Creating a new commissioning landscape in Kent and Medway

Health and Wellbeing Board
June 2019

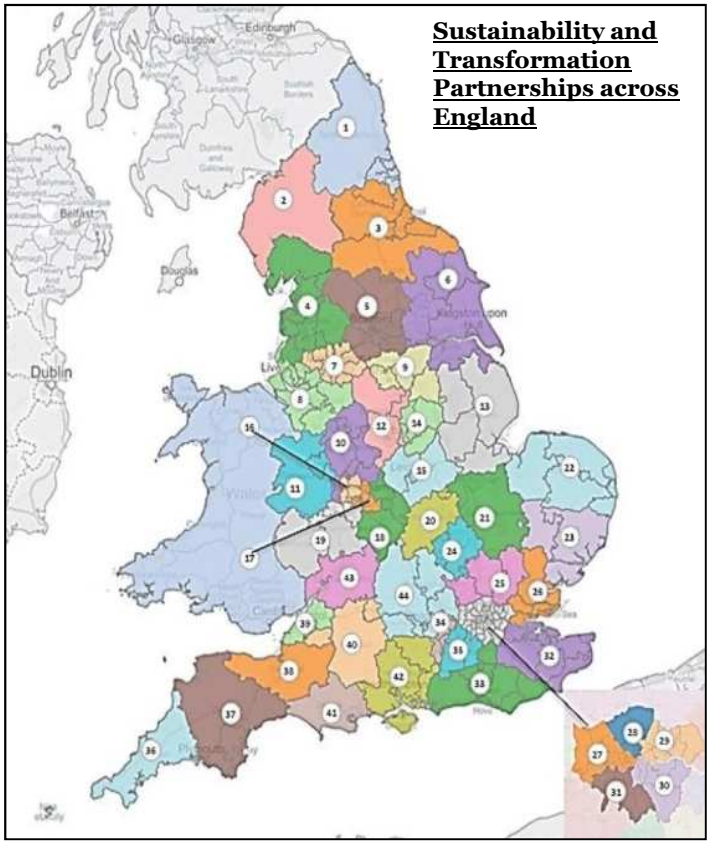
Background: The Five Year Forward View

The **Five Year Forward View** (2014) identified the following clinical priorities:

- **cancer**
- **maternity**
- **mental health**
- **learning difficulties**
- **dementia**
- **diabetes.**

Background: STPs

In autumn 2016, 44 Sustainability and Transformation Partnerships (STPs) were created across England.



Kent and Medway STP produced the Case for Change in March 2017, which identified the following priorities:

- **prevention**
- **cancer**
- mental illness
- long-term conditions
- localising care – moving away from acute hospitals and the service model changes this would require.

