

**Medway Council**  
**Meeting of Kent and Medway Joint Health and Wellbeing**  
**Board**

**Friday, 14 December 2018**

**9.35am to 12.00pm**

**Record of the meeting**

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

- Present:**
- Councillor Sarah Aldridge, Swale Borough Council, Cabinet Member for Health and Wellbeing
  - Councillor David Brake, Portfolio Holder for Adults' Services, Medway Council (Chairman)
  - 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
  - Cath Foad, Chair, Healthwatch Medway
  - Mr Graham Gibbens, Cabinet Member for Adult Social Care and Public Health, Kent County Council
  - Penny Graham, Heathwatch Kent
  - Chris McKenzie, Assistant Director - Adult Social Care, 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
  - Andrew Scott-Clark, Director of Public Health, Kent County Council
  - Councillor Tony Searles, Sevenoaks District Council
  - Caroline Selkirk, Managing Director of Ashford, Canterbury and Coastal, South Kent Coast and Thanet CCGs
  - Dr Robert Stewart, Clinical Design Director of the Design and Learning Centre for Clinical and Social Innovation
  - Ian Sutherland, Director of People - Children and Adults Services, Medway Council
  - James Williams, Director of Public Health, Medway Council
- Substitutes:**
- Councillor David Carr, Medway Council (Substitute for Councillor Alan Jarrett, Medway Council)
  - Anne Tidmarsh, Director Older People Physical Disabilities, Kent County Council (Substitute for Penny Southern, Kent County Council)

## **Kent and Medway Joint Health and Wellbeing Board, 14 December 2018**

**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  
Rachel Jones, Senior Responsible Officer, Kent and Medway Stroke Review, Kent and Medway STP  
Julie Keith, Head of Democratic Services, Medway Council  
Jade Milnes, Democratic Services Officer, Medway Council

### **633 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 Penny Graham had been nominated as the representative for Healthwatch Kent on the Joint Board and that owing her new position on Medway's Children and Young People Overview and Scrutiny Committee, Margaret Cane had resigned from her position as named substitute for Healthwatch Medway on the Joint Board.

### **634 Apologies for absence**

Apologies for absence were received from Councillor Alan Jarrett (Leader, Medway Council), Mr Paul Carter, CBE (Leader Kent County Council and Cabinet Member for Health Reform) and Mr Roger Gough (Cabinet Member for Children, Young People and Education, Kent County Council), Dr John Allingham (Kent Local Medical Committee), Matt Dunkley, CBE (Corporate Director for Children, Young People and Education, Kent County Council), Matthew Scott (Kent Police and Crime Commissioner) and Penny Southern (Corporate Director Adult Social Care and Health, Kent County Council).

### **635 Record of Meeting**

The record of the meeting held on 9 October 2018 was agreed and signed by the Chairman as correct.

### **636 Declaration of Disclosable Pecuniary Interests and other interests**

#### Disclosable pecuniary interests

There were none.

#### Other interests

There were none.

### **637 Urgent matters by reason of special circumstances**

There were none.

## 638 Obesity Deep Dive

### Discussion:

The Director of Public Health for Medway Council presented the Joint Board with a detailed review of the prevalence of overweight and obesity in Kent and Medway. He noted that this was a significant problem caused by complex personal, social and environmental factors. He explained that a whole system approach to weight management was required, including different interventions targeted at different segments of the population.

The importance of considering factors such as making adaptations to the physical environment and facilitating other means of transport, like cycling, to encourage individuals to increase their physical activity levels was emphasised. He added that it was important to make a healthy choice the easy choice. An example of how the Local Authority could assist in this endeavour was by prohibiting fast food establishments from opening within 400m of a school.

He drew the Joint Board's attention to the data set out in section 3 of the report, which provided a review of the prevalence of overweight and obesity in children and adults in Kent and Medway, benchmarked against national performance. It was noted that prevalence was generally higher in disadvantaged communities. The Director of Public Health also highlighted trends in relation to bariatric surgery admissions in Kent and Medway. It was noted that nationally the rate of bariatric surgery admissions had decreased from 2011/12 to 2016/17. The same trend had been observed in Kent whilst in Medway, the rate had remained statistically stable.

