Medway Council

Meeting of Kent and Medway Joint Health and Wellbeing Board

Tuesday, 9 October 2018

3.05pm to 5.10pm

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 Adults' Services, Medway Council (Chairman)
Ian Ayres, Managing Director for Dartford, Gravesham and Swanley, Medway, Swale and West Kent CCGs
Mr Paul Carter, CBE, Leader and Cabinet Member for Health Reform, Kent County Council
Councillor Howard Doe, Deputy Leader and Portfolio Holder for Housing and Community Services, Medway Council
Glenn Douglas, Accountable Officer for the eight CCGs in Kent and Medway and Chief Executive of the Kent and Medway STP
Mr Graham Gibbens, Cabinet Member for Adult Social Care and Public Health, Kent County Council
Mr Roger Gough, Cabinet Member for Children, Young People and Education, Kent County Council
Councillor Alan Jarrett, Leader of Medway Council
Mr Peter Oakford, Deputy Leader and Cabinet Member for Finance and Traded Services, Kent County Council (Vice-Chairman)
Councillor Martin Potter, Portfolio Holder for Educational Attainment and Improvement, Medway Council
Councillor Tony Searles, Sevenoaks District Council
Caroline Selkirk, Managing Director of Ashford, Canterbury and Coastal, South Kent Coast and Thanet CCGs
Penny Southern, Corporate Director Adult Social Care and Health, Kent County Council
Ian Sutherland, Director of Children and Adults Services, Medway Council
James Williams, Director of Public Health, Medway Council

Substitutes:

Councillor Tina Booth, Swale Borough Council (Substitute for Councillor Sarah Aldridge)
Margaret Cane, Healthwatch Medway (Substitute for Cath Foad)
Dr Allison Duggal, Consultant in Public Health, Kent County Council (Substitute for Andrew Scott-Clark)
Penny Graham, Heathwatch Kent (Substitute for Steve Inett)
Dr Caroline Rickard, Medical Secretary, Kent Local Medical Committee (Substitute for Dr John Allingham)

In Attendance: Sharon Akuma, Legal Services, Medway Council
Cathy Bellman, Kent and Medway STP Local Care Lead
Karen Cook, Policy And Relationships Adviser (Health), Kent County Council
Julie Keith, Head of Democratic Services, Medway Council
Jade Milnes, Democratic Services Officer, Medway Council

402 Chairman's Announcement

The Chairman of the Joint Board advised Members of recent updates to the Membership of the Joint Board. It was explained that owing to Simon Perks' new position at the Kent and Medway Sustainability and Transformation Partnership (STP) as Director of System Transformation, the Joint Board Member, Ian Ayres, had nominated Stuart Jeffery to be his named substitute.

403 Apologies for absence

Apologies for absence were received from Councillor Aldridge, Dr John Allingham (Kent Local Medical Committee), Andrew Scott-Clark (Director of Public Health, Kent County Council), Matt Dunkley, CBE (Corporate Director for Children, Young People and Education, Kent County Council), Catherine Foad (Healthwatch Medway), Steve Innet (Healthwatch Kent), Chris McKenzie (Assistant Director of Adult Social Care, Medway Council), Matthew Scott (Kent Police and Crime Commissioner) and Dr Robert Stewart (Clinical Design Director for the Design and Learning Centre for Clinical and Social Innovation).

404 Record of Meeting

The record of the meeting held on 28 June 2018 was agreed and signed by the Chairman as correct.

405 Declaration of Disclosable Pecuniary Interests and other interests

Disclosable pecuniary interests

There were none.

Other interests

There were none.

406 Urgent matters by reason of special circumstances

There were none.

