
To: Corporate Policy Overview and Scrutiny Committee

On: 31st March 2011

By: Graham Gibbens (Cabinet Member for Adult Social Care and Public Health)
Roger Gough (Cabinet Member for Business Strategy and Support and Health Transition)
Meradin Peachey (Director of Public Health)

Subject: KCC progress on changes to health service organisation

For: Information

1. Summary:

- 1.1. Recent white papers and proposed legislation are radically reforming the governance of the NHS, public health and social care. New arrangements to oversee the commissioning of health and other services have to be in place over the next two years. Kent is an “Early Implementer” for some of these changes and significant progress has now been made.
- 1.2. This report updates Corporate PO&SC on that progress especially regarding the county Health and Wellbeing Board and GP Commissioning Consortia.

2. Introduction

- 2.1. The Health and Social Care Bill currently before parliament puts into legislation the reforms that were announced in the white papers for the NHS and social care last year.
- 2.2. Corporate PO&SC has received regular updates on the provisions of the Bill and the changes it contains including the establishing of the NHS Commissioning Board to oversee the NHS, the abolition of Primary Care Trusts and Strategic Health Authorities and the creation of GP Commissioning Consortia (GPCC) who will become responsible for the local commissioning of the majority of NHS services in 2013.
- 2.3. The local Health and Wellbeing Board will have major responsibilities and the Joint Strategic Needs assessment (JSNA) and local Health and Wellbeing Strategy will assume much greater importance.
- 2.4. Local Healthwatch will evolve from the current LINK (Local Involvement Network) and assume greater responsibilities. (See attached APPENIDIX).
- 2.5. Separate reports are also being presented on related changes to the public health system proposed in the public health white paper "Healthy Lives, Healthy People" and the transitional arrangements associated with these.

3. Health and Wellbeing Boards

- 3.1. The Health and Social Care Bill requires local Health and Wellbeing Boards (H&WB boards) to be established at a unitary or upper tier local authority level and this is now a main focus of activity for local authorities. The board will be a statutory committee of the County Council.
- 3.2. These Boards must be operating in shadow form by April 2012 and will assume their full responsibilities from April 2013. Indicative budgets will be issued from April 2012.
- 3.3. Kent has successfully applied to the Department of Health be one of the "Early Implementer" authorities for H&WB boards and progress is now well under way.
- 3.4. The main functions of the H&WBB are defined in the Bill as:
 - Ensuring the production of the Joint Strategic Needs Assessment (JSNA) which will identify the health priorities of the population
 - Ensuring the production of the Pharmaceutical Needs Assessment (PNA) to identify what pharmaceutical services are needed

- Ensuring the production of the local Health and Wellbeing Strategy which is the agreed strategy to address the priorities identified by JSNA and PNA
- Ensuring the commissioning plans of the GPCC, Public Health, and Adult and Children's 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 (s75 arrangements)

3.5. The core membership of the board is also defined by the Bill:

- Elected Member
- Representatives of the GPCC
- Director of Public Health
- Director of Children's Services
- Director of Adult Social Services
- Local Healthwatch
- Others as locally agreed

3.6. Whilst this is the core membership there are obvious roles for others such as district council representatives to be included and it is intended that local arrangements are put in place to achieve this.

4. Kent position

4.1. As an "Early Implementer" Kent is well placed to begin working towards the shadow arrangements necessary from April next year. The first meeting of those organisations that will be involved in the H&WB board was held on 16th March with the inaugural meeting of the Board itself scheduled for June 15th. The meeting of 16th March was very much an exploratory workshop designed to develop relationships and identify what needed to be done to establish the Board proper.

4.2. A number of issues were identified alongside significant opportunities.

Issues:

- The financial challenge inc. £686 million Quality Innovation Productivity and Prevention programme (QIPP) target savings

- Board membership – how can this be wide enough to be representative but small enough to be effective?
- The agenda is potentially huge - how to avoid the board sitting in “permanent session”?
- What tools and support will the Health and Wellbeing Board need to discharge its functions?
- How do we link the county level board to localities?

Opportunities:

- Real involvement in the decision making about how health services will be delivered in Kent
 - A process including the JSNA and H&WB Strategy where in depth knowledge of local health needs can influence what is delivered
 - A way to integrate commissioning across a wide range of partners to achieve better health outcomes
 - Possibility of joint commissioning and pooling budgets and resources to improve health and wellbeing across the county
- 4.3. GP’s at the meeting agreed that a critical issue for the new arrangements will be to redesign care pathways to treat more people in the community and primary care to avoid expensive hospital admissions. Dementia care provides an excellent example of how this is necessary to improve care for patients as well as being more cost effective.
- 4.4. Some districts are also creating local H&WB boards to consider local health issues and priorities and discussions are ongoing about how these will relate to the overarching county level H&WB board.

5. GP Commissioning Consortia

5.1. GPCC's are being established to replace the commissioning function of the PCT's. (The current PCT's in Kent and Medway are now part of a single "consortium" as part of the transitional arrangements). There are no official guidelines for the size and shape of consortia and GP practices are free to organise themselves as they think best. The only stipulation is that all GP practices must belong to a consortia and the whole geographical area must be covered.

5.2. GPCC are still forming around Kent. It is a very fluid situation and is likely to remain so for some time. There is little co-terminosity between consortia and district council boundaries.

5.3. The current position is that there are 3 consortia in the old WK PCT area covering:

Dartford Gravesham and Swanley
Maidstone and Malling
South West Kent

And 9 in East Kent:

Ashford
C4 in Canterbury
Dover
DASH (Deal, Ash and Sandwich)
Shepway
Swale
Thanet
East Cliff (Thanet)
Whitstable

However we are expecting further significant changes before the final configuration is achieved.

- 5.4. The new arrangements will require new relationships to be established between the organisations concerned. In particular the County Council and the emerging GPCC need to work effectively together. Effective relations among and between the County Council, Districts and Consortia will also need to be forged. The Health and Wellbeing Board will provide the forum for these discussions to be held over the coming months.

6. Conclusion

- 6.1. With recent progress Kent is now well placed to develop the role of local authorities in the provision of health and public health in the county. The Health and Wellbeing Board will be an essential element in the necessary working relationships and the JSNA and Health and Wellbeing Strategy will assume major importance in shaping the commissioning decisions of the local authority and GPCC's.
- 6.2. Taken together the new arrangements should, overtime, provide a real opportunity to ensure the health and social care services in Kent properly reflect the priorities of local people.
- 6.3. Corporate PO&SC committee are asked to note the progress on implementing the provisions of the Health and Social Care Bill especially those relating to the Health and Wellbeing Board.

Meradin Peachey
Director of Public Health