The Joint Board was advised that weight management services were categorised into four tiers. Examples of Tier 1 and 2 services and interventions implemented in Kent and Medway were drawn to the attention of the Joint Board and were set out at paragraphs 3.26 to 3.46 of the report. Tier 4 services included bariatric surgery. It was recognised that there was a pressing need to focus on Tier 3 specialist weight management services.

Members raised a number of points and questions, including:

**Workplace** - A Member observed that there was a disconnect between leaving full time education and taking up employment. It was explained that at school there was an expectation that young people would engage with sports, but once individuals left school and entered the workplace, the opportunity for this was reduced. As such, there was an argument to persuade employers to help create active habits. In response, Medway's Director of Public Health explained that the impact of work on health was well recognised and employers were encouraged to support a healthy workplace. He added that Medway Council's Public Health Team ran a workplace health award scheme which encouraged employers to improve staff physical activity by, for example encouraging staff to change the way they travel to work and encouraging staff to use stairs. He noted that Kent County Council also employed workplace initiatives. It was recognised that more could be done.

**Accessibility** - In response to concerns expressed regarding accessibility to physical activity and leisure services for children and young people with Special Educational Needs (SEN), Medway's Director of Public Health recognised that children with SEN were more likely to be overweight or obese. Members were advised that further information would be presented to the Joint Board in the report on Learning Disabilities Health Checks and the outcome of the review set out at paragraph 3.39 of agenda item 6 (NHS Health Checks). It was noted that Medway Council's School Health Service would work with Leisure Services on practical solutions to improve accessibility.

**Challenges** - Kent County Council's Director of Public Health set out three key challenges in relation to tackling obesity. These were:

1. **Healthy diet** - he emphasised the importance of a healthy diet as well as physical activity. It was explained that in some instances people did not know how to cook, what was in their food or where it came from.
2. **Effective weight management services** - it was explained that being overweight or obese could bring physical, emotional and psychosocial health problems which could cost the Health Service a significant sum of money in the long term, owing to ongoing treatment costs. Acute and chronic mental health issues were particularly evident in individuals accessing Tier 3 weight management services. It was noted that there were no Tier 3 services in place across Kent and Medway to support eligible 5-19 year olds and a view was expressed that NHS partners needed to address this. He stated that it was important that Tier 1, 2 and 3 services were functioning effectively and that interventions were joined up and systematic.
3. **Targeting interventions** – using the example of the Kent One You Service, he advised Members that on reflection, whilst the marketing campaign was considered to be very good, aspects, such as the form which was required to be filled in to establish whether individuals meet the entry criteria, were too complex. He expressed a need to change the language of interventions to target different populations.

**Interventions** - A Member highlighted the importance of encouraging individuals to be active and make healthier choices and stressed the positive impact participation in sport can have on this. Kent County Council's Director of Public Health agreed with this position and explained to the Joint Board that if individuals are told what to do, they most likely would not listen. Referring to Sevenoaks District Council as an example, he explained that social marketing had been used effectively to convey simple messages and people had responded positively. Medway's Director of Public Health reiterated that a number of approaches were required to tackle obesity and he explained that interventions which worked well in one locality would need to be tweaked or shaped to ensure a good outcome in a different area.

**Decision:**

The Kent and Medway Joint Health and Wellbeing Board:

- a) noted the report; and
- b) requested a detailed report which provides more information on programmes available to support weight management and effective ways to communicate this.

**639 NHS Health Check Deep Dive**

**Discussion:**

Kent County Council's Director of Public Health introduced the report which presented a detailed review of the implementation and outcomes of the NHS Health Check Programme in Kent and Medway. It was explained to the Joint Board that the Health Check was a national cardiovascular screening programme which sought to assess an individual's risk of developing cardiovascular disease and take appropriate action where required.

Local Authorities had a statutory obligation to offer an NHS Health Check to 100% of eligible people over a period of five years and seek continuous improvement in the number of people having an NHS Health Check each year. Public Health England (PHE) aspired to achieve a national take up rate in the region of 75% of the eligible population receiving a health check once every 5 years. The overall Kent and Medway performance was set out at paragraph 3.19 of the report.