Background: The NHS Long Term Plan – January 2019

Key points

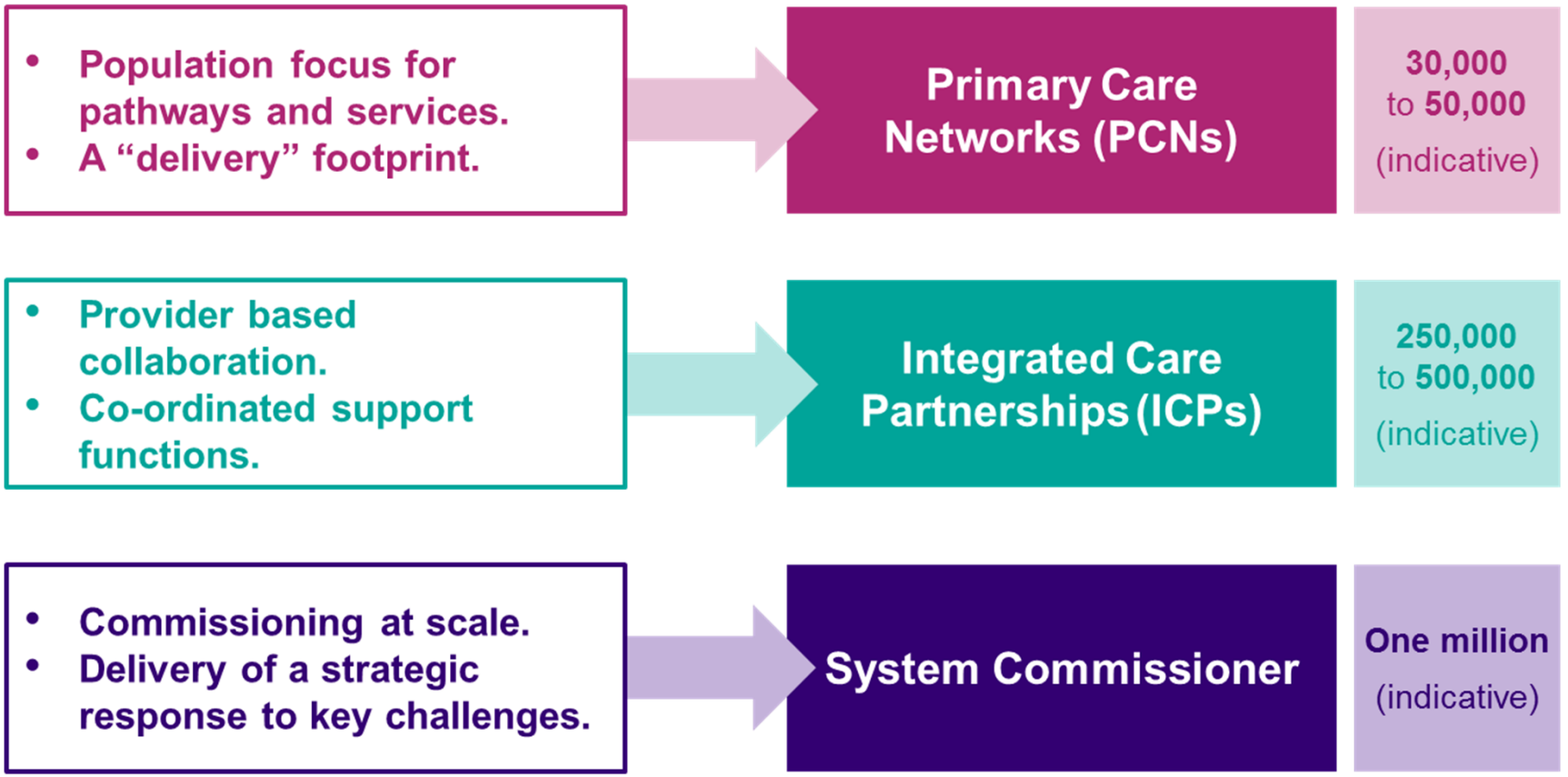
- Key areas of improvements for patients (with a renewed focus on primary care to help deliver this):
  - making sure everyone gets the **best start in life**
  - delivering **world-class care for major health problems**
  - supporting people to **age well.**
- Greater partnership working across health and social care via Integrated Care Systems (ICS) including Integrated Care Partnerships (ICPs) and Primary Care Networks (PCNs) to improve health and care for local people.
- Achieving the necessary workforce and improving value for money, including changes to the internal market and commissioning.

Ten key public health points in LTP

1. Prevention
2. Smoking
3. Obesity and type 2 diabetes
4. Diet and alcohol
5. Antimicrobial resistance and vaccines
6. Cancer
7. Mental health
8. Air pollution
9. Children and maternity care
10. Gambling

A number of these areas are already priority areas for K&M, others have been prioritised in local plans. **All require a multi-agency** whole population approach if they are to be **effectively and equitably addressed.**

Background: Evolving STPs into integrated care systems (ICSs)



Background

The internal market is now being dismantled – a move anticipated back in 2009/10:

> *…..we have had the disadvantages of an adversarial system without as yet seeing many benefits from the purchaser/provider split. If reliable figures for the costs of commissioning prove that it is uneconomic and if it does not begin to improve soon, after 20 years of costly failure, the* ***purchaser/provider split may need to be abolished****.*

Report of Health Committee of House of Commons 2009

> *"……available research indicates that the NHS may have found itself in a* ***lose-lose situation—taking*** *on the* ***extra costs of competition without yet experiencing the benefits.***

Civitas Literature Review, NHS Market, Feb 2010

Collaboration is to the fore.

This means triple integration:

- NHS and social care
- Primary and secondary care
- Mental and physical wellbeing

Plus a fourth element:

- **Clinical and Managerial leadership**.

What does this mean for people?

- **Genuinely joined up local services** with patients at **the centre, one service, one team and one budget**.
- A joined-up focus for **population health** and the ability to **target resources** where most needed.
- Ability of system to **move at pace** to improve services across Kent and Medway for patients.

What does all this mean for GPs?

- CCGs member practices will remain statutorily '**triple accountable'** to their populations, to their members and to NHS England.
- To do this, they have **delegated the responsibility to the eight Governing Bodies in Kent and Medway.**
- Practices will want to work more closely with their neighbours in PCNs.

