A meeting of this Committee will be held on:

**Date:** Tuesday, 25 April 2017  
**Time:** 4.00pm  
**Venue:** Meeting Room 2 - Level 3, Gun Wharf, Dock Road, Chatham ME4 4TR

<table>
<thead>
<tr>
<th>Membership</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Councillor David Brake (Chairman)</td>
<td>Portfolio Holder for Adult Services</td>
</tr>
<tr>
<td>Dr Andrew Burnett</td>
<td>Interim Director of Public Health</td>
</tr>
<tr>
<td>Councillor David Carr</td>
<td></td>
</tr>
<tr>
<td>Councillor Howard Doe</td>
<td>Deputy Leader and Portfolio Holder for Housing and Community Services</td>
</tr>
<tr>
<td>Ann Domeney</td>
<td>Interim Deputy Director, Children and Adults Services</td>
</tr>
<tr>
<td>Councillor Gary Etheridge</td>
<td></td>
</tr>
<tr>
<td>Cath Foad</td>
<td>Chair, Healthwatch Medway</td>
</tr>
<tr>
<td>Pennie Ford</td>
<td>Director of Assurance and Delivery, NHS England South (South East)</td>
</tr>
<tr>
<td>Dr Peter Green (Vice-Chairman)</td>
<td>Clinical Chair, NHS Medway Clinical Commissioning Group</td>
</tr>
<tr>
<td>Councillor Adrian Gulvin</td>
<td>Portfolio Holder for Resources</td>
</tr>
<tr>
<td>Councillor Andrew Mackness</td>
<td>Portfolio Holder for Children's Services - Lead Member (statutory responsibility, including education)</td>
</tr>
<tr>
<td>Councillor Vince Maple</td>
<td>Leader of the Labour Group</td>
</tr>
<tr>
<td>Dr Antonia Moore</td>
<td>Elected Clinical Member, NHS Medway Clinical Commissioning Group</td>
</tr>
<tr>
<td>Caroline Selkirk</td>
<td>Accountable Officer, NHS Kent and Medway Clinical Commissioning Group</td>
</tr>
<tr>
<td>Ian Sutherland</td>
<td>Director, Children and Adults Services</td>
</tr>
</tbody>
</table>
Agenda

1 Apologies for absence

2 Record of meeting (Pages 5 - 16)

To approve the record of the meeting held on 14 March 2017.

3 Declarations of disclosable pecuniary interests and other interests

A member of the Board need only disclose at any meeting the existence of a disclosable pecuniary interest (DPI) in a matter to be considered at that meeting if that DPI has not been entered on the disclosable pecuniary interests register maintained by the Monitoring Officer.

A member disclosing a DPI at a meeting must thereafter notify the Monitoring Officer in writing of that interest within 28 days from the date of disclosure at the meeting.

A member may not participate in a discussion of or vote on any matter in which he or she has a DPI (both those already registered and those disclosed at the meeting) and must withdraw from the room during such discussion/vote.

Board members may choose to voluntarily disclose a DPI at a meeting even if it is registered on the council’s register of disclosable pecuniary interests but there is no legal requirement to do so.

Members should also ensure they disclose any other interests which may give rise to a conflict under the council’s code of conduct.

In line with the training provided by the Monitoring Officer members will also need to consider bias and pre-determination in certain circumstances and whether they have a conflict of interest or should otherwise leave the room for Code reasons.

4 Urgent matters by reason of special circumstances

The Chairman will announce any late items which do not appear on the main agenda but which he/she has agreed should be considered by reason of special circumstances to be specified in the report.

5 Sustainability and Transformation Plan - Transforming Health and Social Care In Kent And Medway (Pages 17 - 82)

The draft Kent and Medway Health and Social Care Sustainability and Transformation Plan (STP) was published on 23 November 2016. This report updates the Board on the progress made since the last update presented in February 2017.
The presentation to the Board will focus on the ‘Our Case for Change’ document published on 24 March 2017 and the emerging service model, particularly proposals in relation to local care.

6 Better Care Fund 2017-19 (Pages 83 - 86)

This report notes the Adult Social Care Budget Package announced in the Spring Budget on 8 March 2017 and provides an update on the timescale for development of a Better Care Fund plan for 2017-2019.

7 Protocol Setting Out the Relationship Between Key Strategic Boards in Medway (Pages 87 - 96)

The report accompanies a revised and updated Protocol, which sets out the roles and responsibilities of the different strategic partnerships working across Medway Council in relation to safeguarding and wellbeing. The Health and Wellbeing Board is asked to note the Protocol and sign up to its implementation.

8 Corporate Parenting Board Annual Report (Pages 97 - 106)

This report provides a briefing to the Health and Wellbeing Board on the role and challenge function of Medway’s Corporate Parenting Board, the key focus and achievements over the last 12 months.

9 Work Programme (Pages 107 - 110)

This report advises the Board of the forward work programme for discussion in the light of latest priorities, issues and circumstances. It gives the Board an opportunity to shape and direct the Board’s activities.

For further information please contact Jon Pitt, Democratic Services Officer on Telephone: 01634 332715 or Email: democratic.services@medway.gov.uk

Date: 13 April 2017

Reporting on the meeting: Members of the press and public are entitled to report on this meeting except where the public are excluded, as permitted by law. Reporting includes filming and recording of the proceedings and use of the internet and social media such as tweeting and blogging to report the proceedings. Guidance for people wishing to exercise this right is available on the Council’s website and in the public seating area at the meeting.

It is helpful if people wishing to film the proceedings could contact the Council’s media team in advance on 01634 332736 or by email to pressoffice@medway.gov.uk. Please sit in the front row or other designated area if you wish to report on the meeting. If you
are attending and do not wish to be filmed or recorded please sit at the back of the public seating area.


Please note that parking is available at Gun Wharf from 4pm

This agenda and reports are available on our website www.medway.gov.uk

A summary of this information can be made available in other formats from 01634 333333

If you have any questions about this meeting and you want to speak to someone in your own language please ring 01634 335577
Medway Council
Meeting of Health and Wellbeing Board
Tuesday, 14 March 2017
4.00pm to 5.35pm

Record of the meeting
Subject to approval as an accurate record at the next meeting of this committee

Present:
Councillor David Brake, Portfolio Holder for Adult Services
(Chairman)
Dr Andrew Burnett, Interim Director of Public Health
Councillor David Carr
Councillor Gary Etheridge
Cath Foad, Chair, Healthwatch Medway
Dr Peter Green, Clinical Chair, NHS Medway Clinical Commissioning Group (Vice-Chairman)
Councillor Adrian Gulvin, Portfolio Holder for Resources
Councillor Andrew Mackness, Portfolio Holder for Children's Services - Lead Member (statutory responsibility, including education)
Dr Antonia Moore, Elected Clinical Member, NHS Medway Clinical Commissioning Group
Caroline Selkirk, Accountable Officer, NHS Kent and Medway Clinical Commissioning Group
Ian Sutherland, Director, Children and Adults Services

In Attendance:
Mark Breathwick, Head of Strategic Housing
John Brit, Head of Adults’ (25+) Partnership Commissioning and Better Care Fund
Scott Elliott, Head of Health and Wellbeing Services
Dave Harris, Head of Planning
Stuart Jeffery, Chief Operating Officer, Medway CCG
Jon Pitt, Democratic Services Officer
Sidikatu Solaru, Lawyer

814 Chairman's Announcements

The Chairman advised that he had agreed to cancel the informal Health and Wellbeing Board meeting due to take place on Monday 13 March. An e-mail would be circulated to Board Members to confirm this.

The Board was asked to note that NHS England had advised that they would no longer be attending the Health and Wellbeing Board on a regular basis.
Instead, NHS England would attend where specifically requested to in relation to an item on the agenda.

A number of Board Members were extremely disappointed at the decision taken by NHS England and the fact that no consultation had been undertaken in advance. It was agreed that these concerns would be raised through the appropriate channels.

**815 Apologies for absence**

Apologies for absence were received from Board Members Councillor Howard Doe, Councillor Vince Maple, Ann Domeney, Interim Deputy Director of Children and Adults and from Pennie Ford, NHS England.

Apologies had also been received from invited attendees Lesley Dwyer, Chief Executive of Medway Foundation Trust and from Martin Riley, Managing Director of Medway Community Healthcare.

Members of the Board expressed their disappointment than none of the four invited attendees were present and it was agreed that this would be considered further outside the meeting.

**816 Record of meeting**

The record of the meeting held on 2 February 2017 was approved and signed by the Chairman as a correct record.

**817 Declarations of disclosable pecuniary interests and other interests**

**Disclosable pecuniary interests**

There were none.

**Other interests**

There were none.

**818 Urgent matters by reason of special circumstances**

There were none.

**819 Medway CCG Operational Plan 2017 to 2019**

**Discussion**

The Medway CCG Operational Plan 2017 to 2019 was introduced by the Chief Operating Officer of Medway NHS Clinical Commissioning Group (CCG). He advised that there was a statutory duty for a CCG to produce an operational plan, with Medway NHS CCG having produced a two year plan. There were a range of strategic drivers underpinning the plan, which included the Medway...
Joint Strategic Needs Assessment (JSNA), the Kent and Medway Health and Social Care Sustainability and Transformation Plan (STP), the Medway Local Plan and local care arrangements. The Plan, which was also influenced by national priorities, was framed around nine ‘must do’s’ which had been set out by NHS England.

The Operational Plan included the following sections:

- Sustainability and Transformation Plan – this section was replicated in all CCG operational plans across Kent and Medway
- Finance and Quality, Innovation, Productivity and Prevention (QIPP)
- Local care – this included the Medway Model, GP Forward View, Healthy Living Centres and prevention work
- Primary care, community services, prevention, integration and coordinated care
- Urgent and emergency care
- Planned care
- Cancer
- Mental health
- Learning Disabilities: Transforming Care
- Improving Quality
- Enablers – this includes areas of work such as IT and Estates which will facilitate improved services in relation to the other areas.

The Board raised a number of points and questions as follows:

**Contents of Plan** – A Member of the Board said that strategic plans should contain a clearly defined roadmap setting out what had already been achieved and future plans. Operational Plans should include milestones and conditions for success. They should set out activities and budgets for the time period covered by the plan. There should also be a list of objectives, detail of the activities required to deliver these and information in relation to quality standards and staffing and resource requirements. Plans should also set out an implementation timetable. There was no clear roadmap within the Operational Plan presented and the Member also considered that details of joint working required with other organisations should be clearly set out in the Plan.

In response, the Chief Operating Officer advised that the contents of the Plan were somewhat constrained by NHS England requirements. It was noted that although no detailed budgetary information had been included in the main Plan, there was some budgetary information in one of the appendices. The Plan did also contain some clear deliverables and timescales, planned care being one example.

**Housing Needs** – A Member said that some good joint work had taken place in relation to estates. It was requested that more detail of joint working in relation to this be included in the Plan. There was an opportunity for the Council to facilitate the provision of new accommodation at some premises in order to help meet the need for 30,000 new homes to be built in Medway during the
next few years. The Member suggested that the development of Extra Care accommodation could be explored and that this should be at the forefront of future development in Medway. The Chief Operating Officer acknowledged that utilising estates effectively was a significant enabler, with the Accountable Officer of the CCG agreeing that there was a significant opportunity in relation to estates. The CCG would be looking to engage with the Council in this area. Support from Councillors was particularly welcome.

Revisions to the Plan – In response to a Member question that asked whether it was possible for revisions to be made to the Plan, the Chief Operating Officer stated that this would be possible as the Plan had not yet been signed off by NHS England. The Accountable Officer advised that, although it would be possible to amend the Plan, it was seen as being an evolving document with the focus being on how thoughts and ideas would translate into improved health provision.

Executive Summary of the Plan – A Member stated that the Executive Summary of the Plan should set the theme of the main document. He considered that the Executive Summary presented did not do this effectively as children and young people were not mentioned sufficiently and the role of technology was also not mentioned. Other gaps included the need to highlight successes in relation to delayed discharge from hospital as well as including information in relation to workforce strategy and the need to promote Medway as a place where health professionals would want to work. The Member considered that there was a lack of focus in other parts of the document, although it was helpful and constructive overall. The CCG representatives agreed that additions would be made to the Executive Summary, particularly in relation to children and young people. It was also agreed that further discussion was required with regard to promoting Medway as a place.

The Interim Director of Public Health was fully supportive of the need for there to be a greater focus on children and young people in the executive summary. This was covered throughout the document. The mental health of children was particularly important as the majority of mental health issues experienced by adults started in childhood. The Interim Director also welcomed the support offered in relation to the prevention agenda and emphasised the need to prevent avoidable ill health and disability. The emphasis on cancer was also welcome in view of the fact that Medway had above average mortality rates, as was the importance placed on staff training by the CCG. The reference to the Medway and Swale Centre for Organisational Excellence (MASCOE) in the Operational Plan was also welcome. The Chairman of the Board noted that the Operational Plan was a part of the overall Kent and Medway Sustainability and Transformation Plan. He considered that Medway was well represented in this process.
Health and Wellbeing Board, 14 March 2017

Decision

The Board:

i) Reviewed and commented on the contents of the Medway NHS CCG Operational Plan and confirmed that it considered that the commissioning intentions took account of the Medway Joint Health and Wellbeing Strategy.

ii) Requested that information in relation to children's services and other areas identified by the Board be added to the Executive Summary of the Operational Plan and that further consideration be given to the structure of the document.

iii) Acknowledged the importance of underutilised estates in helping to meet the housing needs of Medway.

820 Housing (Demand, Supply and Affordability Task Group: Progress Report

Discussion

The Head of Planning and the Head of Strategic Housing introduced an update on the progress made in relation to the recommendations made by the Housing (Demand, Supply and Affordability) Task Group in May 2016. The key points made by officers were as follows:

- It was recognised that through the Local Plan, the Council needed to comply with the objectively assessed needs of different groups of people. Without this there was likely to be increased overcrowding.
- There were between 6,000 and 7,000 planning applications for new homes in Medway that had been granted where construction had not yet taken place. There was a need to work with developers to address this.
- The Government’s Housing White Paper had proposed reducing the lifespan of planning applications and allowing the success of developers in implementing previous approvals to be taken into consideration when future applications were considered. The possibility of compulsory purchases by local authorities of sites that were not being developed was also proposed.
- The White Paper also set out funding for accelerated construction of housing. The Council had submitted an expression of interest for this funding.
- The Council was working with developers to look at how the planning pre-application stage could be enhanced.
- Work was being undertaken to upskill the local workforce to increase the amount of construction that could take place. Mid Kent College and Medway University Technical College were supporting this work. A Kent and Medway Protocol had been developed.
- The Homebond scheme was supporting 125 applicants to access the private sector rental market each year. There was scope to develop this
Health and Wellbeing Board, 14 March 2017

further, with work taking place with the Landlords’ Forum to develop the scheme.

