From: Roger Gough, Leader of the Council

David Cockburn, Head of Paid Service and Corporate Director for Strategic & Corporate Services

To: County Council, 23 July 2021

Subject: **KCC's ambition for Health and Care Partnership Working with the NHS Integrated Care System**

Classification: Unrestricted

Summary:

County Council is asked to consider and confirm its approach to joint working with the emerging NHS Integrated Care System in Kent and Medway.

Collaboration can lead to improved wellbeing of local people, contribute to prevention or delay of the development of needs and improve the quality of care and support that directly impacts on the lives of our residents**.**

As the County Council builds back better from COVID there is an appetite to extend our current collaborative approach and go further, faster to improve the health and wellbeing of our residents.

This paper has been written in response to the White Paper, "Integration and Innovation: working together to improve health and social care for all". It recommends the development of a partnership framework with the NHS to oversee joint working arrangements as the new NHS structures develop. It asks for agreement to accelerate the current policy shift towards community services by exploring our joint ambitions which will focus on community resilience, prevention, wellbeing and reablement. It also recommends the transition of the Joint Kent and Medway Health and Wellbeing Board into the Health and Care Partnership Board.

Recommendations

County Council is asked to:

1) Approve the development of a partnership framework to underpin the County Council's continuing partnership with the Integrated Care System based on the requirements of the White Paper**.**

2) Endorse further exploration with Health leaders to identify shared areas of ambition and opportunities for new ways of working as the Integrated Care System develops.

3) Agree to the principles for partnership working with the emerging Integrated Care System as at section 7 the report.

4) Agree to the transition of the Kent and Medway Joint Health and Wellbeing Board to the Health and Care Partnership Board subject to the agreement of all Partners.

1. Background

1.1 This paper aims to set out the vision and ambitions of the County Council to work with the new NHS structure, the Integrated Care System, as it develops across Kent and Medway.

1.2 Major changes are taking place in the way health and care is organised in England as the emphasis of national policy continues to shift towards promoting collaboration within local health and care systems. Integrated care systems (ICSs) are being established in all areas of the country to drive changes that are intended to lead to better, more joined-up care for patients and improvements in population health.

1.3 This is set out in "Integration and Innovation: working together to improve health and social care for all" (the White Paper). The Health and Social Care Bill was published on July 5th 2021 to enact the White Paper. Its tone accords with most councils' vision for how services should work together, and it builds on local bodies and systems already in existence. This County Council Paper seeks Members' approval for the development of strategic and operational partnership arrangements in light of both the White paper and our ambitions to do more together, building back better from COVID.

1.4 There is some development work for the local health and care system to do to align governance arrangements to the requirements of the White Paper and ensure effective partnership arrangements are in place in Kent. However, the legal mechanisms to enable joint working already exist and are widely used, and we are ambitious to do more. The aim of a partnership framework will be to reiterate our commitment to work together and to set out the general principles that underpin that commitment and enable and empower our staff to innovate and work collaboratively. There is no doubt that this paper could focus solely on strategic governance and structural arrangements, however the real focus of partnership working should continue to be on operational, person centred collaboration that improves outcomes for residents so that our partnership ambitions will always start from the perspective of benefits to the individuals and communities in Kent.

1.5 This focus reflects the experience of health and care staff who have worked so tirelessly together to support our residents throughout the COVID-19 pandemic. They have told us that they want to continue to work nimbly and flexibly together in the interests of the communities they serve. This paper will provide examples of some the excellent joint work that is happening and seek agreement for Service Directorates to explore how to align more closely with Health to deliver to a broader model of care that achieves better outcomes for people and, in turn, strengthens our local communities.

2. The White Paper- National Policy Context

2.1 On 11 February 2021, the Department of Health and Social Care published its legislative proposals in the White Paper. It promotes service integration, with each area being led through an integrated care system, bringing together

health bodies and local government to coordinate care. The plan is to implement these proposals in April 2022, placing the Integrated Care System on a statutory footing.

2.2 There is a commitment that the new legislation will create a flexible, enabling framework for local partners to build on existing partnerships at place and system levels. The legislation will support places and systems to agree their own arrangements that suit their particular circumstances and characteristics. The key factors are:

- a shared purpose within places and systems.
- the recognition of diversity and variation of forms and the balance of responsibilities between places and the systems that they are part of;
- and the realities of the different accountabilities for local government and the NHS.

