

The Kent Health and Wellbeing Board

Roger Gough

Cabinet Member for Education & Health Reform

HOSC 11 October 2013

Kent HWB Membership

- The Leader of Kent County Council or his nominee
- Corporate Director for Families and Social Services
- Director of Public Health
- Cabinet Member for Adult Social Care & Public Health
- Cabinet Member for Education and Health Reform
- Cabinet Member for Specialist Children's Services
- Clinical Commissioning Group representation: up to a maximum of two representatives from each consortium (e.g. Chair of CCG Board and Accountable Officer)
- A representative of the Local HealthWatch
- A representative of the NHS Commissioning Board Local Area Team
- Three elected Members representing the District/Borough/City Councils (Swale BC, Tunbridge Wells BC and Dover DC nominated through the Kent Leaders)

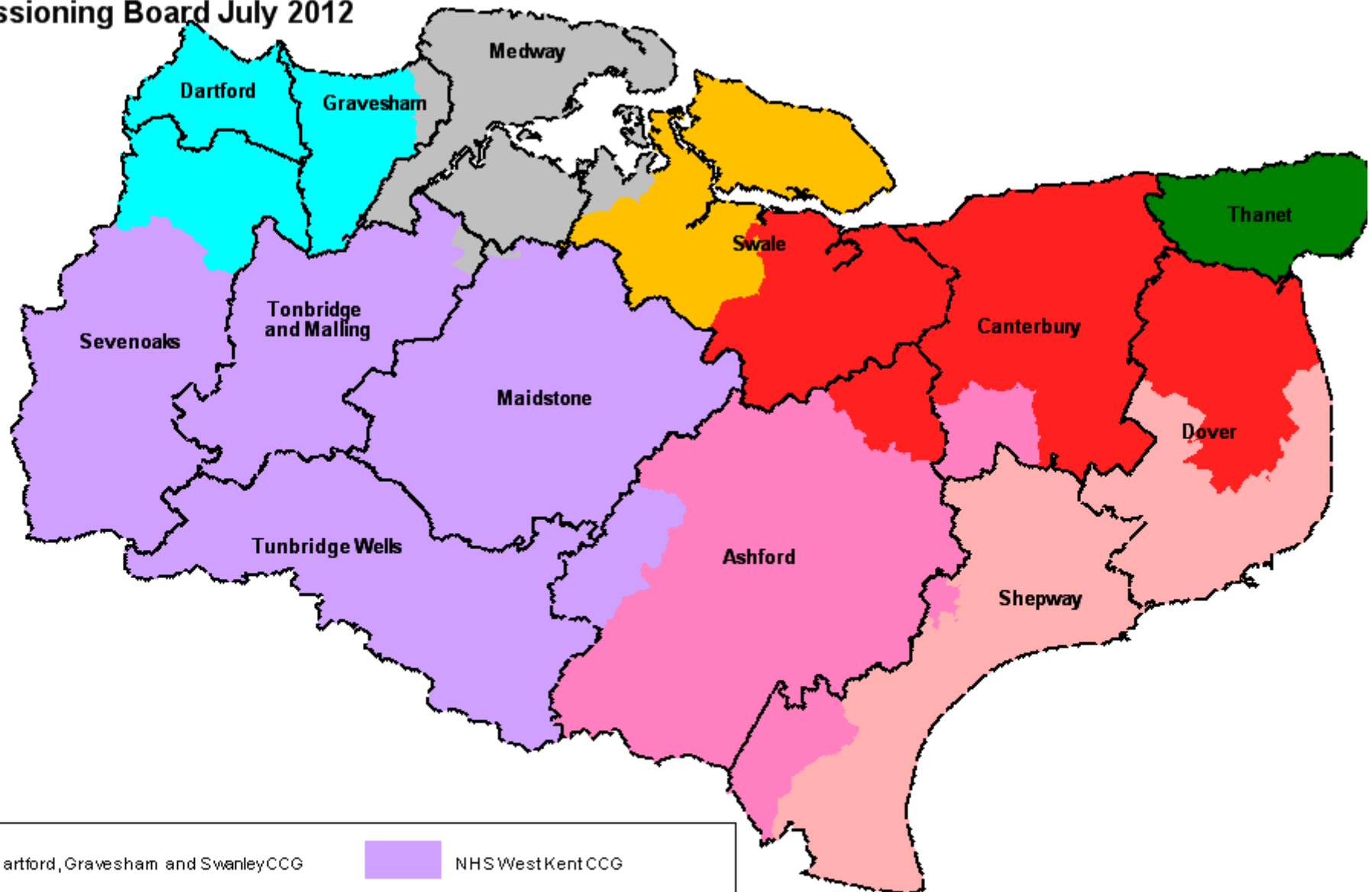
Responsibilities of the HWB










- Joint Strategic Needs Assessment (JSNA)
- Pharmaceutical Needs Assessment (PNA)
- Kent Health and Wellbeing Strategy
- Ensuring the commissioning plans of the CCGs, 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

Achievements so far

- Work over last 3 years building on GP and Council relationships
 - “Members and GPs working together”
 - Kent HWB meeting in shadow form since September 2011. Formal committee of KCC since April 2013
 - All CCGs represented on the Board and 3 District reps
 - JSNA published – district & CCG chapters
 - Health & Wellbeing Strategy published. Developing Strategy for 2014-2017
 - HWB’s priorities linked to the 5 outcomes in HWBS: Young people, prevention of ill health, LTC, mental health and dementia
 - March 2013 - Endorsement of the 7 CCG operating plans
 - Established 7 locally-focused HWBs that align with the CCG structure. Now sub-committees of Kent HWB
 - Pioneer Bid submitted summer 2013
 - Integration Transformation Fund – increased sense of urgency!
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at Commissioning Groups and District Boundaries
Commissioning Board July 2012



