



Development of a Kent and Medway Integrated Care System

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Context

Integrated Care Systems



- NHS White Paper: Integrated Care Systems to be put on statutory footing from July 2022.
- Based on **NHS Triple Aim**:
 - Better health for everyone
 - Better care for all patients
 - Maximise efficient use of NHS resources
- CCG's to be disbanded – new **NHS Integrated Care Boards (ICBs)** to be established
 - Much greater focus on **inclusive decision making** across all partners
- All based on achieving the **four core purposes of integrated care systems**:
 - Improving outcomes (population health and care)
 - Tackling inequalities in outcomes and access
 - Enhancing productivity and value for money
 - Supporting broader social economic development

Context

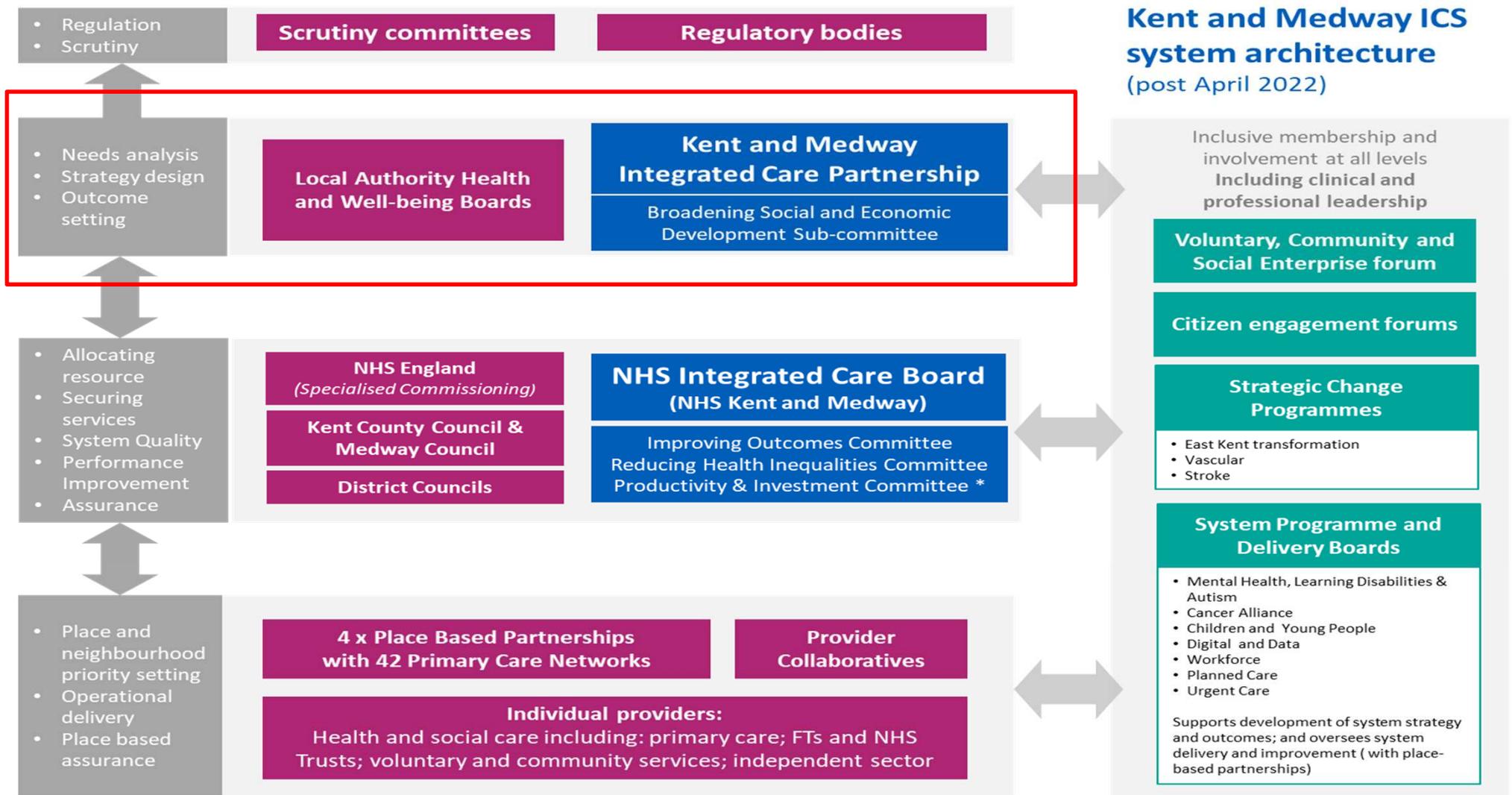
Integrated Care Systems



Unwritten principles, but critical for stability and system integrity

- Architecture, structures and governance **need to be future-proof and dynamic** to accommodate on-going system and local development and maturity
- **Don't duplicate / replicate:** if things are working well, leave them; if they are not working well replace or stop them
- **Clinical, professional and citizen** input needs to be most effectively utilised and targeted (this is a scarce resource)
- ICS development attracts huge opportunities to work differently, with much greater partnership representation, decision making and influencing possible at all levels