- The Council’s Housing Allocation Policy prioritised enabling social housing tenants living in a house larger than they needed to move to a smaller property.
- Advice was provided to local people in relation to affordable home ownership.
- 60% of new housing in the UK was constructed by ten firms. There was a need to encourage more small and medium size builders to develop in Medway as large builders could not meet all local house building needs.
- A benchmarking exercise had been undertaken with Kent to look at private sector rented standards. This had established that Medway had mid-range staffing levels per 1,000 tenancies in the private sector compared to other areas.

The Board raised a number of points and questions as follows:

**Accommodation for looked after children** - A Member highlighted that there was no reference to children or young people in the papers presented to the Board. He suggested that better collaboration was required between housing and children’s services, partly to reduce the need for people to be housed in relatively high cost private sector accommodation. Nationally, there had been a failure to ensure appropriate accommodation for looked after children and care leavers.

Another Member, who was Chairman of the Medway Property Board and Special Housing Projects Board said that work was being undertaken to address these concerns, with feedback received from looked after children suggesting that the standard of accommodation offered to them was sub-standard.

Officers acknowledged that stronger working was required between housing and children’s services. There were opportunities to work with developers and within the Council to ensure that the housing provided met local needs of distinct groups, such as young people or those with learning disabilities.

It was suggested that the Board should be provided an update on looked after children. It was clarified that this should be a separate item from the Corporate Parenting Board Annual report that was due to be presented to the April meeting of the Board.

**House Building** – A Member advised that there had previously been funding available from the Housing Revenue Account to deliver new builds, with around 50 such constructions having taken place in the previous two to three years. This funding was no longer available due to a requirement for the Council to reduce rents by 1% per year. The possibility of the Council forming a property and building company to build houses was being investigated.

Opportunities for the development of underutilised sites owned by the Council were being investigated, including the potential for development of underused...
car parks. The provision of community facilities and health facilities to support house building was also being considered. The Council looked to take action where sites that it was the freeholder of became vacant. One example of this was the closure of Tesco in Chatham. The Council had found a new tenant for the site. Pod accommodation was being considered as a way to meet some of Medway’s housing needs. The Council had also purchased some properties in order to provide temporary accommodation.

Report Context – The Clinical Chair of Medway NHS Clinical Commissioning Group said that it would have been useful for the health context to have been included in the report presented. The Head of Planning advised that the purpose of the report provided was to update the Board on implementation of the recommendations of the Housing Task Group, which was the reason for the report being in the format provided.

Vacant Property – A Member said that there was some property in Medway that had been vacant for a long period where no action appeared to have been taken. The Member questioned what was being done to address this. Officers advised that provisions in the Housing White Paper targeted this. Local authorities would be permitted to increase planning fees by up to 20% on condition that these fees were used to bring empty properties back into use. It was anticipated that a report would be presented to Council by May 2017 with a view to increasing the fees. This income would then be used for a Derelict Buildings Officer.

Interim Director of Public Health comments – The Interim Director said that the provision of good quality housing was important in order to improve health and wellbeing. The availability of appropriate housing could help patients to leave hospital sooner where there was no medical need for them to remain. Housing also needed to be affordable for the key workers providing services. The organisations represented on the Health and Wellbeing Board had a role to play in lobbying and raising awareness to support increasing the amount of appropriate housing in Medway.

Decision

The Board:

i) Commented on the report in the context of both its Members’ clients/patients and their current and future staff and provided Individual organisational commitment to support the report’s recommendations.

ii) Agreed that an update on Looked After Children be added to the Board’s Work Programme.
Discussion

The Senior Public Health Manager introduced an update on the National Diabetes Prevention Programme. Medway had been given Demonstrator site status by the National Diabetes Prevention Programme. Locally, the work had been a success with Public Health Medway, NHS Clinical Commissioning Group (CCG) and primary care colleagues working together to demonstrate that Medway can be an innovator and leader in diabetes prevention. It was anticipated that targets would be exceeded in terms of both the number of people participating in the Diabetes Prevention Programme in Medway and in terms of the outcomes achieved. Public Health had been awarded a further year long contract by NHS England to continue to deliver the programme in Medway. An extra 400 people had been supported in the current year compared to the target. The aim was, over the next 12 months, to further improve the service and outcomes for those participating in the programme.

The Board raised a number of points and questions as follows:

Patient Outcomes – A Member asked what action had been taken in relation to the 21% of people who had participated in the Programme for six months who had not maintained their reduced risk. The Senior Public Health Manager advised that there would always be some people who were not able to sustain a reduced risk. These people had the option to repeat the programme.

The Clinical Chair of Medway CCG considered the programme to have been a success and that it was a good example of joint working between the CCG and Public Health. Given that diabetes risk tended to increase with no intervention, achieving a 79% figure for people maintaining or improving their risk was considered to be very good. The Interim Director of Public Health said that Diabetes Prevention was important as diabetes was becoming more common, it being the commonest cause of blindness in those aged under 65 and the commonest cause of kidney failure.

Celebrating Success – A Board Member said that good news, such as the achievements of the Diabetes Prevention Programme in Medway, should be celebrated. He considered that this should provide confidence for more projects to be undertaken.

The Chairman agreed that the progress made had been good and congratulated colleagues on the work undertaken.

Decision

The Board noted the progress in delivering the NDPP locally and agreed to continue to support the Project Board, in delivering the programme objectives, particularly in terms of supporting prevention (in this case, the identification of people with pre-diabetes and thus at risk of developing diabetes) through both commissioning processes and provider care pathways.
822 Dementia Task Group Report - ‘How far has Medway gone in becoming a Dementia Friendly Community’

Discussion

The Head of Adults’ (25+) Partnership Commissioning and the Better Care Fund introduced the report of the Dementia Task Group. The Councillor Members of the Task Group had undertaken external visits and participated in a number of evidence sessions. The report summarised the outcomes and recommendations arising from this work.

The key conclusions of the Task Group included the need for the Council to lead by example to ensure that its staff and services are dementia friendly. There was also support for the Test for Change Pilot in Rainham and the development of the Council’s existing Dementia Strategy. The importance of the Medway Dementia Action Alliance had also been recognised, including the need to work with the Alliance to ensure that the anticipated submission of an application for Medway to be recognised as a Dementia Friendly Community was a success. The review had also recognised the constraints on financial resources.

The Risk Management section of the covering report stated that there were no risks arising from the report. There had been discussions between system leaders to ensure that, in the event that there were specific changes to services, these would be incorporated within service development.

The Board raised a number of points and questions as follows:

Role of the Council in promoting a dementia friendly community: A Member considered that the Council had a key role to play in encouraging staff, Members and external organisations to be dementia friendly. It was suggested that contractors should also have a responsibility in this area and that this could be made a condition of contracts awarded by the Council. It was requested that further work be undertaken in this area.

A Board Member, who was also Chairman of the Procurement Board, said that he would ensure that the matters raised in relation to procurement were considered by the Procurement Board. He advised that Council suppliers had already been encouraged to sign up to the White Ribbon campaign that worked to stop violence against women. The Board Member was also Chairman of the Transformation Board and it was suggested that how to make digital transformation work for people with dementia could be considered.

Communications and Engagement: A Board Member said that the report was excellent. In relation to communications and engagement, he suggested that there should be a focus on effective communication with people living with dementia as well as on communication with carers.
Health and Wellbeing Board, 14 March 2017

**Wording of Recommendation:** It was requested that the word “diagnostic” be removed from recommendation 22. This was due to the fact that dementia could not be accurately diagnosed through a scan. Scanning was part of the process used to diagnose dementia and was used to rule out other causes of particular symptoms. The revised recommendation would read as follows:

“That the Partnership Commissioning Teams should work with Medway NHS Clinical Commissioning Group and Medway NHS Foundation Trust to seek to reduce waiting times for scans.”

The Healthwatch Medway representative on the Board advised that the Citizens’ Advice Bureau and Healthwatch had secured external funding for dementia action.

The Director of Children and Adults welcomed the news that the Citizens’ Advice Bureau and Healthwatch had secured dementia funding. He acknowledged that there was a risk that the Task Group’s recommendations would not be implemented effectively by all the constituent members of the Health and Wellbeing Board. A key aspect of the Task Group’s work was the focus on the impact of dementia on the wider community, rather than solely from a health and social care perspective. There was a need to ensure that people with dementia were able to lead full and valued lives for as long as possible and that they were able to be included in all aspects of their local community. One example of improving community provision was that bus operator, Arriva, the company having contributed to the Task Group, would be putting measures in place to ensure that their services became more dementia friendly.

The Chairman of the Board said that dementia provision was becoming increasingly important given that there were nearly 2,900 people living with dementia in Medway in 2015 and that this number was expected to increase in time. The Chairman referenced the case of the Chair of the Medway Dementia Action Alliance, who was herself living with dementia. She had developed strategies to cope with having dementia which had enabled her raise dementia awareness in the local community. The Chairman considered this contribution to be inspiring.

**Decision**

The Board:

i) Considered the recommendations of the Dementia Task Group and provided comments ahead of it being presented to the Health and Adult Social Care Overview and Scrutiny Committee, the Regeneration, Culture and Environment Overview and Scrutiny Committee and Cabinet.

ii) Members committed to encouraging their respective organisations to ensure that they support Medway becoming a Dementia Friendly

This record is available on our website – [www.medway.gov.uk](http://www.medway.gov.uk)
Community and subject, to approval of the Council’s Cabinet, support implementation of the Task Group’s recommendations.

iii) Recommend that recommendation 22 of the Task Group report should be amended to remove the word “diagnostic”.

823 Work Programme

Discussion

The Board reviewed the current work programme. A Member noted the importance of the Protocol Setting Out the Relationship Between Key Strategic Boards in Medway, a review of which was due to be presented to the April 2017 meeting of the Board.

Decision

The Board noted the current work programme and agreed to add an update on Looked After Children.

Chairman

Date:

Jon Pitt, Democratic Services Officer

Telephone: 01634 332715
Email: democratic.services@medway.gov.uk
This page is intentionally left blank
HEALTH AND WELLBEING BOARD

25 APRIL 2017

SUSTAINABILITY AND TRANSFORMATION PLAN – TRANSFORMING HEALTH AND SOCIAL CARE IN KENT AND MEDWAY

Report from: Ian Sutherland, Director of Children and Adult Services

Author: Jon Pitt, Democratic Services Officer

Summary:

The draft Kent and Medway Health and Social Care Sustainability and Transformation Plan (STP) was published on 23 November 2016. This report updates the Board on the progress made since the last update presented in February 2017.

The presentation to the Board will focus on the ‘Our Case for Change’ document published on 24 March 2017 and the emerging service model, particularly proposals in relation to local care.

1. Budget and Policy Framework

1.1 The Sustainability and Transformation Plan (STP) outlines the intention of the Kent and Medway health and care system to deliver an integrated health and social care model that focuses on delivering high quality, outcome focused, person centred, coordinated care that is easy to access and enables people to stay well and live independently and for as long as possible in their home setting. This works within the Council’s policy and budget framework, particularly the priority for local residents to have the best start in life and maintain their independence and live healthy lives.

1.2 The plan proposes key service change over the next five years to achieve the right care for people for decades to come as well as helping us to contribute to the delivery of the NHS Five Year Forward View, which sets out the national vision for health and social care.

1.3 The proposals within the STP align well with the strategic objectives identified within Medway Council’s Adult Social Care Strategy: “Getting Better Together”.
2. **Background**

2.1 In December 2015, the NHS shared planning guidance 2016/2017 – 2020/2021 aimed to ensure that health and care services are tailored to their local populations. In order to achieve this, the Kent and Medway health and care system was requested to produce a multi-year Sustainability and Transformation Plan, showing how local services will evolve and become sustainable over the next five years, with a view to delivering the Five Year Forward View vision of better health, better patient care and improved NHS efficiency.

2.2 To deliver a plan which addresses the needs of the Medway population, health and care organisations formed a Kent and Medway STP ‘footprint’ alongside 43 other systems nationwide in January 2016. The bodies within these geographic footprints have worked together to develop STPs which will help drive genuine and sustainable transformation in patient experience and health outcomes of the longer-term.

2.3 During 2016, the Kent and Medway STP has moved from a fragmented and unsustainable programme to one which has a truly transformational ambition, engaging health and social care leaders from across the footprint, with robust governance oversight, including senior member representation from both local authorities.

2.4 The Board last received an update on the STP at the December 2016 meeting. It was agreed at that meeting that the next update would present the Case for Change.

2.5 ‘Our Case for Change’ (Appendix 1) sets out why services need to change to meet the needs of local people. It sets out key challenges and is the basis for the ambition to make improvements across Kent and Medway in order to ensure that resources are targeted towards meeting these challenges in the coming years.

2.6 The case for change shows that every day 1,000 people (about 1 in 3 people in hospital at any one time) in Kent and Medway are stuck in hospital beds when they could get the health and social care support they need out of hospital if the right services were available. Doctors and social care leaders say this, along with eight other key challenges, are the drivers for new plans being developed that will see more care provided outside of hospitals and NHS and social care services working in a joined-up way. They are calling for local people to get involved in helping shape these plans for the future of NHS and social care services in Kent and Medway.

2.7 The presentation to Board will also include details of the emerging service model, particularly proposals in relation to local care (Appendix 2).
3. **Risk management**

3.1 The following risks were identified following publication of the draft STP.

<table>
<thead>
<tr>
<th>Risk</th>
<th>Description</th>
<th>Action to avoid or mitigate risk</th>
<th>Risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce</td>
<td>Inability to recruit a workforce with appropriate skill mix and competence.</td>
<td>Improved skill mix, and attractive work conditions.</td>
<td>D2</td>
</tr>
<tr>
<td>Money</td>
<td>Improved efficiency in the NHS leads to cost pressures within adult social care services.</td>
<td>With integrated model, retention of ring fenced funding for adult social care to retain effective financial controls.</td>
<td>C1</td>
</tr>
<tr>
<td>Quality</td>
<td>A move away from more traditional approaches to delivery of health and care is perceived to have reduced quality.</td>
<td>A robust performance monitoring system to ensure contractual obligations and service delivery KPIs are being met by providers.</td>
<td>D1</td>
</tr>
</tbody>
</table>

4. **Consultation**

4.1 The Kent and Medway STP Programme Board has been clear about the importance of effective engagement and has included democratically elected representatives throughout the process. This includes Cabinet Portfolio Holder representation on the Programme Board along with on-going engagement with Health and Wellbeing Boards and Overview and Scrutiny Committees.

4.2 At the February 2017 meeting, the Board was informed that further engagement and consultation would take place and that a programme would be finalised by the end of April.

4.3 It was also suggested at the February meeting that the Council could support the engagement process, particularly with regard to hard to reach groups.

5. **Financial implications**

5.1 Although there are no financial implications as a direct result of this report, there may be financial implications that will arise through the implementation of this programme of work and the Board will be updated on these as and when they become known.
6. **Legal implications**

6.1 As per section 195 of the Health and Social Care Act 2012, it is a duty of the local authority to encourage persons who arrange for the provision of any health or social care services, to work in an integrated manner for the purpose of advancing the health and wellbeing of the people in Medway. Supporting the development of a Sustainability and Transformation Plan is therefore within the remit of the Committee as well as for Health and Wellbeing Boards to consider and discuss. However, should there be a requirement within the Plan for any commitment to the use of Council resources or action by Medway Council, decisions to that effect would need to be taken by either the Council, the Leader and Cabinet or the relevant Director (under delegated authority).

