

**Late Paper**

**for the  
Formal meeting of the  
Kent Community Health NHS Foundation  
Trust Board  
to be held at 10am on  
Thursday 30 November 2017  
In  
The Oak Room  
Oakwood House  
Maidstone  
Kent  
ME16 8AE**



<b>Committee / Meeting Title:</b>	Board Meeting - Part 1 (Public)
<b>Date of Meeting:</b>	30 November 2017
<b>Agenda Item:</b>	1.7
<b>Subject:</b>	East Kent Accountable Care Partnership (ACP) Proposal
<b>Presenting Officer:</b>	Paul Bentley, Chief Executive

<b>Action - this paper is for:</b>	Decision	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>
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<b>Report Summary (including purpose and context)</b>
This paper proposes that the Trust support the development of an Accountable Care partnership in East Kent, formed of providers and commissioners of NHS and social care in East Kent.

<b>Proposals and /or Recommendations</b>
I am seeking the support of the Board for KCHFT to join the partnership.

<b>Relevant Legislation and Source Documents</b>
<b>Has an Equality Analysis (EA) been completed? NOTE:</b>
Not applicable.

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**EAST KENT ACCOUNTABLE CARE PARTNERSHIP**

**NOVEMBER 2017**

This paper proposes that the Trust support the development of an Accountable Care partnership in East Kent by becoming a member of the newly forming Accountable Care Partnership for East Kent, formed of providers and commissioners of NHS and social care in East Kent. I am seeking the support of the Board for KCHFT to join the partnership (which is not a legal entity). To illustrate what the partnership will do and how it will operate I have attached the draft MOU and the work programme, albeit both are likely to be developed as the partnership matures and as such I am not asking for approval of either but I think it is helpful for the board to have sight of both, and I will return to the Board if there is substantive change to the MOU or the work programme.

Attached are two documents:

1. A draft Memorandum of Understanding for the establishment of an accountable Care partnership formed between providers and commissioners of health and social care in East Kent
2. A draft work programme for the emergent ACP to illustrate the areas which the ACP will work in covering the period until April 2019.

These documents are being used as a basis for discussion with partners around establishing new system leadership arrangements. This will include:

1. the development of an east Kent accountable care partnership;
2. the accountability framework and how it fits with the current legal framework;
3. the contracting and financing/funding models; and
4. a transition and implementation programme to future local organisational plans which transform care at the point of delivery.

The strategy for health and care reform across Kent and Medway STP is to tackle three major challenges, addressing health inequalities, improving quality and



addressing unwanted variation and delivering financial sustainability. The strategy has 3 main programmes of work:

1. Working with partners to ensure healthy lifestyles and communities;
2. Out of hospital care developed locally at scale and pace; and
3. Hospital care organised across K&M to focus on specialised acute care.

The development of Accountable Care is at the core of the approach to system reform. The vision for the K&M Accountable Care system is for:

1. A single CCG for K&M – The Strategic Commissioner;
2. Accountable Care partnerships in – East Kent; Medway, north and west Kent (one or two To be confirmed)
3. Providers- operating both existing and new care models.

An ACP is a relationship between a group of providers defined in a collective agreement that will take collective responsibility for delivery of all care for a given population within a shared financial control total. It operates under an accountable performance contract with the Strategic Commissioner. It enables the development of integrated care and improved local care in a way which meets local needs, determining what services are needed where and allocating resources accordingly.

The east Kent ACP comprises:

- 4 East Kent Clinical Commissioning Groups – albeit this is likely to diminish by the time of the go live
- 3 NHS providers (EKHUFT, KMPT, KCHFT)
- Kent County Council.
- 6 primary care at scale providers (Encompass MCP, Herne Bay, Ashford Clinical Providers, Thanet CIC, Channel Health Alliance and Invicta Health)
- Advisory participants (patient representation, Local Medical Committee)

The aim is that the ACP should be fully operational by April 2019 with a transition period over during the intervening period to ensure co-design, identify and maximise benefits, agree the collective working priorities, engage with stakeholders and implement the ACP.

The attached ACP work programme identifies the proposed high level phasing and the attached MoU is to define partnership commitment and describes the multilateral agreement between ACP partners.

## **Conclusion**

I seek the support of the Board for KCHFT to become a partner in the Accountable Care Partnership for East Kent in the terms outlined above.

**Paul Bentley**  
**Chief Executive**  
**November 2017**





October 2017

## **Memorandum of Understanding**

### **Development of An East Kent Accountable Care Partnership**

#### **Purpose**

1. On 5 October 2017, the East Kent System Leaders in attendance at the meeting of the development of an East Kent Accountable Care Partnership (ACP), agreed in principle for their respective organisations to work together as an ACP.
2. The purpose of this paper is to define this partnership commitment to secure formal agreement across the ACP partners. It is intended as a document that can be shared in each organisation to more fully explain the ACP and how it will work.