Primary Care Networks

Care for	a ‘Neighbourhood’ , population 30-50k
Members	Practices, and in time community staff, pharmacists, social prescribers and MDT members. Local Authorities? Voluntary sector?

BMA March 2019:
Bringing new benefits to patients: The development of PCNs will mean that patients and the public will be able to access:

- resilient high-quality care from local clinicians and health and care practitioners, with **more services provided out-of-hospital** and closer to home
- a more comprehensive and integrated set of services, that anticipate rising demand and support higher levels of self-care
- **appropriate referrals and more ‘one-stop shop’ services** where all of their needs can be met at the same time
- **different care models for different population groups** (such as frail older people, adults with complex needs, children) that are person-centred, rather than disease centred.

Primary Care Networks

- Anticipate around **41 PCNs** in Kent and Medway
- Some will choose to act with neighbours through **federated** arrangements
- Capable **PCNs integral to success** of integration of services
- **Single CCG** to ensure that PCNs are successful providers and strong, equal partners with their acute, community, mental health and social care partners within ICPs

Integrated Care Partnerships

Care for	a 'Place', population 250-750k
Members	Acute, community and mental health trusts, PCNs or federations, social care, local authorities, voluntary and community sector

- Majority of care delivered through ICPs – including all out of hospital or local care (tertiary, pan-Kent and Medway, very specialised services outside of ICPs)
- ICPs will hold contracts which are outcome and population focussed, rather than activity and individual based.
- ICPs will be established around natural patient flows (approximates to four acute trust catchment areas in K&M).
- ICPs at a very early stage of development and PCNs will be an integral part.
- ICP functions will include: pathway design and internal subcontracting to improve local population's health from cradle to grave, reduce inequalities and deliver the best value for money;
- Partners will need to understand each other's financial and clinical demands and capabilities to do this.

Moving to a single CCG – the case for change within the new system structure

All providers, including general practice, need to relate to one and other and combine to:

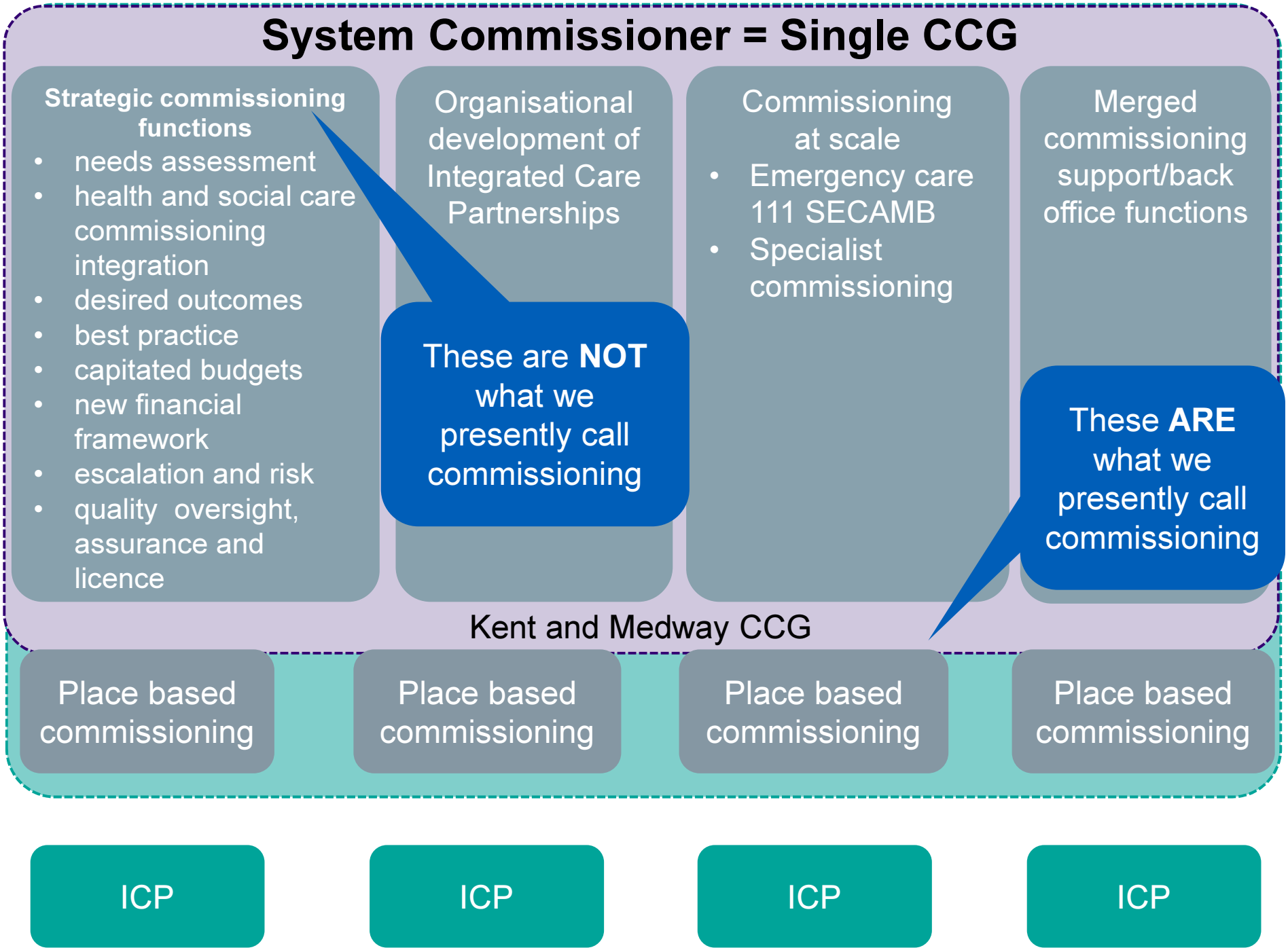
- transform our system to improve services for cancer, mental health, long-term conditions
- allow the opportunity to look after more people outside of hospital
- address the fragility of some sectors of the provider landscape.

