

Helping local people live their best life



New ways of organising health and care services
in Kent and Medway for benefit of everyone

Quality of life, quality of care

Our ambition

- Provide **safe, high-quality, joined up and sustainable** health and social care services
- Meet the **needs of local people** now and into the future
- Help people **live their best life**, and get great **treatment, care and support** when they need it

We have made progress towards achieving our ambition by working together.

In the future, we want to **change how we organise ourselves to unlock more improvements** and help meet demand.



Why change?

- The current structure of the NHS has not enabled **sustainable long term improvements to patient care**.
 - Average life expectancy across the county differs by more than 15 years
 - Fragmented services, e.g. children SEN, cancer services, etc
 - Varying performance across the county, planned and urgent care
 - Varying patient experience/outcomes
 - Dementia diagnosis and treatment rates variable
- The **internal market** has pushed organisations to compete against each other rather than collaborate and integrate
- **Prevention** has consistently not been prioritised
- Significant **workforce** issues across the county
- Rising importance of **local care**.



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The NHS Long Term Plan – January 2019

- Move from largely reactive to **proactive system** not just responding to demand but lessening the need by:
 - making sure everyone gets the **best start in life**
 - supporting people to **live well** with LTCs and to **age well**
 - **AND** delivering **world-class care for major health problems.**
- This can only be delivered in partnership. Vehicle is **integrated care systems** (ICS), including **integrated care partnerships** (ICPs) and **primary care networks** (PCNs) to improve health and care for local people.
- Other essentials for success:
 - achieving the necessary **workforce**
 - maximising potential of **digital technology** in health and care services
 - improving **value for money**, including changes to the internal market and commissioning.

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The approach will be known as the