2.3 Each ICS area will have two leadership bodies, firstly a partnership body, the ICS Health and Care Partnership which will be jointly established by the Local Authority(ies) and NHS to develop and assure delivery of a wider health and well-being strategy. This should then be followed by the establishment of the ICS NHS Body, which will be responsible for developing health care plans and securing and assuring services to deliver the Partnership's strategy. Clinical Commissioning Groups will be dissolved, and their primary functions will be subsumed into the ICS NHS Body.

2.4 A key premise of Integrated Care System policy is that much of the work to integrate care and improve population health will be driven by commissioners and providers collaborating over smaller geographies within ICSs (often referred to as 'places'). This means that most of the operational activity involved in joining up care and improving population health will happen more locally in the places where people live, work and access services. Therefore place-based partnerships within Integrated Care Systems will play a key role in driving forward change. There will be an expectation that ICS NHS Bodies delegate 'significantly' to place level. The development of place-based partnerships will be left to local determination, building on existing arrangements where this works well. They will need to involve a wide range of partners to act on the full range of factors that influence health and wellbeing. Overall, this is a far more place-based outlook than past reforms, which were rooted in the NHS's traditional command and control outlook, and the goal to support population health, suggests a more preventative ethos.

2.5 Members should note that even though there is no detail on the long-term reform of social care, the White Paper does contain a number of specific and targeted social care changes including:

- The power for the Secretary of State to make payments directly to adult social care providers.

- Adult social care to be given a more clearly defined role within the structure of an ICS NHS Board.
- The introduction of a new Assurance Framework for Social Care including a duty on the Care Quality Commission to assess local authorities' delivery of adult social care and a power for the Secretary of State to intervene where the Care Quality Commission finds that a local authority is failing to meet its duties. That is, an OFSTED-style rating of social care provision.
- The introduction of a legal framework for Discharge to Assess to enable assessment to take place after an individual has been discharged from acute care.

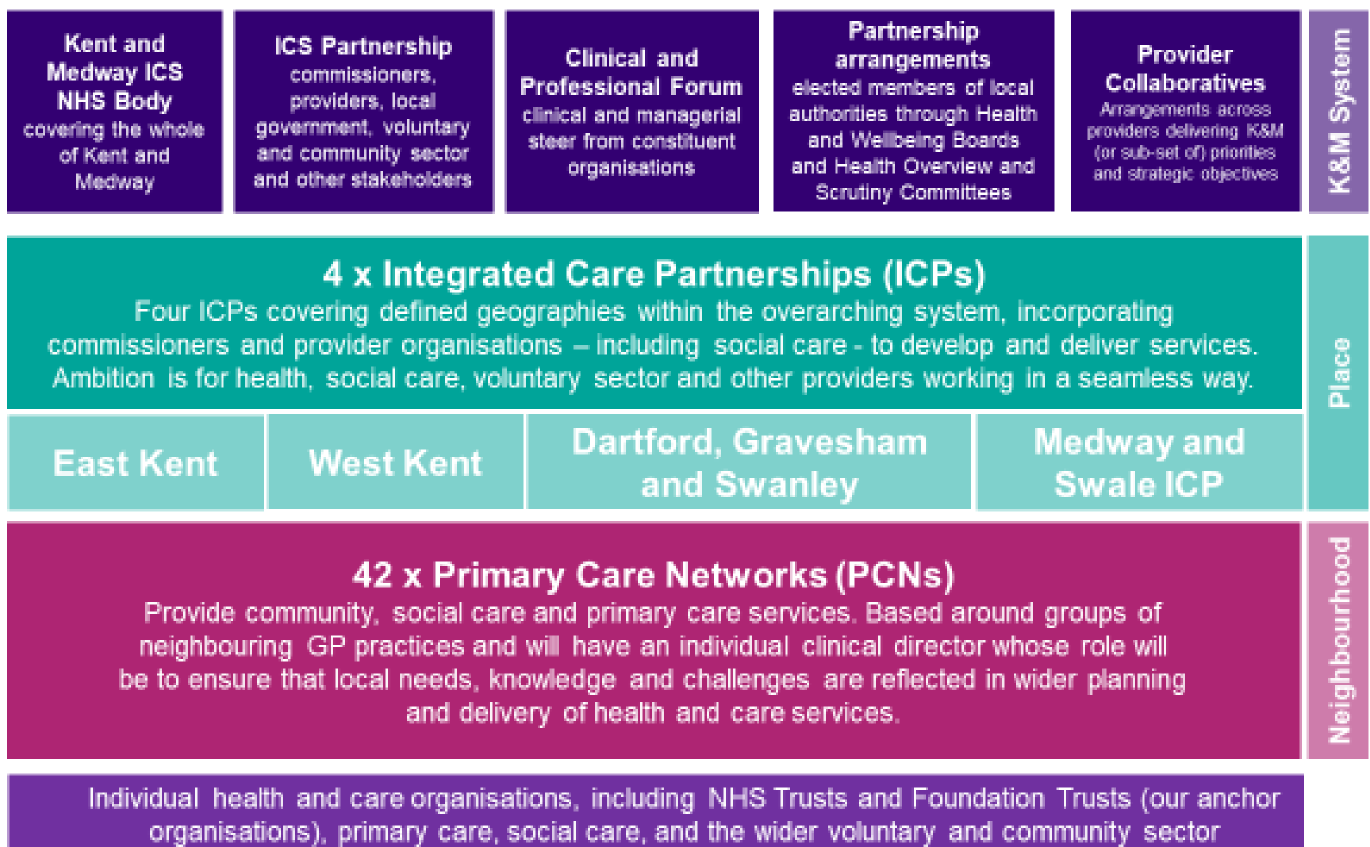
2.6 The White paper also describes removing some of the competition and procurement rules which currently dictate how procurement happens in the NHS. This could give the NHS and its partners, including the local authority greater flexibility to deliver joined-up care to the increasing number of people who rely on multiple services. This only applies to NHS led procurement of health and care services. Services procured by the Local Authority will be subject to a separate procurement regime as set out by the recent Procurement Green Paper.