407 Briefing Paper: Care Quality Commission Review and Emerging National Context for Health and Wellbeing Boards

Discussion:

The Policy and Relationships Adviser (Health) at Kent County Council presented the Joint Board with the findings from a number of recent national reviews of progress made towards integration of Health and Social Care systems in England. As well as progress made, these reviews examined the challenges of integration, ways in which national and local bodies were managing these challenges and the consequential impacts on service users. The Joint Board's attention was drawn to the conclusions and recommendations from the following three key reports:

1. The Care Quality Commission (CQC) report 'Beyond Barriers: How Older People Move Between Health and Care in England';
2. The National Audit Office report 'The Health and Social Care Interface'; and
3. The report compiled by NHS Providers 'Key Questions for the Future of Sustainability and Transformation Partnerships (STP) and Integrated Care Systems (ICSs).

The Joint Board was advised that one of the conclusions drawn from these reviews was a need for system wide leadership, either through a Health and Wellbeing Board (HWB) or a Sustainability and Transformation Partnership (STP) Programme Board. The CQC report also noted that within the Health and Social Care systems it had reviewed, it was difficult to identify where system leadership came from and that, in general, Health and Wellbeing Boards were not fulfilling their potential and were underused where Sustainability and Transformation Partnership footprints did not align. However, these bodies could be effective in bringing together local leaders to plan and deliver services.

Across the Kent and Medway footprint it was explained that system leadership had developed and, in particular, the Kent and Medway STP Programme Board was strong and inclusive, with representation from both Local Authority areas and on each of the component workstreams. In addition, the Kent and Medway Joint Health and Wellbeing Board had been established and had a programme of work in place that broadly reflected the recommendations made by the CQC and set out within the report.

In relation to the vision expressed by the CQC, a Member commented that neither the Joint Board nor the STP Programme Board was empowered to make decisions on behalf of the health and social care system. He added that in this respect it made it very difficult for health and social care to come together in decision-making. In response, the Joint Board was advised that, in the context of the current national planning and regulatory frameworks, local systems have had to find workarounds. NHS Providers have expressed this concern in their report, particularly owing to the expected scale and pace of integration required. However, it was added that whilst it was not within the gift of the Local Authorities' Health and Wellbeing Boards, the Joint Board or the

STP Programme Board to make decisions on behalf of the system, Kent and Medway were in a strong position if there were any future changes in legislation or national guidance.

With reference to recent decision-making on a key decision for Medway by one part of the system, a Member expressed the view that it was appropriate that this joint Board and the STP Programme Board could not make decisions on behalf of the health and social care system in Kent and Medway. It was added that he was in favour of a consensus-based approach and that moving to a more formal decision-making structure should only occur when joint working had matured and confidence built.

A Member expressed support for the Joint Board undertaking the CQC recommendation set out at paragraph 5.2.1 of the report, a joint plan for older people. In response, the Joint Board was advised that a joint plan exists through the Case for Change supported by the work programme for the local care workstream. In Kent, the Adult Social Care Strategy was being refreshed and there would be merit in joint working to meet the requirements of the CQC. It was added that Medway's Adult Social Care Strategy was approved in 2016 and that one of six strategic themes within the Strategy was integration, and so Kent and Medway were well placed to enable joint working through the Local Care workstream.

Referring to the Canterbury, New Zealand Model, a Member commented that system leaders could learn a lot from this and other models of integrated working in health and social care. In response to a question regarding national examples of good practice, the Joint Board was advised that examples of good practice included Manchester and Frimley. With respect to Frimley, it was explained that their integrated care system was considered outstanding and that they had established a Memorandum of Understanding (MOU) between partners to achieve this. It was noted that the extent to which the Local Authority was involved in these areas differed and that full integration in these areas had not been achieved. It was also outlined that Manchester had recently submitted a report on the barriers to integrated working to the Public Accounts Committee. One of the primary barriers was the need to use intricate arrangements to work around current legislation.

Members acknowledged that a common factor in more advanced integrated health and social care systems was that partners had been working together in an integrated manner for long periods of time. Moreover, it was suggested that the preferred starting point in these successful models was to build relationships, trust and common agendas ahead of determining the structure of a model. A Member added that in some instances, such as in the Canterbury, New Zealand Model, adversity had forced a move to an integrated model.

