

Appendix 1 – Overview of the national context for Integrated Care Systems and the arrangements for the Kent and Medway Integrated Care System

National context

Integrated Care Systems (ICSs) have been implemented across the country from 1 July 2022. ICSs were established by the Health and Care Act 2022 and are partnerships of health and care organisations that plan and deliver joined-up services to improve the health and wellbeing of people in their area.

The Health and Care Act is part of the wider set of mutually reinforcing reforms that include the Integration White Paper, Health and Social Care Integration: joining up care for people, places and populations. The White Paper is significant because it sets out Government's intention for how ICSs will operate. This includes:

- A focus on a geographical Place as the key delivery mechanism
The expectation set out in the White Paper is that all local areas should aim to manage services and have associated budgets by 2026 and local 'Places' are expected to accelerate the routine pooling and alignment of NHS and social care budgets. Places will need to develop ambitious plans to increase the scope and proportion of health and care activity and spend to be overseen by and funded through place-based arrangements.
- Pooled budgets
There are clear expectations for pooled budgets at local level. Plans are in place to enhance existing mechanisms for pooled funding including a new policy framework for the Better Care Fund from 2023 and a review of regulations underpinning section 75 arrangements which can be made between local authorities and NHS bodies to pool resources and delegate certain NHS and local authority health-related functions to the other partners.
- Widespread shift from treatment of illness towards prevention
The intention is for a widespread shift in spending and prioritisation from the treatment of illness towards preventing it in the first place.

ICSs operate through two main interrelated structures – an Integrated Care Partnership and an Integrated Care Board. An Integrated Care Partnership (ICP) is a broad alliance of organisations and representatives concerned with improving the care, health, and wellbeing of the population, jointly convened by local authorities in that area and the NHS. The second part is a new NHS statutory body, the Integrated Care Board (ICB) which is responsible for the commissioning of healthcare services in the ICS area, bringing the NHS together locally to improve population health and care. The ICB succeeds clinical commissioning groups, which were disbanded on 30th June 2022.

The roles of the ICP and the ICB are distinct and complementary in supporting the objectives of the ICS. Their roles and relationships to each other are set out in Figure 1 below.



Figure 1: ICP and ICB roles and relationship

Kent and Medway Integrated Care System

Kent and Medway ICS has been established, having been formally recognised as an ICS by NHS England in April 2021, building on the Kent and Medway Sustainability and Transformation Partnership which has brought together all the NHS organisations and the Kent and Medway councils since 2016.

Kent and Medway ICS's vision statement is:

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

The ICS has further expanded its vision and purpose to:

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. Make Kent and Medway a great place for our colleagues to live, work and learn.

A system diagram is attached at the end of this Appendix. This sets out the component parts of the Kent and Medway ICS and how they are linked together. Further information about the Integrated Care Board and Health and Care Partnerships in Kent and Medway is provided below (information about the Health and Care Partnership is provided in the main report).

Kent and Medway Integrated Care Board (ICB)

Kent and Medway ICB became operational on 1 July 2022, replacing the single Kent and Medway CCG and taking on some new responsibilities from NHS England / Improvement. The role of the ICB includes:

- 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.
- Developing a plan to meet the health needs of the population within their area, having regard to the partnership's strategy and the local health and wellbeing strategy.
- Arranging for the provision of health services in line with the allocated resources across the ICS footprint through a range of collaborative leadership activities, including: putting contracts and agreements in place to secure delivery of its plan by providers; convening and supporting providers to lead major service transformation programmes; and putting in place personalised care.
- Allocating resources to deliver the plan by deciding how its national allocation will be spent across the system.
- Leading system implementation of the People Plan by aligning partners across each ICS to develop and support the 'one workforce'.
- Leading system-wide action on digital and data to drive system working and improved outcomes. This includes using joined-up data and digital capabilities to understand local priorities, track delivery of plans, monitor and address variation and drive continuous improvement in performance and outcomes.
- 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.
- Driving joint work on estates, procurement, supply chain and commercial strategies to maximise value for money across the system and support these wider goals of development and sustainability.
- Establishing governance arrangements to support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations, to ensure the plan is implemented effectively within a 'system financial envelope' set by NHSE.