3. The emerging Integrated Care System across Kent and Medway

3.1 In Kent and Medway, the health system is required to set out its Integrated Care System operating framework with the structures and arrangements for local decision-making, financing, commissioning and delivery of health and care services by the autumn of 2021 for approval by NHS England. The Integrated Care System may operate in a shadow form prior to its formal establishment in Spring of 2022.

3.2 As the NHS transitions towards an Integrated Care System there has been significant changes in Kent and Medway NHS to date. The eight Clinical Commissioning Groups (CCG) that covered the County have merged into one CCG for the whole of Kent and Medway. The CCG is driving the local NHS Organisations towards readiness as an integrated care system from April 2022 as set out in the White Paper. It should be noted that the establishment of the statutory Integrated Care System in England will result in Clinical Commissioning Groups being abolished.

3.3 The structures of the Kent and Medway Integrated Care System are built around four Integrated Care Partnerships and 42 primary Care networks.



4. Current Partnership Operating Framework for the County Council

4.1 There are structural and governance issues which Members should be aware of as County Council considers how KCC and the emerging NHS structures will work together. The development of an enabling framework that addresses these issues will support staff working most closely with our residents by setting out the principles of joint working and the County Council's expectations on partnership behaviours and approach.

4.2 Any future accountability mechanisms will need to build on and enhance existing local democratic accountability, not bypass, or undermine it. It is imperative that as local government we remain directly accountable to our residents. Therefore, whilst KCC is fully committed to partnership working with the health and care system, it must also be able to discharge its own statutory duties and work within the established decision-making framework for the County Council. This is fully understood by our health partners in Kent and Medway.

4.3 There are many variations of what health and care integration means across the country, most include some delegation of workforce, joint decision-making and transfer of funding but not wholesale integration. So, whilst many councils and NHS bodies are working jointly and collaboratively, local authorities must continue to maintain their capacity to ensure that they are

able to discharge their separate and distinct statutory responsibilities, maintain internal control, deliver annually balanced budgets and manage financial risk accordingly. It is important to note that the White Paper does not propose changing the fundamental statutory responsibilities of local authorities, including those that relate to Kent County Council as set out in the following paragraph.

4.4 For example, there are a number of statutory requirements placed on local authorities and statutory officers to work in partnership with health services. The Director of Adult Social Services is responsible for system leadership, shaping social care and health services, ensuring the sufficiency and sustainability of the social care market through effective commissioning as well as ensuring compliance with the duties defined in the Care Act 2014. The Director of Public Health (DPH) is an independent advocate for the health of the population and system leadership for its improvement and protection. Local authorities must provide public health advice to NHS commissioners through the DPH. The Secretary of State for Health and Social Care has also recently suggested a review of the DPH role in light of the significant leadership and contribution that the local DPHs made during the Pandemic. Similarly, under Section 10 of the Children Act 2004 there is a duty on local authorities and named partners, including NHS partners, to cooperate to improve children's wellbeing. In addition to discharging the duties in the Children Act 1989, the Director for Children's Services is responsible for any agreements made under Section 75 of the National Health Service (NHS) Act 2006 between the local authority and NHS relating to children and young people.