7. **Recommendations**

7.1 It is requested that the Board notes the update provided on the Kent and Medway Health and Social Care Sustainability and Transformation Plan and comments on the Case for Change document and the emerging service plans.

**Lead officer contact**

Ian Sutherland, Director of Children and Adult Services
Telephone: 01634 331011  E-mail: ian.sutherland@medway.gov.uk

**Appendices**

Appendix 1 – Our Case for Change

Appendix 2 – STP Presentation

Appendix 3 – Kent and Medway Sustainability and Transformation Plan draft document

**Background papers**

- Council Plan – 2016/17 – 2020/21
- NHS Five Year Forward View
- “Getting Better Together” – Medway Adult Social Care Strategy
Our case for change
We all want health and social care services that can meet our needs now and in the future. The NHS in Kent and Medway, Kent County Council and Medway Council do their best to offer safe, compassionate and high-quality care. However, we face new challenges that mean we need to change the way we work to improve care and get better value for the money we have available.

As our population grows, and more people live with long-term conditions, the demands on our services are changing and increasing.

Services are not necessarily designed for today’s or future needs, and it is becoming harder to keep up with rising costs. What’s more we aren’t making the most of opportunities to improve health and wellbeing, prevent illness and support people to manage existing conditions and stay independent.

This booklet – our case for change – describes the current situation and why change is necessary. We want you to get involved to help shape and influence good health and social care in your area.
Why do we need a case for change?

We are publishing this case for change to explain more about the thinking behind a draft plan called the Sustainability and Transformation Plan that was launched in November 2016.

What is the plan?

The draft plan explains our vision for the future. Our ambition is to put local people at the heart of services, helping people to stay well and independent in their own homes and communities and avoid being admitted to hospital. It sets out how we want to:

- improve the health and wellbeing of local people
- deliver high-quality, joined-up health and social care
- offer access to the right care and support in the right place, at the right time
- make sure NHS and social care staff are not under so much pressure that they can’t deliver the caring ethos of the NHS and social care
- better meet people’s needs within the funding we have available
- build health and care services that are sustainable for years to come.
Local care

Our first priority is to develop more and better local care services, which bring together all the services you currently get from your GP, as well as a range of additional services such as:

- urgent care and care for non-life-threatening injuries
- diagnostic tests
- ante and post-natal maternity care
- community and district nursing
- mental health support
- social care eg. help with washing, dressing and using the toilet
- physiotherapy
- dementia care.

Bringing together primary, community, mental health and social care services will mean we can offer joined-up care in people’s homes and local communities. We recognise we will need to increase our capacity in these areas in order to achieve this.

Having high-quality local care services with greater capacity will relieve some of the pressure on our hospitals. It will reduce the need for people to go to hospital for treatment and services that in the future could be provided more locally.

Hospital care

Some people will always need specialist and intensive care that can – and should – only be available in hospital. We need to make sure our hospitals can deliver the quality of care people need and that they can leave hospital as soon as possible, safely supported by local care services. This will improve medical outcomes for people and their experience of health services. Over time it will also reduce dependency on hospitals which then releases resources back into local care services.
You can expect to see:

- joined-up services to treat and care for you at home and support you to leave hospital
- as soon as you’re medically fit to leave “your own bed, is the best bed” with the right care and support in place
- health and social care professionals coming together to work as a single team for your local area, able to access your records 24 hours a day (with your consent)
- a modern approach to health and social care services using the best technology, from booking your appointment online to virtual (but secure) consultations, online assessment and diagnostic systems, and advice on apps to monitor your health
- timely appointments with the right professional
- care for you as a whole, for both your physical and mental health
- regular monitoring if you have complex health conditions affecting your physical or mental health, or both
- more support from voluntary and charitable organisations who have great expertise and local knowledge and already play such an important part in our communities
- better access to health improvement advice and services to help you improve and manage your own health and so reduce your risk of serious illness
- “social prescribing” - information to help you access relevant support from voluntary, charitable and local community groups or services
- quality hospital care when you need it – and more care, treatment and support out of hospital when you don’t.

How will the new way of delivering services benefit you?

Read the Kent and Medway vision for securing the future of our services at www.kentandmedway.nhs.uk/stp
There is already lots of good work happening in our area. Individual services are finding ways to work more effectively, to join up health and social care and to better design services around the needs of local people. You can find out more about this work on our website at www.kentandmedway.nhs.uk/casestudies. We need to build on this good work across the whole of Kent and Medway.

More detailed plans for changing the NHS and social care in Kent and Medway are now being drawn up by groups of local doctors, hospital chief executives, patient groups and councils. At the end of this booklet there is more information about how you can get involved and contribute to the more detailed plans.
Understanding the health and social care needs of local people, and how these are likely to change over time, helps us plan for the future and make better use of resources (that’s technology, money, staff and buildings). We also need to have a clear picture of how current ways of working are getting in the way of our ambition to keep people well, independent and out of hospital, so we can see what needs to change.
All of us, the people who use services, are changing. The good news is we are living longer, but this means the way the NHS and social care work needs to change to meet the needs of an ageing population. We are living with more long-term conditions, such as diabetes, dementia and heart disease which increases demand for health and care services. But the type of services we need are not necessarily the same sorts of services we have always had.

Some of our services were designed to meet the needs of people in the 1960s, 70s, and 80s. We know there are better ways of organising how we care for people. For example, we offer a lot of tests, treatments and services in big hospitals which could be safely offered in people’s homes, health centres or local communities.

We also don’t have enough professionals working in local communities in a joined-up way. Our current ways of working mean it is harder to support people who have a number of health and care needs. People who are frail, or who have multiple health conditions, can quickly get unwell and end up in hospital. This is because we don’t always spot when someone is at risk of getting worse early enough, and then put the right care in place in their home or community so they don’t need to go into hospital.

While most of the contact people have with health and social care happens outside of hospital, we spend most of our budget on acute hospital care because big hospitals cost more to run than community services. We know we could safely deliver more services in local communities, more cost-effectively and more conveniently for local people.
Local services
In Kent and Medway we have:

- **249** GP practices
- **4** organisations providing community care
- **4** hospital trusts providing services across 7 acute hospitals
- **3** organisations providing mental health care
- **13** community hospitals
- **1** ambulance trust
- **2** local authorities providing social care
- **466** independently run social care providers
- **303** independently run residential and nursing care homes
We have around £3.6bn to spend on health and social care each year.

- **£1.68bn**: Health and social care budget
- **£751m**: Social care funded by local authorities*
- **£553m**: Primary and community care
- **£303m**: Acute hospital care
- **£204m**: Prescriptions
- **£86m**: Mental health services
- **£751m**: Public health (ill-health prevention) services

*70% of people who receive social care pay for it themselves, so the amount spent on social care in total is over £1billion.
Local needs

There are approximately 1.8 million people living in Kent and Medway.

The local population is growing rapidly

The number of people living in Kent & Medway is predicted to rise by almost a quarter by 2031.

This increase is higher than the average across England. This is because local people are living for longer and because people are moving into the area.

Lots of people are living with long-term conditions

Over 528,000 - that’s almost one in three - local people live with one or more significant long-term health conditions.

Local people are living longer and older people tend to have additional health needs

While it’s good news that people are living longer, an ageing population often means increasing demand for services to keep people well or help them when they are not. We need to change what we currently do to better support older people in our area.

Many long-term conditions like diabetes, high blood pressure or breathing problems (such as COPD - chronic obstructive pulmonary disease) can be well managed, improved or even prevented if people can get the right support easily and quickly.
Too many people are living unhealthy lifestyles and are at risk of developing conditions that are preventable

In Kent and Medway, on average around one in five people smoke, but in some areas it is as high as 30%. Around ten per cent of adults are obese and more than a quarter don’t get enough physical activity. All these lifestyle factors increase the risk of developing a serious illness.

There are unacceptable differences in health across Kent and Medway

Women in the most deprived areas of Thanet live on average 22 years less than those in the least deprived.

With the right help it can be possible to prevent the main causes of early death which are often linked to things like obesity, smoking and childhood poverty.

Many people (including children) have poor mental health, often alongside poor physical health

We know that mental health is as important as physical health. The percentage of adults and children living with mental ill-health in Kent and Medway is roughly in line with the rest of England, but mental health problems are more common in people living in the most deprived areas. We want to better support everyone with mental health needs.

If we carry on working in the way we are, we cannot meet the current and future needs of local people with our existing budgets

We are very unlikely to see any more significant increases in health and social care budgets in the near future. Our budgets are not rising at the same pace as costs and demand. Our health budget is already overspent by £110m in 2016/17.

If we don’t change how we work and spend our money for the greatest benefit, we will be overspent by £486m by 2020/21.
What you’ve told us you want from local services

We know from ongoing discussions with local communities, and research done by Healthwatch, that local people would like:

- more support to help people live healthy lives
- the NHS and social care working more efficiently and offering higher quality care
- the NHS and social care to work in a more joined-up way
- quick action when you become unwell or need extra help
- care to be as close to home as possible
- appointments that are easy to book and at convenient times.

Find out more about how your local NHS has listened to and acted on your views over recent years on our website.
We are facing some big challenges in health and social care. We need to address these quickly to improve the health and wellbeing of local people, increase the quality of local services and work within our budget.
We need to focus more on supporting people so they don’t get ill in the first place

Most people are currently healthy, but many are at risk of developing long-term health conditions such as diabetes and heart disease. Currently only two per cent of health and social care funding is spent on preventing people becoming ill.

This is about £86 million a year, but we spend around £3.4 billion on treating ill-health.

Between 2009 and 2013, around 1,600 early deaths each year could have been avoided with the right early help and support. For example, the lung condition chronic obstructive pulmonary disease (COPD) is a common cause of early death, however most cases (85%) are caused by smoking.

We need to focus ill-health prevention and public health work in areas of Kent and Medway with the greatest needs. We need to actively encourage and give practical support to people to help them find realistic ways to improve their long-term health and wellbeing.

GPs and their teams are understaffed and not able to deliver the quality of care they would like

If staffing in Kent and Medway were in line with the national average there would be 245 more GPs and 37 more practice nurses.

However, we can’t recruit the doctors and nurses we need as there are not enough who want to live and work in Kent and Medway. This means we have a lot of staff vacancies. Primary care teams are doing their best in difficult circumstances but not being able to recruit enough staff means local people can’t always get appointments quickly and sometimes have long waiting times once they are in the surgery. These types of problems in primary care can mean diseases are not detected early enough or existing conditions get worse. This isn’t good enough for patients, or the staff who care for them, and puts increased pressure on hospital and mental health services.
Services and outcomes for people with long-term conditions are poor

Often people with long-term conditions do not get enough support to manage their health and wellbeing, and this can lead to unplanned time in hospital.

Evidence shows that as many as four in 10 emergency hospital admissions could be avoided if the right care was available outside hospital.

Carers are also not receiving enough support. Fewer than half of local carers are satisfied with their experience of care and support.

Many people in hospital could be better cared for elsewhere

Evidence shows that every day around 1,000 people in Kent and Medway are in a hospital bed when they no longer need to be.

This equates to about one in three people in hospital at any one time. These people may still need help and care, but it could be given more appropriately elsewhere if the right services were available.

People don’t want to be in hospital if they don’t need to be and staying in hospital longer than necessary can be harmful. For example, extended hospital stays can increase the risk of infection, may lead to muscle wastage and could make it less likely for people to return to their previous level of independence. It is also expensive – it costs £220 a day to care for someone in an acute hospital bed when they are not actively receiving treatment, and this money could be better used elsewhere.

Having people stuck in hospital leads to knock-on delays that can cause, for example, long waits in A&E or cancelled operations because beds are not available for planned or emergency admissions.

Services for the most seriously ill patients need 24-hour access to specialist staff, tests and equipment

Some services for seriously ill people in Kent and Medway find it hard to offer a full service round-the-clock, and to meet expected standards of care. For example, all stroke patients who are medically suitable should get clot busting drugs within 60 minutes of arriving at hospital. They require specialist diagnostic tests and highly skilled expertise to deliver this. None of the hospitals in our area currently meet this standard for all patients.

Even if there was more funding available, there is a shortage of skilled staff, especially senior doctors, to cover rotas 24 hours a day, seven days a week.
Cancer care does not always meet national standards

Cancer is a major cause of death and survival rates could be much better. Most of Kent and Medway is below the England average when it comes to diagnosing cancer at its earliest stage. This is partly because of lack of awareness of the symptoms of cancer leading to delays in diagnosis, and because not enough people take up the offer to have screening for cancer. Once cancer is suspected, waiting times for diagnostic tests, to see a specialist and then for treatment, sometimes do not meet national standards.

People with mental ill-health have poor outcomes and access to services is not good enough

Planned care – such as going into hospital for a hip operation or having an x-ray – is not as efficient as it could be

There is a lot of evidence that links poor physical health with mental illness and vice versa. For example, having depression doubles the risk of developing heart disease and people with depression have significantly worse survival rates from cancer and heart disease. We know that a lot of people are not happy with mental health services, particularly for crisis care.
Services could be run more productively

The efficiency of our hospitals is broadly in line with other hospitals of a similar type across England in many of the ways they spend money, and some are among the most efficient. However, healthcare organisations in Kent and Medway know they could do more to reduce costs and run services more efficiently. For example, by working together they could have more buying power and get lower prices for commonly used goods and equipment.

It is estimated that approximately £190m of savings could be made if services were run as efficiently as top performing hospitals in England.
In order to deliver our plan, there are three foundation areas that must be working well:

**Being able to attract, recruit and retain the right staff**

There are currently high levels of staff vacancies, turnover and temporary staff in most areas. There is also a shortage of skilled staff in some areas.

**Having the right buildings**

We are fortunate to generally have good quality buildings, however we don’t use some of our buildings as effectively as we could, to deliver health and social care services.

**Excellent information technology and information management systems**

None of the organisations in Kent and Medway think they currently have the IT and information management systems they need to share information across organisations in a way that will better support the delivery of high-quality care.

There have never been better reasons to update the way services are organised in Kent and Medway. Our desire to make services better for patients and staff, and the challenges we face, combined with the financial pressure health and social care services are under, explain why things cannot stay as they are.
Our ambition for the future is described in detail in our draft Sustainability and Transformation Plan. We have published this case for change to explain more about the reasons behind the ambition set out in the draft plan.

Our plan explains how we want to address the challenges described here, and take advantage of the opportunities, to make our local health and social care services sustainable for the future.
What will our plans mean for health and care in Kent and Medway?

Better health and wellbeing

- services which meet the needs of our changing population, as people age, and more people move into Kent and Medway
- reductions in health inequalities (unfair differences in health and life expectancy that people experience in some parts of the county) and death rates from preventable conditions
- more services to prevent and manage long-term health conditions such as diabetes and lung disease.