K&M ICS Governance Model

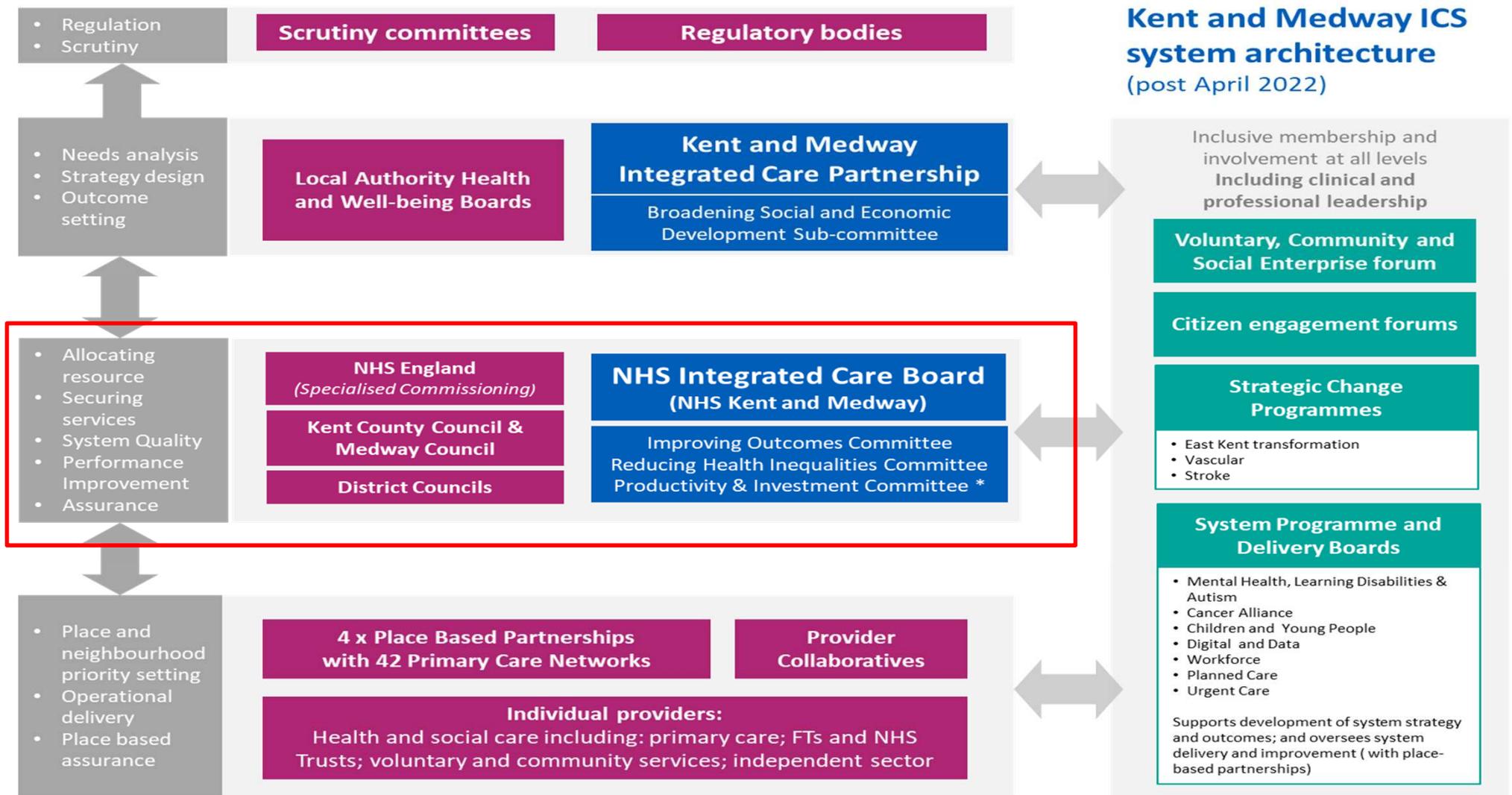


* Plus ICB Audit Committee, Remuneration Committee and Primary Care Commissioning Committee

Integrated Care Partnership

- A Joint Committee of the Local Authorities and the ICB
- Membership wholly inclusive of health and **well-being** stakeholders. Place-based partnerships will be vital members, including primary care
- Specific responsibility to **develop an 'Integrated Care Strategy' for the whole population** using the best available evidence and data covering health and social care and addressing health inequalities and the wider determinants which drive these inequalities.
- Also responsible for setting system outcomes linked to the integrated care strategy, plus oversight of delivery of the strategy and these outcomes, with partners holding each other to account
- Whilst the four purposes of an ICS will run through the entirety of the Kent and Medway system, the Partnership will have a particular responsibility for ensuring effective strategies are in place for **supporting wellbeing and broader social and economic issues**. This is because this purpose cannot be achieved by health and care services alone
- The Partnership should champion inclusion and transparency and challenge all partners to demonstrate progress in reducing inequalities and improving outcomes. It should support place- and neighbourhood-level engagement, ensuring the system is connected to the needs of every community it covers

K&M ICS Governance Model



* Plus ICB Audit Committee , Remuneration Committee and Primary Care Commissioning Committee

Integrated Care Board

- New Statutory NHS organisation
- CCG functions and duties will transfer to ICB
- **NHSE functions to transfer to ICB**
- The Board of the ICB will include primary care, NHS Trust and Local Authority reps
- The Committees of the ICB will be inclusive of partners

ICB Primary functions:

- Develop and oversee plan to meet health needs of population (as per Integrated Care Strategy)
- Secure provision – through contracts
- Allocate resources and oversee collective financial control
- Oversee assurance and performance management
- Establish joint working and governance arrangements for collaborative working