4.5 It is also important to recognise the limitations of what legislation can achieve. It is not possible to legislate for collaboration and co-ordination of local services. This requires changes to the behaviours, attitudes and relationships of staff and leaders right across the health and care system. The joint response to the COVID emergency demonstrated what we can achieve together. This makes the enabling partnership framework for joint working very important, especially as the national policy leaves so much to local discretion. To that end, it is the County Council view that the criteria for our successful partnership working must be based on trust, transparency, and shared ambition, rather than legislative dictate alone.

4.6 Beyond the statutory requirements placed on both the Local Authority and the NHS there is a desire to do more together. KCC is a full and committed partner and in its Interim Strategic Plan, KCC states it will play an active role in the Integrated Care System for health and social care across Kent and Medway, and ensure the council has the right level of engagement to successfully support the development of Integrated Care Partnerships. The Leader, Members and Senior Officers are active in the governance of the health and care system and are present at relevant Boards and meetings, including the Integrated Care System Partnership Board. Officers across the

Council engage in joint planning and work together within the policy framework that has been set for them.

5. Key NHS System Changes and impact on the Local Authority

5.1 The White Paper sets out that Local Authorities will be expected to engage fully at each of the three levels at which the Integrated Care System is being developed. However, to ensure a successful partnership approach any requirement for decision making and accountability needs to be clearly understood and agreed by KCC at each tier of the Integrated Care System. This will be further explored as the tiers develop, and national guidance becomes available. The different levels are:

5.2 Health and Care Partnership and the Kent and Medway Joint Health and Wellbeing Board: The Partnership will be established by the Local Authorities and the ICS NHS Body, who will jointly agree the terms of reference and appointment of the Chair. The ICS Health and Care Partnership will be responsible for developing a plan to address the system's health, public health and social care needs, which the ICS NHS Body and local authorities will be required to 'have regard to' when making decisions. The membership of the partnership and its functions will not be set out in legislation. Local areas will be given the flexibility to appoint members and should have a much wider representation including upper and lower tier local government; voluntary, community and social care sectors; Healthwatch; elected members, etc. ICSs will be expected to work closely with the statutory Health and Wellbeing Board and are required to 'have regard to' the Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategy.

5.3 The purpose of the Health and Care Partnership mirrors the role of the Kent and Medway Joint Health and Wellbeing Board that Kent County Council, Medway Unitary Authority and Health put in place 3 years ago to provide a system wide view of Health inequalities and greater understanding of system wide interdependencies. Given the similarity of the proposed Health and Care Partnership to the existing Kent and Medway Joint Health and Wellbeing Board, it is recommended that the Kent and Medway Joint Health and Wellbeing Board transitions into the Health and Care Partnership. This is the simplest way to ensure that the requirements set out in the White Paper will be met without reinventing an already established system wide mechanism. As with the current Kent and Medway Joint Health and Wellbeing Board, KCC would expect elected Members to be represented on this Board supported by Senior Officers.

5.4 The position of the Kent Health and Wellbeing Board will need to be decided in light of these developments. The challenge will be to avoid duplication of effort and resources whilst ensuring the statutory responsibilities placed on the Kent Board and the County Council are fully discharged.

5.5 Alongside this complexity the significant contribution that District Councils make to the health and wellbeing of the local population will also need to be

understood and their presence at all levels of the Integrated Care System developed

5.6 **Integrated Care System NHS Body**: The Integrated Care System NHS Body will be a statutory body and have the decision making responsibility for arranging healthcare services. It will be responsible for NHS strategic planning and allocation decisions. It will be set a financial allocation by NHS England to cover the majority of NHS care for its population and will be accountable to it for NHS spending and other financial objectives at a system level. The ICS NHS Body will be made up of, as a minimum, a chair, a chief executive and representatives from NHS trusts, General Practice, and local authorities. Other members can be determined locally. It will have a whole population focus bringing together commissioners and providers of NHS services with local authorities and other partners to plan and manage healthcare services that benefit from being considered at greater scale than can be undertaken at place. In time it will be able to delegate commissioning and functions to place level partnerships (Integrated Care Partnerships).

5.7 The Governance arrangements for the Integrated Care System are in development. It is expected that KCC will be a voting member of the Integrated Care System NHS Body and it is expected representation will be from senior officers as discussions will be focused on operational activity. Being a partner member of the Integrated Care System NHS Body provides the Local Authority with an opportunity to strategically collaborate and influence with wider partners on plans for joint commissioning, and service transformation once and at scale for the whole county.