#### **Definition**

3. This memorandum of understanding (MoU) describes the multilateral agreement between the ACP partners.
4. This MoU does not replace the legal framework or the responsibilities (including statutory and fiduciary duties as applicable), or the sovereignty of the respective organisations within the partnership but instead sits alongside these frameworks to complement, enhance and make the delivery of those duties more attainable.

#### **Parties**

5. The parties to this agreement are:
  - 5.1. NHS Commissioners
    - Ashford Clinical Commissioning Group
    - Canterbury & Coastal Clinical Commissioning Group
    - Thanet Clinical Commissioning Group
    - South Kent Coast Clinical Commissioning Group
  - 5.2. Healthcare Providers
    - East Kent Hospitals University Foundation Trust
    - Kent Community Health NHS Foundation Trust
    - Kent and Medway NHS and Social Care Partnership Trust
  - 5.3. Providers of Primary Care at Scale Services
    - Ashford Clinical Providers Limited
    - Channel Health Alliance Limited
    - Encompass GP Partnership Ltd
    - Herne Bay Integrated Care Limited
    - Invicta Health Community Interest Company
    - Thanet Health Community Interest Company

#### 5.4. Local Authorities

- Kent County Council

#### 5.5. Advisors (non-signatories)

- Public and Patient Advisory Group for the Kent and Medway STP
- Kent Local Medical Committee

### Objectives

- The overarching reason for the development as an East Kent Accountable Care Partnership is to achieve faster improvement in the health and care outcomes and reductions in inequalities, the quality of services and unwarranted variation and improve the financial sustainability of the health and care system for the population of East Kent.
- Our objectives are:
  - To deliver our critical business as usual and transformation priorities by working together better and demonstrating greater collective leadership. These are:

BAU Priorities	Transformation Priorities
<ul style="list-style-type: none"> <li>• Urgent care performance</li> <li>• Winter / A&amp;E</li> <li>• Cancer 62-day waits</li> <li>• In-year cost improvement</li> </ul>	<ul style="list-style-type: none"> <li>• Local care implementation</li> <li>• Development of New Care Models</li> <li>• Clinical strategy</li> <li>• Short list/preferred option for East Kent configuration</li> <li>• Shared financial strategy</li> <li>• Enabling strategies for the above: workforce, estates, IT</li> </ul>

- To develop our ACP model of working. Specifically this will include:
  - A definition of the relationship we have with each other, which incorporates a collective accountability framework that ensures we have collective and mutual ownership of delivery within a shared financial control total. This requires us to define and develop our new ways of working including our core functions, processes and collective decision-making arrangements. This also requires us to decide the most appropriate ACP form that enables us to work together effectively and within the health and social care system in Kent and Medway.
  - A redefined relationship within the Kent and Medway system. This includes a new relationship with the Strategic Commissioner and specifically how we operate under an accountable care contracting arrangement with integrated assurance. This also includes how we improve integration of provision with our KCC partner. Finally, this includes how we manage relationships across our provider partnership, sub-contractors and wider stakeholders.

7.3. To rapidly develop transition arrangements to lead and manage development and maximise benefits of ACP working during the next 18 months. This will include:

- Arrangements to deliver our critical BAU and performance priorities defined in section 7.1.
- Arrangements to deliver our ACP model of working defined in section 7.2.
- Alignment/convergence of development of the ACP with the process of commissioning transformation including the development of the Strategic Commissioner and functions transition from existing CCGs.
- Establishment of transitional governance (leadership, decision-making and delivery) arrangements to deliver the above, that aligns with - and builds on - existing East Kent governance arrangements.
- Engagement with wider system partners and stakeholders through the process of ACP design and development.

#### **Duration**

8. This MoU will be in place until replaced by the establishment of transitional governance arrangements described above. We expect that these transitional arrangements will embody and further develop what we have defined in this MoU. We expect to establish these transitional arrangements promptly (i.e. we have decided these by the end of November 2017) so that they are fully functioning during Q4 2017 (Jan-Mar 2018).
9. Please note that the statutory requirements of KCC impose limitations regarding the commitments that representatives can make. However this does not detract from statements of principle and willingness to make this work.

#### **Governance**

10. We are seeking to foster the culture of greater collective leadership accountability and joint working through this process of ACP development.
11. Each partner organisation will have 'one seat' in collective decision-making, irrespective of size.
12. Decisions will be made on a qualified majority basis with no one party having the right of veto.
13. We have a 'moment in time' to form an ACP. The ACP is a 'coalition of the willing' and hence is entered into on a voluntary basis and this will continue to be the case. At any point the partner can withdraw from the partnership.
14. However for the partnership to achieve its stated objectives it must have a cohesive plan and governance arrangement to develop and deliver the plan. We are committed to rapidly establishing effective collective governance



arrangements as described above. Attached to this document is a draft work plan. See attachment one.