It was emphasised that the NHS Health Check Programme was a critical element of the prevention workstream because it aimed to prevent diseases with a cardiovascular component such as heart disease, stroke, type 2 diabetes, as well as dementia and, in general, prevent people progressing to frailty. The programme also provided a significant opportunity to address health inequality and reduce early death.

The Joint Board was advised that Kent and Medway had invited the whole eligible cohort. He explained that the focus now needed to be on how individuals could be encouraged take up the offer of a Health Check and ensuring that GPs undertake the necessary diagnostic work, referring individuals to the appropriate lifestyle support to manage their health risk.

In response to a question regarding the services available for individuals aged 75 and over, above the upper threshold of eligibility, and a question asking how routine health testing could be normalised at earlier age, i.e. below the age of 40, the lower threshold for eligibility, the Joint Board was advised that the age range was nationally mandated. With respect to the query on the upper threshold, Kent County Council's Director of Public Health considered that at the age of 70 most individuals would already be on the GP register and therefore likely to be receiving adequate support. Referring to the prevalence of

## **Kent and Medway Joint Health and Wellbeing Board, 14 December 2018**

cardiovascular disease in the poorest communities, he explained that with respect to the lower threshold, starting Health Checks at the age of 40 would provide two opportunities to provide health interventions (it was noted that in disadvantaged communities healthy life expectancy was as low as age 52). He expressed a view that for some populations where the cardiovascular risk was high, the age range should be lowered. However, he noted that the challenge in this respect would be affordability.

A Member commented that Health Checks had a positive impact on the health of an individual and were cost effective for the health service in the long term as ill health was prevented. As result, it was considered that this was a useful argument to lower the age threshold. With respect to the upper threshold, the Member commented that clarity was needed on support available to individuals aged over 75.

Kent County Council's Director of Public Health commented that whilst trained professionals were needed to undertake a Health Check, this did not need to be a GP and could be, for example a practice nurse. It was added that individuals outside the age criteria could be offered a Health MOT, which would measure weight and blood pressure and could help individuals familiarise themselves with the tests at an earlier age.

It was recognised that people respond well to data and Medway's Director of Public Health explained that tools were available to help individuals measure and monitor their own health, for example apps on a smartphone and smartwatches. He stressed the importance of encouraging individuals to take responsibility for their own health and the importance of self-care and self-management.

A Member commented that cardiovascular disease was not a disease of older people but rather young people and expressed that people may not appreciate the need for a Health Check. Another Member expressed support for lowering the age threshold and commented that introducing a focused test within the workplace at age 30 would be beneficial.

A Member suggested that officers review the age thresholds. In response, the Director of Public Health for Medway Council recognised that the suggestion to expand the age range for the eligibility criteria for Health Checks was positive, although the age range was prescribed nationally. He advised the Joint Board that a key priority area was increasing the current number of eligible people taking up an NHS Health Check invite per year, as only circa. 40% of the population at risk had accessed this service in 2017/18. It was particularly important to reach more challenged areas such as disadvantaged communities and support individuals who were not currently eligible to take more care of themselves and signpost them to existing support available. The Director of Public Health for Kent County Council expressed support for focusing on illness prevention and increasing uptake of Health Checks offered. He suggested that an analysis could be undertaken on the cohort of the eligible population that continued to be eligible over 70, it was considered that this cohort would be small. By way of a summary, the Chairman asked officers to take into account

## Kent and Medway Joint Health and Wellbeing Board, 14 December 2018

the points raised during the discussion and report back to the Joint Board. It was noted that much of the discussion had centred on communication and the Director of Public Health for Kent County Council undertook to revert back to the Joint Board with a communications report.

### Decision:

The Kent and Medway Joint Health and Wellbeing Board:

- a) noted the difference in uptake between the most affluent areas of Kent and Medway and the most disadvantaged;
- b) agreed to work with the NHS to increase the uptake of Health Checks across the eligible population; and
- c) agreed that the following reports be added to work programme for the June meeting of the Joint Board:
  - Learning Disabilities Health Checks and the outcomes of the review set out at paragraph 3.39 of the report; and
  - Health Check Communications Report.