5.8 **Integrated Care Partnerships**: In Kent and Medway, four Integrated Care Partnerships have been established to work at place level. Partnerships (West Kent; East Kent; Dartford, Gravesham and Swanley; Medway and Swale) (see appendix 3 for map). In the future Services could be delivered through provider collaboratives which bring together NHS trusts and foundation trusts in each Integrated Care Partnership to work more closely with each other. The Integrated Care Partnership tier is the least developed, but we do know that it includes hospitals, voluntary, community and mental health services, primary care networks and social care providers and commissioners. Decisions will increasingly be made at place level to enhance integration and improve local outcomes with Integrated Care Partnerships focusing on redesigning pathways so that individuals get the best care from the most appropriate services within the partnership.

5.9 The NHS is working hard to establish the Integrated Care Partnership tier and the 4 Integrated Care Partnerships may all develop slightly differently and at different rates. It is envisaged that there will be a 2-5 year period of development and local partnerships need time to develop and mature before being given any formal responsibility. The agreed system ambition is for subsidiarity of decision making, local autonomy and self-management, but there has to be recognition of the scale of the organisational development

programme that needs to support this and that this is ‘evolution rather than revolution’.

5.10 Each Integrated Care Partnership has a Board which includes representatives from across partnership organisations, including KCC. Its key functions will be understanding and working with communities, joining up and co-ordinating services around people’s needs, addressing social and economic factors that influence health and wellbeing and supporting quality and sustainability of local services.

5.11 There is no doubt that this vision aligns with that of the County Council and the Integrated Care Partnerships will have a particular focus on local care - shifting care out of hospitals and into the community. Guidance has not yet been published on how the ICPs will operate so it is unclear who should represent the local authority, what the role of the representatives will be or what accountability or decision making authority would be required.

5.12 The chosen geographies of the 4 Integrated Care Partnerships are not co-terminus with the upper tier local authority boundary. In particular the Medway and Swale Integrated Care Partnership identifies Swale with Medway, creating a place based geography based on natural usage of Medway Hospital by local residents but an unnatural boundary for the upper tier local authorities. Whilst there is no appetite amongst partner organisations to change these arrangements this does mean that KCC will need to ensure focus on services for our Swale residents which will mostly be discussed in the Medway Swale Integrated Care Partnership arena. The County Council already has locality and District based services that can influence the Integrated Care Partnership, including area based adult social care staff, locality commissioners, Public Health consultants aligned to place and Local Children’s Services Partnerships based across District geographies.

5.13 For all the uncertainty still surrounding the Integrated Care Partnerships this is the tier that could hold the most significant opportunities and benefits for the Council and our residents. Place based working is not new but with formal systems and structures to support the partnership we can align pathways of care, and delivery of services more closely together. There is no doubt it will need further time to develop. An enabling framework between the Integrated Care System NHS Body and the County Council will give Officers permission to explore the possibilities that will become clearer as the ICPs mature. Officers will provide Members with more information about operational arrangements and opportunities for the Local Authority to consider as they emerge.

5.14 Primary Care Networks/Local Care: GP practices working together in neighbourhoods of 30,000 to 50,000 people providing a wider range of services to patients than individual practices. Primary Care Networks are also expected to think about the wider health and well-being of their population, taking a proactive approach to managing population health and targeting

those most at risk of developing preventable diseases which will require ongoing support and advice from Public Health.

5.15 Primary Care Networks are the footprint around which integrated community-based teams are developing. This work is embedded for adult social care through multi-disciplinary teams and is in development for Children's social care. It is operational work and business as usual to support residents closest to where they live. Public Health continue to support the development of PCNs, but as we know from the Pandemic, Public Health resource and expertise is already stretched across the system. The majority of the examples of existing joint working arrangements which are described in Appendix 2 take place at the local neighbourhood level. It is characterised by professionals from different organisations, including providers coming together to provide joined up care and support closer to peoples' homes.

6. Joint working arrangements in response to COVID-19

6.1 The vital work of our Public Health Team continues, working alongside the NHS and other local system partners in our communities to prevent, manage and contain outbreaks of COVID-19. Successful prevention and management of local outbreaks is a core element of the shared national ambition to break the chains of COVID-19 transmission.

