

From: Paul Carter, Leader of the Council and Cabinet Member for Health Reform

To: Health Reform and Public Health Cabinet Committee - 20 June 2019

Subject: **Kent and Medway Integrated Care System**

Classification: Unrestricted

Summary:

The Public Health and Health Reform Committee has agreed to have a single item agenda focusing on health reform and specifically:

- exploring national policy and how the publication of the NHS Long Term Plan in January 2019 has impacted on the local health and social care system and is shaping the transformation of health services across Kent
- setting out progress in integrated working, particularly development of Local Care and its links to Primary Care to understand the outcomes we are trying to achieve for patients in Kent.

This paper is intended to provide the national and local context in which the County Council is currently working and will be supported by presentations from leaders across the system:

- 1) Strategic and Policy Overview- Michael Ridgwell (Deputy Chief Executive, Kent and Medway Sustainability and Transformation Partnership- STP)
- 2) Primary Care and Primary Care Networks-
 - a. Dr Fiona Armstrong (Chair of Primary Care Board, STP)
 - b. Dr Gaurav Gupta (Chair of Kent Local Medical Committee)
- 3) Local Care – Cathy Bellman (Local Care Lead STP)
- 4) System Commissioning- Dr Bob Bowes (Chair of System Commissioner Steering Group STP)

Recommendations:

The Health Reform and Public Health Cabinet Committee is asked to:

- a) Comment on this report and the presentations received today
- b) Comment on the progress being made in Health and Social Care integration across the County in line with the Long-Term Plan
- c) Comment on and agree what areas the Committee would like regular updates on for the forward agenda

1. Introduction to the National Context

1.1 On 7 January 2019, the NHS Long Term Plan was published setting out key ambitions for the service over the next 10 years. The Plan was written in response to growing pressures in the Health and Social Care system driven by rising numbers of frail elderly people requiring support and a complex system of competition and payments that incentivise activity in hospitals. Alongside this, reductions in spend in primary and community settings mean that many people are not getting the support they need to manage their own health effectively, and turn to their local hospital when community provision,

including in some areas seeing a GP, is hard to access. However, research has shown that especially for the frail elderly, who use most NHS resources this is not always the best pathway:

- 30% of patients in acute hospital beds are better looked after in an alternative location of care, either in a short term bed or at home with health or social care support
- 12% of admissions through A&E are avoidable through more consistent decision making at the front door, or better health and social care provision in the community
- 25% of community hospital patients would be better cared for at home or in a community setting

1.2 In response to these challenges the aim of the Long Term Plan is to increase capacity in community services and in primary care, provide more responsive care, reduce upstream pressures (especially on overstretched acute hospitals) and to move towards a rebalanced NHS morphing gradually from cure to prevention.

1.3 The plan makes clear that funding is needed to help rebalance the system and indeed NHS budgets received a boost last Autumn with the announcement of 3.4% uplift (£20bn over 5 years) from the Government. The Long Term Plan sets out how the additional money will be fed into primary medical and community health services, and into a host of clinical priorities (especially mental health).

These reforms will be backed by a new guarantee that over the next five years, investment in primary medical and community services will grow faster than the overall NHS budget. This commitment – an NHS ‘first’ – creates a ringfenced local fund worth at least an extra £4.5 billion a year in real terms by 2023/24. (LTP Summary Extract)

1.4 This is good news. However, this investment has not been mirrored for Social Care or Public Health. So, although the Plan sets out its ambitions to develop prevention, tackle health inequalities and improve population health, it recognises that significant progress on the wider determinants of health relies on action elsewhere and is clear in limiting its ability to cover ongoing cuts in local council funding.

