

Meeting of Kent and Medway Joint Health and Wellbeing Board

Thursday, 28 June 2018

4.00pm to 5.30pm

Record of the meeting

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

Present:

Sarah Aldridge, Swale Borough Council, Cabinet Member for Health and Wellbeing
Councillor David Brake, Portfolio Holder for Adults' Services, Medway Council (Chairman)
Mr Paul Carter, CBE, Leader and Cabinet Member for Traded Services and Health Reform, Kent County Council
Glenn Douglas, Accountable Officer for the eight CCGs in Kent and Medway and Chief Executive of the Kent and Medway STP
Matt Dunkley, CBE, Corporate Director of Children, Young People and Education, Kent County Council
Cath Foad, Chair, Healthwatch Medway
Mr Graham Gibbens, Cabinet Member for Adult Social Care, Kent County Council
Mr Roger Gough, Cabinet Member for Children, Young People and Education, Kent County Council
Steve Inett, Chief Executive, Healthwatch Kent
Councillor Alan Jarrett, Leader of Medway Council
Mr Peter Oakford, Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health, Kent County Council (Vice-Chairman)
Matthew Scott, Kent Police and Crime Commissioner
Andrew Scott-Clark, Director of Public Health, Kent County Council
Tony Searles, Sevenoaks District Council
Penny Southern, Corporate Director Adult Social Care and Health, Kent County Council
Dr Robert Stewart, Clinical Design Director of the Design and Learning Centre for Clinical and Social Innovation
Ian Sutherland, Director of Children and Adults Services, Medway Council
James Williams, Director of Public Health, Medway Council

Substitutes:

Councillor David Carr, Medway Council (Substitute for Councillor Martin Potter, Medway Council)
Lorraine Goodsell, Deputy Managing Director, East Kent CCGs (Ashford, Canterbury and Coastal, South Kent Coast and Thanet CCGs) (Substitute for Caroline Selkirk)
Simon Perks, Deputy Managing Director for Dartford, Gravesham and Swanley, Medway, Swale and West Kent CCGs

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(Substitute for Ian Ayres)
Councillor Rupert Turpin, Portfolio Holder for Business Management, Medway Council (Substitute for Councillor Howard Doe, Medway Council)

In Attendance: Karen Cook, Policy And Relationships Adviser (Health), Kent County Council
Dr Allison Duggal, Consultant in Public Health, Kent County Council
Julie Keith, Head of Democratic Services, Medway Council
Sameera Khan, Assistant Head of Legal Services, Medway Council
Jade Milnes, Democratic Services Officer, Medway Council

116 Election of Chairman

Councillor David Brake was elected as Chairman for the forthcoming year.

117 Election of Vice-Chairman

Mr Peter Oakford was elected as Vice-Chairman for the forthcoming year.

118 Apologies for absence

Apologies for absence were received from Councillors Doe and Potter, Dr John Allingham (Kent Local Medical Committee Representative), Ian Ayres (Managing Director for Dartford, Gravesham and Swanley, Medway, Swale and West Kent CCGs), Chris McKenzie (Assistant Director, Adult Social Care Medway Council) and Caroline Selkirk (Managing Director of Ashford, Canterbury and Coastal, South Kent Coast, and Thanet CCGs).

119 Chairman's Announcements

The Chairman welcomed Members to the first meeting of the Kent and Medway Joint Health and Wellbeing Board and set out the purpose and focus of the Joint Board.

The Chairman emphasised that the Joint Board had been constituted as an advisory sub-committee of Kent County Council's and Medway Council's Health and Wellbeing Boards and explained that the respective Health and Wellbeing Boards would each continue to have responsibility for their own statutory functions.

It was noted that the Joint Board had been set up in response to the work of the Sustainability and Transformation Partnership (STP) to develop the way in which health and social care services in Kent and Medway are financed, commissioned and delivered. In this context and given the role of each Local Authority in commissioning and delivering public health and social care services, it was explained that the Kent and Medway Health and Wellbeing Boards had agreed that the key focus of the Joint Board would be prevention

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and local care. In addition, it was agreed that the aim of the Joint Board would be to influence and shape the future design and delivery of these services and their alignment with the health and care services at STP level.

The Chairman stated that the work of this Joint Board would strengthen the collaboration between the two Local Authorities and with the STP to ensure the best outcomes for residents.

120 Declaration of Disclosable Pecuniary Interests and Other Interests

Disclosable pecuniary interests

There were none.

Other interests

There were none.

121 Urgent matters by reason of special circumstances

There were none.

122 Membership of the Kent and Medway Joint Health and Wellbeing Board

Discussion:

The Chairman presented an update on the current membership of the Joint Board and stated that he was pleased to note that the Police Crime Commissioner and representatives of the District Councils in Kent had accepted the invitation to join the Joint Board.