Better standards of care

- people cared for in the right place and able to get high-quality, accessible social care across Kent and Medway
- fewer attendances at accident and emergency departments, and fewer emergency admissions to hospital beds
- local providers of health and social care consistently delivering high-quality services, which meet nationally-recognised clinical quality standards.

Better use of staff and funds

- ability to attract, retain and grow a talented workforce – and use our staff to the best effect
- some of our specialist clinical staff and equipment consolidated so they can work more effectively across a wider population as expert teams
- a balanced budget for health and social care across Kent and Medway.
Get involved

We hope this case for change will help to get local people - patients, users of services, carers and health and social care staff - talking in more detail about what should happen next. We want you to get involved in shaping plans for health and social care in Kent and Medway.

During 2017 there will be lots of ways to influence what happens next, including public events and meetings, online surveys and joining your local patient participation group or health network. For more information visit www.kentandmedway.nhs.uk/getinvolved

Sign up now

Now you have read this booklet please subscribe to our newsletter at www.kentandmedway.nhs.uk/subscribe. By signing up you’ll be kept up to date on all the opportunities to share your views and ideas with us as our plans develop.
If you would like this document in an alternative format or language, please contact us on km.stp@nhs.uk

Web: www.kentandmedway.nhs.uk
Email: km.stp@nhs.uk
Kent and Medway STP

Overview
<table>
<thead>
<tr>
<th>Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview</td>
</tr>
<tr>
<td>Care Transformation: Local Care</td>
</tr>
<tr>
<td>Care Transformation: Hospital Care</td>
</tr>
<tr>
<td>Commissioning transformation</td>
</tr>
<tr>
<td>Process going forward</td>
</tr>
<tr>
<td>Questions</td>
</tr>
</tbody>
</table>
We are pursuing transformation around four themes

- **Care Transformation**
  - Prevention
  - Local care
  - Hospital transformation
  - Mental health

- **Productivity**
  - CIPs and QIPP delivery
  - Shared back office
  - Shared clinical services
  - Procurement and supply chain
  - Prescribing

- **Enablers**
  - Workforce
  - Digital
  - Estates

- **System Leadership**
  - Commissioning transformation
  - Communications and engagement

Focus of this presentation
Health and care in Kent and Medway is unsustainable and needs to change

**Case for change**

- Our population is expected to **grow by 414,000 people** by 2031. Growth in the number of over 65s is **over 4 times greater** than those under 65; an aging population means **increasing demand for health and social care**.
- There are **health inequalities** across Kent & Medway; in Thanet, one of the most deprived areas of the county, for example, a woman living in the best ward for life expectancy in Thanet can expect to live **almost 22 years longer** than a woman in the worst. The main causes of early death are **often preventable**.
- Over **500,000 local people live with long-term health conditions**, many of which are preventable. And many of these people have multiple long-term health conditions, dementia or mental ill health.
- There are over 1,000 people who are **in hospital beds who could be cared for elsewhere if services were available**. Being in a hospital bed **for too long is damaging for patients** and increases the risk of them ending up in a care home.
- We are **struggling to meet performance targets** for cancer, dementia and A&E. This means people are not seen as quickly as they should be.
- Many of our local hospitals are in ‘special measures’ because of **financial or quality pressures** and numerous local nursing and residential homes are rated ‘inadequate’ or ‘requires improvement’.
- We are **£110m ‘in the red’** and this will rise to **£486m by 20/21** across health and social care if we do nothing.
- Our **workforce is aging** and we have difficulty recruiting in some areas. This means that **senior doctors and nurses are not available** all the time and there are high numbers of temporary staff across health and social care.

**Our ambition**

- Create services which are able to meet the needs of our changing population
- Reduce health inequalities and reduce death rates from preventable conditions
- More measures in the community to prevent and manage long-term health conditions
- Make sure people are cared for in clinically appropriate settings
- Deliver high quality and accessible social care across Kent and Medway
- Reduce attendance at A&E and onward admission at hospitals
- Support the sustainability of local providers
- Achieve financial balance for health and social care across Kent and Medway
- To attract, retain and grow a talented workforce

SOURCE: Kent and Medway 5yrFV
Several services have been agreed as the priority services to consider for consultation:

<table>
<thead>
<tr>
<th></th>
<th>1A Clinical case inc workforce</th>
<th>1B Requirements to consult*</th>
<th>2A Work done to date</th>
<th>2B Wider readiness of public and stakeholders</th>
<th>2C Deliverability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vascular</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute medicine, A&amp;E, Critical Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective orthopaedics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community beds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paediatrics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wider elective surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smaller specialist services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Requirements to consult*
Programme Board has proposed two waves of public consultation

Wave 1
- Stroke across Kent & Medway
- Vascular across Kent & Medway (if consultation is required)
- Emergency services in East Kent (incl. acute medicine, A&E, critical care)
- Trauma and orthopaedics in East Kent

Wave 2
- Emergency services and trauma and orthopaedics in rest of Kent & Medway
- Further services to be determined

Source: K&M STP Hospital Care workstream
Key elements of the complex elderly care model

1. Integrated health and social care into or coordinated close to the home
2. Single point of access (SPoA)
3. Rapid Response
4. Discharge planning and reablement
5. Care and support planning with care navigation and case management
6. Self-care and management
7. Healthy living environment
8. Access to expert opinion and timely access to diagnostics

Source: K&M STP Local Care workstream, Carnall Farrar
Dorothy is 79, frail, has type 2 diabetes, COPD, cognitive impairment and depression.

Supporting services:
- Diagnostics
- Specialist opinion
- Falls service
- Housing services

Co-ordinated care for people who need it:
- Self care and self management
- Ensuring healthy living environment
- Care and support planning
- Case Management & Care Navigation

MDT care functions:
- Integrated health and social care package delivery
- Discharge support
- Health coaching
- Care planning
- End of life
- Housing support
- Rapid response
- Reablement

Supporting people to be healthy and independent

Episodic specialised inpatient care:
Emergency admission requiring hospital treatment

Source: K&M STP Local Care
Vera is 79, frail, has type 2 diabetes, COPD, dementia and recently suffered a stroke. She lives with her husband who is also frail and often unwell himself. Although she fits the criteria for a care plan, currently she hasn't been identified by an MDT.

After receiving care for her stroke she is now medically fit to be discharged from the hospital. She doesn't have an anticipatory care plan but hospital staff have identified she has specific care needs upon discharge to ensure her condition continues to improve. She has limited mobility and her condition needs monitoring; her husband is not well enough to be her carer whilst she recovers.

The acute discharger calls the SPoA and provides them with Vera's collated discharge support details gathered through a discharge support form, including the recommended community services she will require in the short term. The call handler uses this information to contact and coordinate the necessary services.

Vera can be discharged to her home with the appropriate care package in place, with ongoing review through the MDT.

An assessment within 24 hours determines Vera will require services for a period of 6 weeks including a domiciliary care worker to help with household tasks and provide personal care and a district nurse to provide continued care and an in-depth review of Vera’s condition. Her husband will also be provided with carer support. The SPoA is contacted to arrange this.

Vera recovers fully, her care package ends and she lives independently in the community.

Source: K&M STP Local Care workstream
Local Care for those with mental health problems will deliver parity of esteem, integrating physical and mental health services and improve crisis care

Our vision is to:

- ensure we create an environment where mental health is everyone’s business where every health and social care contact counts
- work together to encourage and support anyone with a mental health problem, or at risk of developing one, to live in their own community, to experience care closer to or at home and to stay out of hospital and lead a meaningful life.

Local Care:

- Promoting wellbeing and reducing poor health
- Delivering integrated physical and mental health services

1. **Live well service**: Cross-sector partnership to strengthen wellbeing by increasing access to wellbeing navigators and community link works

2. **Open Dialogue Pilot**: Investing in holistic family intervention in first episode of psychosis to reduce admission

3. **Local care hubs**: Ensure MH professionals are an integral part of the model, with integrated care plans for individuals with LTC and MH comorbidity

4. **Single point of access**: Dedicated, clinically-led MH screening, assessment and signposting 24/7

5. **Complex needs**: Reviewing patients with complex needs in out-of-area specialist placements and seeking to repatriate; refining out-of-area placement process

APPENDIX 2

<table>
<thead>
<tr>
<th>Service Model</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major trauma centre</td>
<td>Specialised centres co-locating tertiary/complex services on a 24x7 basis, Serving population of at least 2-3 million.</td>
</tr>
<tr>
<td>Major Emergency Centre with specialist services</td>
<td>Larger units, capable of assessing and initiating treatment for all patients and providing a range of specialist hyper-acute services, Serving population of ~ 1-1.5m.</td>
</tr>
<tr>
<td>Emergency Centre</td>
<td>Larger units, capable of assessing and initiating treatment for the overwhelming majority of patients but without all hyper-acute services, Serving population of ~ 500-700K.</td>
</tr>
<tr>
<td>Medical Emergency Centre</td>
<td>Assessing and initiating treatment for majority of patients, Acute medical inpatient care with intensive care/HDU back up, Serving population of ~ 250-300K.</td>
</tr>
<tr>
<td>Integrated care hub with emergency care</td>
<td>Assessing and initiating treatment for large proportion of patients, Integrated outpatient, primary, community and social care hub, Serving population of ~ 100-250K.</td>
</tr>
<tr>
<td>Urgent care centre</td>
<td>Immediate urgent care, Integrated outpatient, primary, community and social care hub, Serving population of ~ 50-100K.</td>
</tr>
</tbody>
</table>

**Interventions:** 8 key interventions have been developed as part of the Kent and Medway Local Care strategy that are aimed at preventing unnecessary hospital admissions including the integration of health and social care. These are outlined previously in the pack.

1. **If patient arrives by ambulance, the ambulance crew reports to staff, otherwise the patient must register themselves at reception.**
2. **15 min ambulance handovers**
3. **Patients undergo a comprehensive**\** pre-assessment by a nurse or doctor before further actions are taken. This is called triage and will ensure people with the most serious conditions are seen first. Sometimes further tests need to be arranged before a course of action can be decided.**
4. **Discharge: If nurse or doctor feels situation is not a serious accident or emergency, the patient may be sent home and asked to refer themselves to a GP, referred to a nearby urgent care centre, minor injuries unit or referred to a GP on site.**
5. **Consultant accredited in Emergency Medicine [CCT holder] on the Emergency Floor Consultant between 08:00 and 24:00, 7 days per week**
6. **Treatment or transfer: If situation is complicated, the patient my be seen by an ED doctor or referred to a specialist unit.**

- Patients may be referred to ED by NHS 111, 999 South East Ambulance Service, by their GP or by other services.
- Alternatively, patients present at ED without a referral.
- Ambulance responds to 75% ‘Category A’ calls within 8 minutes and 95% within 19 minutes
- No patient waits >12 hours on a trolley
- Presence of a senior ED doctor (ST4 or above) as a clinical decision maker 24/7
- 24/7 On site senior support within the core specialties
- Presence of a named paediatric consultant with a designated responsibility for paediatric care
- Availability of a surgeon at ST3 level or above, or a trust doctor with equivalent ability Interventional radiology services for highest acuity patients are available within one hour of referral
Acute medicine (in-hospital)

1. Specialist in-reach

2. Assessment of acutely ill patients by competent clinical decision makers supported by appropriate levels of diagnostic support

3. All areas follow the ethos of treating patients in an ambulatory model unless deemed otherwise by exclusion criteria

4. Integration and collaboration of key acute services e.g. E.D., critical care, AMU and key support services e.g. pharmacy and therapies

5. Consistency of quality medical care 24 hours a day, 7 days a week

6. Specialist medical in-reach when required in a timely way 7/7
Elective orthopaedics

MDT Clinic:
- Identify frail patients to follow proactive care for older people undergoing surgery (POPS) pathway
- Combined clinic with consultant, extended scope physio, GPwSI allows in clinic triage to most appropriate clinician
- Greater co-working between community staff, primary care and consultants – orthopaedic qualified nurses are key
- Lower average staff cost per appointment
- Spinal injections
- Focus on MSK pathway

Pre-operative assessment:
- Conducted at first outpatient appointment; if patient found not fit then plan reviewed same day
- Greater use of self-assessment to support, which patients can complete from home
- Ensure social circumstances support the treatment plan, pre-booking of rehab/post-op package of care prior to admission
- Flags patients at risk of long length of stay

Recheck prior to surgery:
- Contact at 48-72 hours before day of surgery to reduce late cancellation
- Ensure patient is well and still wants surgery

Short notice reserve list: Ensures effective use of theatre capacity by filling gaps caused by late cancellation

Consultant level feedback:
- Transparency of list utilisation, case volumes per list
- Peer challenge
- Team working to increase available capacity by reducing cancelled sessions due to leave
Elective orthopaedics - continued

**Effective planning for discharge:**
- Discharge planning at preoperative assessment
- Referral to discharge services earlier in the process (i.e. before admission)
- Access to community support services

**Enhanced recovery:**
- Consistent application of Enhanced Recovery Pathway (ERP) pathways
- Clear expectations of predicted length of stay for patient

**Ring-fenced elective beds:**
- Reduction in wasted theatre time
- Reduction in infection risk for elective cases

**Theatre utilisation:**
- Scheduling of theatre cases to optimise utilisation
- Ensure critical equipment is scheduled to maintain the order and running of the list
<table>
<thead>
<tr>
<th>Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview</td>
</tr>
<tr>
<td>Care Transformation: Local Care</td>
</tr>
<tr>
<td>Care Transformation: Hospital Care</td>
</tr>
<tr>
<td>Commissioning transformation</td>
</tr>
<tr>
<td>Process going forward</td>
</tr>
<tr>
<td>Questions</td>
</tr>
</tbody>
</table>
### Accountable Care Organisations/Systems

#### Design principles
- ACOs big enough to take on responsibility and accountability for whole populations
- Small enough to reflect differences in place/geography
- Close enough to clinicians to influence behaviours
- Responsible for the delivery of local care in a way which meets local needs

#### Activities and functions in scope
- Specifying how much spend should be spent in each specific silo
- Determining what services are delivered where
- Making local design decisions about the shape of how services are delivered
- Managing performance of individual clinicians, people management
- Making patient level decisions about care provision
- Engaging local stakeholders
- Stimulating third sector and voluntary sector

### Strategic commissioner

#### Design principles
- A single organisation
- Responsible for resource allocation
- Accountable upwards
- Ability to intervene
- Improves outcomes and other constitutional objectives
- Facilitates and accelerates the development of ACOs/ACSs

#### Activities and functions in scope
- Allocation of funds based on population need
- Establishment of capitation for segments of the population and specific geographies defined by patient lists
- Setting and measurement of outcomes
- Holding accountable providers to account for delivery within budget and to outcomes
- Setting where appropriate clinical standards that are known to drive quality and outcomes
- Maintain information data sets including underpinning information governance and information standards and analytics function to support above
- Specialised commissioning
- Workforce – planning, training, delivery
- Integrated commissioning with LAs

### Straw man commissioning model – for discussion

**SOURCE:** As discussed during preliminary meeting, 30 January, Carnall Farrar
## Contents

<table>
<thead>
<tr>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview</td>
</tr>
<tr>
<td>Care Transformation: Local Care</td>
</tr>
<tr>
<td>Care Transformation: Hospital Care</td>
</tr>
<tr>
<td>Commissioning transformation</td>
</tr>
<tr>
<td>Process going forward</td>
</tr>
<tr>
<td>Questions</td>
</tr>
</tbody>
</table>
Key programme milestones ahead

**DESIGN**
Jan – March 17
- Fully develop hospital care strategy, incl. clinical models
- Further develop Local Care model with clinical engagement
- Publish public-facing case for change and engagement
- Bottom up plans developed in productivity focus areas
- Mobilised commissioning transformation work

**ENGAGE**
April – June 2017
- Engagement
- Establish joint decision-making arrangements
- Appoint full-time executive leadership
- Source and transition to permanent PMO
- Locality development of Local Care plans
- Develop PCBC
- Begin NHSE assurance processes
- Begin to deliver productivity savings

**PREPARE FOR CONSULTATION**
- NHSE assurance processes
- Transition to commissioning transformation future model
- Develop productivity performance transparency
- Develop mental health transformation plans

**CONSULT THE PUBLIC**
- Consult the public on wave 1: Stroke across Kent & Medway; Vascular across Kent & Medway; Emergency services in East Kent (incl. acute medicine, A&E, critical care); Elective orthopaedics in East Kent
- Respond to feedback on consultation
- Prepare for wave 2 consultations (2018): Emergency services and Elective orthopaedics in rest of K&M; Community beds; Cancer; Paediatrics

SOURCE: Kent and Medway STP PMO
## Contents

- Context
- Intentions around consultation
- Care Transformation: Local Care
- Care Transformation: Hospital Care
- Process going forward
- Questions
Questions
Transforming health and social care in Kent and Medway

Updated November 2016
What’s this about?