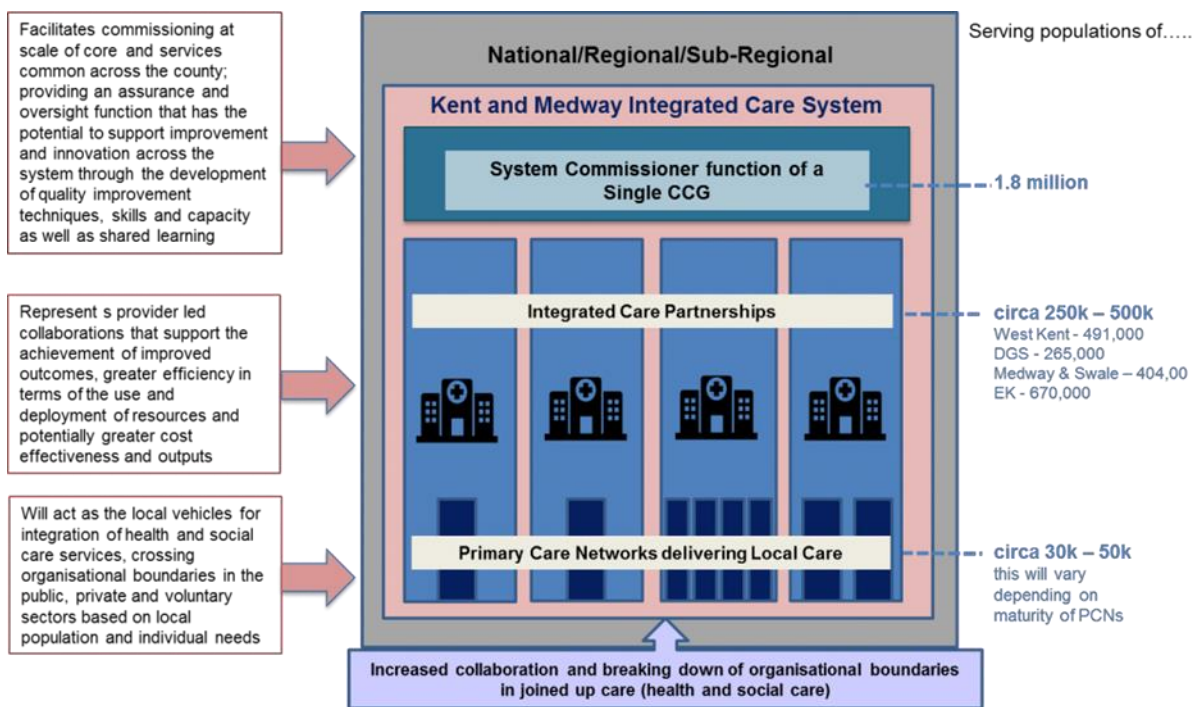
*Both the wellbeing of older people and the pressures on the NHS are also linked to how well **social care** is functioning. When agreeing the NHS’ funding settlement the government therefore committed to ensure that adult social care funding is such that it does not impose any additional pressure on the NHS over the coming five years (Long Term Plan extract).*

1.5 The purpose of this single agenda item meeting is to set out how the aims of the Long Term Plan are being implemented in Kent and Medway in line with national policy and how we will realise our ambitions to shift service delivery from acute to primary care resulting in a substantial reduction in the number of people using hospitals for unplanned care.

2 The Local Impact of the Long Term Plan

2.1 The Kent and Medway Sustainability and Transformation Partnership formed in 2016. The Long Term Plan sets out the next stage of NHS transformation with a greater proportion of the NHS budget moving into primary and community or local care. It places a requirement on local areas to create one Integrated Care System (ICS) – which brings together health and care commissioners, providers and GPs into new relationships to create a population-based health system encompassing prevention and care – but which will also encompass local authority services such as public health, adult and children’s social care. Each ICS will have one Clinical Commissioning Group (CCG) that will become leaner, more strategic organisations that support providers to partner with local government and other community organisations.