The Joint Board was advised that representatives of Canterbury, New Zealand Model had visited Medway to share their experience and lessons learned. The Team considered that integrated working would have advanced more quickly, if the first steps taken were to embed a common information system and invest in falls prevention.

The Managing Director of the East Kent CCGs advised the Joint Board that there was a Frailty Group working across Kent and Medway, which had drawn lessons from the experience of Canterbury, New Zealand and New South Wales.

Referring to the outcome of the recent NHS Kent and Medway review of urgent stroke services in Kent and Medway, a Member emphasised the importance of information sharing and transparency.

A Member also stressed the importance of accountability in any health and social care system to ensure the quality of provision for service users and to maintain confidence in the system.

Decision:

The Joint Health and Wellbeing Board noted this report and the contribution that the Joint Board makes to system wide leadership across Kent and Medway Health and Social Care.

408 Prevention Dashboard Progress

Discussion

Medway Council's Director of Public Health presented the Joint Board with a subset of six high-level indicators which had informed and been drawn from the priority areas within the Kent and Medway STP Prevention Action Plan. The indicators, as set out in Appendix 1 of the report were:

- Smoking prevalence 18+ (%)
- Smoking at time of delivery (%)
- Physically active adults (%)
- Adults overweight or obese (%)
- Obesity in children aged 10-11 (%)
- NHS Health Checks invitations offered.

The Director of Public Health highlighted the financial impact of addressing these challenging areas, noting for example that the cost in Kent and Medway to treat adult obesity was £151 million per annum. He stressed the importance of prevention to reduce morbidity and mortality and the need to be efficient with available resources.

The Joint Board's attention was drawn to particular focus areas where the data indicated that further intervention was needed; one example given was the need to increase physical activity among adults in Gravesham (the rate of physically active adults in Gravesham in 2016/17 was 61.4% compared to a target rate of 70%). The Joint Board was advised that the actions to improve outcomes in these six focus areas were set out in section 3 of the report and it was explained that detailed work programmes accompanied each area.

With respect to the indicator 'NHS Heath Checks invitations offered', a Member requested that data be included on Learning Disability (LD) Health Checks. It was explained that this would give the Joint Board a fuller understanding of the position across the whole population of Kent and Medway. In response, the Joint Board was advised that other health partners, namely GPs, rather than Local Authority Public Health Teams tracked LD Health Checks and that it may be difficult to obtain this data. However, the Director of Public Health undertook to review whether data on LD Health Checks could be incorporated. Concerning the likelihood for individuals with LD to have more adverse health outcomes, the KCCs consultant in Public Health explained that this was currently under review and could be presented to the Joint Board at a future meeting.

In response to a question asking whether the comparative data provided for each indicator could reflect similar demographic areas at borough and district level rather than England, the Director of Public Health advised the Joint Board that other comparators could be incorporated and that this would be reviewed.

A view was expressed that more detailed data was required in respect of the indicators and should include, narrative on what the data showed, whether the required outcomes were being achieved, lessons learnt from interventions that had worked and those which had not and information on expenditure. With reference to an example in Manchester, where the careful consideration of data helped target interventions to improve outcomes for men in the most deprived areas, it was explained that the Joint Board should use this more comprehensive data to focus preventative interventions and target commissioning in the right areas and to set broad new targets which could be tracked by the Joint Board on an ongoing basis. Support was expressed by Members in relation to analysing data at a lower super output area level, with a view to focussing interventions where need was considered greatest and to learn from what had worked well elsewhere.

The Board was advised that the Public Health Team held comprehensive data at individual conurbation level and at Lower Super Output Areas (LSOA), in addition to detailed financial information on, for example, costs associated with treating individuals as a result of a specific health condition. It was explained that analysis of this suite of information had enabled the Team to highlight key areas of focus to the Joint Board, whose role was considered to be as an enabler. The Joint Board was reminded that the dashboard presented was a synopsis of data in the context of the Kent and Medway STP Action Plan rather than the Joint Strategic Needs Assessment (JSNA). However, it was suggested that more detail could be provided as part of the 'deep dives' into the priority areas.

