

## **HEALTH AND WELLBEING BOARD**

**1 SEPTEMBER 2020**

### **DEVELOPING MEDWAY AND SWALE INTEGRATED CARE PARTNERSHIP**

Report from: Martin Riley, Managing Director MCH CIC and James Devine, Chief Executive Medway NHS Foundation Trust – Joint SROs Medway and Swale 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 (ICS) across Kent and Medway, and the creation of an Integrated Care Partnership (ICP) for Medway and Swale.

This paper seeks to provide a progress report on:

- the development of the Kent and Medway Integrated Care System;
- the development of the Medway and Swale Integrated Care Partnership (M&S ICP); and
- the anticipated next steps for the development of the ICP.

#### **1. Budget and policy framework**

1.1 The NHS Long Term Plan sets the clear 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). While the impact of the COVID-19 outbreak may impact on these timelines, the policy direction remains unchanged.

1.2 In April 2020, the 8 existing CCGs in Kent and Medway merged to form the Kent and Medway CCG (the CCG). The CCG has recently appointed its

senior leadership team, and work is underway to appoint to the rest of the CCG structure, including the appointment of CCG staff who will be 'ICP facing' and work in support of each of the 4 ICPs in Kent and Medway. Staff were previously employed by the Kent and Medway STP were TUPE transferred into the CCG on 1<sup>st</sup> April 2020.

## 2. Background

2.1 Kent and Medway is on the journey to becoming an integrated care system (ICS) to support the delivery of joined up and personalised care, and to drive consistency of services across Kent and Medway. The ICS has a number of key components:

- Primary care networks which support delivery of primary care at scale, with an expanded primary care team.
- Four integrated care partnerships, that are alliances of NHS providers working together to deliver care by collaborating within their local area. They will determine and secure the delivery of care through integrated working, operating across populations of around 250,000 to 700,000, covering East Kent; Dartford, Gravesham and Swanley; Medway and Swale; and West Kent.
- A single system commissioner, delivered through the establishment of a single Kent and Medway CCG covering our population of circa 1.8 million. The new single CCG will set the local strategic direction; establish the financial framework for the system; and have an assurance function. Its focus will be on a much wider population needs basis.

2.2 This signals significant transformation of health and social care commissioning and provision in Kent and Medway focusing on supporting quality improvement, personalised care, and reduced variation. The development of strong relationships and partnerships across providers in different settings and sectors form a critical part of the success of delivering this change. The ability to work as a whole system, both commissioning and provision will strengthen the planning of services in response to population needs and expected outcomes, as well as the management of resources and their deployment.

2.3 The health and care system in Medway and Swale, like many others across the country, faces a range of strategic and operational challenges. In order to continue delivering services, and for these services to be sustainable and responsive to the needs of the population, we must change. Responding to these challenges requires a whole system transformation of how we design and deliver services. Future models need to deliver safe, high quality care and

importantly, be responsive to the health and care needs of local people; demonstrate operational effectiveness through improved outcomes; and be financially sustainable. It is clear, both from the national direction of travel articulated in the NHS Long Term Plan and local experience, that only by working together as providers and commissioners of health and care services can we deliver our vision.

### 3. Developing the Kent and Medway Integrated Care System

- 3.1. Health and care organisations across Kent and Medway have been working together over the last 5 years as part of the Kent and Medway Sustainability and Transformation Partnership (STP), publishing the systems Sustainability and Transformation Plan in November 2016. With the creation of the Kent and Medway CCG in April 2020 the STP will begin to transition and develop to become an Integrated Care System (ICS).
- 3.2. An ICS brings together local organisations to redesign care and improve population health, creating shared leadership and collective responsibility for action. They have evolved from Sustainability and Transformation Partnerships, with NHS England/Improvement (NHSE/I) operating an accreditation process to assess when an STP is ready to be designated as an ICS. This transition offers the ability for the Kent and Medway system to work with NHSE/I on a streamlined set of oversight arrangements, to manage the system finances as a single control total, and to potentially redeploy attributable staff and funding from NHSE/I to support the work of the ICS.
- 3.3. NHSE/I uses a process which is a combination of objective and subjective markers. An aspirant ICS needs to demonstrate that the minimum requirements are in place and the system is generating regulator confidence in its ability to deliver system transformation and system performance. To assist with this assessment a number of tools have been developed by NHSE/I including their ICS minimum requirements and the ICS Maturity Matrix which sets out the characteristics of systems across four stages – emerging, developing, maturing, and thriving with ‘maturing’ being the bar for ICS accreditation. The matrix is a guide and a degree of judgement is applied as to which level is the best descriptor. There is recognition that becoming a thriving system is a medium to long term endeavour.
- 3.4. At the ICS/STP Partnership Board on 7<sup>th</sup> July 2020 the decision was taken that the system should aim for ICS accreditation in September 2020; and a work programme is being established to support this.

