

March 2023

NHS Kent and Medway Integrated Care Board

Purpose

1. This briefing provides KCC Health Overview and Scrutiny Committee (HOSC) with an update on the work and progress of NHS Kent and Medway Integrated Care Board (known as the ICB or NHS Kent and Medway), nine months after the ICB's establishment.
2. This paper is for INFORMATION.

Background and context

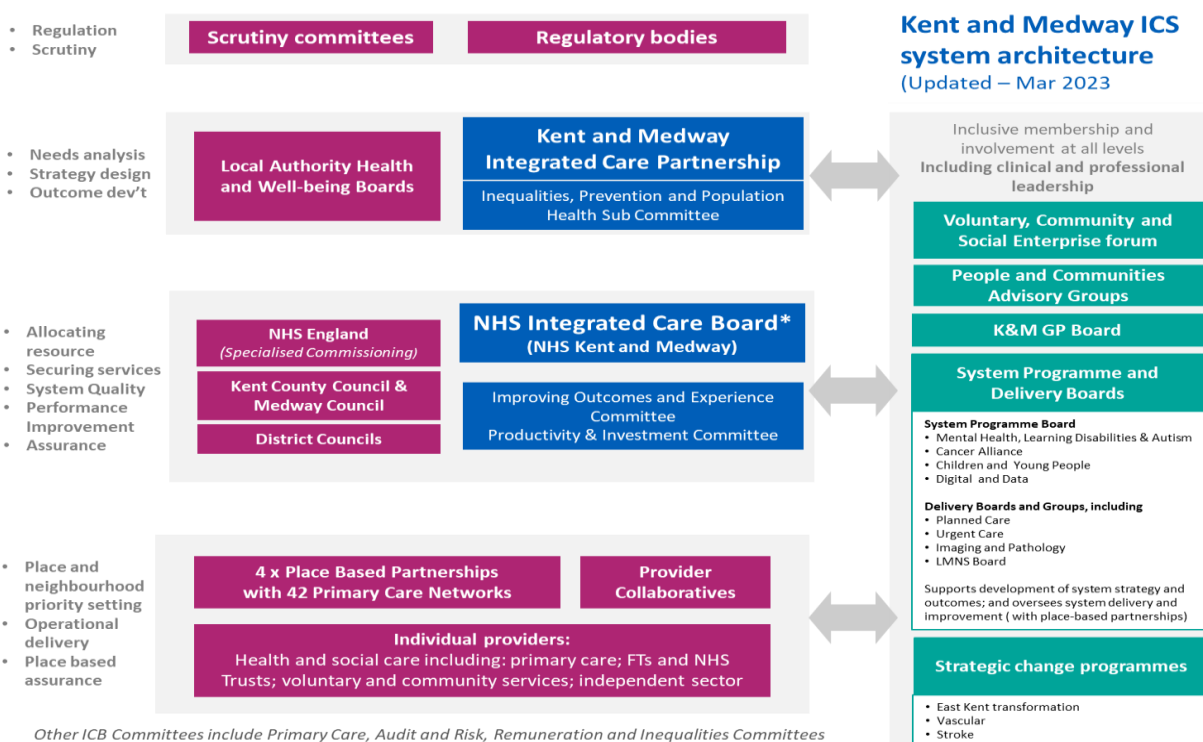
3. In May 2022, a report from the Leader of KCC and the Cabinet Member for Adult Social Care and Public Health was presented to the Council, detailing new statutory arrangements following enactment of the Health and Social Care Act. Subsequently, in July 2022, HOSC received a briefing on plans for the establishment of NHS Kent and Medway ICB within the framework of the wider Kent and Medway Integrated Care System.
4. To recap, under these new arrangements:
 - a. **Kent and Medway ICB** was established on 1 July 2022. It replaced the former clinical commission group but has a different role. The establishment of the ICB is intended to achieve two key objectives:
 - Firstly, to improve working between the NHS and local partners in health and care, particularly local authorities, but also with the voluntary and community sector. This is rooted in a recognition that most of the factors that affect people's health and wellbeing are not primarily to do with the healthcare services they can access: the wider determinants of health – employment, education, housing, lifestyle – all require partnership working to effectively tackle them. We call this partnership an integrated care system, and the ICB leads the NHS part of the integrated care system.
 - Secondly, the new NHS will see much greater collaboration between NHS organisations. We believe that everyone in Kent and Medway is entitled to excellent health treatment that they can access as quickly as possible. At the moment the experience of patients varies unacceptably depending on which part of Kent and Medway they live in. The ICB will tackle this with partners by working together in the interests of everyone we serve.
 - b. As noted, the Kent and Medway joint **Integrated Care System (ICS)** is the partnership that brings together local authorities, healthcare organisations, the voluntary and community sectors and other key stakeholders, to take collective responsibility for reducing inequalities and improving health and well-being across the county. The ICS is not in itself an organisation but is the coming together of various organisations under a common purpose.