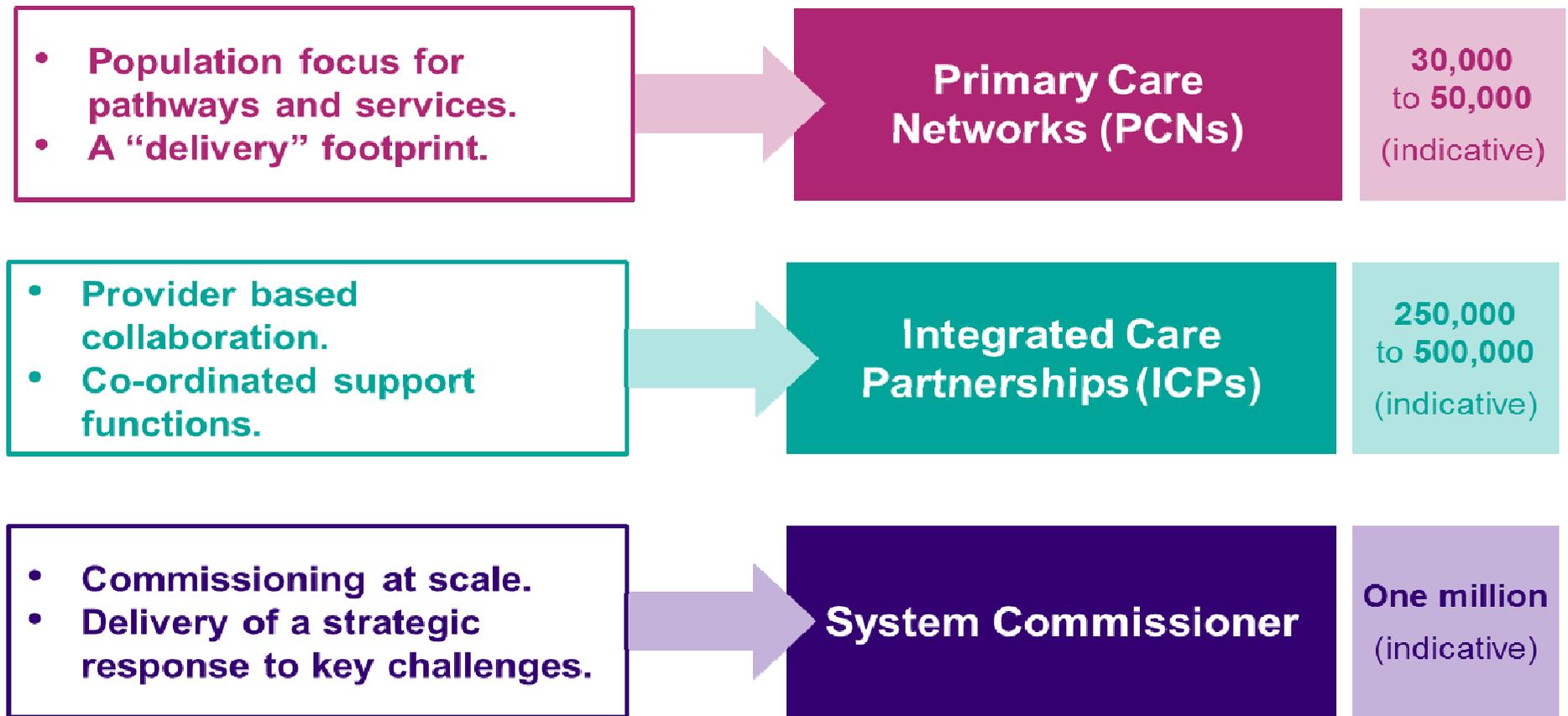
Kent and Medway integrated care system

This is in line with the
new NHS Long Term
Plan published
earlier in 2019.



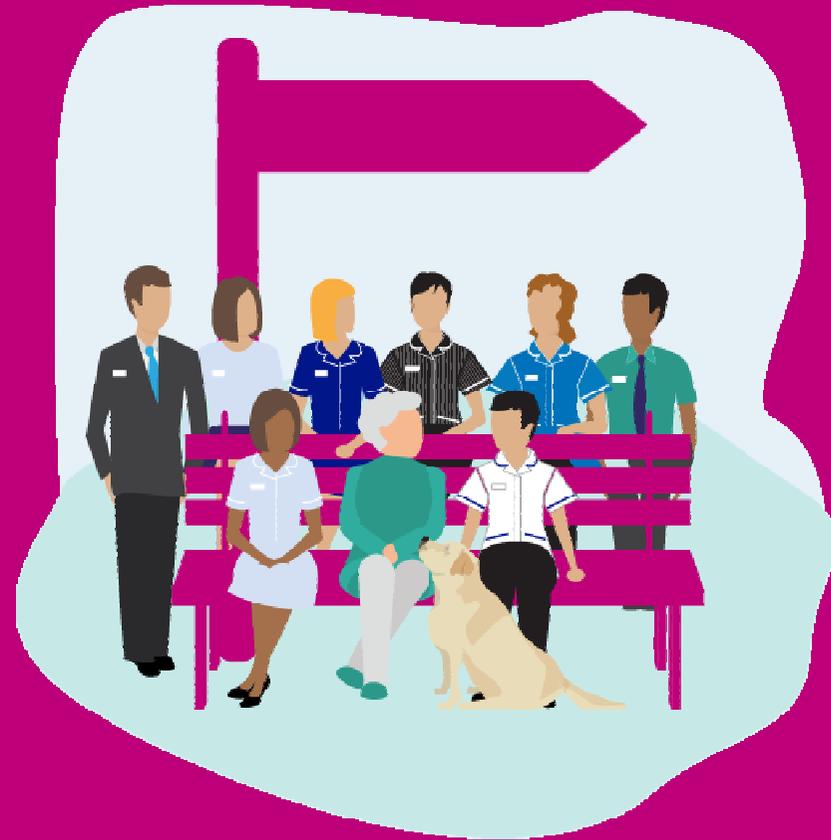
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An integrated care system



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Primary care networks



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What are primary care networks?

- Primary care networks are **groups of GP practices working together** and as part of wider multi-professional teams to deliver **proactive, personalised, co-ordinated, integrated** health and social care for local neighbourhoods: typically 30,000 to 50,000 registered patients.
- There are **two primary care networks**, one in Sevenoaks and one in Swanley/rural which went live from 1 July 2019 and are providing extended access to appointments at GP practices. They have their **own funding** and will **employ people working in new roles** (such as physiotherapists, clinical pharmacists and social prescribing link workers) and provide some services for everyone in their area.
- They will assess unwarranted **variations in their residents' health** and feed their knowledge, expertise and insight into the emerging local Integrated Care Partnerships.

