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To: County Council – 28 March 2013

Subject: Delivering Better Healthcare for Kent

Classification: Unrestricted

Summary: The Health and Social Care Act 2012, introduces a number of new duties and responsibilities on local government in relation to the health reform agenda from 1 April 2013. These include the development of a Joint Health & Wellbeing Board (HWBB) and a Joint Health & Wellbeing Strategy (JHWS). County Council is asked to:

- (a) Approve the Terms of Reference and Standing Orders to move the shadow Health and Wellbeing Board to full status in line with legislative requirements, and recommendation from the Selection & Member Services Committee.
 - (b) Adopt the Joint Health and Wellbeing Strategy for Kent 2013 – 2014.
 - (c) Consider 'Delivering Better Healthcare for Kent' a KCC discussion document outlining the opportunities the health reforms present to improving health and social care in Kent.
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1. Introduction:

1.1 The health reforms being introduced through the Health and Social Care Act 2012, many of which begin from the 1 April 2013, provide an opportunity for local authorities to play an important leadership role, alongside GPs in new Clinical Commissioning Groups, in improving the health and wellbeing of local residents.

1.2 Joint Health and Wellbeing Boards are an essential part of the new system introduced by the 2012 Act. It is the first time that there has been a statutory vehicle for all of the key partners involved in the commissioning of health, social care and public health services to work together to identify population level need, develop shared priorities and integrate services to improve outcomes for patients and clients. Health and Wellbeing Strategies, as statutory documents setting out local priorities which commissioners must address when commissioning health and social care services, are vital to delivering more joined up services across both health and social care.

1.3 However, the formal mechanics of the Health and Social Care Act in the form of Health and Wellbeing Boards and Strategies are only one side of the equation. The agenda could not be more important given the significant financial challenges health and social care faces as a result of demographic and technological changes, with more people are living longer, often with multiple long-term conditions. The need to

move to a 21st century model of health and social care provides an opportunity to redesign how local healthcare systems work. By setting an ambitious agenda for reform, working with GP-led Clinical Commissioning Groups (CCGs) to provide system-wide leadership across health and social care, there is the opportunity to rapidly shift to a preventative model, with more integrated and better access to care, and care which is more 'joined up' to better treat the whole needs of the patient, rather than fragmented provision which treats individual conditions.

1.4 The aim of this paper is threefold. Firstly, to seek County Council's approval to take the Kent Health and Wellbeing Board out of shadow status, approving its governance arrangements as a full committee of the County Council from 1st April 2013. Secondly, to adopt the Joint Health and Wellbeing Strategy, which has been developed by the shadow Kent Health and Wellbeing Board over the last year, and finally to consider a discussion paper, 'Better Healthcare for Kent' which sets out, from a KCC perspective, what a new health and social care system might look like if the opportunities of the health reform agenda are fully exploited.

2. Establishing the Kent Health & Wellbeing Board as a full committee of County Council

2.1 Section 194 of the Health and Social Care Act 2012 specifies that each upper tier local authority must establish a Health and Wellbeing Board for its area. The shadow Kent Health and Wellbeing Board has been meeting on a bi-monthly basis since the summer of 2011. The legislation requires full Health and Wellbeing Boards to be operational (in non-shadow) from 1 April 2013.

2.2 The legislation and regulations have been drafted with the deliberate intention of allowing considerable flexibility for local authorities and their partners to set up and run Health and Wellbeing that suit local circumstances. It is the intention behind the legislation that all members of the Health and Wellbeing Board should be seen as equals and as shared decision makers. HWBBs are boards of commissioners, they are not commissioning boards in their own right.

2.3 Kent was one of only three two-tier local government areas where both the County Council and a District Council (Dover), were given early implementer status by the Department for Health for shadow HWBBs. Based on the successful arrangements developed in Dover and subsequently across the whole CCG area of South Kent Coast, a decision was taken by the shadow Kent HWBB last autumn to support the development of CCG level HWBBs as sub-committees of the Kent HWBB. These sub-committees will undertake the following work in support of the strategically focussed Kent HWBB:

- Develop CCG level Integrated Commissioning Strategy and Plan
- Ensure effective local engagement
- Local monitoring of outcomes
- Focus on locally determined health, care and public health needs.