In response to a question regarding measuring substance misuse and the impact substance misuse has had on prevention aims, the Joint Board was advised that in Medway a new drug and alcohol service had recently been commissioned which was based on a recovery model. As well as addressing the addiction, this model aimed to assist individuals with maintaining work and/ or education. In Kent, it was noted that a move towards a psychosocial model

had been made which looked at services around an individual as well addressing addiction. It was added that one of the Joint Board's future 'deep dive' topics would be reducing alcohol consumption.

With regards to a question concerning take up of Health Checks, the Joint Board was advised that Medway was one of the best areas in delivering Health Checks, with double the rate compared to the rest of the South East region. It was added that within Medway, the Public Health Team was working with NHS colleagues to target areas where take up of Health Checks was considered low. These tended to be areas of higher deprivation, such as Chatham. It was noted that specialist Health Advisers were based at the Smokefree Advice Centre in Chatham to offer easily accessible Health Checks to this demographic.

With regards to the position in Kent, the Joint Board was advised that there had been problems with the IT systems which had meant that some invitations had not been sent to individuals. However, it was explained that the Public Health Team in Kent were in constant contact with the Health Check provider and that specific areas had been targeted to improve rates.

Owing to the importance of Health Checks as the first step in the preventative agenda, Members requested that at the next meeting of the Joint Board a 'deep dive' into this topic be undertaken, taking account of the comments made at this meeting regarding the detail of information provided. It was noted that the Joint Board would need to consider two to three 'deep dives' per meeting so that within six months, the Joint Board would be in a position to draw conclusions on where these areas of work and outcomes should to be in 5 -10 years' time.

Decision:

The Kent and Medway Joint Health and Wellbeing Board:

a) noted the progress on the included outcomes;
b) continued to support the prevention workstream to achieve the prevention plan priorities;
c) agreed that a 'deep dive' on Health Checks be scheduled for the next meeting of the Joint Board on 14 December 2018; and
d) requested that further detail be provided in future reports providing an analysis of data at a lower super output level, lessons learnt and information on expenditure.

409 Reducing Tobacco Usage

Discussion:

Kent County Council's Consultant in Public Health set out a detailed review of reducing tobacco usage in Kent and Medway, which was one of the priority areas within the Kent and Medway STP Prevention Action Plan. The Joint Board's attention was drawn to the data, set out at section 3 of the report and on page 29 and 30 of agenda item 6 (Prevention Dashboard Progress). It was noted that the priority areas were Canterbury, Gravesham and Thanet, as well as smoking prevalence amongst young people and routine and manual workers

across Kent and Medway. It was explained to the Joint Board that the actions to reduce smoking were set out in sections 6 and 7 of the report with a list of recommended further actions set out at Appendix 1 of the report.

It was clarified that bullet point number 3 at section 6 of the report should read, "Kent County has a Tobacco Control Alliance…"

With reference to examples, a Member commented that given the impact of smoking on the health of the population, not enough was being done to reduce smoking prevalence in Kent and Medway and insufficient detail was provided in the report concerning current and future actions. In particular, the Member expressed disappointment with respect to the rates of smoking at the time of delivery (SATOD). Noting that in quarter 1, the rate SATOD in Dartford and Gravesham was below the England average, a Member commented that lessons learned from what they had done well should be shared, if appropriate.

In response to a question regarding examples of good practice in Kent and Medway, the Joint Board was advised that Kent County Council had funded a pilot programme of specialist midwife posts to help with reducing SATOD. This pilot delivered very good results, as had the campaign 'What the Bump'. It was added that this campaign would be rolled out across Kent and that with respect to the pilot programme, Kent County Council's Director of Public Health and the Local Maternity System had requested the CCGs to scale up the programme to all maternity services in Kent and Medway. It was also noted that Medway's 'Grow My Brain' campaign had been submitted for an LGC award.

