

**By:** Paul Carter, Leader  
**To:** Social Care and Public Health Cabinet Committee -  
14<sup>th</sup> September 2012  
**Subject:** Update on the Kent Health Commission  
**Classification:** Unrestricted

---

#### Summary

This second report to the Social Care and Public Health Cabinet Committee provides a further update on the activity of the Kent Health Commission.

***“We believe passionately that by putting GPs and councils in control of local budgets, better patient care and health outcomes for all residents can be achieved.”***

**Kent Health Commission, June 2012**

1. Drawing on the determination of forward-thinking GPs and councils across the county, the Kent Health Commission’s first report was launched by the Secretary of State for Health in Dover in June this year.
2. In setting our ambitions for integrated health and social care, the Commission highlights the unique joint-working arrangements in Dover between local GPs, Dover and Shepway District Councils and Kent County Council to co-ordinate, commission and further improve local health and care services for local people.
3. Recognising the vital new partnership between health and social care, the Commission will continue to act as a catalyst for positive change and further improvement.
4. Since the last Cabinet Committee discussion at which an update was presented by the Leader, the Kent Health Commission has met once to focus on NHS finance and funding flows within the new system of CCG led commissioning. It also received updates on the development of integrated commissioning and service innovations identified in the Health Commission report.
5. In addition, members of the Commission have visited the highly innovative Estuary View Medical Practice in Whitstable, offering extended and wider services to local people within its surgeries. This includes its excellent minor injuries unit, providing high-quality and swift care 7 days a week, 365 days a year. The Practice offers an exciting model which the Commission would

encourage others to follow in providing cost-effective care closer to home, shorter waiting and improved patient experience.

6. For reference, the Kent Health Commission had previously reported to Corporate POSC January 2012 as part of the item on NHS and Public Health Reform. It has also been referred to in two reports to the Adult Social Care and Public Health POSC in March 2012.
7. **Integrated Commissioning** – The South Kent Coast Integrated Commissioning Plan will be a major advance in delivering integrated health and social care, building on the Commission's findings and joint working arrangements between CCG, Districts and County. This will include new models of preventative and community health, working with the Acute Trust to advance the shift in activity from acute to community health and demonstrating how integrated commissioning, pooled budgets and integrated health and social care services can bring about a transformation in health and social care leading to better patient care and outcomes.
8. The Health and Social Care Act 2012, gives a clear duty to Health and Wellbeing Boards to encourage integration between health and social care. The identification of services that should be integrated to improve patient outcomes needs to be identified through an integrated commissioning process, one that involves partners in health, social care and housing. As indicated, this is a relatively new way of working, and the involvement of District Councils in integrated commissioning is unique. A model for delivering Integrated Commissioning is being developed in the South Kent Coast CCG area (Dover and Shepway District Councils), and is focussed on the following key aims:
  - To improve the health and wellbeing of people living in Dover and Shepway who have long term conditions, enabling as many people as possible to manage their own condition better.
  - To enable disabled and older people to live safely in their community
  - To support families and carers with their caring roles
  - To ensure that the best possible care is provided at the end of people's lives.
9. The first draft of the South Kent Coast Integrated Commissioning Plan is currently being developed with an aim to present it to the Kent Health Commission at its October meeting. It will also be discussed at the next meeting of the Dover and Shepway Shadow Health and Wellbeing Board.
10. This commissioning model is not being developed in isolation; it will work alongside current commissioning models. Kent has seen the development of "federations" between CCGs and specialist teams to undertake commissioning in order that commissioning decisions in one area do not undermine or destabilise services in other areas.
11. **Pro-Active Care** – Applying the highly successful Merseyside model pioneered by a local GP which saw non-elective admissions to hospital fall by a remarkable 88%, Shepway is leading on pro-active care as one of the three strands of our Long Term Conditions work.

12. This work will establish a new model of working and a new relationship between patients and health and care workers, to improve health outcomes for those with long term conditions and reduce the need for hospital admissions as a result of crisis. Those **patients involved in the first wave are already experiencing significant benefits**. Over the medium to long term this approach will lead to resources being freed up to be reinvested in new community services.
13. Kent has “fast follower” status for the Department of Health “Year of Care tariff” project. This project is looking at how to establish the tariffs for Long Term Conditions, by measuring activity across a year of care. This is a complex work stream, as the tariff will need to be split at the point the service type changes. Need to ensure that the tariff and incentives are aligned with what is being identified as being required as part of the complex patient pathway, enabling commissioners to shift resources to the right services for the patient, to improve patient outcomes. For example, East Kent Hospital Trust (EKHUFT), recognises that many patient needs are better served in the community, but currently the services are not there to support them; by working with EKHUFT, other providers and commissioners, the most appropriate services can be provided. This will require a more dynamic relationship between CCGs and providers with a clear focus on maintaining a strong pace of change.
14. The KHC is continuing 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 a focus on preventative activity. It was agreed that the East Kent Hospital University Foundation Trust would be invited to attend future meetings of the commission, in order that the Trust could help inform discussions about future service development.
15. The KHC 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 this autumn.
16. As stated in the Health Commission Report, local government can play a powerful role in designing the future health and social care landscape – offering democratic accountability for the healthcare user at an immediate level, and helping coordinate a more joined-up system which makes the most appropriate use of both acute and non-acute services according to local need. Through the Health and Wellbeing Boards and the Kent Health Commission, we will continue to encourage this positive transformation in the interests of local people.

**Recommendation:**

1. The Committee is asked to note the report.

## **Background Documents**

- Update on Kent Health Commission Report – June 2012

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