## 640 Sustainability and Transformation Partnership (STP) Local Care Update

### Discussion:

The STP Local Care Lead summarised amendments made to the governance arrangements for Local Care. This included the establishment of a new, smaller strategic Local Care Board which would be comprised of senior leaders from key organisations involved in the commissioning and delivery of Local Care services across the Kent and Medway health and social care system. She explained that the existing Local Care Implementation Board (LCIB) would not be disbanded, as this Board had been invaluable in bringing together a wide range of organisations. However, it was noted that the focus of LCIB would be amended. It was considered that this Board would be a “learn and share” Board, in which practical information to support the delivery of Local Care could be discussed. Owing to the emergence of Primary Care Networks (PCNs), the STP Local Care Lead also explained that the Local Care Workstream was working to align to the newly formed Primary Care Board with the delivery of Local Care.

The Joint Board was advised that the Local Care deep dives for East Kent and Medway, North and West Kent, set out at section 4 of the report, were held on 23 November 2018 and 11 December 2018 respectively. The STP Local Care Lead undertook to circulate a more detailed update from the deep dives to the Joint Board, but summarised the key themes which had emerged, this included:

- **Workforce challenges** - It was explained that attendees concluded that a holistic workforce plan across the Kent and Medway STP was required. They asked whether there were suitable and sufficient resources working in an integrated manner on pathways for



discharge/transfers of care and they established that there was a need to align resources to, and improve Multidisciplinary Team/s (MDTs) working. A need was also established to utilise the existing workforce better and to consider whether it could be made easier for staff to rotate across organisations, i.e. a staff “passport”. It was considered that the latter could help with the recruitment and retention of staff.

- **Primary Care** – It was explained that attendees expressed support for the development of PCNs and the Local Care workstream working in collaboration with PCNs. It was added that the optimum conditions for PCN development needed to be defined and the importance of GP continuity was stressed.
- **Investment and Implementation** – It was explained that whilst £32M was actively being invested in Local Care, attendees considered that there was a need to secure a sustainable investment for Local Care going forward. A need was also expressed to increase the scale and pace of implementation. Enquiries were also made into how organisations could work towards a shared finance and risk framework.
- **Estates** – It was explained that attendees considered the possibility of a one public sector estate and working with local authorities to solve some of the estates funding challenges for the NHS. Further considerations included how best use could be made of non-acute beds, including extra care housing and what was the Kent and Medway step up and step down bed strategy.
- **System Governance** - It was explained that attendees expressed a need to: harmonise plans as each sub-system had their own; use consistent language; have shared metrics and comparators and an agreed framework for measurement across Kent and Medway; and a single point of entry/access across Health and Social Care. Further considerations included how partnerships could be leveraged for the benefit of Kent and Medway e.g. joint commissioning.
- **Outcomes** – It was explained that an outcomes framework would be developed from the information obtained from the deep dives. This would be presented to Local Care Board in February 2019.

Lastly, the STP Local Care Lead drew the Joint Board’s attention to an update on actions for winter pressures, set out at section 6 of the report, and information on how Local Care was supporting carers and care navigation, as set out at section 7 of the report.

A Member expressed support for having a strong focus on Local Care. A Member also considered that it was important to embed prevention into Local Care and asked that consideration be given on how this could be achieved. It was also considered that it was important for the work of the Design and Learning Centre to fit with Local Care.



**Decision:**

The Kent and Medway Joint Health and Wellbeing Board:

- a) noted the content of this joint report, including the verbal update on the Local Care deep dives;
- b) agreed that at its next meeting, on 19 March 2018, the Joint Board be presented with a report which sets out greater detail on the Local Care deep Dives and progress on the outcomes framework; and
- c) considered the scope of the deep dives in relation to support for carers and support for growing the voluntary sector as set out in paragraph 7.5 and 7.6 of the report respectively and agreed that these be scheduled on the work programme for September 2019.