## 4. Developing the Medway and Swale ICP

4.1 The Medway and Swale Integrated Care Partnership (M&SICP) has been formed to support the development of better integrated health and care services in Medway and Swale in line with the principles outlined in the NHS Long Term Plan, published in January 2019. Members of M&SICP include:

- Local health care providers (Medway NHS Foundation Trust, Medway Community Healthcare CIC, NHS Kent and Medway NHS and Social Care Partnership Trust, South East Coast Ambulance Service; Virgin Care and Kent Community Health NHS Foundation Trust);
- Primary Care Networks (PCNs) from both Medway and Swale;
- Medway Council, Swale Borough Council and Kent County Council;
- Kent and Medway CCG;
- Healthwatch Medway and Healthwatch Kent.

4.2 The Partnership Board had its first meeting in July 2019. It reports to the Boards of member organisations, and is tasked with:

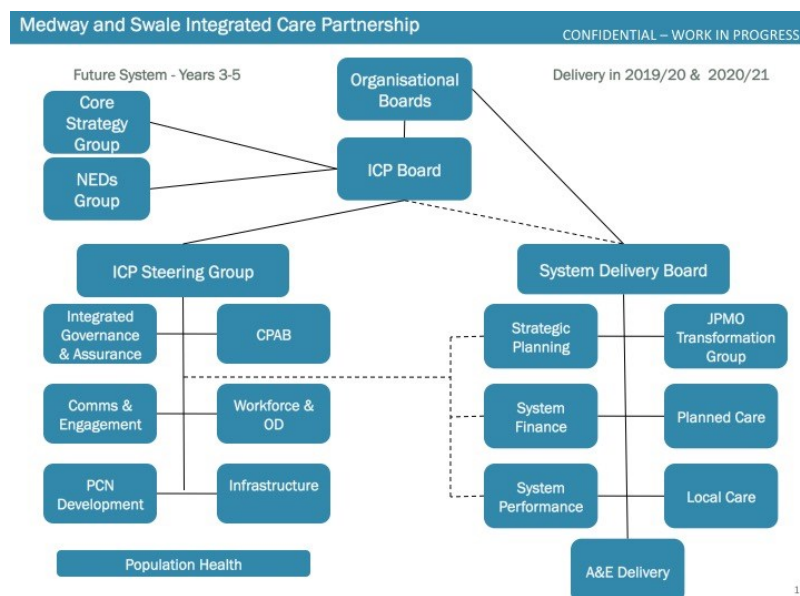
- Overseeing the development of the Medway and Swale Integrated Care Partnership.
- Providing system leadership and to set the strategic direction for the Medway and Swale Integrated Care Partnership (ICP)
- Ensuring there are good governance structures in place to manage the development of the ICP.
- Ensuring that system transformation programmes are delivering against KPIs and requirements.
- Ensuring there is effective communication and engagement with local people and their representatives.

4.3 The Board is supported by:

- The MS& ICP Steering Group, which oversees a number of workstreams charged with co-ordinating the development of more integrated models of health and care across Medway and Swale; and
- The M&S System Delivery Board, which provides assurance to both local partners and to NHS England and NHS Improvement that the local healthcare system is delivering safe, efficient and effective healthcare services, that deliver NHS Constitutional targets within agreed financial control totals.

- An ICP Programme Office, which co-ordinates the work of the Steering Group and System Delivery Board and their respective workstreams and pathway groups.

4.4 The M&S ICP Partnership Board is chaired by Neil Davies (Chief Executive, Medway Council), and is supported by the Medway and Swale ICP Team led by Joint SROs Martin Riley (Managing Director of Medway Community Healthcare CIC), and James Devine (Chief Executive of Medway NHS Foundation Trust). The ICP Steering Group, and System Delivery Board are chaired by Martin Riley.



4.5 Medway and Swale Integrated Care Partnership's vision is:

***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.***

4.6 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 for both physical and mental health;
- Shifting the focus of care from treatment to prevention;
- Meeting constitutional standards;
- Delivering sustainable financial position; and

- Making the best use of health and care resources (people, money, estate, IT infrastructure etc.).