2.2 The structure in Kent and Medway is emerging in three layers:



- A single system commissioner, delivered through the establishment of a single Kent and Medway CCG covering our population of circa 1.8 million (i.e. the number of people registered with our GP practices)
- Four integrated care partnerships, that integrate the delivery of care operating across populations of around 250,000 to 700,000:
 - East Kent Integrated Care Partnership
 - Dartford, Gravesham and Swanley Integrated Care Partnership
 - Medway and Swale Integrated Care Partnership
 - West Kent Integrated Care Partnership

- Primary Care Networks (PCNs), as outlined in the NHS Long Term Plan and enabled through the new GP contract, which support delivery of primary care at scale, including local care. (Currently between 41-45 potential PCNs) Commissioners will continue to plan and fund services whilst PCNs focus on service delivery.

2.3 Kent County Council is a key partner to the STP and remains fully engaged with the transformation of services across the emerging structures. Senior leaders are progressing on the alignment and joint commissioning of services at all levels, wherever it makes sense to do so.

2.4 Cabinet Members and Corporate Directors are members of the STP Programme Board and there is good Local Authority representation across the STP workstreams. As well as the Leader of KCC chairing the Local Care Implementation Board, KCC Directors are acting as the senior responsible officers (SRO) within the STP for the Workforce and Estates workstreams. The Director of Public Health is the joint SRO for the STP Prevention workstream with the Director of Public Health from Medway Unitary Authority. Together they are also leading on a refresh of the Kent and Medway Joint Strategic Needs Assessment as part of Public Health's statutory duties to support and advise the NHS in the commissioning of services. The JSNA will underpin the Kent and Medway STP Five Year Plan that is currently in development.

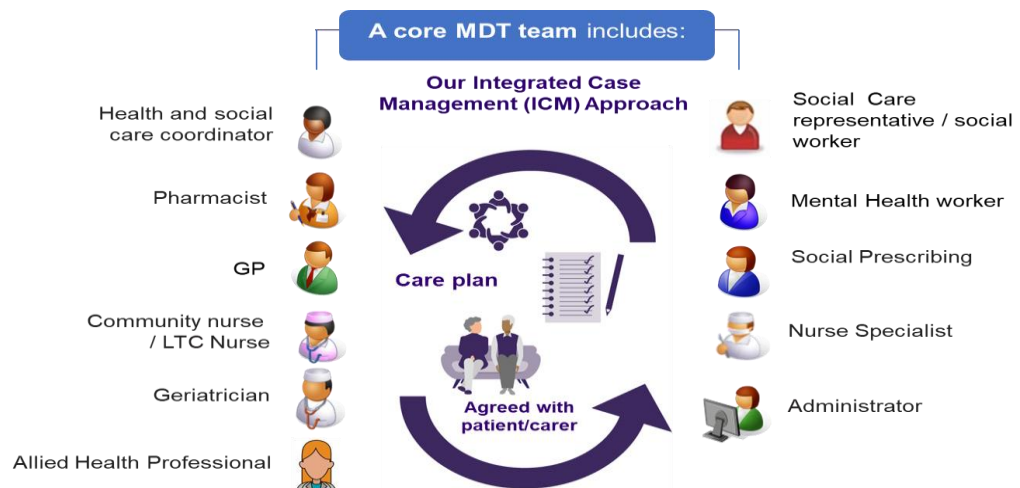
2.5 The reorganisation of Adult Social Care structures has provided opportunities for closer working. It has ensured that the Directorate is ready to support the emerging Primary Care Networks and Multi-Disciplinary Team (MDT) working with GPs at scale. The restructure has organised staff along a frailty pathway to ensure a seamless transition for patients experiencing Health and Social Care services, particularly on discharge from hospital. Adult Social Care staff are attending the emerging Multi-Disciplinary Team meetings taking place across the county.

