
HOSC Update

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Reform**



Responsibilities of the Shadow H&WBB

- Shadow H&WBB has met twice (28 September and 23 November)
 - Responsibilities include:
 - Joint Strategic Needs Assessment (JSNA)
Identifies the health priorities of the population
 - Pharmaceutical Needs Assessment (PNA)
Identify what pharmaceutical services are needed
 - Health and Wellbeing Strategy
Agreed strategy to address priorities identified by JSNA and PNA
 - Ensuring the commissioning plans of the GPCC, Public Health, and Adult and Childrens' Social Care reflect the priorities of the JSNA and the Health and Wellbeing Strategy
 - Promoting integration and partnership and joined up commissioning plans across the NHS, social care and public health
 - Supporting joint commissioning and pooled budget arrangements where agreed
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Shadow H&WBB- Progress Update

- Priorities and feedback from the July Workshop:
 - Greater integration of health and social care services
 - Dementia and carers (to include an integrated model and accessible care pathways)
 - CAMHS
 - Addressing health inequalities
 - Ensuring equity of health provision across Kent for everybody
 - More investment in community and primary care by 5% p.a. shift in funding
 - JSNA for Kent – getting the product right. The draft JSNA will inform HWBS and CCGs' commissioning plans
 - Diagnostics - What are the problems and gaps in provision?
 - What does the evidence tell us about what works?
 - What does the patient experience tell us?
 - Recommendations and priorities
 - JSNA January 2012
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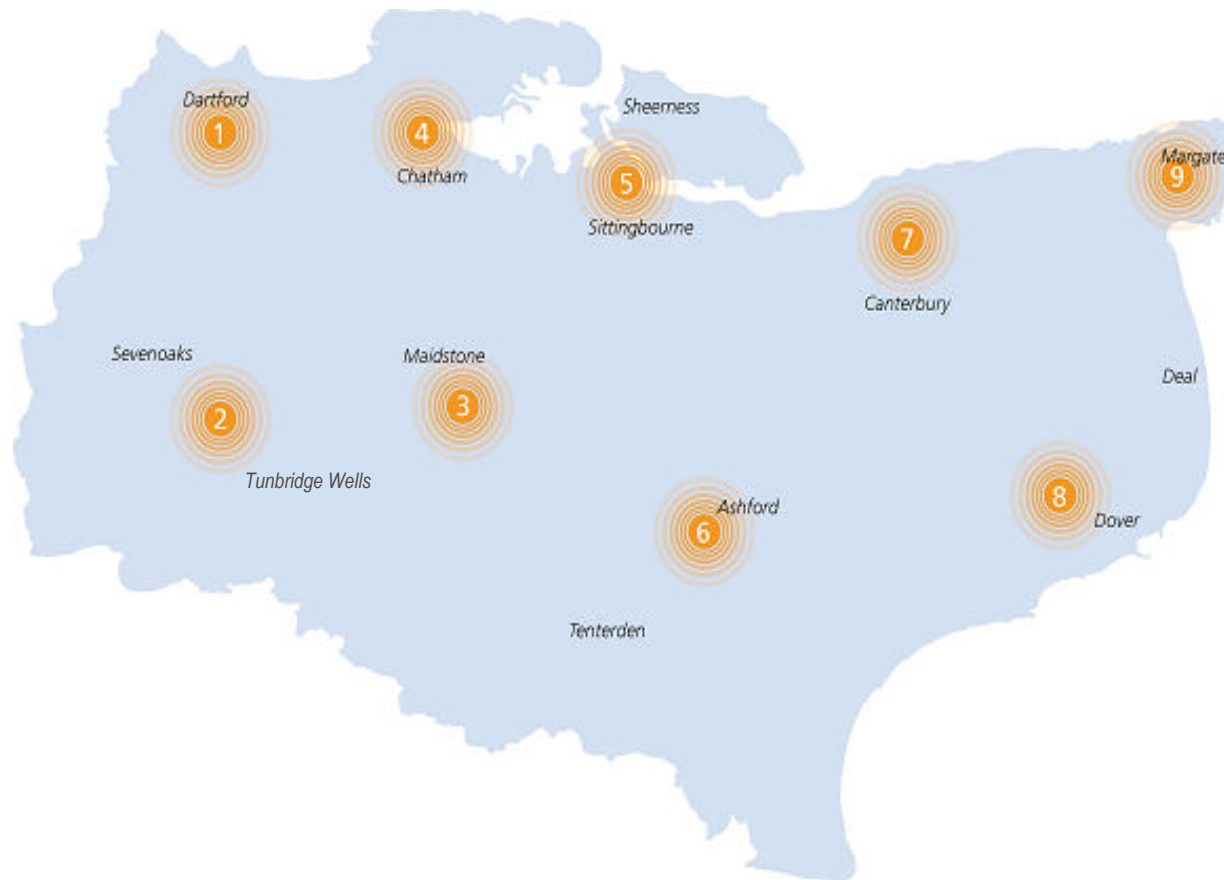
Shadow H&WBB – Progress Update