	NHS Dartford, Gravesham and Swanley CCG		NHS West Kent CCG
	NHS Medway CCG		NHS Ashford CCG
	NHS South Kent Coast CCG		NHS Canterbury and Coastal CCG
	NHS Swale CCG		District Boundary
	NHS Thanet CCG		

Division of Labour between the local and Kent HWB

- The Kent HWB Board will add value by:
 - Tackling big strategic issues which cut across geographies e.g reconfiguration across CCG boundaries
 - Using the JSNA and HWBS to identify gaps across Kent which need addressing
 - Diffusing best practice across Kent
 - Broader Kent-wide thinking where appropriate

CCG based HWBs

- Size and complexity of Kent
 - Local Boards: district or CCG based?
 - Dover and Shepway experience
 - CCG option agreed at last September's HWB. Key areas of focus include:
 - CCG level Integrated Commissioning Strategy & Plan
 - Ensuring effective local engagement
 - Endorse and secure joint arrangements e.g pooled budgets for commissioning, partnership arrangements for service integration
 - Local monitoring of outcomes
 - Informal meetings have been set up and “show and tell” sessions have identified key issues and gaps
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CCG level HWBs

- Membership includes:
 - Local Government:
 - District Council(s) senior Member representative(s) and Officer reps
 - At least one KCC Member (Cabinet Member or nominee)
 - KCC Social Care Director & Commissioning Manager
 - Public Health representative
 - Children's link to be identified
 - CCG - At least one GP and a Senior CCG Officer
 - Healthwatch and /or other public engagement forum representative
 - Programme of support from NHS Leadership Academy from Jan 2013
 - Integrated commissioning plans are in place
 - Each local HWB is looking at sub-architecture e.g Integrated Commissioning Groups, Children's Groups to replace LCTBs
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CCG level HWBs

CCG Level HWB	Chair	Priorities	Initial Meetings
Ashford	Cllr Michael Cloughton	LTC and Young people	24.7.13 & 23.10.13 Future dates being set
South Kent Coast	Cllr Paul Watkins	LTC, community pharmacy, intermediate care services, linked to Troubled Families	Meetings held bi-monthly
Canterbury & Coastal	Dr Mark Jones	Urgent care review, LTC	9.7.13 Future dates being set
West Kent	Dr Bob Bowes	Mapping the future, health inequalities, LTC	Bi-monthly meetings in place
Thanet	Dr Tony Martin	Health inequalities and LTC	30.5.13 & 29.7.13 Future dates being set
DGS	Roger Gough	Health inequalities and LTC	Bi-monthly meetings set up
Swale	Andrew Bowles	LTC and integrated commissioning plan with DGS	24.7.13 Future dates being set

New Ways of Working

**Integrated Health & Social Care teams
(Kent wide, focus on Dover & Shepway)**

**Urgent care work
(East Kent)**

**Integrated Commissioning Groups
for each CCG HWB**

**Health & Social Care Co-ordinators
(Kent wide, focus on West Kent, Canterbury & Swale)**

**Pro-Active Care
(Folkestone)**

Integration Pioneer Bid

Integration Transformation Fund

Integrated care around the family

**Patient Records
(across Kent)**

Assisted Technology

**Connecting Communities
(Thanet)**

**Children's Centres
(across Kent)**

**Integrated Adolescent Support Service
(Thanet, Dartford, Ashford, Tunbridge Wells)**

**Year of Care Tariff
(across Kent)**

**Mapping the Future
(West Kent)**

**Health Visitors
(across Kent)**

Integration Pioneer Programme

What we will achieve in 5 years:

Integrated Commissioning:

- Design and commission new systems-wide models of care that ensure the financial sustainability of health and social care services; a proactive, rather than a reactive model that means the avoidance of hospital and care home admissions.
- The Health and Wellbeing Board will be an established systems leader.
- Clinical Design partnerships between the local authority and CCGs with strong links to innovation, evaluation and research networks.
- Year of Care tariff financial model and risk stratification will be tested and adopted at scale.
- Integrated budget arrangements as the norm alongside Integrated Personal Budgets.
- Outcomes based contracts supported by new procurement models will be in place that incentivise providers to work together.

Integration Pioneer Programme

What we will achieve in 5 years:

Integrated Provision:

- Good person centred integrated care will be evidenced through use of the Narrative Proactive models of 24/7 community based care, with fully integrated multi-disciplinary teams. The community / primary / secondary care interfaces will become integrated.
- A new workforce with skills to deliver integrated care.
- Leadership of the integrated workforce with a commitment to 'place'.
- Integrated IT systems to improve patient / service user care, underpinned by personal health records that can be accessed by the individual
- We will systematise self care so that people with long term conditions can do more to manage their own health and social care needs to prevent deterioration and overreliance on services.
- New kinds of services that bridge current silos of working where health and social care staff can "follow" the citizen, providing the right care in the right place.

Target: Full Integration by 2018

- Integration Transformation Fund - £3.8 bn
- Pooled budget – LA and NHS equal partners
- Fully integrated system in place by 2018
- Plan in place for delivery March 2014
- Pioneer Programme - the vehicle for delivery?
- £1bn “at risk” funding split over 15/16 financial year
- Will only work if services are redesigned to move activity from acute sector to the community and primary care
- Involvement of providers is critical
- Implementation of plans may lead to significant hospital reconfiguration