People in Kent and Medway need safe, high quality, integrated and sustainable health and social care services that meet their needs now and into the future. So the NHS, social care and public health in Kent and Medway are working together to plan how we will transform our services to meet the changing needs of local people. It is the first time we have all worked together in this way and it gives us a unique opportunity to bring about positive and genuine improvement in health and social care delivery over the next five years.

We need your help with this. Please see the end of this leaflet for details of how you can help shape services for the future.
How will our plan benefit you as someone who lives in Kent and Medway?

You can expect to see:

- **joined-up services** to treat and care for you at home and support you to leave hospital as soon as you’re medically fit to leave: “your own bed is the best bed”

- **health and social care professionals** coming together to work as a single team for your local area, able to access your records 24 hours a day (with your consent)

- **a modern approach** to health and social care services using the best technology, from booking your appointment online to virtual (but secure) consultations, online assessment and diagnostic systems, and advice on apps to monitor your health

- **timely appointments** with the right professional

- **care for you as a whole**, for both your physical and mental health

- **regular monitoring** if you have complex health conditions affecting your physical or mental health, or both

- **more support** from voluntary and charitable organisations which already play such an important part in our communities

- **better access** to health improvement advice and services to help you improve and manage your own health and so reduce your risk of serious illness

- **“social prescribing”** - information to help you access relevant support from voluntary, charitable and local community groups or services

- **quality hospital care** when you need it – and more care, treatment and support out of hospital when you don’t.
Currently, in Kent and Medway:

- **4,000 people** a year die early as the result of diseases which are mostly preventable\(^1\)

- **240,000 people** over 50 are living with long-term disability which could potentially be avoided or delayed\(^2\)

- Around **one in four people** in our hospital beds at any given time could be at home or cared for elsewhere. (This varies by area.) For older people this impacts on their recovery - 10 days in hospital (whether it is a main or community hospital) leads to the equivalent of 10 years' ageing in the muscles of people over 80.\(^3\)

To help people make the most of their lives, we want to:

- prevent ill health
- help people with treatment and advice earlier
- have excellent care wherever it is delivered.

Working like this will also enable us to make better use of staff and funds to secure the long-term future of health and care services.

---

\(^1\) such as lung cancer, heart disease and type 2 diabetes.

\(^2\) the disability is largely as a result of health conditions which can often be avoided or delayed by lifestyle changes, such as being more active in everyday life.

So what is the plan?

We – the leaders of all the NHS organisations in Kent and Medway, and Kent County Council and Medway Council which plan and pay for public health and social care – have developed a draft Health and Social Care Sustainability and Transformation Plan (STP). It is based on what people have told us they want from services over recent years, and detailed work carried out by health and social care professionals to assess what will best meet people's needs. It sets out how we think services need to change over the next five years to achieve the right care for people for decades to come and to improve people's health and wellbeing.

It is a work in progress because we need to engage with you, the people who live and work in Kent and Medway, including frontline health and care professionals, so we can get it right.
The plan will provide:

Better health and wellbeing

We want to:

- create services which are able to meet the needs of our changing population, as people age, and more people move into Kent and Medway
- reduce health inequalities (unfair differences in health and life expectancy that people experience in some parts of the county) and death rates from preventable conditions
- increase services to prevent and manage long-term health conditions such as diabetes and lung disease.

Better standards of care

We want to:

- make sure local providers of health and social care deliver high quality services, which meet nationally recognised clinical quality standards.
- attract, retain and grow a talented workforce – and use them to the best effect
- consolidate some of our specialist clinical staff and equipment so they can work more effectively across a wide population as expert teams
- work within the budget we have for health and social care across Kent and Medway.

Across this area, the NHS and social care have £3.4 billion in funding but overspent by £141 million last year. Without change, we would be looking at a gap of £486 million in our budgets by 2020/21.

We have identified key priorities for the transformation of care:

1. Prevention of ill-health
2. Local care
3. Hospital care
4. Mental health
A number of the health problems people face in Kent and Medway are preventable, and sometimes small changes can make a big difference. We are enlisting the whole Kent and Medway community in improving health and wellbeing so people stay well, look after each other, and use services only when they need to.

Our prevention programme will:

- treat both physical and mental health issues at the same time and effectively

- concentrate prevention activities on key areas – obesity and physical activity, reducing alcohol-related harm, preventing and stopping smoking

- deliver workplace health initiatives, aimed at improving the health of staff delivering services.

GPs, nurses, therapists, social care workers, mental health staff and urgent care staff in Kent and Medway are already looking at how they can work together across towns and rural areas so that you can get the care you need at home and in your community wherever possible, reducing the need for you to go to hospital.

People with long-term health problems and disabilities have told us they want:

- to have all their needs and what works for them taken into account

- co-ordinated support given by professionals who talk and work together

- to tell their story once and have easy, co-ordinated, access to services.

The aim is for you to be supported by a single team of health and social care professionals, with GP leadership, which treats your physical and mental health needs, seven days a week. And helps you take control if you have a long-term health problem, so you are expert at managing your own health.

The table on the next page shows the number of teams (called extended practices) each area expects to have: three in the Ashford area, five in the Canterbury and Coastal area, and so on. GP practices within these teams will work together, to share expertise and to enable them to provide a range of different services for people seven days a week. Community, mental health, social care and other staff will be “wrapped around” the practices to form “place-based” teams, focused on working together to care for the patients in that place.

This integrated approach will enable GPs, nurses, therapists and others to spend more time on looking after frail patients, people with complex needs including mental health needs, and patients at the end of their lives.

We also intend for every part of Kent and Medway to have access to more specialist and out of hours services, provided by a hub.
The services provided could be:

- outpatient appointments with a GP who specialises in treating a particular health problem, a highly trained nurse or a consultant – either in person or via your phone or your computer

- minor injuries units where clinicians can see and treat a range of conditions, such as suspected fractures of arms and lower legs, sprains and strains, wound infections, minor burns, bites and stings

- mental health screening and assessment
- dementia diagnosis
- end of life care
- social care.

We want to:

- enable all health and social care professionals to be able to access your health records in one place, 24 hours a day when they need to (with your consent)
- use anonymous information from the whole of Kent and Medway health and social care, looking at it for the first time as a whole, to improve planning and care delivery
- work towards pooling of budgets and staff from different organisations and break down barriers to integrated health and social care, and community-based and hospital care
- maximise co-location of staff and the best use of our buildings.

### APPENDIX 3

<table>
<thead>
<tr>
<th>Ashford</th>
<th>Canterbury &amp; Coastal</th>
<th>DG&amp;S</th>
<th>Medway</th>
<th>Thanet</th>
<th>Swale</th>
<th>South Kent Coast</th>
<th>West Kent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>129,000</td>
<td>220,000</td>
<td>261,000</td>
<td>295,000</td>
<td>144,000</td>
<td>110,000</td>
<td>202,000</td>
</tr>
<tr>
<td>No. GP practices</td>
<td>14</td>
<td>21</td>
<td>34</td>
<td>53</td>
<td>17</td>
<td>19</td>
<td>30</td>
</tr>
<tr>
<td>Average list size</td>
<td>9,200</td>
<td>10,500</td>
<td>7,700</td>
<td>5,600</td>
<td>8,500</td>
<td>5,800</td>
<td>6,700</td>
</tr>
<tr>
<td>Extended practices</td>
<td>3</td>
<td>5</td>
<td>TBC</td>
<td>9</td>
<td>4</td>
<td>TBC</td>
<td>4</td>
</tr>
<tr>
<td>Population</td>
<td>30-60k</td>
<td>30-60k</td>
<td>20-40k</td>
<td>30k</td>
<td>30-60k</td>
<td>20-40k</td>
<td>30-60k</td>
</tr>
<tr>
<td>Hubs</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Population</td>
<td>129,000</td>
<td>220,000</td>
<td>50k</td>
<td>100k</td>
<td>144,000</td>
<td>50k</td>
<td>202,000</td>
</tr>
</tbody>
</table>

Note 1: “hub” is used in two ways – in east Kent, it means the organisation that will purchase and provide the full range of local care (irrespective of where that care is provided). In the rest of Kent and Medway, it means the building from which more specialist and out of hours services will be provided, such as a community hospital.

Note 2: This table sets out emerging ideas. TBC means there is not yet a view of how many teams there will be in a CCG area, or how many people each team or hub will serve.
We will provide hospital care when it is needed and ensure it is of the best possible quality, whether it is in a community, mental health or acute (main) hospital. At the moment, around 25 per cent of the beds in our main hospitals (this varies by area) are occupied by people who could be better treated in their homes or local communities. Our plan is to make sure local care facilities and support are in place so we can reduce the total number of beds in our main hospitals by 10 per cent and reorganise the way services are provided. By doing this we believe people will get the best possible care and we will be able to reduce some of the high costs associated with hospital-based care. We will use the same money to strengthen access to care and support in people’s own communities.

**Stroke and vascular reviews**

Someone who has just had a stroke needs treatment in a highly specialist stroke unit where they get rapid access to first class diagnostics, specialist assessment and intervention, seven days a week. This saves lives and reduces disability.

Reviews of stroke services in Kent and Medway and vascular procedures (for artery and vein problems) are already underway and will continue as part of our plan. We expect to carry out a public consultation next summer. More information about the reviews is available on the clinical commissioning group (CCG) websites – details are at the end of this leaflet.

**Separating planned and unplanned care**

We are also exploring the idea of creating specialist centres for planned surgery such as hip and knee replacements to separate these services from emergency care. Experience from other parts of the country shows this can significantly improve care for patients, including speeding up how quickly they get the operation they need, and reducing the risk of cancellations because of surgeons being called away to operate on emergency patients.

**Enhancing recovery**

We are learning from each other and from best practice round the country – particularly a programme known as NHS RightCare – about how we can reduce complications from surgery or other planned treatment so you get a better result, needing less time in hospital, and less follow-up.
Next steps on hospital care

East Kent health and social care leaders have been working together as the East Kent Strategy Board since September 2015, to determine how best to provide health and social care services to the population of east Kent. This programme, which is now part of the Kent and Medway STP, has carried out engagement with local people, councils, MPs and other stakeholders, and frontline professionals.

Building on this work, we have looked at a number of options and, making sure we enhance local care closer to people’s homes as described above, we now want to explore the creation in east Kent of:

- one emergency hospital centre with specialist services, including planned care
- one emergency hospital centre, including planned care
- one planned care hospital centre focusing on planned inpatient orthopaedic surgery or treatment, supported by rehabilitation services, and a GP-led urgent care centre
- all supported by strong local care (the care and support people can get in their own communities).

The main hospitals in east Kent already work in different ways. For example, there are Accident and Emergency departments at the hospitals in Margate and Ashford, and an Urgent Care Centre at Canterbury; acute general surgery is based at Margate and Ashford, and some of the hospitals provide a service for the whole of Kent and Medway, for example, specialist cardiology at Ashford.

In the rest of Kent and Medway, Medway NHS Foundation Trust and Maidstone and Tunbridge Wells NHS Trust have agreed to complete by the end of 2016:

- a strategy for development of acute (main) hospital services
- a strategy for planned care.

Without merger or acquisition, Dartford and Gravesham NHS Trust and Guy’s and St Thomas’ NHS Foundation Trust are working together to develop a model of care locally that will improve outcomes for patients, meet the challenges of increased demand and reduce costs. They have been selected to work together as a pilot site called the Foundation Healthcare Group, sharing information, knowledge and building new networks to enhance care in a way that can be replicated elsewhere.
Mental health will be an integral part of local care. In addition we have several specific schemes to improve care including:

- a single phone number for people in Kent and Medway in a mental health crisis
- reducing to zero the number of people placed in private mental health beds out of county
- bringing back to Kent and Medway as many people as possible placed out-of-area for specialist care
- improving interventions for people experiencing psychosis for the first time
- improving care for children and young people with mental health and emotional wellbeing issues.
Greater efficiency through smarter working

In addition, we are looking to become more efficient by sharing services. These include a shared pathology service (which tests blood and cells) and looking at how we can make better use of our buildings by sharing space. And we want to develop computer systems that all parts of the health and social care network can use (your consent will be sought if this involves looking at your records).

The organisations which commission (plan and purchase care) are also planning to develop arrangements that enable health and social care commissioning at a strategic level across Kent and Medway.

How will the STP help us do better with the resources we have?

The draft STP maps out how, by improving care for patients, being more efficient and providing higher quality services, we can make better use of our staff and money so we can meet rising demand.

If we do nothing, patients will not get the best care, people’s health and wellbeing will not improve, and we will be looking at a hole of £486million in our budgets by 2020/21.

We intend to invest millions more every year in local care to enable the improvements to people’s care outlined above. We believe this will release around £165million currently spent on hospital care, though this is still work in progress and forms part of the work we want to engage on with you.

Commissioners and providers will continue to manage services in the most cost-effective way. For the NHS, this means continuing with our routine cost improvement programmes and our drive to improve quality, innovation, productivity and prevention. By working in new and different ways, we think we can reduce costs by £292million.