This is a great challenge and one which no single CCG in Kent or Medway can tackle on its own.

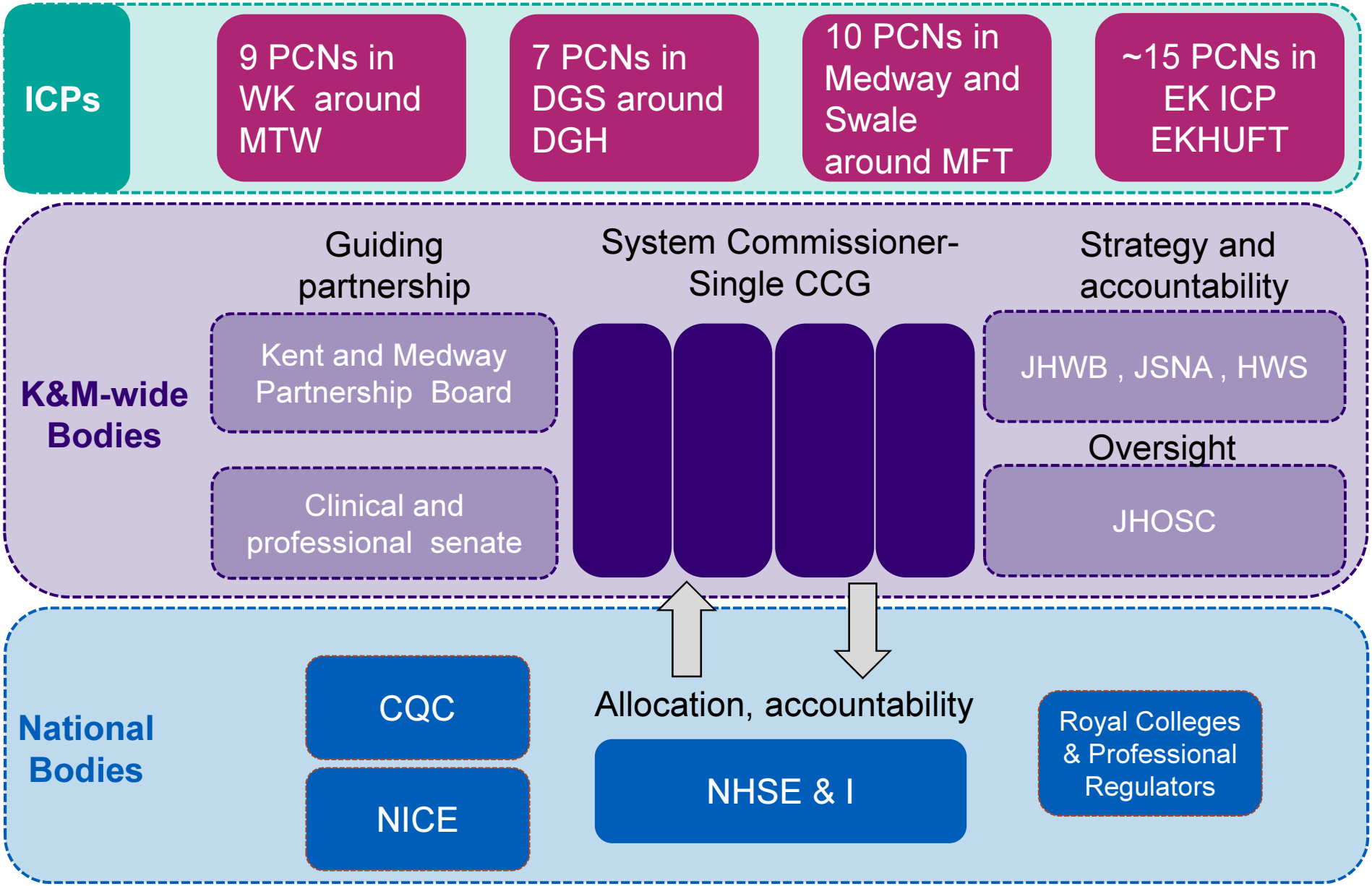
Moving to a single CCG – the case for change within the new system structure