Why have primary care networks?

Primary care networks will provide patients and members of the public with:

- a more **comprehensive and integrated** set of services, that anticipate rising demand and support higher levels of self-care
- **different care models for different population groups** (such as frail older people, adults with complex needs, children) that are person-centred, rather than disease centred, based on local knowledge and insight.

PCNs will reinvigorate general practice which is the bedrock of health provision in this country. They will play an important role in integrated care partnerships, where primary care (GP services) will be the second largest provider at the table.

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What are integrated care partnerships?



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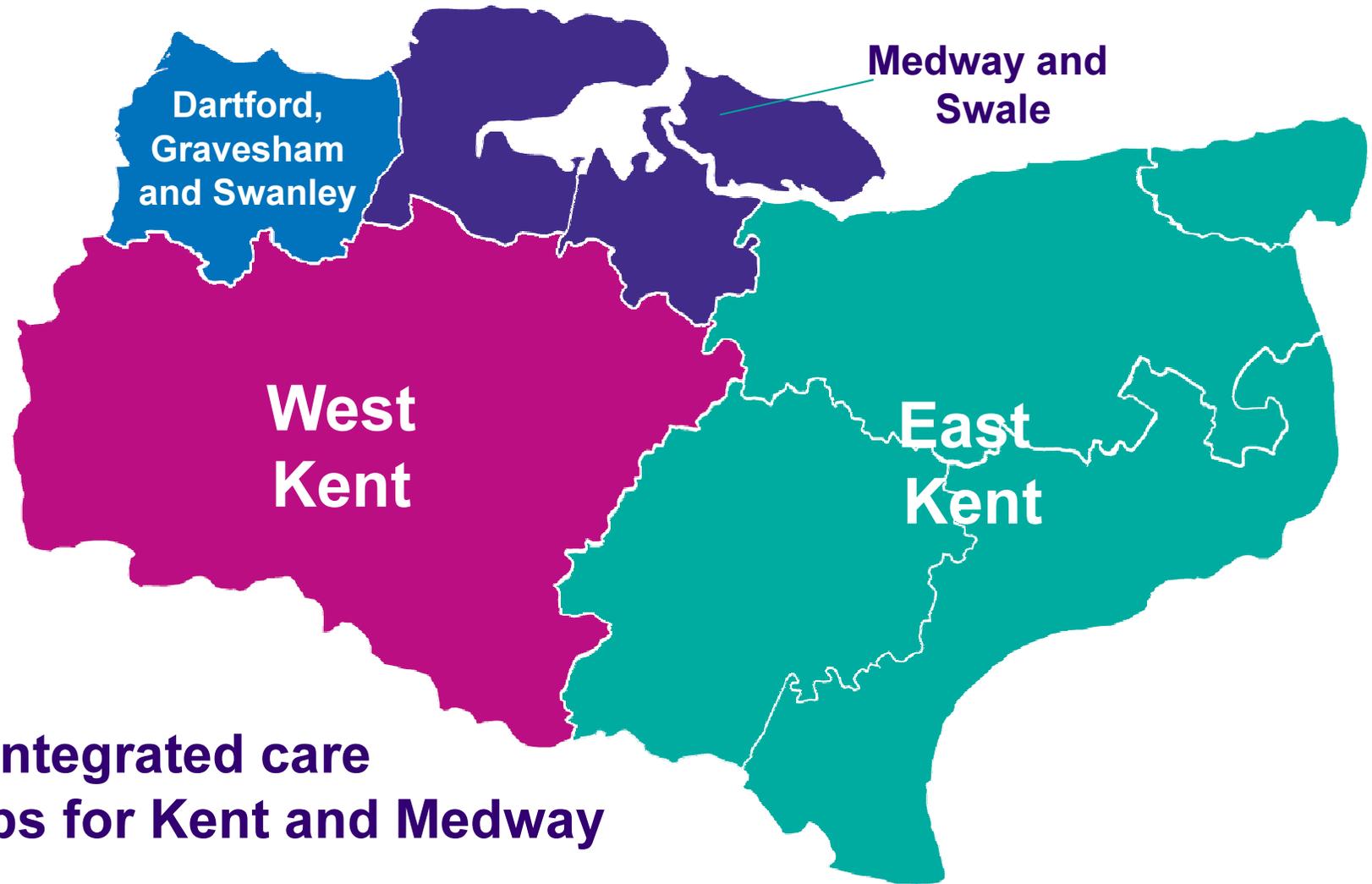
Integrated care partnerships (ICPs)

Provide joined-up care for 'a place' with between 250,000 and 750,000 population

Draw together all the NHS organisations in a given area with social care, health improvement, other local authority services, voluntary and community sector, significant patient and public involvement.