The Kent and Medway ICB has an independent Chair. Membership of the Board also includes the ICB Chief Executive, Finance Director, Chief Medical Director and Chief Nurse and partner members from NHS and Foundation Trusts, Primary Medical

Services and KCC and Medway Councils (including KCC's Corporate Director for Adult Social Care and Health) and non-executive members.

The ICB has a committee focussed on prevention, population health and health inequalities that will work closely with the ICP.

Four place-based Health and Care Partnerships

Delivery at local place level is one of the key expectations of an ICS, and over time it is expected that decision making and resource allocation will happen at the most local level possible. The HCPs are all at different stages of development with some more established than others. The membership of each HCP includes a Public Health Consultant and senior manager from Adult Social Care.

Partnerships at place level are known in Kent and Medway as Health and Care Partnerships (HCPs). HCPs bring together all provider health organisations in a given area to work as one. 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. They will be responsible for the integration of community, primary and social care services at a local level. Kent and Medway's 42 Primary Care Networks (PCNs) are aligned to the HCP that covers their area.

There are four HCPs in Kent and Medway, as show in Figure 2.



Figure 2: Map showing Kent and Medway HCP areas

HCPs will develop and oversee local delivery strategies and plans that support delivery of Kent and Medway system and national priorities as well as enabling delivery of local health and wellbeing priorities and tackling health inequalities in their area.

The voice of the public in Kent and Medway's ICS

Listening to the voice of people in our communities is an expected feature of the way that the ICS operates. There is a legal duty for ICBs to involve and consult with the public on planning and delivery. The Kent and Medway ICB is drafting an engagement framework which will cover how partners in the ICS will listen consistently to, and collectively act on, the experience and aspirations of local people and communities.

One of the first opportunities to ensure that ICS priorities and activity are being shaped by the voice of local people is through the development of the Integrated Care Strategy. The Department for Health and Social Care has directed that engagement with local people on development of the Integrated Care Strategy will be through the existing engagement channels of all partners to prevent duplication. In Kent and Medway this will include significant public engagement and consultation on the development of the two Health and Wellbeing Strategies.

In addition, Healthwatch has a specific statutory role within ICPs. As the public champions in health and social care, and with links into seldom heard communities, local Healthwatch organisations are well placed to support the work of the ICP.

The four HCPs are also planning how they will include the voice of people in their local areas and reflect this in their plans, which could include through citizen's panels, engagement with local community and patient groups and co-production of services.

- Regulation
- Scrutiny

Scrutiny committees

Regulatory bodies

Kent and Medway ICS system architecture (post July 2022)

- Needs analysis
- Strategy design
- Outcome dev't

Local Authority Health and Well-being Boards

Kent and Medway Integrated Care Partnership

Broadening Social and Economic Development Sub-committee

Inclusive membership and involvement at all levels
Including clinical and professional leadership

Voluntary, Community and Social Enterprise forum

People and Communities Advisory Group

K&M GP Board

- Allocating resource
- Securing services
- System Quality
- Performance Improvement
- Assurance

NHS England
(Specialised Commissioning)

NHS Integrated Care Board
(NHS Kent and Medway)

Kent County Council & Medway Council

Improving Outcomes and Experience Committee
Reducing Health Inequalities Committee
Productivity & Investment Committee

District Councils

Strategic change programmes

- East Kent transformation
- Vascular
- Stroke

System Programme and Delivery Boards

System Programme Board

- Mental Health, Learning Disabilities & Autism
- Cancer Alliance
- Children and Young People
- Digital and Data
- Workforce

Delivery Board

- Planned Care
- Urgent Care
- LMNS Board

Supports development of system strategy and outcomes; and oversees system delivery and improvement (with place-based partnerships)

- Place and neighbourhood priority setting
- Operational delivery
- Place based assurance

4 x Place Based Partnerships with 42 Primary Care Networks

Provider Collaboratives

Individual providers:

Health and social care including: primary care; FTs and NHS Trusts; voluntary and community services; independent sector