- The benefits for the population include:
  - **consistency** of purpose and services across Kent and Medway;
  - a reduction, and eventually **elimination**, of financial, workforce and clinical risk **competition** between different providers and commissioners; and,
  - the potential for **more real clinical leadership** and innovation in local pathway design.
- NHSE clear that **each ICS will have a single CCG**
- Necessary move to **address major challenges across each ICS** area to deliver LTP ambitions and address current **fragility** in the system
- The health and care system needs **joining up**
- Present commissioning functions will take place within ICPs and GPs influence over pathways and services will be through PCNs and/or federations
- Commissioning will have to be delivered at **80% of present cost**
- The law prohibits two stage delegation of authority; thus a single CCG in Kent and Medway level precludes CCGs at local level

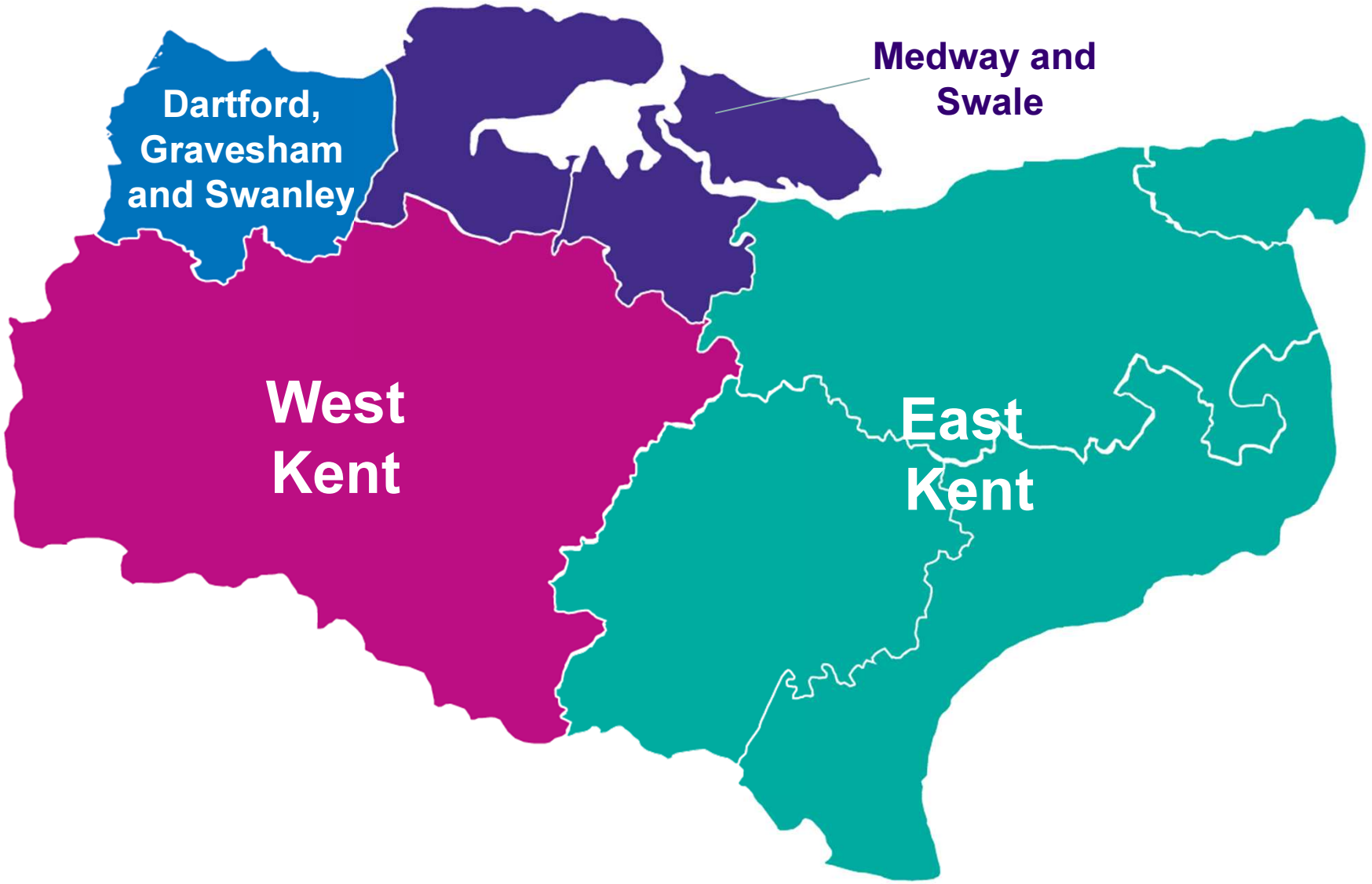
So what will the single commissioner do?