- West Kent ICP will design and deliver **the vast majority of care for local people**, including all out of hospital or local care.
- It will do so in a way that meets local people's needs, to improve their health from cradle to grave, reduce inequalities and deliver best value for money.
- It will hold a contract with the CCG. The organisations in the ICP will agree together how funding is spent locally.
- PCNs will be an integral part of ICPs (ICPs will not be able to hold a contract without assurance around GP involvement and support).

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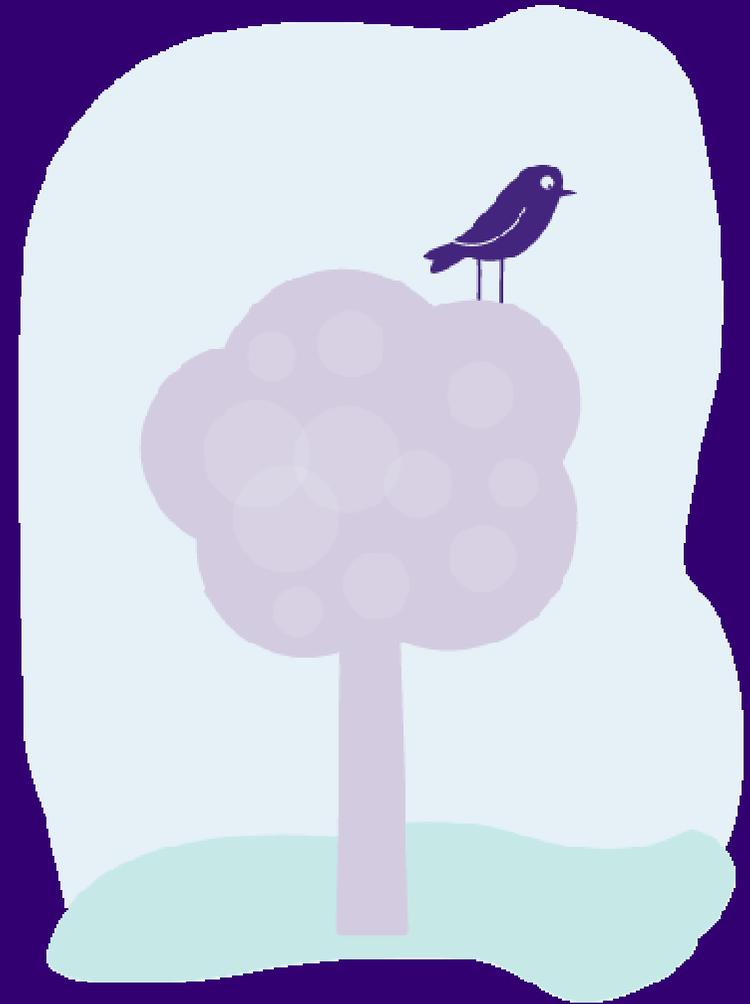


Proposed integrated care partnerships for Kent and Medway

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Why a single clinical commissioning group?



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The CCG chairs are clear that only a single Kent and Medway CCG can:

- overcome current fragmentation and duplication, allowing faster decision making, and channelling savings from doing things once (e.g. finance and corporate services) into local care
- offer consistent and ongoing support to the new primary care networks (PCNs), enabling them all to develop and play their vital role
- provide authoritative leadership to the new integrated care partnerships (ICPs) and let contracts that are both transformative and deliverable

The CCG chairs are clear that only a single Kent and Medway CCG can:

- increase the ability of Kent and Medway to submit strong bids for any targeted transformation monies that may be available as part of Long Term Plan implementation
- describe the needs of the whole population and develop outcomes for ICPs to deliver in ways tailored to their local populations, strengthening the focus on righting health inequalities
- 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.