3. Integrated Working- Exploring Primary Care Networks (PCN)

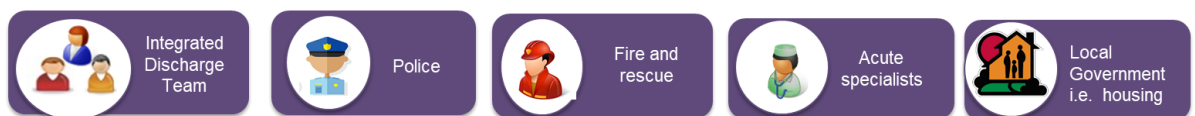
3.1 A primary care network consists of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations. Networks would normally be based around natural local communities typically serving populations of at least 30,000 and not tending to exceed 50,000. They should be small enough to maintain the traditional strengths of general practice but at the same time large enough to provide resilience and support the development of integrated teams. PCNs will become the building blocks around which Local Care will operate and a key feature will be integrated community-based teams known in Kent and Medway as Multi-disciplinary Teams.

3.2 MDTs are at different levels of maturity across the County. Building professional relationships and ensuring consistency and quality of practice are

key strands of activity as organisations come together to work in new ways. Activity will happen through two stages- which will both include a range of professionals including social care staff. A multi-disciplinary meeting will take place led by the GP and including key professionals to discuss care plans for people who have been assessed as at risk of hospitalisation or who have complex long-term needs. Actions taken at the meeting will include identifying and ensuring that referrals are made to other agencies across a wider multi-disciplinary team to ensure that an individual receives support in a way that helps them to live their life as fully, independently and in the best health possible for them. The wider MDT team could include, for example the voluntary sector, District Housing officers or the Police. Community and Mental Health services will also be expected to configure their services around the PCN boundaries and take part in multi-disciplinary meetings as and when required.



Additional members which vary locally:



- 3.3 PCNs will also need a wider range of staff to operate in this new model and deliver support into their community. Each PCN will have an accountable clinical director. This role is not yet clearly defined but they will be the link between general practice and the wider system. PCNs will also be expected to recruit additional staff including clinical pharmacists and social prescribing link workers, (with funding attached in 19/20), physiotherapists, physician associates and paramedics (with funding attached from 20/21 onwards). 70% of the cost of additional roles will be funded centrally, except for social prescribing link workers, where 100% will be reimbursed.
- 3.4 The main funding for PCNs will come through the directed enhanced service payment (DES) which is an extension to the GP core contract. This is worth

up to £1.8bn nationally with £891 million of that identified to fund additional staff. Additional funding was announced in June 2018 for community services and this will be channelled through PCNs.

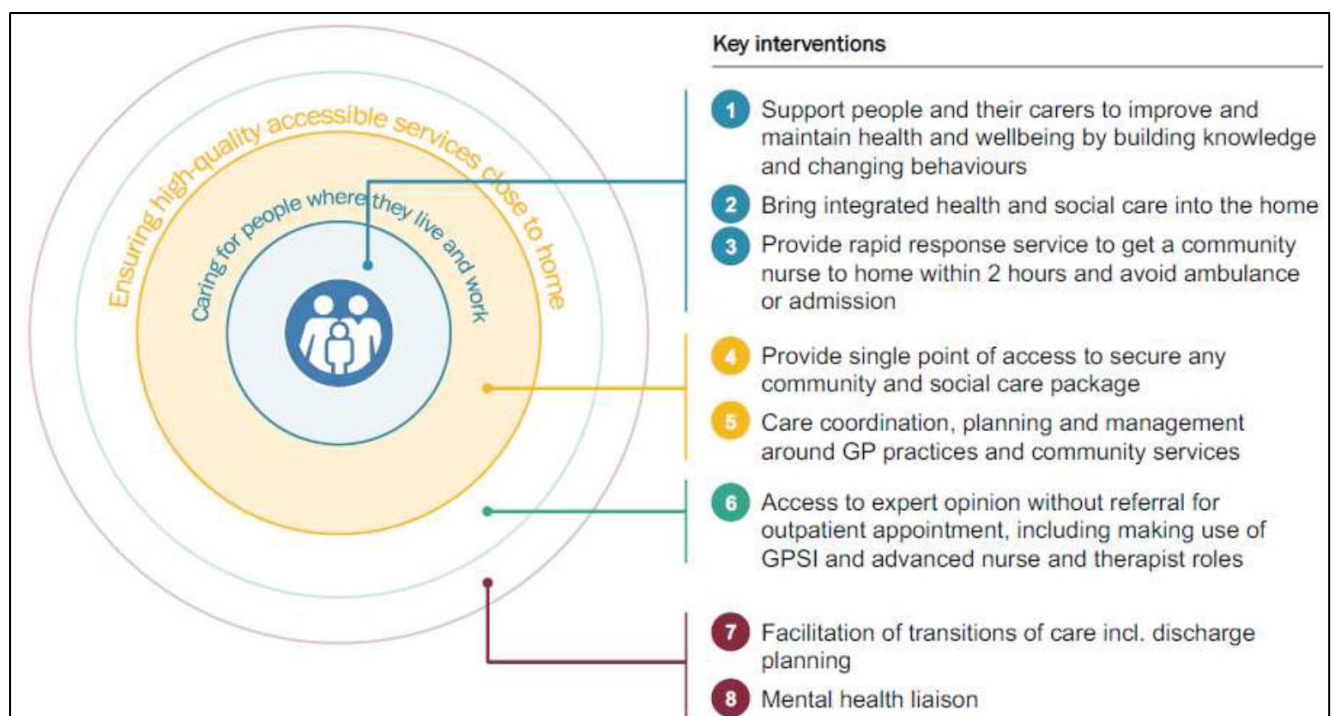
- 3.5** The configuration of PCNs across Kent and Medway is due to be announced at the end of June 2019.