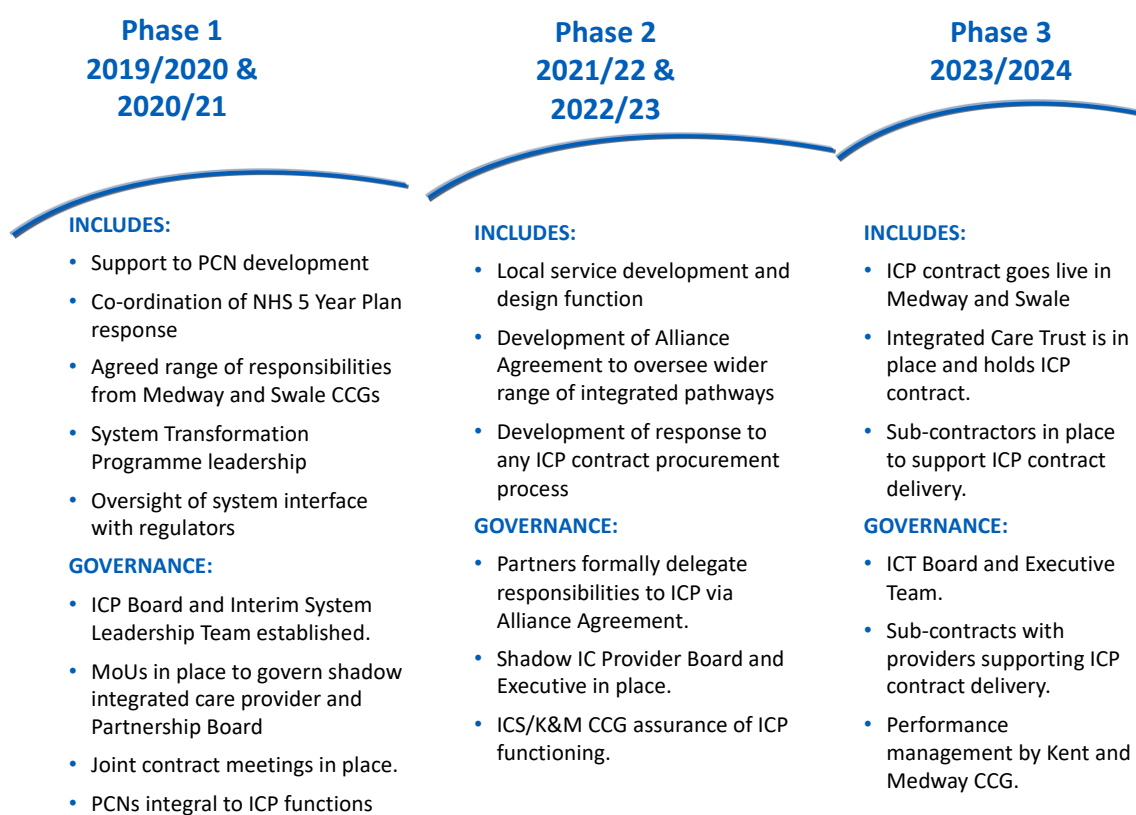
4.7 We want people living in Medway and Swale to be as healthy, fit and independent as possible, participating in their local economies and communities, and being able to access the right help and support. We also know that a strong health and social care system is pivotal to achieving our vision, and that developing our workforce is critical. We want Medway and Swale to be a great place to live, work and learn. We want to create a vibrant voluntary sector and a strong sense of community in our towns and villages, where people feel connected, where we support one another across the generations, and where we feel in control of our health and happiness.

4.8 Key to our delivery of this vision is the development and roll-out of the Medway and Swale Model, a new way of joining up local health and care services so that, where appropriate and possible, they can be delivered closer to people's homes. We know that most people, when given a choice, want to stay out of hospital and receive care either in their own home or in their local neighbourhood. When someone is ill, there are so many more people involved in their care than just the patient and their GP, so we are bringing services together to enable health and care staff to work more closely together and develop services that focus on patients. This approach also recognises that patients have better outcomes if they are involved in decisions around the care they receive and are supported to make healthy choices about their lifestyle.

4.9 To achieve our vision and to ensure the roll out of the Medway and Swale model to its fullest extent, we know that we will need to organise our system differently, seizing opportunities to drive consistency and reduce variation. In early 2019 the Medway and Swale Transformation Board agreed that the long-term aim of the local health care system should be to form an Integrated Care Trust (ICT), bringing together all providers of NHS services in Medway and Swale in one organisation. It is clear that this aspiration cannot be achieved in the short term because of:

- The legislative changes required to create an ICT;
- The wider changes in the K&M health care system including the development of the ICS and Kent and Medway CCG;
- A lack of clarity on future commissioning intentions, including the scope of any local ICP Contract for Medway and Swale; and
- The lack of a local organisation that could win an ICP Contract procurement as currently configured.