6.2 As we continue to respond to the challenges we have also learnt from our response to the pandemic that people need support which is joined up across local councils, the NHS and voluntary and community organisations. Operational and strategic relationships have been strengthened during the response to COVID-19 and finding pragmatic and timely solutions to the challenges of the pandemic have presented lasting opportunities to work together in new ways. Partners have come together to deliver against the common purpose of COVID-19 which has resulted in improvements in system communication, trust and speed of decision making. Some examples are shared here:

- Extensive Public Health leadership and support provided to facilitate vaccination and test and trace requirements and supply advice and guidance.
- Successful admission avoidance including Home Care services, and East Kent frailty service (This work has been recognised by the British Geriatric Society in 4 of the top ten innovations, in capturing beneficial change during COVID-19 pandemic, 3 July 2020).
- Multi-disciplinary support to care homes especially through GP's.
- Introduction of enhanced discharge to assess arrangements at pace, responding to quickly changing government guidance and the joint review that was used to plan services for winter.
- Community hub work with the shielded population and use of maternity voice to support pregnant women (Both volunteer workforce).
- One You advisors realigned to deliver domestic abuse services and pharmacy services.

- Sexual health services delivered through telephone triage and postal services reducing demand on GP time.
- Purchasing of PPE across partners through Kent Resilience Forum
- New contracting approach between Local Medical Council and Public health providers to manage cash flow.
- Children's centres opening to maternity and health visiting services wherever needed.
- Tracker use in care homes - initially bed modelling (Now joint market management).
- Kent Together - Wellbeing hub with self-help resource hosted on kent.gov contributed to by NHS and KCC services.
- Protect Kent and Medway – joint infection control campaign and website.
- Digital family offer with FAQs for new parents from health and social care.
- One multi agency communication to schools.
- New alcohol and smoking digital platform – QUIT COVID.
- New jointly funded online bereavement service for children.

6.3 New legislation is not required to support our ambitions to align more closely. KCC can continue to use existing legal mechanisms to support joint arrangements such as Section 75 pooled budget arrangements and alliance agreements. It should be recognised that joint working is not new and there are many examples of recent effective arrangements (which can be found in appendix one) beyond our joint response to COVID. There is however the potential to explore new ways of working as NHS policy shifts away from a focus on medical, disease led activity and encourages more work with communities and wider partners to prevent avoidable illness and reduce hospital usage. This drive to move from acute settings and go further in the community, alongside the strengthened relationships forged through the recent crisis has created a new context for joint working. Staff have been keen to embrace these new approaches and not go back to the way things were done before. KCC is playing a key role in the implementation of a partnership work programme including reviewing partnership arrangements for people with Learning Disabilities and autism, managing care home demand and delivering a plan to mitigate the impact of COVID-19 on the Black, Asian and Minority Ethnic population.

6.4 As we continue to recover from the Pandemic there is a residual energy to make best use of the new relationships and bonds we have formed. The table below sets out areas that Directorates are considering as possible opportunities for more joined up working. An enabling framework that encourages innovation would support the development of similar work and there are plans to work with NHS Colleagues across the Summer to develop this thinking:

Thematic Area	**Areas of potential development for further consideration: (this is not an exhaustive list)**
Health Inequalities and Population Health Management	• System wide health inequalities strategy in development followed by implementation. • Engage in the 22 week programme to develop Population Health Management approach and understanding of our communities to inform planning at Integrated Care Partnership level.
Community and shift to local care	• Making a Difference Everyday approach in adult social care and how it dovetails with Health working in communities. • Locality based commissioning and development of micro/social enterprise. • Community navigation and social prescribing links. • Broaden work to develop resilient communities. • Role of Voluntary Sector. • Continue to tackle social isolation using the recommendations from the Select Committee.
Infrastructure	• Equipment/telecare/digital – helping people to remain independent at home. • Potential for joint use of estates. • Building on KM Care Record to look at sharing information so people who use health and care services only tell their story once. • Further development of joint analytics and data modelling will be needed to support effective joint working.
Children's services	• The Neurodevelopmental Pathway. • Speech and Language Therapy. • Independent Special School Placements. • Joint Resource Allocation Process. • Looked After Children assessments.
Commissioning	• The potential for joint brokerage of beds. • Development of Strategic partnerships – starting with Kent Community Health NHS Foundation Trust partnering agreement – with a focus on workforce realignment and estate opportunities, and the acute discharge pathway. • Learning Disability and Autism joint commissioning. • Discharge Pathways joint commissioning.
Public Health	• System wide Prevention action plan. • Jointly designed and funded campaigns and communication with the public. • Smooth diagnosis and pathway for people dealing with both Mental health and substance misuse issues.