Medway's Director of Public Health reiterated the need for a whole system approach to scale up smoking cessation programmes. He noted that in Medway, smoking cessation activities had reduced smoking prevalence from 25% to 17% over a short period of time, which was a step in the right direction. He added that when people had accessed Quit Services, the quit rates were good, however some cohorts within the population did not want to access such services. It was considered that focus needed to be on encouraging this cohort of individuals to access quit services, addressing tobacco control and preventing smoking among young people.

Members also recognised the importance of the social and economic context when addressing smoking cessation. In response to a question concerning integrated partnership working to tackle deprivation, the Joint Board was advised that Medway's Draft Local Plan required prospective Health Impact Assessments to be undertaken for housing developments. Using the example of Kitchener Barracks, in a more deprived area of Medway, the Joint Board was advised that the Public Health Team was working with partners, including NHS Medway CCG and community groups, to ensure adequate healthcare provision in this area. In addition, Medway had established a Skills Board and a housing initiative which brought together education, housing and employment. In Kent, it was explained that a place based Public Health approach was taken, particularly within the Healthy New Town programme. In addition it was explained that work was ongoing with partners, including local NHS CCGs and the districts to address areas of most need, i.e. the 88 LSOAs. In addition,

across Kent and Medway the Public Health Teams had submitted an Interreg bid to deliver a social prescribing intervention across the Kent and Medway footprint.

With reference to the significant expenditure on smoking cessation services in Kent, in order to ensure that money was being spent intelligently to deliver the best outcomes for the population, a Member undertook to request that a further deep dive into smoking cessation be added to the Kent County Council's Public Health Cabinet Committee's work programme.

It was also suggested that once the data had been reviewed, the Joint Board should set out its vision for smoking cessation and measure performance within the Dashboard. In response, the Joint Board was advised that there was an existing national target as set out in the National Tobacco Control Plan 2017-2022 which performance could be measured against.

Decision:

The Kent and Medway Joint Health and Wellbeing Board:

a) supported the specific actions set out in Appendix 1 of the report focused on preventing and reducing to use of tobacco in Kent and Medway; and
b) noted the requirement for the NHS in Kent and Medway to identify resources for specific stop smoking interventions in the 'Health Care' settings that fall outside the remit of Local Authority stop smoking service provision.

410 Sustainability and Transformation Partnership (STP) Local Care Update

Discussion:

The STP Local Care Lead summarised the progress made implementing Local Care across Kent and Medway between June 2018 and September 2018. This included significant progress developing multidisciplinary team working, the impact of which had been demonstrated through Encompass Vanguard, the development of an Organisational Development (OD) toolkit and the development of a carers app to support anyone in a caring role by providing consistent training across the care sector.

It was also noted that the eight CCG localities had progressed their operational and financial plans in line with the Investment Case. However, these plans were all at different levels of maturity. As a result, the Local Care team was undertaking a series of 'deep dives' with each sub-system (east Kent, west Kent, Medway and north Kent) to establish an overarching outcomes framework, which would be presented to the Joint Board.

Members commended the direction of travel of the local care workstream. However, it was stressed that significant financial investment from the government into local care was needed, as well as a focus on outcomes. A Member expressed particular concern that hospitals countrywide, including in Kent and Medway, were planning for 30% less acute medical care patients,

owing to the predicted success of preventative local care, without additional investment into this workstream. It was noted that the Kent and Medway CCGs had agreed to invest in local care. However, further concern was expressed in regards to the certainty of this sum of money. It was explained to the Joint Board that these 'deep dives' would provide some assurance in regards to the financial position, namely the amount of money available and where it was being invested. It would also result in a series of business cases, which could be exploited quickly if additional government funding was released. A view was expressed by a Member that money from health partners and local authorities should be pooled.

Further assurances were given regarding concerns expressed over the expected reduction in acute medical care hospital beds. It was explained that all business cases that reduced the number of acute beds in any hospital would need to follow an assurance process which stated that any lost provision needed to be adequately resourced elsewhere before changes were made.