4.10 Given the immediacy of the challenges facing the health and care system in Medway and Swale, we cannot wait for the legislative, regulatory and structural issues described above to be resolved; or to focus our efforts and energies on organisational change rather than on transforming the services we provide to local people. We will, instead, take a phased approach to the development of any new organisational form, with our initial focus being on integrating a limited number of services and pathways with the biggest benefits to local people and to the health and care system. We will then seek to wrap contracts and later organisational form discussions around these service transformations. The diagram below seeks to describe that journey.



4.11 Before the COVID-19 Major Incident was declared work had begun to clarify the scope of work to be delegated to the ICP during 2020/21, and the mechanisms by which this would be managed and assured. Discussions had commenced on the roles previously undertaken by Medway and Swale CCGs that will be undertaken by the ICP with the development of a single commissioner for Kent and Medway. This had focused on:

- The establishment of an interim senior leadership team for the ICP.
- Service and pathway redesign.
- Integrated Contract and Performance Management

- PCN support and development.
- Lead Provider arrangements for pathways including:
  - Integrated Discharge Services and Emergency Department Front Door

4.12 At its last meeting in February 2020 the ICP Board approved the Programme Initiation Document: Development of the Medway and Swale ICP (the PID). The PID has recently been sent to partners organisations for sign off.

4.13 In March 2020 it was agreed that all integrated system development work would be paused to ensure that local partners could focus their effort and attention on the management of the major incident. All existing Medway and Swale ICP groups were stood down until further notice.

4.14 In April 2020 senior leaders from key local partners established the ICP Joint Strategic Response Team (JSRT), to support the management of the major incident and to ensure that the best use was made of health and care resources. The JSRT has also been working to ensure that Restart and Recovery activity across Medway and Swale is co-ordinated as effectively as possible as set out as discussed in the Restart and Recovery paper (Appendix 1).

4.15 With the stabilisation of the COVID outbreak in recent weeks, work is beginning to restart the development of the ICP. This work is building on the work programme set out in 4.11 above. This will be discussed in more detail in the September meeting of the M&S ICP Board.

## 5. Recovery from the COVID-19 Major Incident:

5.1. A key element of the management of any major incident, is the recovery of services back to normal. Unlike most other major incidents, the COVID-19 outbreak has resulted in only essential services being provided for a period of months rather than days. It has also resulted in the rapid deployment of new services models, approaches and technologies, some of which (following discussions with commissioners and other stakeholders) may either through necessity or choice will be sustained in the medium to long term.

### 5.2. Kent and Medway Restart Programme and National Mandates.

The Kent and Medway system has agreed the following principles to underpin recovery for the local health and care system:

- There will be a systemwide review of lessons learned. We will not automatically return to the 'old way' of doing things.
- We will embrace developments implemented through COVID-19 related activity, and seek to incorporate these into clinical and operational strategies and service models.

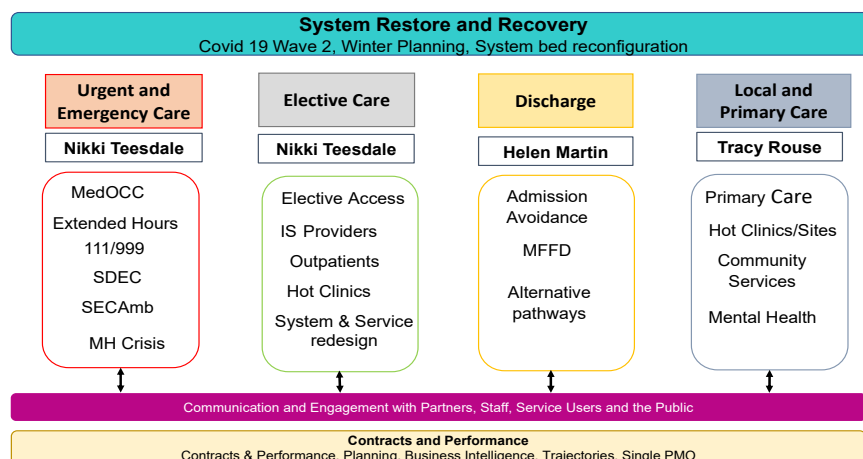


- Every service will develop a recovery plan to meet 'must dos' including meeting a COVID second wave.
- Recovery plans will demonstrate an awareness of impact of recovery actions on other parts of the health and social care system.
- Organisations and services will own the issues in their recovery plan and avoid responsibility or cost shunting to other partners in the health and care system.
- “System by Default” will be embedded locally, with 3 levels of leadership and recovery (Organisational, ICP and CCG/ICS).
- There are likely to be multiple phases of recovery, but each phase will have an agreed target date.
- Contracts will be used to support recovery, not as a punitive mechanism with contract monitoring focusing on delivery of recovery plans and trajectories.
- Patient safety will always be non-negotiable, contract requirements and KPIs relating to safe care will remain in place.