- Towards a HWB Strategy
 - JSNA Kent wide priorities (taking account of local priorities where they are important but differ from Kent)
 - High level mapping of existing resources
 - Vision for what the health of the population will look like in future years
 - Setting out key directions for major initiatives e.g change in pathways
 - Implementation plan for delivering the vision
 - Strategy in place by April 2012
 - Developing provider relationships
 - KCC proposed Pathway Advisory Groups
 - Clinical Leadership Group to test model of HWB/CCG engagement with providers
 - The Kent Health Commission - “The art of the possible”
 - Dover as key focus
 - Involvement of Dover DC, GPs and local MP
 - First meeting held on 17 November
 - Interim report by Christmas
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CCG Authorisation Process

- Initial development phase commenced October 2011
 - Earliest applications for authorisation to be received summer 2012
 - CCGs could be established from October 2012
 - CCGs won't take on commissioning responsibility of their PCT cluster until 1st April 2013
 - Final decision for authorisation will rest with NHSCB and relevant legal powers for this will commence July – October 2012
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Clinical Commissioning Groups in Kent and Medway



- 1) **Dartford Gravesham and Swanley Clinical Commissioning Group** – Pathfinder – 1st Cohort
 - 2) **West Kent and Weald Clinical Commissioning Group** Pathfinder – 4th Cohort
 - 3) **Maidstone Malling Clinical Commissioning Group** -Pathfinder – 2nd Cohort
 - 4) **Medway Clinical Commissioning Group** – 5th Cohort
 - 5) **Swale Clinical Commissioning Group**
 - 6) **Ashford Clinical Commissioning Group** - Pathfinder – 5th Cohort
 - 7) **C4 Canterbury Clinical Commissioning Group / Whitstable Clinical Commissioning Practice** – Pathfinders 2nd Cohort
 - 8) **South Kent Coast Clinical Commissioning Group** – Pathfinder – 2nd Cohort
 - 9) **Thanet Clinical Commissioning Group/ Eastcliff Clinical Commissioning Practice** - Pathfinders 2nd Cohort
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What Common Issues are emerging from Early Implementers?

- Children, Young People and Families
 - Mental Health/Dementia
 - Frail Elderly
 - Health Improvement (promotion and prevention)
 - Tackling health inequalities (building on Marmot)
 - Service reconfiguration
 - HWBs relationship with Scrutiny Committees
 - 2 tier authorities
 - Healthwatch /public engagement
 - JSNA/Joint Health and Wellbeing Strategy
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Questions

- What is the best way of keeping HOSC updated on progress from each H&WBB?
 - What should the relationship be between HOSC, H&WBB and Local HealthWatch in the future?
 - How should the H&WBB be scrutinised?
 - How does this link with Locality Boards?
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