System Commissioner = Single CCG
Strategic commissioning functions
• needs assessment
• health and social care commissioning integration
• desired outcomes
• best practice
• capitated budgets
• new financial framework
• escalation and risk
• quality oversight, assurance and licence
Organisational development of Integrated Care Partnerships
Commissioning at scale
• Emergency care 111 SECAMB
• Specialist commissioning
Merged commissioning support/back office functions
These are NOT what we presently call commissioning
These ARE what we presently call commissioning
Kent and Medway CCG
Place based commissioning
Place based commissioning
Place based commissioning
Place based commissioning
ICP
ICP
ICP
ICP

Population health needs: inequalities, prevention and wider determinants of health to be addressed as well as priorities identified in the case for change and nationally mandated targets



Kent and Medway proposed Integrated Care Partnerships (ICPs)



Kent and Medway CCG – our values

- We are committed to improving the '**quality of life and quality of care**' for everyone in Kent and Medway, recognising that local areas may have **different needs and challenges** in terms of health and wellbeing.

- We will ensure **GPs are at the heart of the leadership** of the CCG in recognition of the integral role they play in understanding their local populations.

- We will **engage with clinical and professional colleagues** as well as with executive leadership of providers so expected outcomes are realistic.

- **GP leadership** of statutory commissioning functions will be maintained to deliver '**triple accountability**'.

Kent and Medway CCG – our values continued

- We will continue **to engage with patients and the public** so their insights and experiences influence and steer service design and improvement and offer them new and innovative ways to stay healthy and well for as long as possible.

- We will **building and foster closer relationships with key partners** such as the Kent and Medway Health and Wellbeing Boards to bring democratic legitimacy to NHS commissioning.

- We will **maintain the best of Kent and Medway CCGs' constitutions** and harness the **innovative drive of general practice in each PCN**.

Kent and Medway CCG – our vision

- Setting ambitious and achievable outcomes for the whole population of Kent and Medway, a **single CCG will drive improvements to health and wellbeing through improved prevention**, a reduction in health inequalities and the procurement of the highest quality and affordable services.
- Bringing the **very best of general practice to local people**, the CCG will enable, support and commission integrated care from local ICPs, including strong and vibrant PCNs.
- With a renewed emphasis on data to understand each local population's needs along PCN lines, the CCG will develop and foster **new financial and contracting models that support collaboration and integration** across all health and care sectors and partners.
- By making sure that we have the 'basics' right to help all partners, organisations, members of staff and clinicians to deliver their very best for local people through an integrated approach to **recruiting and retaining** our workforce, making sure our **buildings and facilities are fit for purpose** and that **our IT infrastructure supports the sharing of information** and the delivery of care.

Recommendations

- Note the current development of the Integrated Care system including the **system commissioner (single CCG), ICPs and PCNs**

- **Consider the priorities** set out in this paper drawn from the NHS Long Term Plan.

- Discuss what **future role the JHWBB** might take as the Kent and Medway ICS develops and what developmental work might be required in establishing such a role.