**641 Sustainability and Transformation Partnership (STP) Strategic Commissioner and System Transformation Update**

**Discussion:**

The Accountable Officer for the Kent and Medway CCGs and the Kent and Medway STP Chief Executive provided an update on the establishment of a Strategic Commissioner for Kent and Medway and provided details on the expected implications for the wider system and the development of an Integrated Care System and Integrated Care Partnerships across Kent and Medway.

It was explained that there was an expectation that within the next iteration of the NHS 5 Year Plan, Sustainability and Transformation Partnerships (STPs) would transform into Integrated Care Systems (ICSs). In most cases it was expected that these ICSs would follow the existing boundaries of their STPs, however, not in all cases, for example Frimley. Nationally, there had been a debate on how ICSs could incorporate provision and regulatory functions and the thoughts were further developing.

The Joint Board was advised that the Strategic Commissioner would operate at a Kent and Medway level, facilitating commissioning at scale of core services. It was explained that at present discussions were ongoing regarding how to achieve cooperation for commissioning across Kent and Medway and what functions would be retained at a local level or transferred to the strategic Kent and Medway level. It was noted that it had been agreed that one of the first remits of the Strategic Commissioner function would be cancer care. It was added that in the longer term the Strategic Commissioner may also have regulatory functions as well as commissioning functions, as the NHS landscape changes. It was noted that the Strategic Commissioner would commission outcomes.

These outcome based procurements would be commissioned from Integrated Care Partnerships (ICPs), a group of providers who respond to a required

## **Kent and Medway Joint Health and Wellbeing Board, 14 December 2018**

outcome as specified by the Commissioner. It was noted that across Kent and Medway these partnerships had already started to emerge through the utilisation of aligned incentive contracts. West Kent was considered the most advanced. The Joint Board was advised that East Kent had not yet utilised these types of contract but the CCG and providers were working together and it was considered that the next steps would be enter into some form of aligned incentive contract. With respect to Medway and Swale, the Joint Board was advised that providers in both areas were working together and that the current assumption was that these two areas were likely to form a partnership, although there was some further thought to be given to this, as there was some merit for Swale joining with West Kent.

The last tier in the emerging arrangements would be Primary and Local Care Networks, which were set out in further detail at paragraph 4.3.4 of the report.

With respect to Local Authority engagement, the Accountable Officer for the Kent and Medway CCGs and the Kent and Medway STP Chief Executive expressed a view that Upper Tier Local Authorities should be engaged at all levels of the new arrangements. It was noted that lessons could be learnt from Local Authority commissioning.

It was added that the Kent and Medway Joint Health and Wellbeing Board was well placed to be fully integrated into the governance of the arrangements.

A Member welcomed the opportunity to connect NHS and Local Authority commissioning. However, he expressed concern in relation to emergency planning and sought assurances that the NHS had plans in place to manage emergencies, such as a no deal Brexit. In response, the Joint Board was advised that a new member of staff was transferring to Kent who was well placed to take this forward and the Joint Board was asked to consider whether emergency planning should be added to the Board's work programme.

### **Decision:**

The Kent and Medway Joint Health and Wellbeing Board:

- a) noted the update on establishing the Strategic Commissioner and the development of the Integrated Care System in Kent and Medway; and
- b) agreed that emergency planning be added to the Joint Board's work programme within the standing agenda item 'Update on Kent and Medway Strategic Commissioner and Engagement with Upper Tier Authorities'.

## **642 Briefing Paper: The Kent Joint Strategic Needs Assessment**

### **Discussion:**

Kent County Council's Director of Public Health introduced the report which sought support for a proposal to develop the Kent and Medway Case for

## Kent and Medway Joint Health and Wellbeing Board, 14 December 2018

Change to incorporate Kent and Medway's Joint Strategic Needs Assessment (JSNA) and thereby better reflect the needs of the Kent and Medway population. It was explained that that following the publication of the NHS 10 year plan, the Case for Change would need to be revisited and as the Case Change would drive NHS commissioned services, a strategic JSNA would provide greater clarity on the needs of the Kent and Medway population.