We expect to be in balance by 2020/21 apart from £29million, which is the expected annual cost of the health services required by the population of the new town at Ebbsfleet. We will be bidding for additional funds for this.

Background information

Our plan for Kent and Medway builds on good work already undertaken. To find out more, visit

- www.eastkent.nhs.uk to read Better health and care in east Kent: time to change
- www.westkentmappingthefuture.nhs.uk
- http://consultations.kent.gov.uk/consult.ti/adultsstrategy/consultationHome
Have your say

The STP will bring about a profound shift in where and how we deliver care. Our draft plan builds on conversations held with local people over several years about the care they want and need, and has the patient at its heart.

A Clinical Board, which includes local GPs, hospital doctors and senior social care practitioners, is overseeing development of the plans for prevention, local care, hospital care and mental health. They will ensure these plans are underpinned by professionals’ knowledge and expertise.

We are also setting up formal groups – including a Partnership Board and a Patient and Public Advisory Group – to test and discuss the programme with us. We expect to produce a more detailed case for change early next year.

We recognise that people’s needs are different across Kent and Medway. Our proposals for the future, which will be based on the thinking outlined in this document, will take this into account.

That’s why it is so important that you have your say at every stage, to shape the services available to you.

In the New Year, along with more detailed information about the STP, we will publish a timetable for engaging with the public in Kent and Medway in 2017. In the meantime, we ask you to help us shape our ideas and plans by filling in this survey, which closes on 23 December 2016: www.surveymonkey.co.uk/r/KandMstp

You can also access the survey via the website of your local clinical commissioning group (see below) where you will also find more information about how you can get involved. Many CCGs have health networks which you can join to get a regular update.

- **www.ashfordccg.nhs.uk** Ashford, Tenterden and rural area
- **www.canterburycoastalccg.nhs.uk** Canterbury, Faversham, Herne Bay, Sandwich and Ash, Whitstable
- **www.dartfordgraveshamswanleyccg.nhs.uk** the boroughs of Dartford and Gravesham and the northern part of Sevenoaks district including Swanley town
- **www.medwayccg.nhs.uk** Medway Council area
- **www.southkentcoastccg.nhs.uk** Deal, Dover and the district of Shepway, including Folkestone and Romney Marsh
- **www.swaleccg.nhs.uk** Sittingbourne, Sheppey and surrounding villages
- **www.thanetccg.nhs.uk** the district of Thanet
- **www.westkentccg.nhs.uk** the boroughs of Maidstone, Tonbridge and Malling and Tunbridge Wells, and the southern part of Sevenoaks district
This page is intentionally left blank
HEALTH AND WELLBEING BOARD  
25 APRIL 2017  
BETTER CARE FUND 2017-2019

Report from: Ian Sutherland: Director of Children and Adults Services  
Author: John Britt: Head of Adults’ (25+) Partnership Commissioning and Better Care Fund

Summary
This report notes the Adult Social Care Budget Package announced in the Spring Budget on 8 March 2017 and provides an update on the timescale for development of a Better Care Fund plan for 2017-2019.

1. Budget and Policy Framework

1.1 A letter to Chief Executives was received from the Department of Health (DH) and Department for Communities and Local Government (DCLG) on 22 March 2017 confirming the announcement in the Spring Budget that councils will receive an additional £2 billion over the next three years for social care. £1 billion of this will be provided in 2017-18.

1.2 A revised BCF policy framework was issued on 31 March 2017; however the planning template, full guidance and approval and submission dates have not yet been received (as of drafting 07.04.17).

1.3 A more detailed report will be presented, together with the draft BCF plan for 2017-19 at the next Health and Wellbeing Board meeting in June, subject to receipt of further guidance, confirmation of local funding, and the BCF planning template.

2. Background

2.1 The Better Care Fund (BCF) is a joint plan between NHS Medway Clinical Commissioning Group (the CCG), Medway Council with Medway NHS Foundation Trust (MFT), as a key stakeholder. The BCF seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

2.2 A pooled budget for the Better Care Fund is administered in accordance with a Section 75 agreement between the CCG and the Council.

2.3 Initiatives driven forward under the auspices of BCF have made significant improvements across the health and social care system, including:
• The introduction of the Home to Assess and Intermediate Care pathways facilitating better discharge from the acute trust and providing the foundation for the local plan to drive down delayed transfer of care (DToc).

• The introduction of a single provider for the newly commissioned Medway Integrated Community Equipment Service.

• The introduction of Home First, a new ‘discharge to assess’ service which allows rapid discharge from hospital for those who can be assessed for ongoing health and care needs at home.

2.4 The following table shows National BCF funding contributions in 2017-19 confirmed within the policy framework issued 31 March 2017, including new grant allocation for adult social care:

<table>
<thead>
<tr>
<th>Better Care Fund funding contribution</th>
<th>2017-18 (£bn)</th>
<th>2018-19 (£bn)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum NHS (clinical commissioning groups) contribution</td>
<td>£3.582</td>
<td>£3.65</td>
</tr>
<tr>
<td>Disabled Facilities Grant (capital funding for adaptations to houses)</td>
<td>£0.431</td>
<td>£0.468</td>
</tr>
<tr>
<td>New grant allocation for adult social care (Improved Better Care Fund)</td>
<td>£1.115</td>
<td>£1.499</td>
</tr>
<tr>
<td>Total</td>
<td>£5.128</td>
<td>£5.617</td>
</tr>
</tbody>
</table>

3. Advice and Analysis

3.1 The additional £2bn funding announced in the Spring Budget is to be spent on adult social care and used for the purposes of meeting adult social care needs, reducing pressures on the NHS - including supporting more people to be discharged from hospital when they are ready - and stabilising the social care provider market.

3.2 The new funding will be paid as a DCLG grant to councils, recognising that councils are best placed to determine what is needed to maintain a diverse and sustainable market locally and ensuring that funding reaches the social care frontline swiftly. It is suggested that distributing the funding based on a 90% (improved Better Care Fund) and 10% social care relative needs formula (RNF) split ensures that the funding is distributed according to social care need.

3.3 There are a small number of draft grant conditions attached to the grant, to ensure that the money is spent on adult social care services and supports improved performance at the health and social care interface. These are:
i) A recipient local authority must:

a. Pool the grant funding into the local Better Care Fund, unless the authority has written Ministerial exemption;

b. Work with the relevant Clinical Commissioning Group(s) and providers to meet National Condition 4 (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19; and

c. Provide quarterly reports as required by the Secretary of State.

The Government has made clear that part of this funding is intended to enable local authorities to quickly provide stability and extra capacity in local care systems. Local authorities are therefore able to spend the grant, including to commission care, subject to the conditions set out in the grant determination, as soon as plans have been locally agreed.

4. Risk management

4.1 Risk management is an integral part of the BCF plan and there is an embedded risk management plan within the Section 75 pooled budget agreement which has previously been endorsed by this Board.

4.2 A full analysis of risk will be undertaken as part of the BCF planning process and reported at the June Health and Wellbeing Board.

5. Consultation

5.1 The BCF plan for 2017-19 will be drafted by the Council and CCG in partnership and will draw on existing consultation and engagement. Full details will be presented in the BCF report to this Board in June.

6. Financial implications

6.1 The policy framework for the Better Care Fund was published on 31 March 2017 and covers two financial years (2017-19) to align with NHS planning timetables and to give areas the opportunity to plan more strategically.

6.2 In the first two years of the BCF, the total amount pooled nationally was £5.3bn for 2015/16 and £5.8bn for 2016-17.

6.3 National BCF funding contributions in 2017-19 confirmed within the policy framework issued 31 March 2017 are contained within the body of the report.

7. Legal implications

7.1 This report notes the additional social care funding for social care announced in the Spring Budget and the indicative timeframe for producing the BCF plan for 2017-19. There are no legal implications for the Board.
8. **Recommendations**

8.1 The Board is requested to:

i) Consider how past successes can be built upon to enhance the Better Care Fund and to inform the draft Better Care Fund (BCF) Plan for 2017-19.

ii) Note that a draft BCF plan for 2017-19 will be presented in June 2017 for endorsement by the Health and Wellbeing Board.

**Lead officer contact**

John Britt, Head of Adults’ (25+) Partnership Commissioning and Better Care Fund, Telephone: 01634 337219  E-mail: john.britt@medway.gov.uk

**Appendices**

None.

**Background papers**

DH/DCLG Letter to Chief Executives
Draft grant conditions
HEALTH AND WELLBEING BOARD
25 APRIL 2017

PROTOCOL SETTING OUT THE RELATIONSHIP BETWEEN KEY STRATEGIC BOARDS IN MEDWAY

Report from / author: Ann Domeney, Deputy Director Children and Adults Services

The report accompanies a revised and updated Protocol, which sets out the roles and responsibilities of the different strategic partnerships working across Medway Council in relation to safeguarding and wellbeing. The Health and Wellbeing Board is asked to note the Protocol and sign up to its implementation.

1. Budget and Policy Framework

1.1 Medway Council works in partnership with the NHS, other public sector providers and the voluntary and community sector to improve the experience of service users (both adults and children) and their carers. Recent health and social care reforms have introduced new structures and processes and there are a number of strategic boards and partnerships, with complementary roles and functions, all of which have a role in relation to safeguarding.

1.2 Recent Ofsted inspections of Children’s Social Care services have identified a need for a clear and agreed protocol, signed by strategic partnerships, which clarify these respective roles and responsibilities.

2. Background

2.1 A Protocol was agreed by the Boards in November 2014 which set out an expectation that each Board will have the opportunity to see, comment on and challenge the safeguarding priorities of other strategic bodies and be updated on progress on their work. It has been now been updated and revised.

2.2 The revised protocol will be taken to other named strategic boards and partnerships for sign off during April and May 2017.

3. Advice and Analysis

3.1 The purpose of this report is to ask the Health and Wellbeing Board members to read and discuss the revised Protocol and if in agreement, for the chair to sign to evidence acceptance.

There are no policy or structure implications.
4. **Risk Management**

4.1 Failure to have an agreed protocol, which evidences clarity and understanding on the part of Board members about roles and responsibilities between strategic Boards, presents a risk to the Council in relation to future Ofsted inspection grading.

5. **Consultation**

5.1 All strategic Boards were consulted about this Protocol in 2014. The significant change is the removal of Medway Children’s Action Network which has now ceased to have a strategic role and function.

6. **Financial and legal implications**

6.1 There are no financial implications in relation to agreeing the protocol.

6.2 There are no legal implications in relation to this report.

7. **Recommendations**

7.1. The Health and Wellbeing Board is asked to note and review the protocol and if in agreement, for the chair to sign to evidence acceptance.

**Lead officer contact**

Ann Domeney, Assistant Director, Children and Adults
Telephone: 01634 331215  E-mail: ann.domeney@medway.gov.uk

**Appendices**

Appendix 1 Protocol Setting out the Relationship Between Strategic Partnerships Relating to the Safeguarding of Children and Adults

Appendix 2 Strategic Partnership Roles

**Background papers**

None.
1. Purpose

This Protocol is a framework for effective joint working between the Medway Health and Wellbeing Board, the Medway Safeguarding Children Board, Medway Council Corporate Parenting Board, Kent and Medway Safeguarding Adult Board, and the Medway Community Safety Partnership. It sets out the expectations of the relationship and working arrangements between the partnership boards relating to the safeguarding and wellbeing of children and adults. Shared safeguarding activity across Strategic Boards includes abuse inside and outside of the family, including Forced Marriage, FGM, CSE and radicalisation. It is important that at all safeguarding partners recognise the vulnerability of young people to this form of grooming, exploitation and abuse.

3. Background Information

3.1 Medway Council works in partnership with the NHS, other public sector providers and the voluntary and community sector to improve the experience of service users (both adults and children) and their carers. Recent health and social care reforms have introduced new structures and processes. It is essential that all partners and the public understand the complementary roles and responsibilities of the respective boards and partnerships.

3.2 The chair of the respective Boards and the Director for Children and Adult’s Services have formally agreed to the arrangements set out in this document and by signing up to this document agree to work together to:

- Ensure the safety, health and wellbeing of people in Medway are collectively addressed
- Identify the lead partnership and respective responsibilities for a particular issue or priority.
• Provide clarity of focus for each partnership body in relation to needs and issues, and
  avoid duplication.
• Share appropriate information across partnerships and member organisations.
• Identify where there are problems and work together to formulate solutions taking a
  joined up and constructive approach across policies or issues of mutual interest.
• Ensure that there is a shared approach to reviews of serious cases in the county and
  the learning to emerge from these.

3.3 Board Chairs will actively support their Boards in delivering these collective
responsibilities

3.4 This protocol sets out:
• The distinct roles and responsibilities of the Boards,
• The inter-relationships between the Boards in terms of safeguarding and
  wellbeing, and
• The means by which we will secure effective co-ordination and coherence
  between the Boards.

3.5 Safeguarding is everyone’s business. As such, all key strategic plans whether they
are formulated by individual agencies or by partnership forums should include
safeguarding as a cross-cutting theme. This will ensure existing strategies and
service delivery - as well as emerging plans for change and improvement - must take
account of the impact on safeguarding arrangements across the authority. It is
therefore essential that there is a high level of consultation with agency leads on
safeguarding or the relevant safeguarding board.

3.6 Each Board has specific statutory powers, duties and roles. This Protocol is
intended to support the effectiveness of each Partnership Board. It is not
intended to override or replace the statutory duties and powers of any of the
individual agency. Detail of the statutory responsibilities for each Board is
included in Appendix A.

4. Formal interfaces

4.1 The interface between the Health and Wellbeing Board, the Safeguarding Boards,
Corporate Parenting Board and Community Safety Partnership at key points include:
• The needs analyses that drive the formulation of the Joint Health and Wellbeing
Strategy (JHWS) and the Safeguarding Boards’ Business Plans. This needs to
be reciprocal in nature ensuring that both Safeguarding Boards’ needs analyses
are fed into the Joint Strategic Needs Assessment (JSNA) and the Joint
Commissioning Plan, and that the outcomes of the JSNA are fed back into
Safeguarding Boards’ planning;
• Ensuring each Board/partnership is regularly updated on progress made in the
implementation of the JHWS and the individual Board Business Plans in a
context of mutual review and challenge
• Annually reporting evaluations of performance on Plans to provide the opportunity for reciprocal review and challenge and to enable Boards to feed any improvement and development needs into the planning process for future years' strategies and plans.

4.2 The opportunities presented by a formal working relationship between the HWB, the Safeguarding Boards, Corporate Parenting Board and Medway Community Safety Partnership are summarised as follows:

• Provide support and challenge to the implementation of priorities for children and young people and share consultation and engagement opportunities

• Securing an integrated approach to the Joint Strategic Needs Assessment (JSNA), ensuring comprehensive safeguarding data analysis in the JSNA, in line with statutory guidance.

• Aligning the work of the respective Safeguarding Boards' Business Plans with the Joint Health and Wellbeing Strategy (JHWS), identifying joint areas of work and related priority setting.