15. Whilst it will be voluntary it must be meaningful and acknowledged as such in the context of the STP for Kent and Medway and the approach to health and social care in East Kent, this will form a major part of the work programme, including the development of formal contracts between the parties.
16. We believe that the ACP will be an accountable care provider body that integrates existing provider and some commissioning functions. We need to be clear that this is the view that the ACP supports and reflect partnership invitations accordingly including the critical role of CCGs as partners during development.
17. Resources to support delivery of the work plan will need to be identified and, if not available through the STP, as such each party may have to identify some investment, the decision will need to be made as to whether that is a flat level of investment, irrespective of the size of the partner, and if there is reciprocity of scale of investment in the partnership then does that also reflect the partnership structure.
18. At the end of the partnership-joining phase, the partnership will be 'closed' for one year to allow a maturation period. At the end of this year the partnership may reopen for other joiners subject to the agreement of the partners. Throughout the above, the partnership must continue to reflect maturation of the New Care Model providers.
19. The final list of those to be invited to join the partnership will reflect the parties who have worked to define what it should be since the group came together in August 2017.

#### Signed

Partner Organisation	Authorising Officer: Name and signature	Date
Ashford Clinical Commissioning Group		
Canterbury & Coastal Clinical Commissioning Group		
Thanet Clinical Commissioning Group		
South Kent Coast Clinical Commissioning Group		

DRAFT



East Kent Hospitals University Foundation Trust		
Kent Community Health NHS Foundation Trust		
Kent and Medway NHS and Social Care Partnership Trust		
Ashford Clinical Providers Limited		
Channel Health Alliance Limited		
Encompass GP Partnership Ltd		
Herne Bay Integrated Care Limited		
Invicta Health Community Interest Company		
Thanet Health Community Interest Company		
Kent County Council		



# Draft East Kent ACP Work Programme

CONFIDENTIAL – WORK IN PROGRESS

## High Level Phasing

17/18                      18/19                      19/20

Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun

**Forming**                      **Mobilising**                      **Transition**                      **Fully Operational**

- Forming**
  - Forming coalition
  - Securing organisational commitment
  - Work planning
- Mobilising**
  - Establishment of transition arrangements
  - Focus on immediate system priorities
  - Preparation for next phase
  - Launch 'End-State' design process
- Transition**
  - Operational under transition arrangements
  - Limited functionality
  - Individual organisations retain sovereignty subject to transition arrangements
  - Contracting with the Strategic Commissioner under transition arrangements
  - 'End-State' development
  - Transition
- Fully Operational**
  - 'End state' fully operational

## System Priorities

- Plan**
- Agree priorities
  - Establish leadership responsibilities
- Align Governance**
- With existing East Kent governance
  - With transition arrangements
- BAU Delivery \***
- Strategic Priorities \*\***
- Delivery Under Transition Arrangements**
- \* Collective BAU priorities, such as:**
    - Urgent care performance
    - Winter / A&E
    - Cancer 62-day waits
    - In-year cost improvement
  - \*\* Collective strategic priorities, such as:**
    - Local care implementation
    - Development of integrated care providers (New Care Models) and provider development
    - Clinical strategy
    - Short list/preferred option for East Kent configuration
    - Single financial strategy
    - Enabler strategies: workforce, estates, IT

## Transition Arrangements

- Decide**
- Decide scope of collective functions during transition
  - Define transitional governance (leadership, decision-making & delivery)
  - Formalise agreement
- Implement**
- Finalise best option for collective decision-making (E.g. Committee in Common)
  - Establish this
  - Finalise support & funding arrangements

## 'End-State' ACP Design & Development

- Plan**
- Finalise scope and approach
  - Finalise functions during transition
  - Secure support?
  - Align plan with development of Strategic Commissioner
- Design**
- Finalise functions
  - Plan next phase
  - Establish leadership
- Detailed design**
- Design core functions and processes
  - Align with Strategic Commissioner & New Care Models
  - Develop team/role requirements
  - Plan transition and define priorities
- Transition**
- Manage transition
- 19/20 Planning**
- Functions operational to support 19/20 planning

## 'End-State' ACP Form

- Options**
- Develop options for ACP form
  - Conduct research into emerging best practice models
  - Develop evaluation criteria
- Decide**
- Select ACP form
  - Formalise ACP agreement across partners
  - Plan next stage
- Design**
- Design & agree governance arrangements
- Implement**
- Finalise leadership
  - Implement governance

## Organisational Transition, Engagement & Communications

- Plan**
- Define wider partners
  - Design engagement approach
  - Define scope of support (e.g. CSU)
  - Secure support
- Engage**
- Deliver engagement plan
- Plan transition**
- Plan approach to managing functions transition
- Commissioner functions transition**
- Align with / manage commissioner functions transition
- Provider functions transition**
- Manage provider functions transition