It was reiterated that Kent County Council's and Medway Council's JSNA development and publication process will continue to be maintained by each Local Authority separately.

### **Decision:**

The Kent and Medway Joint Health and Wellbeing Board:

- a) noted the paper;
- b) noted that Kent County Council's and Medway Council's JSNA development and publication process will continue to be maintained by each authority separately; and
- c) recommended further discussion by the Health and Wellbeing Boards of Kent County Council and Medway Council on the proposal that the Case for Change for the STP could be developed to incorporate the JSNA's for Kent and Medway in the longer term.

## **643 Design and Learning Centre Update**

### **Discussion:**

The Clinical Design Director, the Design and Learning Centre for Clinical and Social Innovation provided a presentation on the work of the Design and Learning Centre (DLC). He explained in detail four key work pillars, these were:

1. **Innovation** - The Clinical Design Director set out the innovation priorities which included:
  - working with the Kent and Medway Joint Health and Wellbeing Board and the Sustainability and Transformation Partnership (STP) across the priority area, Local Care;
  - working in collaboration with the Academic and Health Science Network (AHSN) to find innovative solutions to challenges set by the STP Clinical and Professional Board and social care; and
  - Using an agreed methodology to test the innovations and to roll out at scale / co-implementation if the evaluation proves positive.
2. **Learning and Development** - The Clinical Design Director explained that the DLC was established as the Kent and Medway STP Learning Hub and he set out the learning and development priorities which included:
  - rolling out the Carers App;

## Kent and Medway Joint Health and Wellbeing Board, 14 December 2018

- developing an STP “offer” to the new Kent and Medway Medical School; and
  - working directly with the wider care sector and supporting recruitment, retention and new career opportunities for this sector as well as clinical staff including portfolio careers.
3. **External and International Funding** - The Clinical Design Director set out the external and international funding priorities which included:
- supporting innovation initiatives;
  - applying for further funding to pilot and evaluate new initiatives. It was noted that a series of funding bids had already been submitted including a bid of £10M for the Ebbsfleet Intergenerational Housing and Technology Project; and
  - the EU Buuertzorg Neighbourhood Care Model which had received £4.5M funding to enable health and social care teams to determine how best to meet the needs of their caseload across Kent and Medway.
4. **Engagement, Research, Analytics and Co-implementation** - The Clinical Design Director set out the engagement, research, analytics and co-implementation priorities which included:
- running innovation workshops and forums for key STP priorities including, Local Care, End of life, Carers App and Being Digital;
  - facilitating the wider academic, analytical and research network including the Medway and Swale Centre of Organisational Excellence (MaSCOE) for the Clinical and Professional Board and other stakeholders; and
  - co-implementing successfully evaluated solutions, reducing the need for more local pilots.

The Joint Board was advised that the DLC had a new collaborative arrangement, focussing on technologies and solutions to meet the challenges set by the Clinical and Professional Board. The first three challenges were across the Primary/ Local Care topic areas of diabetes, asthma and Chronic Obstructive Pulmonary Disease (COPD).

The Clinical Design Director drew the Joint Board’s attention to the DLC’s current successes, this included the ESTHER Care Philosophy. Detailed information on this initiative was set out at paragraphs 4.5 to 4.10 of the report and it was explained that it had been featured in the Guardian Social Care Supplement set out at Appendix 1 to the report. Other successful projects included: the Being Digital Strategy, the aforementioned Buuertzorg Neighbourhood Care Model and the Medication Compliance Project.

Lastly, it was explained that the DLC was working with Public Health on the following initiatives:

- Increasing bystander response through the Push Project - Giving 10 minutes of life (Cardiac compression project in schools in Medway).

## **Kent and Medway Joint Health and Wellbeing Board, 14 December 2018**

- Antibiotic Reduction Challenge which aimed to reduce antibiotic prescribing by up to 50% (trials of blood testing had been completed at sites in Swale CCG area, and were underway in West Kent and the South Kent Coast CCG areas).

