

By: Caroline Davis, Strategic Business Advisor
To: Social Care and Public Health Cabinet Committee 12 July 2012
Subject: Update on the Kent Health Commission
Classification: Unrestricted

Summary

The report highlights the activity, key recommendations and next steps for the Kent Health Commission (KHC) following the launch of its report with the Secretary of State, Rt. Hon Andrew Lansley MP on 14 June

1. The Kent Health Commission (KHC) was established in November 2011 by Paul Carter, working closely with Charlie Elphicke MP, Dover District Council and South Kent Coast Clinical Commissioning Group. The KHC undertook a rapid piece of work to gather evidence on how the transformation of health was being undertaken and where external partners could add value. This was developed into an interim report that was submitted to the Secretary of State for Health in December 2011.
2. Whilst originally the geographic focus of the Kent Health Commission was focussed on Dover district, KHC extended its focus to cover the whole of the South Kent Coast CCG area (Dover, Deal and Shepway) given the importance of aligning future activity with CCG boundaries to promote joint commissioning and integrated provision.
3. The profile of the Kent Health Commission was raised through a number of press articles in the MJ, Health Service Journal and the Local Government Chronicle.
4. The key recommendations of the KHC were:
 - Developing Integrated Commissioning between Health, Social Care and the District Councils, focussing on Long Term Conditions. This will lead to a shift in resources from acute to community, better use of resources and will support the Quality, Innovation, Productivity and Prevention (QIPP) agenda and the Families and Social Care Transformation agenda. Details of savings that can be achieved via this approach will be worked out as the work stream develops.
 - Speeding up the implementation of the Pro-active care programme in Shepway, based on a model delivered on Merseyside, which saw at least an 80% reduction in unplanned hospital admissions and significant decreases in social care expenditure. The first patients are now taking part in the scheme and four other practices are being trained in the approach.

- The South Kent Coast CCG area will be the first CCG in Kent to deliver all three aspects of the Long Term Conditions Plan: Risk Stratification, joint working between health and social care (HASCIP) and Pro-active care. Together these will lead to a change in the way services are both commissioned and provided, leading to a minimum funding shift of 5% from acute to community settings. The model has only just started to be implemented, so it is too early to say accurately what savings might be achieved.
 - Will also look at what good community healthcare should look like and how this will be funded as part of discussions with the CCG as it develops its next commissioning plan.
5. An update of the Kent Health Commission report was launched by the Secretary of State for Health, Andrew Lansley on the 14th June. The launch followed a round table discussion between the Secretary of State and the members of the Kent Health Commission. The discussions were wide ranging and covered:
- Developing the Kent Health Commission into a national showcase.
 - Pilot South Kent Coast as a "Teaching CCG" involving the local training and education sectors in recognition of the difficulty in attracting the very best health and social care professionals to the area.
 - Develop an information pilot to use shared morbidity and other data more effectively to support local healthcare needs, in support of the Department of Health's "Power of Information" strategy and the Patient Knows Best tool.
 - Mainstream the Whole System Demonstrator telecare pilot into a service innovation for others to follow, as part of a broader prevention and enablement programme.
 - Look at models in Birmingham and West Yorkshire as we develop 24/7 rapid response health/social care teams to support vulnerable people in their homes or in the community.
 - Provide further updates on how the Health Commission's recommendations are being put into practice and how improved services are being offered to local people.
6. The next meeting of the Kent Health Commission is on the 12th of July. It will look to progress the activity highlighted above, either as part of mainstream work already underway between the NHS and KCC or, where appropriate commission new work. The KHC will also continue to look at how the money flows between the acute sector, community and social care providers; in particular the savings that might be delivered through integration and focus on preventative activity. It will also continue to examine what good community health could look like as part of a dynamic conversation with GPs as they develop their next commissioning plans.
7. The work of the Kent Health Commission has also fed into other workstreams, including specific work on ICT infrastructure. A letter is being sent to Francis Maude to raise the particular issues around shared ICT infrastructure and the current constraints of the Connecting for Health programme. The work of the KHC has dovetailed well into the work on adult

social services transformation agenda within FSC and the development of the Dover & Shepway Shadow Health and Wellbeing Board.

Recommendation:

8. The Committee is asked to note the report.

Background Documents

- Interim Kent Health Commission Report – December 2011
- Update on Kent Health Commission Report – June 2012

Caroline Davis
Policy & Strategic Relationships – BSS
Caroline.davis@kent.gov.uk
Tel: 01622 694047