING BOARD

TUESDAY 18 FEBRUARY 2020

DEVELOPMENT OF THE MEDWAY AND SWALE (M&S) INTEGRATED CARE PARTNERSHIP (ICP)

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Summary

Updates have previously been provided to both the Health and Wellbeing Board (HWB) and the Health and Adult Social Care Overview and Scrutiny Committee (HASC) on the proposed development of an integrated care system across Kent and Medway.

Members have been informed about the proposed establishment of the Kent and Medway Integrated Care System (ICS) which comprises 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 (ICP), 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.

During the July 2019 HWB's induction session a short brief explaining the structure of the Integrated Care System was given by the Medway Clinical Commissioning Groups (CCG) Deputy Managing Director. Further, as part of the September 2019 meeting, the HWB received a more detailed update report on the single CCG which included information about the ICS and ICP.

The HWB considered the 5 year plan on the 16 January 2020 with some time being dedicated to explaining the structure of the ICS and how it was intended that this

would increase collaboration.

The HWB has also been directed to update reports discussed at the Joint HWB which has considered system transformation on a number of occasions. This briefing provides an update summary of the work to date in establishing these arrangements, and in particular the development of the Medway and Swale Integrated Care Partnership.

The Health and Wellbeing Board is asked to note and comment on the progress.

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, 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 direction of travel nationally is clear with regards to commissioning arrangements being simplified and more population outcome focused, therefore CCGs in each STP are set to merge and take a more strategic position.
- 1.3 Provider organisations are also working with commissioners to form partnerships in the future that will deliver more seamless health and social care at a place level, taking on many of the functions which previously sat with the local CCGs.
- 1.4 In Kent and Medway four Integrated Care Partnerships (ICPs) have been established as part of the system-wide transformation plan.
- 1.5 The ICP footprints have been developed to reflect patient flows to acute hospitals and relate directly to where people choose to access hospital care in their local areas.
- 1.6 The ICPs will partner with other local organisations to deliver improved health and well-being, local service redesign and implement the requirements of the Long Term Plan.
- 1.7 Nationally, ICPs are provider-led collaboratives, including primary care and voluntary sector organisations, operating across a population of up to 500,000 residents.
- 1.8 The third element of the Kent and Medway system transformation is the GP-led Primary Care Networks (PCNs), serving a registered population of 30,000 to 50,000, acting as the provider and delivery vehicle for local care. There are currently 10 PCNs in the Medway and Swale ICP and 43 across the totality of Kent and Medway.

2. The emerging Integrated Care Partnerships

2.1 As previous noted, four ICPs have been confirmed across Kent and Medway:

- Medway and Swale
- East Kent
- West Kent
- Dartford, Gravesham and Swanley.

2.2 The Medway and Swale ICP will cover the whole of the existing Medway and Swale CCG areas.

2.3 In Medway and Swale, the ICP sees the widest of stakeholder involvement across providers, health and local authority commissioning colleagues.

2.4 It is the means by which local stakeholders, including those represented on the Health and Wellbeing Board, will be able to influence improvements in health and social care for their communities.

2.5 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.

2.6 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.

2.7 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 by system partners.

2.8 At the core of the operating model is the principle of **co-production** and **transparency** to ensure the patient voice is heard throughout the development of services.

2.9 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.

2.10 It is well understood that in the M&S ICP no one organisation alone is able to mobilise and manage the ICP in its totality and therefore all members are collectively reliant on collaboration through a strong alliance to succeed.

3. Our ICP core development principles

- 3.1 The Medway and Swale ICP's vision has been co-designed using feedback collated from various public engagement sessions delivered by different partners as well as in discussion with all system partners:

To put local people at the heart of the services we design and deliver, helping local people to realise their potential; to live healthier, happier lives; and to stay well and independent in their families, homes and communities for as long as possible.

- 3.2 We have collectively stated we will do this by:

- *Listening to local people and our staff to design and develop responsive, effective, equitable evidence based care pathways;*
- *Delivering high quality health and care services across care pathways from home to specialist care provider (both physical and mental health);*
- *Shifting the focus of care from treatment to prevention;*
- *Meeting constitutional standards, and a delivering sustainable financial position; and*
- *Making the best use of health and care resources (people, money, estate, IT infrastructure etc.).*

- 3.3 The current operating model, with associated workstreams, has been developed to deliver the elements of our core enablers for success:



People

- Trust amongst our staff and leadership
- Self-management, patient engagement and empowerment



Aligned Vision and journey

- Having an agreed strategic vision and delivery model across providers and commissioners.



System wide Interventions

- Open book accounting, population-based health and social care contracting and management
- Effective relationships to enable a flexible workforce



Shared infrastructures

- Having a transitional shared infrastructure plan with technology and digital interoperability at the core



Good Governance

- Maturity of leadership teams with a unitary ICP Board and good governance structures in place.

- 3.4 The April 2020 shadow operating model has been designed to transition the current system architecture to an ICP mobilisation with the least amount of disruption and will ensure that the previous system structures (highlighted on the right hand side of Fig1 below) will be redesigned and fit for purpose when the ICP mobilises its contract in future years.

