

Creating a new commissioning landscape in Kent and Medway

The future role of health and wellbeing board

1. Context

1.1 2019 to 2021 will be transitional years for health and social care in Kent and Medway as we move towards an Integrated Care System by April 2021. Both nationally and locally, this is a significant time of change and we must be clear to ensure that future ways of working effectively address the current gaps in meeting the health and social care needs of the people of Kent and Medway.

1.2 The NHS also needs to give greater priority to the prevention of ill health by working with local authorities and other agencies to tackle the wider determinants of health and wellbeing. This means tackling risk factors such as obesity and redoubling efforts to reduce health inequalities. It also means fully engaging the public in changing lifestyles and behaviours that contribute to ill health and acting on the recommendations of the Marmot report and other reviews to improve population health.

1.3 Health and Wellbeing Boards will therefore arguably have an even more important role in the Integrated Care System environment in their responsibilities for producing strategic needs assessments, developing health and wellbeing strategies and in the oversight of commissioning plans.

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2. Ten key public health points in long term plan and other priorities

2.1 The NHS Long Term Plan aims to relieve pressure on services and ensure sustainability for future years and the development of Integrated Care Systems is seen as essential to realisation. There are a multitude of aims and initiatives within the 136 page document but the key public health priorities are:

- Prevention
- Smoking
- Obesity and type 2 diabetes
- Diet and alcohol
- Antimicrobial resistance and vaccines
- Cancer
- Mental health
- Air pollution
- Children and maternity care
- Gambling.

2.2 A number of these areas, for example cancer and children, are already priority areas for Kent and Medway while others have been prioritised in local plans for a number of years. All require a multi-agency whole population approach if they are to be effectively and equitably addressed, and we should perhaps reflect that a number have been on our 'to do' list for some time without achieving the improvements needed.

Transforming health and social care in Kent and Medway is a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council. We are working together to develop and deliver the Sustainability and Transformation Partnership for our area



2.3 Furthermore, the evidence not only shows that in some areas we are not improving fast enough but that there has been a slow-down. It has been widely reported that improvements in life expectancy has slowed down for the first time since 2011. The principal contribution to that slow-down appears to be cardiovascular disease, respiratory (problems) and dementia.

2.4 In addition, as set out at a lecture titled 'The NHS and society' given by NHS England Chief Executive Simon Stevens to the Royal Society of Medicine in May, there are a number of priorities that the population should expect from the NHS and social care:

- Maintaining NHS efficiency
- Helping people to stay at or return to work
- Rethinking the reasons for service change
- Improving the regional loyalty of nursing and medical students
- Supporting social care
- Tracking health risks.

Again, a number of these will require the strategic steer of health and wellbeing boards and the design and delivery drive of multiple partners working in a more integrated way if they are to be effectively addressed.

3. Transforming the Kent and Medway Health and Social care System; progress to date

3.1 The starting point for change is that all providers, including general practice, need to relate to one another and collaborate 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. To this end all eight CCG governing bodies have endorsed the proposal to move to a single CCG for Kent and Medway from April 2020; this proposal will be put to the membership of all eight CCGs later in the summer.

3.2 The four emerging Integrated Care Partnerships (ICPs) across Kent and Medway have started their development processes to varying degrees but have in place a defined leadership, have identified key partners and stakeholders and are working on their development plans. Primary Care Networks (PCNs) will form an integral part of ICPs through which the majority of care – including all out of hospital or local care – will be delivered.

3.3 The registration process for PCNs is nearly complete and it is anticipated there will be 41 networks covering the population of Kent and Medway. Some have chosen to act with neighbours through federated arrangements. The Kent and Medway support offer to PCN development is underway, this work is important as capable PCNs are integral to success of integration of services. The single Kent and Medway CCG will ensure that PCNs are successful providers and strong, equal partners with their acute, community, mental health, social care partners and others within ICPs.

3.4 Work has now started on the development of a Kent and Medway Integrated Care System (ICS). This will evolve from Kent and Medway STP and take the lead in planning and commissioning care for the populations and provide system leadership. It will bring together NHS providers and commissioners and local authorities to work in partnership in improving health and care for Kent and Medway. A key component of the ICS will be the Health and Wellbeing Board as illustrated in the priorities set out above.



4. The future role of the Kent and Medway Joint Health and Wellbeing Board in an Integrated Care System

4.1 The health commissioning vision for Kent and Medway is: ‘that by 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’.

4.2 This vision is underpinned by the following values:

- A commitment 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.
- Ensuring GPs are at the heart of the leadership of the CCG in recognition of the integral role they play in understanding their local populations.
- Engagement 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’.
- Engagement 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.
- Building and fostering of 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.

4.3 The Kent and Medway system is therefore at a point where the CCGs have started a process to establish a single, system commissioner for Kent and Medway with a clear ambition to improve health outcomes for the whole population, not least through maintaining and enhancing the role of clinical leadership. These commission changes are integral to the wide system change that is now gathering momentum which in turn is a response to the need to drive integration as a way of sustainably improving population health. National and local priorities are ambitious and will not be delivered through current organisational relationships and ways of working. Further, the recent history of health improvement and disease prevention is at best patchy and health and wellbeing boards have struggled to capitalise on their wide membership in effectively prioritising local need and accelerating improvement in areas identified.

4.4 The JHWBB is therefore asked to:

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

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

4.4.3 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.