2.4 By the end of March 2013, each CCG area will have a HWBB set up for its area. The terms of reference and procedure rules will be based on those of the Kent HWBB. Kent County Council's Code of Conduct for Members will apply to the sub-committees.

2.5 The approach that the HWBB has taken to both operating in shadow form and proactively developing a sub-committee structure, has been described by the Department of Health as a “shining example of what Health and Wellbeing Boards should be doing” and praised our desire to get on with the work of the board without waiting for detailed guidance from Whitehall. This paper formalises arrangements that have proven to work across both tiers, and for which there is clear appetite for across CCGs and local areas.

2.6 This highly innovative approach has meant that Kent is the only two tier authority area to develop an formal structure embedding the principles of localism into its arrangements, enabling CCGs and the District Councils (who have no formal role under the legislation but whom the County Council recognises have an important contribution to make to the health and social care agenda) in their areas to actively engage and deliver a bottom up approach to health and wellbeing. As the approach that Kent has taken is so innovative, the Kent HWBB will review these working arrangements after a year to share best practice and areas of development.

2.7 Selection and Member Services Committee considered the governance arrangements for the Kent Health and Wellbeing Board (including Membership, Terms of Reference and Standing Orders) at its meeting on the 14th March 2013, and recommended to County Council the establishment of the Kent Health and Wellbeing Board and the governance arrangements set out in Appendix A.

3. Developing the Draft Joint Health and Wellbeing Strategy

3.1 The Joint Health & Wellbeing Strategy is a statutory document that aims to inform and influence commissioning decisions about health and social care services in Kent. The commissioning plans produced by the Clinical Commissioning Groups, Public Health and Social Care services must reflect both the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.

3.2 The Joint Health and Wellbeing Strategy has been developed from the health needs identified in the Joint Strategic Needs Assessment (JSNA). The current JSNA can be found at <http://www.kmpho.nhs.uk/jsna/>. The key health issues identified in the JSNA are:

- Improving the health of children in their early years
- Improving lifestyle choices (particularly of young people)
- Preventing ill health and preventing existing health conditions from getting worse
- Shifting care closer to home and out of the hospital (including dementia and end of life care) and improving the quality of care
- Tackling health inequalities (e.g. for people with learning disabilities)

3.3 The shadow Kent Health and Wellbeing Board has led the development of the Joint Health and Wellbeing Strategy. It has received numerous reports and debated the content on seven separate occasions. It has also ensured that the statutory duty to engage and consult on the development of the JHWS was undertaken. Kent County Council developed a full engagement plan for the JHWS, the main elements of which were carried out during late summer and early autumn in 2012. The engagement feedback informed the final version of the JHWS. The engagement

process was designed to also feed into the development of Clinical Commissioning Group's commissioning plans.

3.4 The strategy has been developed against a background of unprecedented change in the NHS, both demographic (ageing population and population increase) and financial pressures. Whilst overall the population of Kent have good levels of health, there are areas where Kent lags behind other parts of the country. We also need to tackle the significant differences in people's health and wellbeing across the county.

3.5 The purpose of the strategy is to provide a focus for commissioners on the key issues that they need to tackle collectively through their commissioning plans with a specific focus on integrating commissioning to better join up services.

3.6 Attached at Appendix B is the final version of the Joint Health and Wellbeing Strategy for Kent. The strategy has identified five outcomes to focus on:

- Every Child has the best start in life
- Effective prevention of ill health by people taking greater responsibility for their health and wellbeing
- The quality of life for people with long term conditions is enhanced and they have access to good quality care and support
- People with mental ill health issues are supported to live well
- People with dementia are assessed and treated earlier

3.7 With limited resources available to partners, the JHWS focuses on the key health issues identified in the JSNA, including moving our focus from treatment to prevention. Key to this will be a significant shift of resources from the acute sector (hospitals) into community based health care. This will be achieved by increased integrated working between GPs and social care services to make it easier for people to get the provision they need. It also identifies opportunities for new ways of working to ensure services are aligned to meet people's needs.

3.8 We also want to have a more person centred approach, moving from treating individual conditions to treating the whole patient, providing easier access to services whilst enabling people to help them.

3.9 We have taken the decision to produce an initial 12-month strategy, in order that the Kent HWBB can support the timescale for the development of CCGs. A three-year strategy will be produced shortly, building on the knowledge of producing this initial twelve-month strategy.