THE PUBLIC WE SERVE

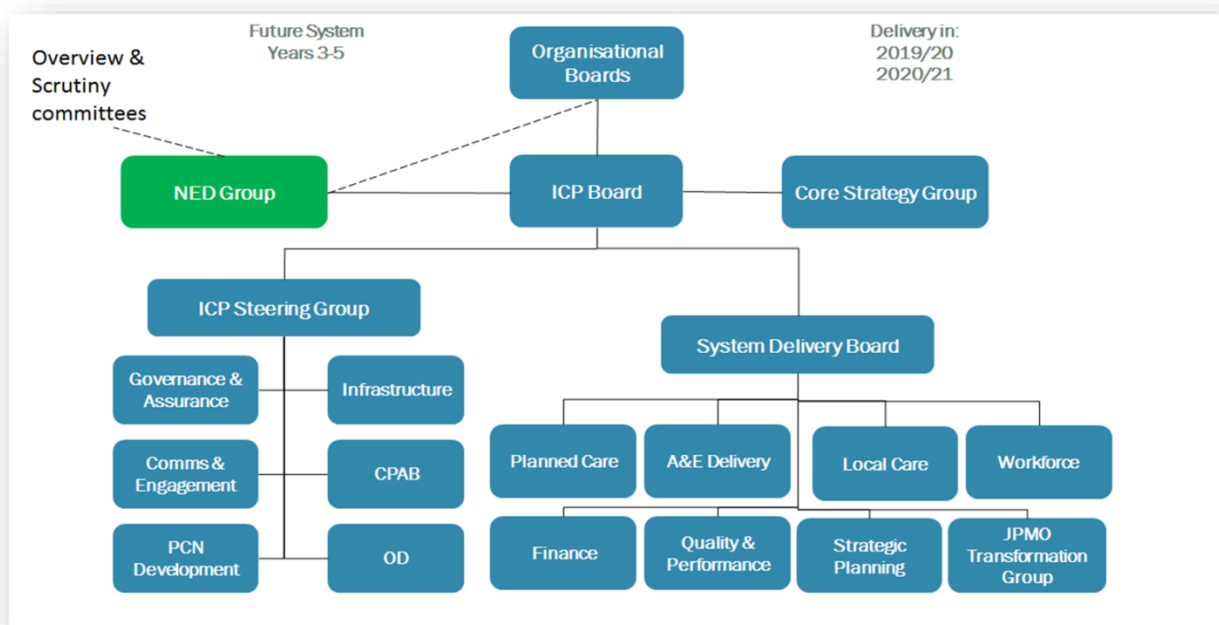


Fig.1 Operating Model

4. Who is involved with the M&S ICP development?

- 4.1 The ICP development work has attempted to ensure that all legitimately interested parties are able to input into the design process and as such engagement has been good.
- 4.2 Organisations that have been regularly involved with the development process include:



5. Overview, scrutiny and strategic fit

- 5.1 The ICP will ensure that it continues to draw scrutiny and oversight of its purpose and strategic direction from the Health and Wellbeing Board and scrutiny committees of the Local Authorities.
- 5.2 In addition to this, clinical oversight and scrutiny will be via the ICP's Clinical and Professional Advisory Board, Single Commissioner and regulatory bodies.
- 5.3 The ICP's contracting arrangements will ensure that there are the proper lines of accountability to the Health and Social Care Act requirements via mechanisms being currently developed with the Single CCG, NHSE/I and the Care Quality Commission.
- 5.4 The coming year, 2020/21, will see many of these models develop in more granular detail and it's important that further updates are brought to the Health and Wellbeing Board.
- 5.5 All partners are working to develop the governance of the ICP, including the Local Authority through its legal department.
- 5.6 The ICP's strategic direction is taken from the Kent and Medway Joint Health and Wellbeing Strategies, Joint Strategic Needs Assessment and the NHS Long Term Plan.
- 5.7 Work is currently underway to bring these strategies together and form the ICP's Health and Wellbeing Strategy that all system partners will recognise as meeting the needs of the local population.
- 5.8 This strategy will begin to drive aligned service redesign and development decisions across the health and social care system for the future.

6. Transitional arrangements (post April 2020)

- 6.1 The next couple of years will continue to be transitional, as the Integrated Care System takes shape across Kent and Medway. In particular, GP-led Primary Care Networks will be further developed, and the formal establishment of Integrated Care Partnerships (including the Medway and Swale ICP) is expected from 2021. During this period, the CCGs will continue to host the majority of their existing functions until such time as the ICPs are ready to hold contracts and take on some of the CCGs' current responsibilities.
- 6.2 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.

7. Risk management

- 7.1 There continues to be a full risk management framework in place for the system transformation programme and in particular the ICP development programme.
- 7.2 Local ICP development risks are proactively managed through internal governance controls and will reported through the governance framework to the ICP Steering Group and Development Board as required.
- 7.3 The largest risk currently being managed is the ability of partner organisations to allow sufficient time for officers to be actively involved with the development of the ICP.

8. Public engagement

- 8.1 Public engagement in the ICP development has been carried out as part of the wider STP system transformation work.
- 8.2 The STP engaged with members of the public regarding its system transformation on Wednesday, 18 September 2019.
- 8.3 The ICP communications and engagement workstream has begun engagement with the local community through workshops and presentations, and is planning a public engagement session in the summer of 2020 to discuss the ICP's response to the Long Term Plan.

9. Financial implications

- 9.1 There no financial implications for Medway Council arising from this report.

10. Legal implications

- 10.1 A number of formal commissioning agreements are held between the Council and Medway CCG. As part of the CCG merger process, the single CCG are planning to review these prior to any novation or amendment.

11. Recommendation

- 11.1 The Health and Wellbeing Board is asked to note and comment on the update.

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Appendices

None

Background papers

None