• Ensuring safeguarding is “everyone’s business”, reflected in the public health agenda, and other directly relevant policies and strategies

• Evaluating the impact of the JHWS on safeguarding outcomes, and of safeguarding on wider determinants of health outcomes.

• Cross Board challenge and “holding to account”: the HWB for embedding safeguarding, the Safeguarding Boards for overall performance, the Corporate Parenting Board in relation to Looked After Children and contribution to the JHWS.

• Identifying a coordinated approach to safeguarding.

• Ensuring Safeguarding risks are managed through transformational change and commissioning.

• Share and consider the learning from local reviews (e.g. Domestic Homicide Reviews and SCRs where appropriate)

5. **Arrangements to secure co-ordination between the Boards.**

5.1 In order to secure the opportunities identified above it is proposed that the following arrangements are in place to ensure effective co-ordination and coherence in the work of the relevant Boards/Partnerships.

5.2 The Independent Chairs of the two Safeguarding Boards (Between September and December each year) and the Corporate Parenting Board (in April each year) will present to the Health and Wellbeing Board (HWB) and Community Safety Partnership (CSP) their Annual Reports outlining performance against Business Plan objectives in the previous financial year. This would provide the opportunity for the
HWB and CSP to review and challenge the performance of the Boards, to draw across data to be included in the JSNA, and to reflect on key issues that may need to be incorporated in the refresh of the JHWS.

5.3 Between October and February the HWB to present to the Safeguarding Boards the review of the JHWS, the refreshed JSNA and the proposed priorities and objectives for the refreshed JHWS to enable the Safeguarding Boards to review and challenge performance of the HWB and to ensure that their refreshed Business Plans appropriately reflect relevant priorities set in the refreshed JHWS and related commissioning strategies.

5.4 Between December and April the CSP Chair to present to the HWB and Safeguarding Boards the CSP Strategic Assessment and the proposed CSP priorities and plan.

5.5 These arrangements will support but not duplicate or usurp the role of the Overview and Scrutiny Committee to oversee, scrutinise and challenge policy and decision makers.

5.6 Between April and June the Boards/Partnerships will share their refreshed Plans for the coming financial year to ensure co-ordination and coherence.

6. Overview and Scrutiny

6.1 None of the opportunities and proposed arrangements for collaborative working or mutual holding to account in this Protocol conflict with the statutory and constitutional functions of the Council’s Overview and Scrutiny Committees that scrutinise health-related matters (Children and Young People Overview and Scrutiny Committee, Health and Adult Care Overview and Scrutiny Committee and Joint NHS Scrutiny Committee with Kent County Council).

Signed: Chair of Medway Safeguarding Children Board: _________________________
Date: _____________________

Signed: Chair of Medway Adult Safeguarding Board: _________________________
Date: _____________________

Signed: Chair of Medway Health and Wellbeing Board: _________________________
Date: _____________________

Signed: Chair of Corporate Parenting Board: _________________________
Date: _____________________

Signed: Chair of Medway Community Safety Partnership _________________________
Date: _____________________
Strategic Partnership Roles

Health and Wellbeing Board

The Health and Wellbeing Board is a committee of Medway Council established under section 194 Health and Social Care Act 2012. It brings together decision makers from local government, the NHS and representatives of the people of Medway via Healthwatch, to improve health and wellbeing across the area.

The Health and Wellbeing Board has a statutory duty to encourage those who arrange for the provision of any health or social care services in the area to work in an integrated manner for the purpose of advancing local people’s health and wellbeing. Its main functions are set out in Chapter 3 Part 2 of the Council’s Constitution, and include assessing the needs of the local population through the Joint Strategic Needs Assessment and producing a Joint Health and Wellbeing Strategy (JHWS) to inform the commissioning of health, care and public health.

Medway Safeguarding Children Board (MSCB)

The MSCB is a statutory body established pursuant to section 13 Children Act 2004. It can hold any member partner to account for its safeguarding activities. Its members comprise senior representatives from Medway Council, Medway health bodies, Kent Police, Medway schools, community and voluntary sector, Kent Probation, HMYOI Cookham Wood, Medway Secure Training Centre.

The key objectives of the MSCB as required by Section 14 of the Children Act 2004 and set out in ‘Working Together to Safeguard Children 2015’ are:

- To co-ordinate local work to safeguard and promote the wellbeing of children;
- To ensure the effectiveness of that work.

The functions that the MSCB must undertake to fulfil these objectives are set out in the Local Safeguarding Boards Regulations 2006 and can be summarised as follows:

- developing policies and procedures for safeguarding and promoting the welfare of children in the area;
- communicating the need to safeguard and promote the welfare of children, raising awareness of how this can best be done, and encouraging this;
- monitoring and evaluating the effectiveness of what is done by the Council and its Board partners individually and collectively to safeguard and promote the welfare of children, and advising them on ways to improve
- participating in the planning of services for children in the area;
- undertaking reviews of serious cases and advising the Council and its Board partners on lessons to be learned
• collecting and analysing information about the deaths of children normally resident in the area and putting in place procedures for ensuring that there is a co-ordinated response by the Council, its Board partners and others to an unexpected child death.

A key objective in undertaking these roles is to enable children to have optimum life chances and enter adulthood successfully. A 'good' safeguarding board is cited as one that:

• Coordinates the activity of statutory partners and monitors the effectiveness of local arrangements;
• Coordinates multi-agency training in the protection and care of children which is effective and evaluated regularly to measure impact; and
• Provides robust and rigorous evaluation and analysis of local performance to identify areas for improvement and influences the planning and delivery of high-quality services.

The Board has statutory powers under section 14B of the Children Act 2004 to require information to be provided to it to enable or assist it to perform its duties.

**Medway Corporate Parenting Board**

The purpose of the Corporate Parenting Board is:

• to ensure that Medway Council and its partner agencies effectively discharge their duties towards looked after young people and care leavers
• to ensure young people are supported, through a variety of methods, to communicate their needs, wishes and feelings about the care they receive to Elected Members, and,
• to be proactive in securing better outcomes for looked after children through appropriate challenge, engagement and discussion with officers, partner agencies and other Elected Members.

**Kent and Medway Safeguarding Adults Board**

The Safeguarding Adult Board (SAB) is a statutory partnership, sanctioned by the Care Act 2014, with responsibility for:

a) Developing and publishing a strategic plan setting out how the Board members will meet their safeguarding responsibilities
b) Publish an annual report detailing how effective their work has been
c) Commission Safeguarding Adult Reviews (SARs) where statutory criteria for such reviews are met.
The objective of an SAB is to help and protect adults in its area where they have needs for care and support and are experiencing, or are at risk of, abuse or neglect, and are unable to protect themselves because of their needs.

The way in which an SAB must seek to achieve its objective is by co-ordinating and ensuring the effectiveness of what each of its members does.

SABs have wide statutory powers and can do ‘anything that appears to it to be necessary or desirable for the purpose of achieving its objectives’.

**Medway Community Safety Partnership**

The Community Safety Partnership works to cut crime, help neighbourhoods fight disorder and reduce reoffending, as set out in the Crime and Disorder Act 1998.

This partnership leads on activities related to Criminal Justice, Organised Crime Groups, Anti-Social Behaviour and Prevent. The key accountability and responsibility for domestic violence also rests with this partnership.
This page is intentionally left blank
HEALTH AND WELLBEING BOARD

25 APRIL 2017

CORPORATE PARENTING BOARD ANNUAL REPORT

Report from: Ian Sutherland; Director, Children and Adults Services

Author: Ann Domeney, Interim Director, Children & Adults Services

Summary

This report provides a briefing to the Health and Wellbeing Board on the role and challenge function of Medway’s Corporate Parenting Board, the key focus and achievements over the last 12 months.

1. Budget and Policy Framework

1.1 Corporate Parenting continues to be a high priority for government who have regulated the duties of Councils towards the children in its care through legislation and guidance. This has been reinforced through the Children Act 1989, Children Act 2004, the Children and Young Persons Act 2008 and the Care Planning, Placement and Case Review (England) Regulations 2010 and Care Leavers Regulations 2010.

1.2 Improving outcomes for Looked after Children features widely within the ‘Council Plan’. Within the priority ‘Children and young people have the best start in life in Medway’, there are a number of key measures of success covering education and employment for care leavers, accommodation for care leavers, progress on adoption and educational outcomes for LAC.

1.3 The Corporate Parenting Board (CPB) does not hold a budget, although it contributes in its scrutiny function towards achieving timely outcomes for children in care, including permanency arrangements, thereby reducing drift, delay and cost in the placements budget.

2. Background

2.1 This annual report to the Health & Wellbeing board provides the opportunity for review and challenge of the performance of CPB in relation to securing good outcomes for LAC.

2.2 Medway’s CPB is chaired by the Lead Member for Children’s Services.
2.3 The Terms of Reference of the CPB are being refreshed and the final version will be presented to the CPB on 19 April 2017 for consideration.

3. **Structure of the Board and how it carries out its work**

3.1 The CPB meets on a quarterly basis with three sub-groups reporting into the Board.

3.2 The three sub-groups are Education, Health of LAC and 16 Plus and Care Leavers, the latter having been established in early 2017 with the groups first meeting having taken place on 24 February 2017. The multi-agency sub-groups are chaired by a senior officer and meet as a minimum once between each CPB. The Chairs of the sub-groups are core members of the Board and have a standing item on progress made against actions.

3.3 Representatives from the Children in Care Council (CiCC) attend every CPB meeting to share their news and issues, as well as being supported to offer challenge and contribution to the work of the group.

3.4 The Lead Member for Children’s Services, Director of Children and Adults, Deputy Director Children and Adults, Head of Provider Services, Head of Safeguarding and Virtual Head Teacher attend the Children in Care Council meetings, which are led and chaired by the young person who is chair of the CIC Council.

3.5 The CPB scrutinises a performance dashboard of data at each meeting in addition to the performance reports of each sub-group.

4. **Membership**

- Lead Member for Children’s Services
- Vice Chair, Chair of Children and Young People Overview and Scrutiny Committee.
- Chair of Children in Care Council and Young Lives Apprentice
- Director Children and Adults,
- Deputy Director Children and Adults
- Head of Provider Services.
- Head of Safeguarding
- Elected Members as directed by the Cabinet Advisory Group
- LAC Health Lead
- Virtual Head Teacher
- Youth Offending Team representative
- CAMHS representative.
- Two foster carer representatives.
- One adopter representative.
- Other officers to be required to attend as necessary e.g. housing, further education, children’s commissioning.
5. Board Achievements

5.1 The challenge and scrutiny role of the board is predominantly focused on driving the overarching Looked after Children Strategy 2015-2018. This Strategy was revised in Jan 2015 including young peoples input from the Children in Care Council.

5.2 The LAC Strategy has 8 key objectives which drives the work of the sub groups reporting to the main board.

5.3 Objective 1 - Provide timely and high quality intervention to help children remain with or return to their families, as long as it is safe to do so.

5.4 Children’s needs are best served in their own families where this can be safely supported. Helping families stay together is best supported by early identification of need with effective early intervention. Early intervention and prevention services can over time reduce the number of children and young people needing to become looked after.

5.5 Success measures in this area include the extent to which Early Help has been mobilised and the volume, scale and quality of intervention undertaken with families. The graph below shows the number of Early Intervention Assessments (previously CAFs) carried out. In addition to our Intensive Family Support Service, these will also be undertaken by Schools, Health Care Professionals, Voluntary agencies and the wider group of partners.

![CAFs initiated per quarter graph](image-url)
5.6 The below graph shows the overall numbers of looked after children. A number of measures are being put in place to further reduce the numbers of Looked After Children, including ‘edge of care’ initiatives to provide alternate ways to support young people in their families and prevent them coming into care.

![LAC Activity Graph]

5.7 **Objective 2 - Provide and commission the right mix of placements**

5.8 The CPB needs to assure itself that Medway has the right range of placements to meet the assessed needs of our LAC as outlined in our LAC Strategy and Sufficiency Strategy.

5.9 More of our young people are placed with connected carers and we value these placements as a way of supporting young people to stay within their families and communities.

![Percentage of LAC by placement type]

<table>
<thead>
<tr>
<th>Placement Type</th>
<th>England Mar '16</th>
<th>Medway Mar '14</th>
<th>Medway Mar '15</th>
<th>Medway Mar '16</th>
<th>Medway Feb '17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placed for adoption</td>
<td>4.2%</td>
<td>10.6%</td>
<td>4.9%</td>
<td>5.8%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Placed with connected person</td>
<td>11.6%</td>
<td>10.6%</td>
<td>14.1%</td>
<td>11.2%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Fostered</td>
<td>62.1%</td>
<td>61.7%</td>
<td>66.2%</td>
<td>67.9%</td>
<td>70.8%</td>
</tr>
<tr>
<td>Residential</td>
<td>8.6%</td>
<td>8.7%</td>
<td>9.2%</td>
<td>8.8%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Independent living</td>
<td>6.4%</td>
<td>4.2%</td>
<td>3.8%</td>
<td>4.4%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Parents</td>
<td>5.4%</td>
<td>2.9%</td>
<td>1.4%</td>
<td>0.9%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Other</td>
<td>1.7%</td>
<td>1.3%</td>
<td>0.5%</td>
<td>0.9%</td>
<td>0.5%</td>
</tr>
</tbody>
</table>
5.10 Attracting local people to become foster carers remains a key priority. Financial investment in the fostering service has been made to accelerate the recruitment and training of more local foster carers, for the next 3 years, to provide placement’s for Medway children.

<table>
<thead>
<tr>
<th>Placed by Medway within another LAs boundary.</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>184</td>
<td>192</td>
<td>200</td>
<td>215</td>
<td>177</td>
<td>181</td>
<td>173</td>
<td>172</td>
<td>172</td>
<td>163</td>
<td>161</td>
</tr>
</tbody>
</table>

5.11 **Objective 3 - Promote timely permanence planning for all children to ensure they have the opportunity of a stable, permanent home and long term relationships in a placement appropriate to their needs.**

5.12 Increased scrutiny is in place to ensure permanence for LAC through adoption or other orders/alternative arrangements.

5.13 The rate of children leaving care to adoption or special guardianship continues to be higher than the national average. In 2016/17 to date (Apr 16 to Feb 17) 28 children were adopted and 24 went to special guardians to achieve a combined rate of 8.2 per 10,000 children against a national rate of 7.3 per 10,000.

5.14 The service remains highly ambitious to continue to address overall timescales for adoption and performance is now in line with local authorities in the South East.

5.15 Following Cabinet’s agreement, in November 2016, to Medway entering into formal dialogue with a view to the establishment of a Regional Adoption Agency with local authority partners; London Borough of Bexley and Kent County Council, discussions are progressing regarding the proposal with a project manager being appointed.
5.16 **Objective 4** - Ensure that looked after children and young people achieve their full potential and can access suitable education, employment or training.

5.17 The Virtual School Head reports regularly to Corporate Parenting Board on educational progress made by children in care across their current key stage.

