

NHS KENT AND MEDWAY CCG - INTEGRATED CARE SYSTEM UPDATE

Health Liaison Board - 25 May 2022

Report of: Sarah Robson, Deputy Chief Executive and Chief Officer - People and Places

Status: for information

Key Decision: No

Portfolio Holder: Cllr. Kevin Maskell

Contact Officer: Sarah Robson, Ext. 7129

Recommendation to Health Liaison Board: To note the report

Reason for recommendation: To provide an update on the Kent and Medway Integrated Care System architecture.

Introduction and Background

- 1 The Integrated Care System (ICS) architecture and functional model for Kent and Medway has been in development since summer 2018. This has supported both the development of the ICS and the merger of the eight Clinical Commissioning Groups (CCGs) across Kent and Medway into a single commissioner.
- 2 The Kent and Medway CCG was created on 1 April 2020. Beyond its statutory responsibilities the CCG has had a central role in supporting and resourcing development of the Kent and Medway ICS.
- 3 ICSs are being established as part of national proposals to develop integrated care systems. All proposals are subject to the Health and Care Bill going through Parliament in 2022. The Bill contains a series of measures to formally establish Integrated Care Systems (ICSs). The Bill will put ICSs on a statutory footing, empowering them to better join up health and care, improve population health and reduce health inequalities
- 4 The original timeframe for the ICS transition was 1 April 2022, however, this has now been delayed until at least 1 July 2022 to allow for the Bill's progress through Parliament.
- 5 An ICS is when all organisations involved in health and social care work together in different, more joined-up ways. The focus is on providing care in a way that benefits patients - not what is easiest for organisations.

- 6 From family doctors, to mental health staff, community teams and major hospitals, the ICS will bring together collective resources, skills and expertise to make care and support better for residents.
- 7 The four core purposes of an ICS are to:
 - Improve outcomes (population health and care)
 - Tackle inequalities in outcomes and access
 - Enhance productivity and value for money
 - Support broader social economic development
- 8 Collaborating as ICSs will help health and care organisations tackle complex challenges, including:
 - Improve the health of children and young people
 - Support people to stay well and independent
 - Act sooner to help those with preventable conditions
 - Support those with long-term conditions or mental health issues
 - Care for those with multiple needs as populations age
 - Get the best from collective resources so people get care as quickly as possible.
- 9 In Kent and Medway, the ICS will be drafting and engagement framework to be in place by July 2022.
- 10 The engagement framework will cover how partners in the ICS will listen consistently to, and collectively act on, the experience and aspirations of local people and communities.
- 11 This includes:
 - Supporting people to sustain and improve their health and wellbeing, as well as involving people and communities in developing plans and priorities, and continually improving services.
 - It is expected that the Integrated Care Board will have a legal duty to make arrangements to involve patients, unpaid carers and the public in planning and commissioning arrangements.
 - Statutory guidance on patient and public participation in ICSs is expected to be provided once legislation is finalised.

System, neighbourhood and place

Integrated care systems will include three elements at different geographies, alongside existing partnerships and statutory organisational arrangements. The terminology used for the three elements is system, neighbourhood and place:

System: Integrated Care Board

- 12 There have been a number of changes to how care is planned and delivered in Kent and Medway. The single [Kent and Medway CCG](#) was formed in April 2020 and is being replaced by an Integrated Care Board (as a new statutory NHS organisation covering the whole of Kent and Medway) to focus on service planning and population health management across the county.
- 13 Paul Bentley has been appointed as Designate Chief Executive of the new Kent and Medway NHS Integrated Care Board (ICB); due to be established in 2022. Cedi Frederick has been appointed as the Chair-designate of Kent and Medway's ICB.
- 14 The Kent and Medway ICB will hold a budget of over £3 billion in 2022/23 for commissioning high quality patient care and will have the authority to establish performance arrangements to ensure this is delivered. Key responsibilities for the new ICB Chief Executive role include:
 - Being accountable for the development of the long-term plan for the ICB, delivering related NHS commissioning and performance arrangements for the entire system and, through this, securing the provision of a comprehensive health service for people in Kent and Medway.
 - Being accountable for delivering improvements in the quality of patient care, patient safety, health inequality, workforce productivity and financial health across the Kent and Medway ICS.
 - Driving improved services for patients and better population health and deliver long-term local strategies and priorities into next year and beyond including the vaccine roll-out, elective recovery and addressing health inequalities.
 - Driving joint work on estates, procurement, supply chain and commercial strategies to maximise value for money across the system.
 - Leading system-wide action on digital and data to drive system working and improved outcomes.
 - Establishing joint working arrangements with partners that embed collaboration as the basis for delivery of joint priorities. The ICB may choose to commission jointly with local authorities across the whole system and at place where that is the relevant local authority footprint.
 - Working alongside councils to invest in local community organisations and infrastructure and, through joint working between health, social care and other partners including police, education, housing,

safeguarding partnerships, employment and welfare services, ensuring that the NHS plays a full part in social and economic development and environmental sustainability.

Neighbourhood: Primary Care Networks

- 15 Primary care services are the first point of contact in the healthcare system, acting as the 'front door' to the NHS. These services include: GPs, community pharmacies, dental care and eye health services.
- 16 In 2019, [Primary](#) Care Networks (PCNs) were established to group practices together to strengthen GP services and other primary care providers in your local area.
- 17 A primary care network consists of groups of general practices working together and in partnership with community, mental health, social care, pharmacy, hospital and voluntary services in their local area, to offer more personalised, coordinated health and social care to the people living in their area.
- 18 There are 42 PCNs in Kent and Medway. PCNs will be aligned to a [Health and Care Partnership](#) - this will support them to work more closely with other partners in the area.

Place: Health and Care Partnerships

- 19 Integrated Care Partnerships previously referred to the four local partnerships sitting within the Kent and Medway system. These are now called [Health and Care Partnerships](#).
- 20 Health and Care Partnerships bring together all provider health organisations in a given area to work as one.
- 21 Each organisation within a partnership retains its own budget but will agree, with other partners, how it is spent for the benefit of the local community.
- 22 Partnerships can design and deliver services to meet the needs of everyone they serve based on their local population. They can focus services on areas of greatest need, helping to reduce health inequalities and improve life expectancy.
- 23 There is also the expectation Health and Care Partnerships (HCPs) will support healthcare providers to work more closely with local councils - not just with social care and public health colleagues, but also education, planning, housing, environmental health and leisure services.
- 24 Based on how people use hospital services, four health and care partnerships will be established in Kent and Medway:
 - Dartford, Gravesham and Swanley

- [East Kent](#)
- [Medway and Swale](#)
- West Kent

25 Kent and Medway’s Health and Care Partnerships sit between these two layers (Integrated Care Board and Primary Care Networks), bringing together the providers of health and care services, along with other key local partners to work together to plan and deliver care.

26 Sevenoaks District Council will continue to have a role in the new ICS framework, notably through the HCP and through Elected Member Forums for West Kent and Dartford, Gravesham and Swanley.

Key Implications

Resource (non financial)

There are no resource implications arising from this report.

Financial

There are no financial implications arising from this report.

Legal Implications and Risk Assessment Statement

There are no legal or risk implications arising from this report.

Equality Assessment

The decisions recommended through this paper have a remote or low relevance to the substance of the Equality Act. There is no perceived impact on end users.

Net Zero 2030

The decisions recommended through this paper have a remote or low relevance to the council’s ambition to be Net Zero by 2030. There is no perceived impact regarding either an increase or decrease in carbon emissions in the district.

Appendices: None

Background Papers: None

Sarah Robson

Deputy Chief Executive and Chief Officer - People and Places