Further information can be found in Appendix 1

### 5.3. Medway and Swale Restart and Recovery:

The Medway and Swale ICP recovery programme is being co-ordinated by Harvey McEnroe, who has been identified as the as Strategic Commander and Winter Director of the M&S ICP. The programme is described by the diagram below:



5.4. Each programme area has a designated lead, who is supported by matrixed teams including representation from across the health and social care sector

in Medway and Swale. These teams will explore how to integrate current work programmes and build on existing jointly developed projects to embed new ways of working across this system. They will learn from the rapid changes which were implemented during COVID-19, and ensure we do not revert back to old ways of working where new models are delivering real improvements.

- 5.5. Programme leads are establishing their programmes to promote flexible and agile working, with governance and meeting frequency that is proportionate to the change and outcomes required from the programme. Programmes will be supported by the ICP Communications and Engagement Group to ensure effective engagement and consultation with key stakeholders in any service/pathway change.
- 5.6. Each programme area will identify its interdependencies with other programmes, and with other priority service areas including: diagnostics, cancer, rehabilitation, children’s health, care homes, learning disabilities, ILRs, support to vulnerable and shielded patients and end of life care.
- 5.7. As part of the Kent and Medway Restart and Recovery Programme each ICP has been asked to identify 3 priority areas for collaboration that it will focus on over the next 6-9 months. We have identified the following areas, which cut across our recovery programmes:
  - Sustaining Lower Bed Occupancy
  - Adopting a Digital Approach.
  - Making a Difference to a Patient a Week.

Details of these priorities can be found in Appendix 2.

## 6. Risk Management

- 6.1. The table below provides an initial view of the key risks associated with the Medway and Swale ICP development programme, and the actions identified to mitigate these risks.

Risk	Identified Mitigations
Lack of clarity at national level of the process for developing and agreeing ICP contracts.	Local developments being taken forward as much as possible using existing contractual mechanisms. These will be supported by the use of other agreements (secondment, partnership, alliance agreements etc) where appropriate.

Risk	Identified Mitigations
Regulators do not support the proposed Medway and Swale ICP/ICT model.	On-going testing of proposed model with K&M CCG and NHSE/I through development of PID and Business Case.
No path to Integrated Care Trust formation currently in place.	Local developments being taken forward as much as possible using existing contractual mechanisms. These will be supported by the use of other agreements (secondment, partnership, alliance agreements etc) where appropriate.
Loss of local experience and expertise with formation of Kent and Medway CCG.	Robust engagement of CCG staff, and with K&M CCG leaders to ensure that staff are retained locally wherever possible.
Lack of agreement by local partners in most appropriate functions and form for partnership working in Medway and Swale.	Development of ICP Board to bring together local partners to support development and delivery of new approach. PID developed and being share with local partners to test support for proposed model. Once partners approve the PID, work will begin on a Business Case to underpin development of new model and continue to test the appetite of local partners for the proposed development.
Failure to deliver local operating plan targets and milestones, and key transformation projects in Medway and Swale.	Use of JPMO to drive forward key work programmes
Lack of PCN engagement in the development and operation of the ICP.	PCNs have identified a Clinical Director to represent them on the ICP Board. Regular engagement between ICP workstream leads and PCN CDs. Attendance of SRO at PCN meetings.

Risk	Identified Mitigations
Local financial challenges impact on our ability to deliver key service transformation programmes.	Development of Medway and Swale Operating Plan for 2020/21. Regular review of financial position at System Delivery Board.

## 7. Financial implications

7.1 There are no financial implications to Medway Council arising directly from the recommendations of this report.

## 8. Legal implications

8.1 There are no legal implications to Medway Council arising directly from the recommendations of this report

## 9. Recommendations

9.1 Health and Wellbeing Board is asked to note this report.

### Lead Officer Contact:

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## Appendices

Appendix 1: Covid Response and Restart Briefing

Appendix 2: Medway and Swale System Collaboration Priorities

## Background Papers

None