The Chairman explained that following the publication of the agenda he had been advised that the named substitute for Ian Ayres (CCG Representative) and Caroline Selkirk (CCG Representative) had been nominated, these in turn being:

- Simon Perks, Deputy Managing Director for Dartford, Gravesham and Swanley, Medway, Swale and West Kent CCGs; and
- Lorraine Goodsell, Deputy Managing Director of the East Kent CCGs (Ashford, Canterbury and Coastal, South Kent Coast and Thanet).

The Chairman advised the Joint Board that the Kent Local Medical Committee nominee and named substitute were Dr John Allingham and Dr Caroline Rickard respectively.

With reference to the request from Kent County Council's Health and Wellbeing Board to appoint Dr Robert Stewart as a non-voting member of the Joint Board, in his capacity as Clinical Design Director for the Design and learning Centre for Clinical and Social Innovation, a Member expressed support for this appointment and explained to the Joint Board that Dr Robert Stewart was an

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integral part of Kent's Health and Wellbeing Board and that he had recently undertaken new work with the Local Authority and the STP.

Decision:

The Kent and Medway Joint Health and Wellbeing Board:

- a) noted the current position on membership of the Joint Board, as set out in paragraphs 3.2 and 3.3 of the report;
- b) noted the appointment of Loraine Goodsell as the named substitute for Caroline Selkirk and Simon Perks as the named substitute for Ian Ayres;
- c) noted the appointment of Dr John Allingham as the representative of the Kent and Medway Local Medical Committee and Dr Caroline Rickard as the named substitute; and
- d) agreed the appointment of Dr Robert Stewart as a non-voting member of the Kent and Medway Joint Health and Wellbeing Board in his capacity as the Clinical Design Director of the Design and Learning Centre for Clinical and Social Innovation.

123 Prevention Action Plan

Discussion:

Medway Council's Director of Public Health set out the importance of the prevention workstream within the Kent and Medway STP in delivering financial savings, improving health outcomes for service users and bringing wider community benefits. Emphasis was given to the need to embed prevention across all of the Kent and Medway STP workstreams, with particular consideration given to prevention when commissioning or re-designing health and social care services.

In introducing the latest iteration of the Prevention Action Plan, set out at Appendix 1 of the report, Medway's Director of Public Health highlighted that the Kent and Medway Public Health teams had collaborated with partners to develop the Plan. This included patients and members of the public, in addition to the agencies set out at paragraphs 4.4 and 4.5 of the report.

In response to a question concerning the challenges in measuring the impact of the prevention workstream, it was explained that the Prevention Action Plan was accompanied by a detailed work programme and that the outputs and outcomes could be quantified by the Local Authority Health Intelligence Teams. The Joint Board was advised that it would receive updates on progress towards delivery of the Prevention Action Plan.

A Member commended the report. He also expressed a view that wider issues, beyond public health matters where prevention was also important, could have been addressed within the report. He gave examples including falls, loneliness and suicide prevention. Medway's Director of Public Health recognised that these were important areas for consideration and that these topics could be considered in greater detail at future meetings of the Joint Board. He added

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that with regards to suicide prevention, funding of circa £700,000 had been secured for suicide prevention work across the Kent and Medway STP area in 2018/19.

A Member suggested that the links between the prevention workstream, General Practitioners (GPs) and local care initiatives, such as social isolation/ social prescribing work, should be better. In response, the Joint Board was advised that the prevention workstream was advised by the Clinical and Professional Board and that a GP co-production task and finish group had been established by the prevention workstream. It was added that this GP forum had reviewed the Prevention Action Plan.

Members expressed support for the Joint Board to establish a set of key measurable outcomes which focus on prevention and local care and which were aligned with the STP workstreams. It was suggested that the Joint Board monitor achievement of these outcomes via a dashboard showing trends and including a Red, Amber, Green (RAG) rating.

A Member commented that updates on activity within the Prevention Action Plan focussed principally on Medway. It was requested that future iterations of the Plan provided updates for both Kent and Medway. The Joint Board was advised by Medway's Director of Public Health that the Prevention Action Plan was held on an online portal which was regularly updated by partners and would ensure future updates reflected activity and progress in Kent and Medway.

In response to a concern that the Prevention Action Plan did not address drug and substance misuse, the Joint Board was advised that Local Authorities were already obliged to address substance misuse and that the Action Plan had focussed on addiction, in particular nicotine addiction. It was explained that the focus was on nicotine addiction because this affected the largest adult cohort. It was added that under the Kent and Medway STP, there was an opportunity to enhance interventions in key areas to achieve a faster reduction in the number of people stopping smoking.