Why a single Kent and Medway CCG?

- NHS Long Term Plan requires each area to streamline commissioning, typically having **a single CCG**
- Necessary move to **address major challenges** across the county, deliver Long Term Plan ambitions and address current **fragility** in the system
- We believe a single Kent and Medway CCG provides:
 - best opportunity for working strategically with top tier local authorities – Medway Council and KCC
 - best opportunities for efficiency, saving money to channel back into care
 - best way to avoid duplication, including with ICPs
 - most ‘future-proof’ solution.

So what does this mean for primary care?



- Practices working more closely with their neighbours in PCNs, enabling **greater sustainability**.

- Primary care - an **integral and equal partner** of the local system through ICPs. They will determine clinical priorities, pathway design and allocation of resource with partners.
- A **collective ownership** of health and wellbeing across localities, rather than organisations being internally focused.
- Primary care will be **'the golden thread'** through the new landscape: at PCN, ICP and CCG level.
- Local **GP representation** on single CCG Governing Body.
- G/PMS **budgets protected and where possible enhanced**.
- Primary care **commissioning roles / customer care teams** to remain (*subject to staff consultation*).
- A **great opportunity** – although challenges still remain.

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So what does it mean for patients?



- Better **joined-up local services** with patients at the centre: **one service and one team**
- A joined-up focus for **population health** and the ability to **target resources** where most needed.
- **Providers working together**, not against each other, to deliver patient care
- **Improvement in access, experience and clinical/care outcomes**
- Ability of system to **move at pace** to improve services across Kent and Medway for patients.

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Safeguards built in as the result of GP feedback

- The new CCG will always be **GP-led**, with a GP majority on its Governing Body including a GP from each current CCG until at least April 2022
- There will be a full and robust development programme for primary care networks so they **play their full part** in the emerging integrated care partnerships, and reinvigorate **primary care**
- **Local support for GP practices** will continue as now, or be enhanced, and there will **ongoing support in ICPs** for service design and delivery
- **Primary care baseline allocations** will be protected and where possible increased. There will be **transitional protection of baseline commissioning allocations** within ICP areas
- **Strong local patient and public representation** from the CCG Governing Body down to individual PCNs.

Single CCG key dates and next steps

- The GP members of all eight CCGs will discuss and vote on the proposal to form a single CCG.
- If they approve the merger proposal, they will task their respective governing bodies with signing it off.
- If agreed, a formal request to become a single CCG will be submitted to NHS England and NHS Improvement by 30 September 2019 – the deadline for authorisation by April 2020. We would expect to hear the outcome in November.
- If authorised, the single CCG will be established on 1 April 2020.
- April 2021 – national expectation that all areas of the country will be functioning as integrated care systems.

Principles for our response to the NHS Long Term Plan

Our response will show how the NHS in Kent and Medway will deliver the improvements required over the next five years. It will be:

Built on the foundation of our work so far

- We will learn from and build on the work of the Kent and Medway Sustainability and Transformation Partnership from the past three years

Developed in partnership

- We are working together with Kent County Council and Medway Council to develop the response to the plan, reflecting our commitment to joined up health and social care

Locally owned

- Our response will reflect the engagement and feedback we have heard from our population, patients and staff.
- This includes four engagement events across Kent and Medway to discuss our response to the NHS Long Term, plus targeted engagement activity on specific priority areas e.g. surveys, focus groups with seldom-heard groups

Clinically led

- All clinical areas of the plan are being developed by clinicians and health and care professionals
- Our response to the plan will be reviewed by various clinical forums (for example Cancer Executive Board)

Realistic and sustainable

- Our response will be based on realistic workforce and finance assumptions and projections so that we can be confident our plans will be achievable and sustainable in to the future.