Mental health	• New partnership body. • Joint contracting of early intervention for adults. • Trauma informed training across the workforce. • Explore opportunities for joint working, pre-planning, admissions discharge, and community support for children with Tier 4 mental health needs.
Older people	• Redesign Intermediate Care and Enablement Services. • Support for people with dementia: Joint strategy and commissioning. • Occupational Therapy- shared process and joint posts. • Trusted assessor arrangements. • Generic workers across the system.
Adults with Learning Disability and /or Autism	• Review partnership arrangements. • Produce Joint System wide strategy. • 16+ Transition arrangements.

7. Developing a framework for partnership working

7.1 This paper sets out the context in which the NHS and the Local Authority are currently working. We have been longstanding and significant partners to the NHS in Kent. The White paper and the lessons learnt from COVID encourage further collaboration and flexibility. In order to maximise the benefits of this relationship County Council is asked to endorse the development of an enabling framework for joint working which clearly sets out agreed principles of joint working, accountabilities and decision-making requirements. Some of this cannot be agreed now and will become clearer as new national guidance and requirements emerge and as the local structures develop.

7.2 As the Integrated Care System is in its infancy the full implication of decision making across the System may take time to evolve, and the County Council will need to maintain a flexible and agile view of how the partnership can function. However, there are some foundations in place that will be essential cornerstones in preparing a partnership framework. These are:

a) The County Council status as a partner TO the Integrated Care System and Not in the Integrated Care System. When the NHS began its transformation into an Integrated Care System in 2019, County Council agreed it would describe its relationship with the emerging ICS as being a partner TO the ICS and not partner IN the ICS. This described the Council's intention to influence, support, and align to the vision for the ICS where it made sense to do so but did not alter the legal and constitutional requirements placed on Local Authorities. This paper and any underpinning framework will reaffirm that position but also develop our intentions to be a significant and substantive partner to the Integrated Care System.

b) The County Council is committed to being represented at all tiers of the Integrated Care System.
c) A clear line of sight of how and where KCC monies are spent must be maintained in any joint arrangements, ensuring that appropriate exit arrangements from any shared or joint arrangements are in place before the Council enters, or operates within, joint arrangements.
d) The County Council is committed to using existing mechanisms to extend collaboration, including joint commissioning, joint working with the NHS, joint teams and posts where it makes sense to do so. These existing mechanisms are subject to the decision making framework of the County Council and this will not change. Existing Mechanisms include:
    - Care Act 2014, sections 3,6, 79
    - NHS Act s75
    - Local Government Act 1972, 113
    - Children Act 2004, s10
    - Children Act 1989, s27
    - Better Care Fund
e) adopting the vision and principles of the Integrated Care System as a basis for joint working. These were endorsed by KCC when the Kent and Medway ICS plan was submitted and are set out in Appendix 2.

8. Conclusion

8.1 Whilst setting out the governance and decision making framework for joint working in the new structures is important, what is most crucial is the difference that residents experience when they use services. Operationally the benefits from current and future joint working arrangements can be accrued by fully utilising existing mechanisms for joint working and should result in simplifying complex pathways and providing greater choice and control for individuals. As the County Council builds back better from COVID there is an appetite to use these mechanisms to extend our current collaborative approach and go further, faster to improve the health and wellbeing of our residents.

8.2 The development of a partnership framework will provide assurance to both staff and Members that the necessary controls exist within which such joint arrangements can be made. This will become more necessary as the Integrated Care Partnership tier develops and the Council is presented with more opportunities to work jointly at place level. Meanwhile the local authority can progress with its ambitions to be a significant partner to an Integrated Care System for Kent and Medway tackling health inequalities, improving population health outcomes, simplifying a complex health and care system and providing choice and quality services to our residents.

Recommendations:

County Council is asked to:

1) Approve the development of a partnership framework to underpin the County Council's continuing partnership with the Integrated Care System based on the requirements of the White Paper**.**

2) Endorse further exploration with Health leaders to identify shared areas of ambition and opportunities for new ways of working as the Integrated Care System develops.

3) Agree to the principles for partnership working with the emerging Integrated Care System as at section 7 the report.

4) Agree to the transition of the Kent and Medway Joint Health and Wellbeing Board to the Health and Care Partnership Board subject to the agreement of all Partners.