Decision:

The Kent and Medway Joint Health and Wellbeing Board:

- a) noted the progress of the prevention workstream and supported the priorities and actions identified within the Prevention Plan;
- b) agreed that at the next meeting of the Joint Board consideration would be given to proposed prevention and local care outcomes which can be measured and monitored during the life of the Joint Board; and
- c) recommended that the outcomes agreed by the Joint Board be presented to the Local Care Implementation Board.

124 Sustainability and Transformation (STP) Local Care Update

Discussion:

The Deputy Director of the East Kent Clinical Commissioning Groups (CCGs) updated the Joint Board on the progress towards implementing local care across Kent and Medway. She highlighted that local care was a new model of delivering integrated health and care services close to where people live. It was added that in 2018/19 the focus would be to develop multi-disciplinary teams clustered around GP practices to achieve the four objectives set out in Figure 1 of the report.

With reference to the One Conversation Model, the Joint Board was advised that feedback from professionals and others had been positive and in particular it was reported that communication had improved, there was less duplication of effort and fewer gaps in care.

The Deputy Director of the East Kent CCGs also drew the Joint Board's attention to the local care governance arrangements and integration with the Better Care Fund (BCF), integrated planning and financial investment, the communications strategy, enablers and risks and issues.

Members expressed support for the direction of travel of the local care programme and commented that there was a need for additional investment in local care, in particular preventative local care based around GP practices.

A Member also expressed concern about the fragility of the BCF grant funding and future funding provision. It was noted that at a national level there was a need to ensure that the BCF was continued into the future and was more sustainable.

In response to a question regarding stemming the increase in people attending hospital Accident and Emergency (A&E) departments, it was explained that as a result of the Vanguard Model there had been a demonstrable change in the attendance and admission to A&E. For example, the Canterbury and Coastal area reduced attendances by 4-5%. It was added that as the model was scaled up, the downward trend would continue. However, the Joint Board was advised that a whole system approach would be needed, working in collaboration with partner agencies.

Decision:

The Kent and Medway Joint Health and Wellbeing Board noted the progress of the local care workstream and agreed that at future meetings the Joint Board will monitor the progress of the workstream.

125 Strategic Commissioner Update

Discussion:

The Accountable Officer for the Kent and Medway CCGs and the Kent and Medway STP Chief Executive updated the Joint Board on the progress towards the development of a single Strategic Commissioner across all eight CCGs and outlined the benefits of making strategic commissioning decisions across the Kent and Medway footprint. The benefits set out for the Joint Board included, providing greater leadership when managing health system issues and greater influence over large service providers.

The Joint Board was advised that a Joint Committee of the eight CCGs was being established which would have delegated powers to deliver the Strategic Commissioner function. In response to a question concerning a reduction in bureaucracy, reference was made to a longer term aspiration to formally merge the CCGs into one body. However, this process could only be done with CCG agreement. The Joint Board was also advised that in parallel, proposals to devolve regulator responsibilities from NHS England and NHS Improvement were expected.

The Accountable Officer for the Kent and Medway CCGs and the Kent and Medway STP Chief Executive recognised that CCGs needed to be confident in and engage with the changing landscape. There was also a need to partner with other agencies and Local Authorities to commission services effectively. A Member expressed support for the direction of travel and championed intelligent joint commissioning to achieve value for money.

With regards to a question concerning whether the Strategic Commissioner would form part of the Kent and Medway STP, it was explained that the Strategic Commissioner would work under the umbrella of the Kent and Medway STP but would not form part of it. It was added that the Kent and Medway STP currently had no legal standing. This was because national legislative changes were required to change the Health and Social Care Act 2012.

In response to a concern regarding how well the eight CCGs would work together to meet local needs, the Joint Board was advised that the move to a Strategic Commissioner Model would require measures to ensure that need was being met across localities in order to deliver localism.

Decision:

The Kent and Medway Joint Health and Wellbeing Board noted the update provided on the Kent and Medway Strategic Commissioner function, set out at Appendix 1 to the report.

126 Work Programme

Discussion:

The Head of Democratic Services at Medway Council introduced the work programme report and advised the Joint Board that the reports on the work of the Design and Learning Centre for Clinical and Social Innovation and Encompass Vanguard could be programmed for October and December respectively.

A Member sought clarification on who would produce the reports and requested that all reports needed to include input from Medway Council and Kent County Council. He added that they must be fit for purpose, succinct and vibrant.

Decision:

The Kent and Medway Joint Health and Wellbeing Board:

- a) agreed the standing agenda items set out at paragraph 2.3 to the report being added to the work programme;
- b) agreed that an in depth review of reducing tobacco usage prevalence be scheduled on the Work Programme under the standing report item "Progress on Prevention Strategy for Kent and Medway" for the next meeting of the Joint Board;
- c) agreed that the following reports be added to the work programme of the Joint Board:
 1. Design and Learning Centre for Clinical and Social Innovation;
and
 2. Encompass Vanguard.

Chairman

Date:

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