4. Integrated Working- Exploring Local Care

- 4.1** Local Care brings together the activity associated with supporting people to remain well at home wherever possible and moving care out of hospital, into the community.

- 4.2** Local Care is a workstream of the STP and has already made good progress in the past year. £32m has been invested by Health to support development of Multi-disciplinary Teams, discharge planning and support, extended access and community wellbeing, including care navigation and social prescribing services.

- 4.3** The Local Care Model: 8 Interventions for “Dorothy”:



- 4.4** The focus to date has been predominantly on the elderly frail and there is still much to do with priorities for 19/20 identified as:

- Fully functioning Multi-disciplinary Teams supporting Primary Care Networks
- developed models of care to deliver all 8 elements of the Local Care model known as the ‘Dorothy Model’ (including rapid response, falls prevention, reactive discharge planning and reablement)
- To have increased the number of individuals with an integrated case management ‘care plan’

- To have embedded the dementia pathway within the model for Local Care
- Begin working on an MDT model for children with complex needs, adults with learning disabilities and autism
- To ensure community navigation and social prescribing are embedded as part of the model and are being delivered at scale
- Build on the 2018/19 support offer for paid and unpaid carers
- Build on local care workforce actions already underway as part of the 19/20 deliverables identified in the STP Workforce Transformation Plan.

4.5 The Local Care Delivery Framework has been agreed to track activity, progress and impact and will be in place by the end of 19/20. The framework will track:

- Number of people whose cases are being considered through MDTs with targets:
 - For Medway: 2282.
 - For North Kent: 3,053
 - For West Kent: 1,840
 - For East Kent: 12,703
- Anticipatory care plans in place
- A reduction in falling in frail adults
- A reduction in A&E admissions associated with falls, UTIs, catheter related issues and from care homes
- An increase in the uptake of social prescribing opportunities for high need groups
- Increased numbers going home after admission
- Reduction in admissions to long term care
- Reduction in Length of stay in hospital
- Reduction in non-elective admissions
- Nos people still independent 90 days after they received reablement
- Increase in dementia diagnosis rate
- Carers rate the Help4Cares app positively
- Agreed strategy for an MDT model for children with complex needs (linked to children's strategy)
- Begin to develop an MDT approach for adults with Learning Disabilities and Autism.