The four core purposes of an ICS are (nationally) defined as:

- Improving outcomes in population health and healthcare
- Tackling inequalities in outcomes, experience, and access
- Enhancing productivity and value for money
- Supporting broader social economic development

c. Kent and Medway **Integrated Care Partnership** (ICP) was also established last July, convened as a joint Committee of the two upper tier local authorities and the ICB, with a broad alliance of local stakeholders. The Partnership is responsible for developing and overseeing an **Integrated Care Strategy** that will facilitate achievement of the ICS purposes, in particular around improving individual care, health and wellbeing for the population.

Figure 1 – Kent and Medway ICS



d. Another key premise of the 2022 Act is that much of the work to improve population health and well-being should be driven by health and care organisations collaborating over smaller ‘place based’ geographies within the ICS, where people live and directly access local services. In Kent and Medway, there are four such place-based **Health and Care Partnerships** (H&CPs):

- Dartford, Gravesham and Swanley H&CP
- East Kent H&CP
- Medway and Swale H&CP
- West Kent H&CP

It is expected that over time, greater levels of decision making will be delegated to local health and care partnerships and other collaboratives, giving them an increasing ability to decide local priorities and how best to deliver them based on local need.

Kent and Medway ICB – the first nine months

5. Overall, the transition from the former CCG to the ICB in July 2022 was smooth, with no significant issues resulting. During July and August, the Board and its committees, including the joint Integrated Care Partnership, held their inaugural meetings and commenced forward planning for the coming period.
6. The ICB Board and its committees have a broad membership again with representation from the voluntary and community sector, upper and lower tier councils, public health, providers of health and social care and other representatives from key sectors. This broader involvement of partners, in influencing and making decisions, is a stepped change only possible through the 2022 Act. It enables greater emphasis to be given on reducing inequalities and improving population health and well-being outcomes, alongside the continuing need for the NHS to ensure high quality, effective and compassionate care is provided for people when they need it.
7. During the summer, the ICB Board agreed seven transitional priorities in advance of the ICS five-year strategy and Joint Forward Plan being developed (see further below). These transitional priorities are:

Transitional Priorities	
1	Leading operational recovery as a result of the pandemic with a focus on waiting times, and urgent and emergency care
2	Leading, with our trusts, the improvement of East Kent and Medway hospital services
3	Implementation of the Kent and Medway GP development plan and development of a wider primary care strategy
4	Working with local authority and other partners to build and grow our social care sector
5	Establishing a high-performing integrated care board (ICB) and transitioning well from the CCG
6	Development of our ICS Strategy and the Joint Forward Plan (JFP) including our shared ambition and deliverables
7	Leading the wider development of our ICS: developing our places, our provider collaboratives and how all partners work together to be a high performing ICS

8. Although the ICB has only existed for nine months, we have already achieved a lot. An overview of our delivery is included below, including a number of highlights:

Operational recovery, including winter.

- a. As expected, this winter has been challenging for all services. However, despite this, services have responded extremely well, with the standard of Kent and Medway system planning and operation being acknowledged nationally. Over a winter in which delays in ambulances being able to hand their patients over to A&E staff hit the headlines, in Kent and Medway we virtually eliminated delays with the vast majority of patients being held in an ambulance for less than 15 minutes. This meant ambulances were back out able to treat other patients more quickly. In turn, this led to us being one of the few areas in the country that met the national ambulance target for getting to category 2 (stroke and heart attack) patients quickly.
- b. Many patients that would have been admitted to hospital, or kept there to recover, can be cared for elsewhere – we call these virtual wards. Throughout the winter we have increased the number of ‘virtual wards’ to care for patients in their own homes using community health teams and remote monitoring of patients, and we are planning to increase this further.
- c. Winter has taken a toll on our elective care performance. However, elective long waits (defined as patients waiting over 78 weeks to be treated) have continued to fall following the significant increases caused by the pandemic. Over 4,500 patients were able to be taken off long waiting lists by being transferred and treated by another provider on average within six weeks of transfer: working collaboratively with all our hospital care providers, we contacted all our longest waiting patients to offer the choice of moving to another provider to reduce their waiting time. At the time of reporting, 4,782 patients had accepted the offer, resulting in them receiving their treatment earlier and freeing up capacity at the original provider.
- d. While diagnostic waiting times have improved, work continues to meet the target of no more than 18% of people waiting 6-week for diagnostics; at the time of reporting the current performance is 23%.
- e. With regards to cancer waiting times, Kent and Medway performance has been variable, although it remains better than both regional and national averages. Indeed, for the 62 days wait for cancer treatment standard, Kent and Medway remains one of the top five performers in the country.
- f. To improve the experience of patients waiting for hospice inpatient care, we have centralised the management of hospice bed capacity across Kent and Medway so that we should have no hospice bed vacancy if there is a patient waiting anywhere in our system. Previously if there was no hospice bed available in a patient’s area, they had to wait even if beds were free elsewhere in Kent and Medway.

East Kent Hospital Trusts

- g. East Kent University Hospitals NHS Foundation Trust (EKHUFT) remains a specific focus for targeted support from the ICB:
- We have been working closely with the Trust, NHS England and the CQC following the October 2022 'Reading the Signals' report from Dr Bill Kirkup, in to maternity and neo-natal services in east Kent.
 - The road map and targets for recovery in other areas of the Trust are being refreshed with the aim to see significant improvement in outcomes. Measures being introduced include a new Improvement Team and a refreshed, streamlined, and targeted, governance structure to meld the different improvement programmes into one fully coherent structure.