- Lead people plan and digital / data strategies
- Ensure system clinical, professional and citizen leadership and engagement
- Drive system partnership working on estate, procurement and VfM
- Emergency planning and response

Integrated Care Board



	Committees of the ICB <i>(with delegated authority for decision making)</i>
Population Health and Inequalities Committee	<ul style="list-style-type: none"> ❖ Develops and recommends health strategy and outcomes to address the slope index of widening health inequalities ❖ Develops framework for how population health management will be used at system, place, neighbourhood and provider layer ❖ Develops and oversees delivery of population health and prevention programmes ❖ Includes development of strategic and clinical transformation and innovation plans that sit outside of any other dedicated committee, where they impact on health inequalities
Improving Outcomes Committee	<ul style="list-style-type: none"> ❖ Oversees delivery of outcomes related to the wider integrated care strategy including clinical and performance outcomes as set by the system in the locally determined domain of the System Oversight Framework (SOF) ❖ Reviews system quality, safety, safeguarding and patient experience ❖ Reviews system performance delivery, with a focus on the impact of variation in access and waiting times on quality, patient experience, and outcomes
Productivity and Investment Committee	<ul style="list-style-type: none"> ❖ Oversees system financial allocations and investment ❖ Oversees delivery of productivity and value for money ❖ Considers system investment cases where this is outside of another groups delegated authority

Health Inequalities

- Work in the Medway and Swale place will continue to be discussed at the Medway HWBB and the Medway & Swale Health Care Partnership Board.
- The work on developing the K&M Health Inequalities Action Plan will continue through the Population Health and Prevention Steering Group which turn into the Population Health and Inequalities formal sub committee of the ICB.
- The Terms of Reference are drafted and have been reviewed by the current Steering Group and the Directors of Public Health.
- It will also form part of the Integrated Care Strategy to be developed by the Integrated Care Partnership