Decision:

The Kent and Medway Joint Health and Wellbeing Board:

a) noted the progress of the Local care workstream;
b) supported the approach for investment in local care, as set out in paragraph 3.2 of the report, with a view to receiving an outcomes framework, progress of which would be presented to the December 2018 meeting of this Joint Board;
c) supported the Organisational Development (OD) approach, for the change in culture required to deliver local care; and
d) agreed to schedule a 'deep dive' of the following areas on the work programme:
    i) support for carers; and
    ii) support for growing the voluntary sector.

411 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 and next steps towards the development of a single Strategic Commissioner across all eight CCGs.

The Joint Board was advised that an agreement in principle had been reached between the clinical chairs of each CCG for how they would work together as a Strategic Commissioner across the Kent and Medway footprint.
It was noted that a significant amount of work had been undertaken to determine how the Strategic Commissioner function would be structured, its responsibilities and how it would be accountable to the individual CCGs. It was also explained that a common approach to cancer care would be undertaken and that this would one of the first work areas.

With regards to next steps, the Joint Board was advised that further consideration would be given to the division of responsibilities at Strategic Commissioner level and local level. In addition, a report would be compiled outlining the vision for how the Strategic Commissioner fits within an accountable care system environment in Kent and Medway. It was anticipated that this would be completed by November and could be presented to the Joint Board at its meeting in December.

Decision:

The Kent and Medway Joint Health and Wellbeing Board:

a) noted the update provided on the Kent and Medway Strategic Commissioner function; and
b) agreed that a report outlining the vision for how the Strategic Commissioner fits within an accountable care system environment in Kent and Medway be presented at the next Joint Board Meeting on 14 December 2018.

412 Work Programme

Discussion:

The Democratic Services Officer at Medway Council introduced the work programme report and drew the Joint Board's attention to the recommended amendments to the work programme set out at paragraphs 2.4 to 2.7 of the report which had been reflected in the work programme set out at Appendix 1 of the report.

A view was expressed that the work programme should include items related to the outcomes for children and young people. It was recommended that specific proposals be discussed at the next agenda setting meeting on 8 November 2018.

The Chairman of the Joint Board referred to the outcome of the recent NHS review of urgent stroke services. Under the preferred option, Hyper Acute Stroke Units (HASUs) would be located alongside Acute Stroke Units at Darent Valley Hospital in Dartford, Maidstone Hospital and William Harvey Hospital in Ashford.

He explained that Medway Maritime Hospital had been excluded and yet had a critical role in the delivery of stroke treatment for over 500,000 people across Medway and Swale and this hospital currently cared for the largest number of stroke patients in Kent and Medway.

The Chairman also explained that whilst it was important to secure the best outcome for the whole population of Kent and Medway he was concerned and disappointed that Medway Maritime Hospital was not included in the preferred option, despite featuring in 3 of the 5 options initially presented for consultation and given the level of deprivation in the area.

He drew the Joint Board's attention to the motion he had submitted to Medway's Council meeting on Thursday 11 October 2018 which sought support for the matter to be discussed and debated within all appropriate forums, including the Joint Board.

The Chairman welcomed the opportunity to discuss the concerns Medway had at the next Joint Board meeting, in relation to the evaluation process and the underpinning methodology, which had led to the exclusion of Medway Maritime Hospital from the preferred option and undertook to discuss this further at the next agenda setting meeting for the Joint Board on 8 November 2018, following the debate on the motion at Medway's Council meeting.

Decision:

The Kent and Medway Joint Health and Wellbeing Board:

a) agreed the work programme attached at Appendix 1 to the report; and
b) agreed to give further consideration at the agenda planning meeting on 8 November 2018 to scheduling:
    i. a report on the outcome of the NHS review of urgent stroke services for the next meeting of the Joint Board on 14 December 2018; and
    ii. specific proposals relating to children and young people.

Chairman

Date:

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