5.18 Progress in key stages 3 and 4 compares well with national expectations. Performance is less strong at key stages 1 and 2 with one possible reason being that the majority of those in key stages 3 and 4 have been in care for a longer period, and that the benefits of stable care and the sustained ongoing support they receive from the Virtual School, including use of Pupil Premium, which has enabled their progress to accelerate.

5.19 As well as analysing the progress of year groups and key stages, the progress of individual children is tracked through the Virtual School and work of the sub-group and additional support is provided for individual children as required to promote continued progress.

5.20 **Objective 5** - Improve the health and emotional well-being of looked after children and young people and care leavers

5.21 26 children became looked after by Medway Council between 1\textsuperscript{st} January 2017 and 31 March 2017; of these, 21 had a completed initial health assessment within 28 days of their initial placement totalling 81%. The percentage of up to date review health assessments for the same period is 91% and up to date dental assessments for the same period is 84%. Both of these figures meet national targets.

(In order to ensure accurate data reporting as of 1 April 2017, both health and children’s social care will report on initial health assessments being completed within 28 days of young people coming into care. Due to differences in reporting periods between the 2 agencies there have been some discrepancies; however the change in reporting periods should ensure consistent data is now published).

5.22 Ensuring access to CAMHS services for all of our LAC remains a challenge, but additional resources have been allocated by the CCG to improve provision at Tiers 2 and 3. A Single Point of Access has been established.

5.23 **Objective 6** - Aim to keep looked after young people and care leavers safe through the provision of trained, supported and motivated staff who understand and are alert to the potential for exploitation and abuse of young people and who take the right action at the right time.

5.24 New Child Sexual Exploitation (CSE) templates and pro-forma (e.g. risk assessment, safety plans) have been rolled out to social work staff and professionals in all agencies to support them in identifying and taking the appropriate action where looked after children and young people are at risk of CSE. Indicators of risk of harm are grouped in the categories:
• Category 1 (At Risk): a vulnerable child who is at risk of being targeted and groomed for sexual exploitation;

• Category 2 (Medium Risk): a child who is targeted for opportunistic abuse through the exchange of sex for drugs, accommodation (over night stays) and goods, etc. The likelihood of coercion and control is significant; and

• Category 3 (High Risk): a child whose sexual exploitation is habitual, often self defined and were coercion/control is implicit.

5.25 The CSE Screening Tool is used flexibly to take account of each child's individuality, the uniqueness of his/her circumstances and the changes that may occur for him/her over time. This enables the social worker to effectively plan, intervention and review a case. The tool is accessible to all agencies via the MSCB.

5.26 Medway has CSE champions throughout its Children’s Safeguarding Services, managed by the Medway Safeguarding Children’s Board (MSCB), each of the Senior Social Workers in the Area Teams are CSE Champions, this role entails them attending regular CSE meetings to enhance their practice and ensure that the learning is disseminated back to all their colleagues in their social work area. Champions ensure that CSE awareness enables social workers to recognise the risk indicators of different forms of harm to children and young people "including sexual, physical and emotional abuse and neglect". Their role is to motivate services to be alert and responsive to risk.

5.27 External training has also been provided, and the co-location of the police and the social work teams affords better joint working and investigation. The framework for risk management of CSE includes monthly reviews of missing children and escalation processes when they have concerns.

5.28 The MSCB runs regular multi-agency CSE training, it ensures that the champions’ training needs are prioritised to ensure Reflective Supervision and case direction – through the remodelling of the Children’s Safeguarding Service and the formulation of the 15 Pod’s in four Area’s 1-4, (covering Medway Council, the ethos of reflective supervision/practice enables the social workers to bring different opinions, experiences and approaches. The social workers can share and learn from each other and are able to use the group supervision to consider the possibility of “child sexual exploitation” as one of a range of adult behaviours that can pose a risk to young people and then between them the pod members will assist the social worker in formulating an effective care plan.

5.29 Governance and coordination of information sharing, corporately and across the partnership, is further strengthened through the Multi-Agency Sexual Exploitation (MASE) Group and multi-agency co-located specialist CSE Investigation Unit.
Medway Children’s service has a special CSE alert flag that is input onto a child / young person’s file by the Practice Manager or area manager, once it has been established through the assessment tool that a child / young person is at risk or vulnerable to CSE. The flag alerts any potential worker to the vulnerabilities of the young person, so any intervention that takes place is mindful of the vulnerabilities of that young person. It also makes it clear to managers / IRO (independent reviewing officers, if applicable) which children/young people are considered vulnerable and that the care plans reflect the level of concern and risk.

Multi Agency CSE meetings are chaired by the Head of Safeguarding and Quality Assurance, the meetings runs monthly. The social worker, their line manager, and the Area manager (if applicable) attend the meeting with the completed specialist CSE risk assessment tool and the child’s care plan. The panel considers the risk to the young person and ensures that there is multi-agency shared intelligence on the young person and an effective safeguarding plan. The panel regularly reviews the cases brought to panel and ensures that previous recommendations are followed through. The purpose of the meeting is to ensure that the profile of those young people and care leavers in Medway who are most vulnerable to exploitation have a ‘shared risk’ safety plan of intervention.

**Objective 7 - Prepare young people for a successful transition to adulthood**

Ensuring care leavers have access to opportunities for employment and education remains challenging and whilst Medway was in line with the national average in 15/16, we have dropped marginally below this for the 16/17 year so far (Apr 16 to Jan 17).

<table>
<thead>
<tr>
<th>Care Leavers in employment, education or training on 19th, 20th or 21st birthday</th>
<th>National 15/16</th>
<th>Medway 13/14</th>
<th>Medway 14/15</th>
<th>Medway 15/16</th>
<th>Medway 16/17 (expected)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>49%</td>
<td>44%</td>
<td>48%</td>
<td>49%</td>
<td>47%</td>
</tr>
</tbody>
</table>

A Leaving Care Nurse works specifically with young people leaving care and make sure they can readily access their health history and support them with ongoing health needs. Care leavers also receive psychological support from Oakfields Psychological services.

A ‘Your Future, Your Choice’ booklet which outlines options around employment and training is provided to all care leavers.

Leaving Care work closely with Jobcentreplus to track and support young care leavers seeking work and those who are currently unable to seek work due to health related matters.

In respect of Care Leavers accessing suitable accommodation, Medway continues to maintain performance significantly above the national average.
5.38 The Leaving Care Team have worked closely with the Joint Commissioning Team and partners, to review accommodation provision for this group of young people and develop a commissioning strategy.

5.39 There are currently 8 young people aged 16-21 who are in custody either on remand or serving sentences. The Transition Panel for Complex young People is monitoring the plans for release and ensuring all relevant support is identified prior to release.

5.40 An increasingly high number of young people who are deemed sick/disabled are being offered support from the health team and Job Centre Plus, to work towards EET opportunities.

5.41 More focus will also be placed on ensuring plans for EET are considered earlier in a child’s life by their Social Worker.

5.42 **Objective 8 Ensure that looked after children and care leavers’ views and experiences inform current and future service delivery**

5.43 Each CPB meeting receives an update on the wide range of activities and work undertaken by the Children in Care Council and support from the Young Lives Foundation ensures that the young people contribute actively throughout, including decisions made.

5.44 More recently the Children in Care Council have presented the Pledge to the CPB and responses will be provided regarding progress on the actions requested in the Pledge.

6. **Risk management**

6.1 The key issue facing CPB in its oversight and challenge function is the capacity and financial pressures posed by the increase in LAC population on all service areas supporting looked after children, and ensuring that as effective corporate parents, this does not hinder the care, support, aspirations or continued improvement in outcomes for our children in care.

7. **Financial implications**

7.1 There are no financial implications arising directly from this report.

8. **Legal implications**

8.1 There are no legal implications arising directly from this report.
9. **Recommendations**

9.1 The HWB is asked to consider and comment on the annual report and the effectiveness of the Corporate Parenting Board.

**Lead officer contact**

Jackie Wood; Head of Provider Services, Broadside, Telephone: 01634 331241 Email: jackie.wood@medway.gov.uk

Ann Domeney; Interim Deputy Director, Children and Adult Services, Gun Wharf Telephone: 01634 331205 Email: ann.domeney@medway.gov.uk

**Appendices**

None.

**Background papers**

Corporate Parenting Board Draft Terms of Reference  
Job Description - Child Sexual Exploitation Champions  
Medway Council - Looked After Children Strategy 2015-2018  
Medway Council Children’s Services - Sufficiency Report 2016-17
HEALTH AND WELLBEING BOARD
25 APRIL 2017
WORK PROGRAMME

Report from: Neil Davies, Chief Executive
Author: Jon Pitt, Democratic Services Officer

Summary
This report advises the Board of the forward work programme for discussion in the light of latest priorities, issues and circumstances. It gives the Board an opportunity to shape and direct the Board’s activities.

1. Budget and Policy Framework

1.1. The Health and Social Care Act 2012 places a duty on local authorities to establish a Health and Wellbeing Board in their area.

1.2. On 25 April 2013 the Council established the Board and agreed its terms of reference.

2. Background

2.1. Appendix 1 to this report sets out the existing work programme. It should be noted that the work programme is likely to be subject to frequent changes and additions throughout the year and is for guidance only.

2.2. It was agreed at the pre-agenda meeting held on 30 March 2017 that the Medway Safeguarding Children Board (MSCB) Action Plan should be presented to the June 2017 meeting. This is due to the MSCB currently being in the process of developing its strategic priorities for 2017 onwards and its Strategic Plan for 2017-20. By June the MSCB will have agreed the Strategic Plan and will be able to update the Board on the priorities and work planned for the next year. Presentation to the Board in June would also align with consideration of the Action Plan by the Children and Young People Overview and Scrutiny Committee. It is also proposed that the MSCB Annual Report is, as normal, presented to the Board in November.

2.3. The reports on Adopting a Council Wide Food Policy and the Smoking Cessation Policy have also been deferred to a future meeting. The Food Policy has been delayed due to staff turnover and the prioritisation of other work areas. The relevant team is now fully staffed with it being anticipated that development of the proposals will then move forward. In relation to the
Smoking Cessation Policy, work is being undertaken to ascertain the level of support for making the Council fully smoke free ahead of proposals being developed.

2.4 It was also agreed that an item on Developing and Empowering Resources in Communities (DERiC) would be added to the Work Programme for September 2017. DERiC is an approach aimed at improving outcomes for vulnerable people of all ages by enhancing the quality of support through identifying and nurturing community support and then matching this to vulnerable people in their communities. Two Community Interest Companies have been established in Walderslade (WALT) and on the Hoo Peninsula (wHoo Cares) to initiate DERiC in Medway. The Board report will detail the progress made and outcomes achieved by WALT and wHoo Cares and propose actions which will illustrate the impact and value of community engagement.

2.5 A short update on the Integration of the Better Care Fund is due to be presented to the April 2017 meeting ahead of a more comprehensive report being presented to the June meeting.

3. Risk implications

3.1. There are no specific risk implications connected with this report.

4. Financial and legal implications

4.1. There are no specific financial or legal implications connected with this report. In the event of there being any recommendations relating to commissioning these will need to be referred to the Council’s Cabinet and/or NHS Medway Clinical Commissioning Group.

5. Recommendation

5.1. The Board is asked to agree the work programme attached at Appendix 1 and to consider whether any changes need to be made.

Lead officer contact

Jon Pitt, Democratic Services Officer
Telephone: 01634 332715 Email: jon.pitt@medway.gov.uk

Appendices

Appendix 1 - Health and Wellbeing Board Work Programme.

Background papers

None.
MEDWAY HEALTH AND WELLBEING BOARD WORK PROGRAMME

Notes:
Between September and November each year the Independent Chairs of the two Safeguarding Boards and the Corporate Parenting Board will present to the HWB and CSP their annual reports outlining performance against Business Plan Objectives in the previous financial year. N.B – It is proposed to amend the Protocol in relation to the timing of when the Corporate Parenting Board Annual report will be considered by the Board.

Between October and February each year the HWB will present to the Safeguarding Boards the review of the JHWS, refreshed JSNA and the proposed priorities and objectives for the refreshed JHWS to enable the Safeguarding Boards to hold to account and challenge performance of the HWB and ensure that their refreshed Business Plans appropriately reflect relevant priorities set in the refreshed JHWS and related commissioning strategies.

Between December and April each year, the CSP Chair will present to the HWB and Safeguarding Boards the CSP Strategic Assessment and the proposed CSP priorities and plans.

In April/May each year the Boards will share their refreshed Plans for the coming financial year to ensure co-ordination and coherence.

<table>
<thead>
<tr>
<th>Meeting Date (despatch date)</th>
<th>Item</th>
<th>Item Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 June 2017 (PROVISIONAL) (19 June)</td>
<td>Development of Medway Mental Health Strategy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medway Safeguarding Children Board Action Plan 2017/18</td>
<td>Protocol between Boards</td>
</tr>
<tr>
<td></td>
<td>Looked After Children Update</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transforming Care Plan Update</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Better Care Fund update – planning stage</td>
<td>Better Care Fund</td>
</tr>
<tr>
<td></td>
<td>Joint Health and Wellbeing Strategy Monitoring Report</td>
<td>JHWS/JSNA</td>
</tr>
<tr>
<td>12 September 2017 (PROVISIONAL) (4 September)</td>
<td>DERiC (Developing and Empowering Resources in Communities)</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Event Description</td>
<td>Framework/Protocol</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------------------------------------------------------------------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>7 November 2017</td>
<td>Medway Safeguarding Children Board Annual Report 2016/17</td>
<td>Better Care Fund</td>
</tr>
<tr>
<td>(PROVISIONAL)</td>
<td>Kent and Medway Safeguarding Adult Board Annual Report 2016/17</td>
<td></td>
</tr>
<tr>
<td>(30 October)</td>
<td>Review of Joint Strategic Needs Assessment and Joint Health and Wellbeing Indicators for Commissioning Cycle 2018/19</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Update on activity of the NHS Medway CCG Primary Care Commissioning Committee</td>
<td></td>
</tr>
<tr>
<td>20 February 2018</td>
<td>CSP Strategic Assessment and Community Safety Plan</td>
<td></td>
</tr>
<tr>
<td>(PROVISIONAL)</td>
<td>National Diabetes Prevention Programme Update</td>
<td></td>
</tr>
<tr>
<td>(12 February)</td>
<td>Medway Safeguarding Children Board Action Plan</td>
<td>Protocol between Boards</td>
</tr>
<tr>
<td>17 April 2018</td>
<td>Medway Corporate Parenting Board Annual Report</td>
<td>Protocol between Boards</td>
</tr>
<tr>
<td>(PROVISIONAL)</td>
<td>(9 April)</td>
<td></td>
</tr>
<tr>
<td>Dates to be confirmed</td>
<td>Kent and Medway Sustainability and Transformation Plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kent and Medway Mental Health Crisis Care Concordat</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adopting a Council Wide Food Policy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Smoking Cessation Policy</td>
<td></td>
</tr>
</tbody>
</table>