Implementation of General Practice Strategy

- h. General Practice remains one of our most significant challenges and an area in which significant work has been undertaken. Five priorities have been agreed for the ICB primary care team to focus on with our practices: workforce, estates, hubs (access), digital, managing demand. These are designed to respond to the Fuller Stocktake Report of May 2022, to develop a single system wide approach to managing integrated urgent care, enabling Primary Care Networks to evolve into neighbourhood teams and support the teams with appropriate infrastructure.
- i. Getting an appointment in general practice remains a critical issue. Across Kent and Medway from July 2022 until January 2023 over 6.3 million appointments were delivered in general practice, an increase in over 370,000 appointments on the same period last year and 6% increase in overall demand. Examples of how this demand is being supported include: in the Folkestone Hythe and Rural Primary Care Network (PCN) an extra 10,000 appointments have been added by better use of technology to manage the service; and in Gillingham South PCN, they have implemented a programme to reduce avoidable GP appointments which has released 2.6% of GPs' time, equating to eight hours of extra GP time per week that can now be used for patients. A GP attraction package has also started in Kent and Medway focused on Medway, Swale and Thanet, offering a welcome payment, alongside funded learning and development opportunities.

Supporting social care

- j. This is a key priority for the NHS as well as local authorities. Since establishment, our focus has been on developing a culture and undertaking actions between health and care that provide effective patient and citizen flow, meaning that the people we serve are cared for in the right place with the right support. KCC and the ICB have recently approved the Kent and Medway interim Integrated Care Strategy, and work to engage with our population to further develop our priorities continues. This work is critical to inform the development of our Joint Forward Plan and the ICB Strategy due to be published late spring.

Setting ICS strategy and ICB delivery plan

- k. With our local authority and other partners, we have produced through the Integrated Care Partnership an interim Kent and Medway five-year Integrated Care Strategy for the system which will guide our work and other strategies:

https://www.kentandmedway.icb.nhs.uk/application/files/7516/7171/0827/Kent_and_Medway_Interim_Integrated_Care_Strategy_-_December_2022.pdf

This followed an all-day 'symposium' we held bringing together 150 leaders from organisations and stakeholder groups across Kent and Medway.

- l. Due to the national NHS timescales involved, extensive consultation was not possible prior to submission of this in December, hence it being an interim strategy. However, this is being addressed now and involves a structured system wide engagement approach of both the strategy and population health information supporting it. A final version of the Strategy will be published later in the year.
- m. The first draft of the Joint Forward Plan; the NHS's response to the Integrated Care Strategy, is currently being developed. This will be produced in collaboration with our Health and Care Partnerships, provider organisations and other partners. It will be translated through to the ICB strategy and will provide the 'golden thread' of strategic planning into operational delivery for the people we serve.

Broader development of the Integrated Care System

- n. The continual focus of developing our ICS into our stated ambition of being the strongest performing ICS in the country is focused on our shared belief that the people of Kent and Medway deserve no less.
- o. As an initial step, some members of NHS Kent and Medway have already been aligned or had their line management arrangements changed, to work for our locality-based Health and Care Partnerships (H&CPs). This is an initial step that will ultimately lead to formal delegation of responsibilities and resource to H&CPs that will enable them to commission and deliver the most appropriate local services for their communities.

Providing health and care support to asylum seekers

- p. Over the last six months NHS Kent and Medway has provided considerable support and advice to the Home Office led asylum processing facilities at Manston and in Dover, and has worked closely with district councils and local GP practices where temporary asylum-seeking accommodation has been established or planned.
- q. In November, a dedicated vaccination service was commissioned by the ICB and established within one week at Manston and was expanded in December to cover unaccompanied asylum-seeking children (UASC) staying at other temporary accommodation in Kent. From January, the Home Office took on responsibility for the vaccination service at Manston, with east Kent GPs providing this service at the UASC accommodation.

Conclusion and Looking forward – 2023/24

9. Looking back, the first nine months of the ICB has unsurprisingly been very busy and, on the whole, successful, with a number of achievements including those outlined above. However, there have also been major challenges which will continue in to 2023/24 and beyond. There is an urgency to reducing the number of people waiting to be seen and treated by our services; the financial challenge over the coming period will be greater than the NHS and other public services have seen for very many years; and we need to move much faster and further in terms of collaboration and joint working if we are to make noticeable inroads to reducing inequalities and improving the health and well-being of our total population.

10. NHS Kent and Medway will also need to be a leaner organisation over the next twelve months and as part of this, we need to accelerate development of health and care partnerships and other collaboratives, to confidently delegate responsibilities and resource closer to community services, whilst maintaining robust oversight and governance arrangements. We have made a solid start and the ICB is well-placed to confront these challenges and deliver the opportunities ahead, but more than ever this will only be achieved through greater partnership working.

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