Appendices:

Appendix 1: Examples of Joint working

Appendix 2: Vision and Principles of the Integrated Care System

Appendix 3: Map showing Integrated Care Partnerships

Background Documents: Green Paper: Transforming public procurement.
(www.gov.uk/government/consultations/green-paper-transforming-public-procurement)

Authors:

David Whittle, Director of Strategy, Policy, Relationships and Corporate Assurance
E-mail: david.whittle@kent.gov.uk, Tel: 03000 416833

Karen Cook,
E-Mail: karen.cook@kent.gov.uk, Tel: 03000 415281

Michael Thomas-Sam
E-Mail: michael.thomas-sam@kent.gov.uk, Tel: 03000 417238

Appendix 1: Examples of existing joint working arrangements

Thematic Area/ KCC Service Lead	Title	Key Features	Governance
Joint commissioning/ Public Health	Live Well Kent & Medway	• Free Mental Health support for 17+ • Suicide prevention programme • Developing a concordat with Kent and Medway NHS Partnership Trust (KMPT) and Integrated Care System	Mental Health, Autism, Learning Disability, Dementia Improvement Board
Joint team / Infrastructure, Adult Social Care	Kent and Medway Care Record	• Professionals record information once • Professionals can view summary information • Facilitates timely provision of care	Digital Strategy Board
Joint Commissioning/ Children and Young people	Children's Care Navigators	• Currently 15 care navigators focussed on children and young people at Primary Care Network level and growing • Improve local offer to get self help and support • Moving to a more social, less medical model focus on early access and community based support	Kent and Medway Integrated Children's Delivery Board
Joint Commissioning/ Joint Team Children and Young people	Neuro developmental pathway	• Range of support to support independence, make the pathway for diagnosis simpler and quicker, ensure community support at the earliest opportunity and minimise hospital admissions and length of stay • Successful national bid to NHS England to be an early adopter of designated key worker model supporting children with the most complex needs • Recruiting Learning disability and autism practice coordinators at Integrated Care Partnership level to work across the system to support parents and practitioners to ensure the right funding and resources are in	Learning Disability and Autism Executive Board

		place • Parent and Carer charity leading on providing peer support and advocacy to parents to help them navigate the system	
Joint working Adult social care- older people	Multi- Disciplinary Teams	• Health and Social care working together at Primary Care Network level led by GPs around the needs of an individual	
Joint Commissioning Adult social care- adults with Learning Disability	Discharge pathway services, LD and Autism alliance	• Joint commissioning team in place • Aims to ensure adults leave hospital placements and live successfully in the community	Learning Disability and Autism Executive Board
Joint Commissioning Adult social care- elderly frail	Hospital Discharge Pathway programme	• A programme of work, to rapidly improve discharge pathways. • Focus on maximising the use of "Home First" pathways, development of single point of access and triage, integrated Multi-Disciplinary Team (MDT), and dementia pathway	
Joint Working Public Health	Public health traditionally work jointly with health and have a range of long standing jointly commissioned services and activities	• Joined up services for smooth, continuity of care and integrated service delivery through joint commissioning and the prevention agenda • Joint appointments across infection control with support to Care Homes during the pandemic • Kent Community Health Foundation Trust service delivery including an innovation in collaboration of Providers of commissioned sexual health services • Health Visiting commissioned services • Prevention workstream developing a system wide mitigation plan for people from Black and Asian communities who have been disproportionately impacted by COVID-19	

Appendix 2: Vision and principles of the Integrated Care System

ICS Vision and purpose:

"We will work together to make health and wellbeing better than any partner can do alone".

This means we will:

- Give children the best start in life and work to make sure they are not disadvantaged by where they live or their background and are free from fear or discrimination.
- Help the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place.
- Help people to manage their own health and wellbeing and be proactive partners in their care so they can live happy, independent, and fulfilling lives, adding years to life and life to years.
- Support people with multiple health conditions to be part of a team with health and care professionals working compassionately to improve their health and wellbeing.
- Ensure that when people need hospital services, most are available from people's nearest hospital; whilst providing centres of excellence for specialist care where that improves quality, safety and sustainability.
- Make Kent and Medway a great place for our colleagues to live, work and learn.

The Principles of how the partners of the ICS work together are as follows:

- Be an all-sector partnership where partners are equally committed, equally treated, and hold each other to account with compassion.
- Involve people in the design, delivery, and assurance of services.
- Make decisions as close to communities as possible.
- Be clinically and professionally-led with ambition for and with our population to achieve the very best quality of life, quality of care.
- Agree on the analysis of problems and population need.
- Do the work once, learn together and from each other.
- Focus on value and making the best use of resources by planning and paying for things once between the NHS, local councils, and community organisations.

Appendix 3: Map of Integrated Care Partnership and Primary Care Networks