NHS Long Term Plan events

We're holding **four evening events** in September so we can seek views on some of our priority areas. The events will run from **6.30pm to 9.30pm** and take place on:

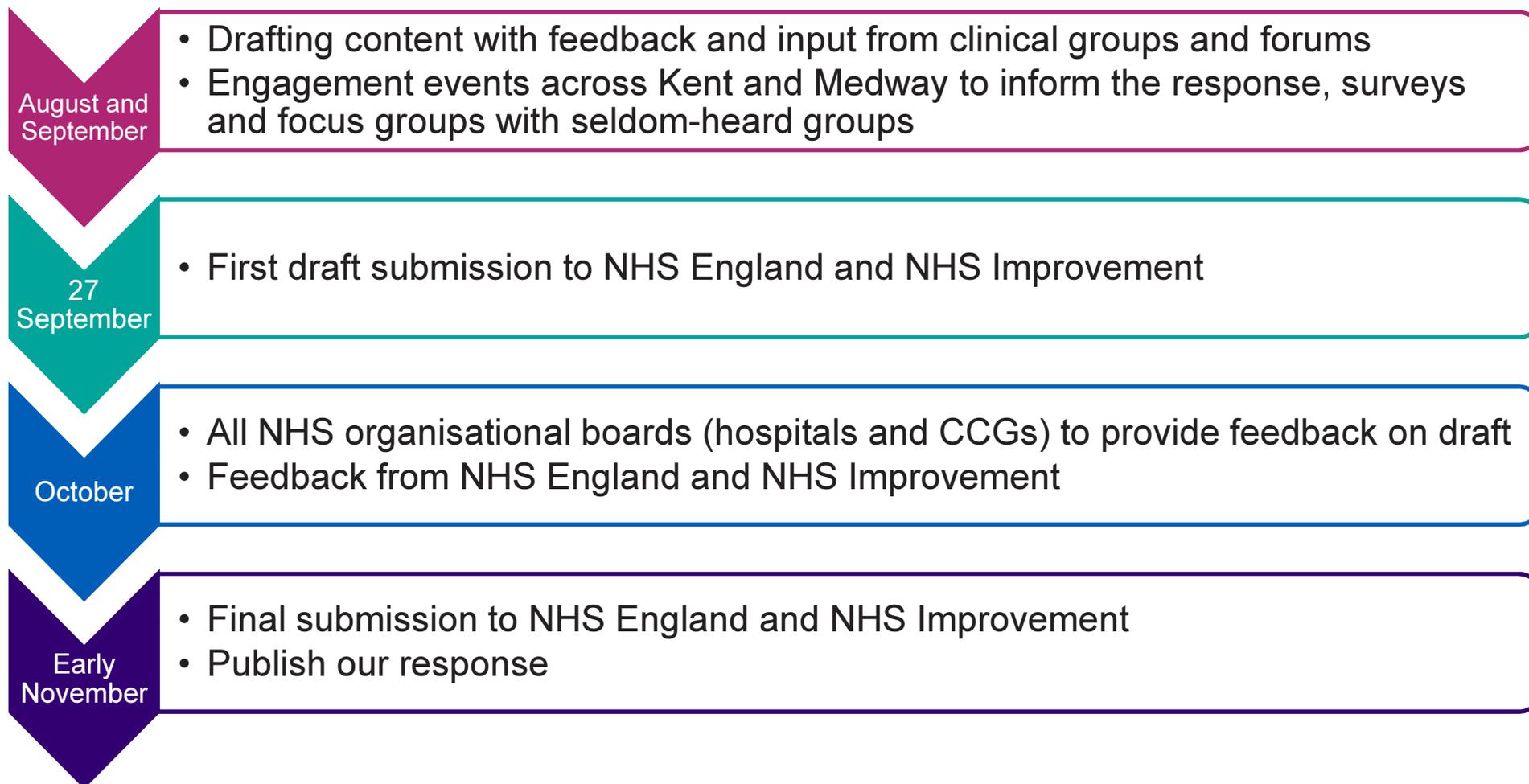
- **10 September:** Spitfire Ground, St Lawrence, Old Dover Road, Canterbury, CT1 3NZ
- **11 September:** Don Carman Hall, Ditton Community Centre, Kilbarn Road, Ditton Aylesford, Kent ME20 6AH
- **18 September:** Gillingham Football Ground, MEMS Priestfield Stadium, Redfern Avenue, Gillingham ME7 4DD
- **24 September:** Main Hall, Dartford Science and Technology College, Heath Lane Dartford DA1 2LY



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Timeline for developing the response



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Your questions

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