4.6 As Chair of the Local Care Implementation Board the Leader of the County Council receives progress reports from the 4 Local Care Local Implementation Groups that operate across the County. Discussions are already taking place with the Chair of the Primary Care Board to ensure that the Primary Care Strategy and the developing PCNs are fully linked to the Local Care workstream and that the system emerges with a cohesive and practical structure for the delivery of local care services through PCNs.

5. Challenges

- 5.1** There is no doubt that such a system wide reconfiguration is driving significant risk. The STP governance takes place through the STP Programme Board where senior leaders across the system oversee progress and manage risk. Elected Members from both KCC and Medway Unitary Authority are part of this Board along with Corporate Directors.
- 5.2** However, the national and local context that we are operating in means that we continue to grapple with a range of risks including the significant areas explored here:
- **Funding:** Our ability as a local authority to work more jointly with Health is rooted in the issue of funding. Local Authorities continue to face an uncertain funding position and are managing within far smaller budgets. The publication of a Green Paper to set out how Social Care could be sustainably funded has again been delayed, if not shelved. Similarly, Public Health budgets have also faced reductions from Central Government. Investing money and resources into local care and community or voluntary sector services will be crucial to the success of our ambition to move care closer to home, but it remains unclear where long term funding will come from.
 - **Workforce:** Both the NHS and Social Care are facing workforce shortages. There is no doubt that to make Local Care a success the system will need to increase the numbers of staff in the community, including Health Visitors, District Nurses, Occupational Therapists and Social Workers as well as GPs. Meanwhile in hospitals there are shortages of all types of medical staff, including nurses and consultants. The STP has produced a workforce plan to encourage recruitment and retention but training requirements can produce a time lag which will mean the system only has one, already stretched workforce from which to recruit. There is, however good news as Kent will benefit from a new medical school based in Canterbury and KCHFT are launching a new apprenticeship scheme for nurses.
 - **Technology and digital services:** The Long Term Plan highlights digital advancement as a high priority to support transformation of Health and Social Care and the success of Local Care will depend on the right technology being in place. A shared care record underpinned by information sharing protocols is vital, not only for professionals to provide the best possible care but also for individuals who tell us they expect the professionals they are working with to have access to their records and not to have to repeat their case history to everyone who is involved in their care. Equally, good, up to date information that will support people to manage their own health and access information and advice when necessary should reduce demand on front line services. The Carers app that has recently been launched is an excellent example of this approach but continued investment in digital services and an ambitious programme of joint working will be crucial to realising the benefits that new technology can offer.
 - **Estates:** Shifting care closer to home will require local facilities where people can go for treatment or to meet a professional involved in their care. Much of

the NHS estate is ageing and unfit for purpose, both in hospitals and in the community and significant capital investment is required to update or provide adequate facilities.

6. Conclusion

- 6.1** The challenges are clear but the fundamental transformation of the NHS and integration of Health and Social Care services also provides opportunities for us to work together in new ways to benefit our citizens. A shared understanding of our financial position as one system where we recognise and make best use of our resources will lead to efficiencies and more cohesive service provision through joint commissioning and aligned working arrangements. Our ambition is to create a system that is easier to understand and navigate, can provide the right services at the right time and works together across all agencies to improve and protect the health and wellbeing of our population.

7. Next Steps

- 7.1** The NHS will continue to transform its services as identified in the Long Term Plan with the ambition to have:
- a single CCG in place by April 2020
 - 4 x ICPs operational by 2022
 - PCN configurations identified and the networks in place and evolving from June 2019.

Recommendations:

The Health Reform and Public Health Cabinet Committee is asked to:

- a) Comment on this report and the presentations received today
- b) Comment on the progress being made in Health and Social Care integration across the County in line with the Long-Term Plan
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Background Documents:

- **Kent and Medway Integrated Care System update**, County Council, 23 May 2019 available at <https://democracy.kent.gov.uk/documents/s90388/Item%209%20-%20Kent%20and%20Medway%20Integrated%20Care%20System%20update.pdf>

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