4. Delivering Better Healthcare for Kent: Discussion Document

4.1 Attached at Appendix C is a KCC discussion document 'Delivering Better Healthcare for Kent.' It was launched by the Leader of the Council on 25th March 2013. 'Delivering Better Healthcare for Kent' sets out how KCC believes that the opportunities of the health reforms could be exploited to deliver better health outcomes for the people of Kent and better use of public money. It sets out the pressing need for a health and care system that is fit for the challenges of the 21st Century. To achieve this, everyone involved in the health and care system will need to take brave steps to radically rethink the way that care and support is delivered,

making it integrated at every step and centred around the needs of the patient. The discussion document sets out KCC's suggestions for how a reformed health and care system could look, if we fully realise the opportunities:

- Healthcare that is predominately based in the community, around GP surgeries and local clinics that offer an extended range of services, and use of new technologies and support to maintain people in their homes
- Use of innovative models such as Pro-Active Care to provide coordinated, enabling support for those most at risk of avoidable hospitalisation
- GPs as the coordinators of their patients' care, with integrated support from social care and other professionals
- A health and care system in the community that is available 24/7 with professionals like District Nurses, Health Visitors, physiotherapists, occupational therapists and others, providing personalised, coordinated support for patients - developing 'the team around the patient'
- A culture of quality in all areas of the health and care system, with respect dignity and compassion at the heart of everything we do
- Real accountability to patients and their families
- A range of providers of health and care services, encouraging innovation and driving high quality
- Public health services that support people to take responsibility for their health and wellbeing

4.2 'Delivering Better Healthcare for Kent' is accompanied by a short 8 minute film that has been prepared to raise awareness of the potential of the health reforms and what the health and care system could look like if they are realised.

4.3 The discussion document has been sent to all GP surgeries in Kent to invite debate with health colleagues around how the vision could be achieved.

5. Financial Implications

5.1 There are no direct additional financial implications. The outcomes identified in the JHWS will be met within current budgets and via CCG, Public Health and social care commissioning plans.

5.2 A District Council in each of the CCG HWBB areas has agreed to undertake the administration of the CCG HWBBs. The administration of the Kent HWBB has been undertaken for the last 18 months by Democratic Services, who will continue to support the HWBB as a committee of the County Council.

5.3 Due of the breadth of activity covered by the HWBB, the Policy and Strategic Relationships team, Public Health team and Strategic Commissioning team will continue to provide support to the Board and the sub-committees.

6. Risks

6.1 The main risks associated with the health reform agenda are that CCGs and other partners do not take the JHWS sufficiently into account in developing their own commissioning plans. The CCG authorisation process and the NHS Commissioning Board Local Area Team will require clear evidence that CCG Commissioning Plans consider the priorities and actions set out in the JHWS will manage this risk. In

addition, HOSC has the ability to scrutinise the work of the HWBB and partners in delivering health care.

7. Recommendations

7.1 County Council is asked to:

- (a) Approve the Terms of Reference and Standing Orders to move the shadow Health and Wellbeing Board to full status in line with legislative requirements,
- (b) Adopt the Joint Health and Wellbeing Strategy for Kent 2013 – 2014.
- (c) Consider 'Delivering Better Healthcare for Kent' a KCC discussion document outlining the opportunities the health reforms present to improving health and social care in Kent.

Appendices:

Appendix A: Health & Wellbeing Board: Governance Arrangements

Appendix B: Kent Joint Health and Wellbeing Strategy 2013 – 2014

Appendix C: Better Healthcare for Kent: A discussion paper

Background documents:

Section 193 of the Health and Social Care Act 2012
<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

Section 116A of the Local Government and Public Involvement in Health Act 2007
<http://www.legislation.gov.uk/ukpga/2012/7/section/193/enacted>

Draft Kent Joint Health and Wellbeing Strategy
<http://consultations.kent.gov.uk/consult.ti/health/consultationHome>

Report to Policy and Resources Cabinet Committee 22 November 2012

Report to Health Overview and Scrutiny Committee 7 September and 12 October

Reports to the Kent Shadow Health and Wellbeing Board on the: 23 November 2011, 18 January 2012, 21 March 2012, 18 July 2012, 19 September 2012, 21 November 2012 and 30 January 2013.

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