### **Decision:**

The Chairman of the Joint Board thanked the Clinical Design Director for his comprehensive presentation and the Kent and Medway Joint Health and Wellbeing Board:

- a) noted the work of the Design and Learning Centre (DLC), how it is leading and supporting clinical and social innovation and providing support to the Sustainability and Transformation Partnership and Adult Social Care and Health;
- b) noted the collaborative arrangements in place with the Academic and Health Science Network (AHSN) to streamline the support and enabling offer to the Sustainability and Transformation Partnership and the work commencing on the first challenge issued by the Clinical and Professional Board to the Collaborative;
- c) noted the work the DLC is doing with Public Health on antibiotic reduction and the PUSH project;
- d) supported the Design and Learning Centre in working with the Sustainability and Transformation Partnership (STP) to develop an offer to the new Kent and Medway Medical School;
- e) noted the work of the DLC in establishing the Learning and Development Hub for the wider Care workforce aiming to improve recruitment, retention and career progression and supporting new delivery models for care providers;
- f) noted the Digital developments the DLC is leading for Adult Social Care and Health and the STP and the Innovation methodology used; and
- g) noted the ability by the DLC to access external and international funding.

### **644 Kent and Medway Hyper-Acute Stroke Units**

#### **Discussion:**

The Chairman welcomed Rachel Jones, Senior Responsible Officer (SRO) for the Kent and Medway Stroke Review, who was present at the meeting to answer questions from Members in relation to the review of urgent stroke services in Kent and Medway. He thanked her for attending.

The Director of Public Health for Medway Council explained to the Joint Board that whilst Medway Council welcomed the creation of Hyper Acute Stroke Units

## Kent and Medway Joint Health and Wellbeing Board, 14 December 2018

(HASUs) there were some concerns in relation to the preferred option which had been selected by the Joint Committee of CCGs, option B. He drew the Joint Board's attention to the concerns set out in section 3 of the report, in particular he questioned whether option B took proper account of population growth and disadvantage levels in Medway and other localities across Kent, namely Swale and the South Kent Coast.

He also highlighted the clinical implications for local hospitals who would not be designated a HASU under stroke reconfiguration plans, set out at section 4 of the report, as summarised from the 2016 review published by the South East Clinical Senate. In particular, he drew the Joint Board's attention to issues around workforce, the potential impact on social care services and the implications for families and carers following removal of specialist stroke services from Medway. It was recognised that mitigation was proposed in the Decision Making Business Case (DMBC), however it was considered that these areas were particularly challenging to address.

Members raised a number of points and questions, including:

**Methodology** - with reference to the response from the NHS on Medway Council's Freedom of Information (FOI) request, set out at Appendix 3 to the report, a Member expressed concern regarding a lack of transparency and explanation in relation to the decision. He noted that the methodology was amended 24 hours ahead of decision making and he considered that changes to the methodology had disproportionately impacted option D. In response, the SRO for the Kent and Medway Stroke Review explained that the final decision had not been made and she confirmed that the final decision on the location of the HASUs would not be taken until January 2019. She also advised that with respect to the amendments made to the selection criteria, refinement of the criteria from the Pre-Consultation Business Case (PCBC) was considered an accepted part of the process to reach a preferred option from the five original shortlisted options. She assured the Joint Board that a clear rationale and evidence base was needed to make a recommendation or levy for any change. She stated that amendments to the criteria had been presented to several forums ahead of the evaluation workshop, including the Joint Health Overview and Scrutiny Committee.

**Population growth and deprivation** - A Member reiterated concerns that the selection of the preferred option did not take proper consideration of the level of: deprivation in Medway, the largest conurbation in the south east, outside of London; population growth, particularly in light of government housing targets; or transport and access to services located further afield. He expressed the view that the preferred option would deprive people of an essential service and amounted to switching a service off for a large number of residents. In response, the SRO for the Kent and Medway Stroke Review explained that the reconfiguration of Stroke Services represented a "switch on" of services for the whole population of Kent and Medway, with better services and better outcomes which would save lives. She recognised concerns in relation to travel times for ambulances, as well as families and carers and explained that this would be a critical part of any implementation plan. In referring to section 4 of



## **Kent and Medway Joint Health and Wellbeing Board, 14 December 2018**

the report, the SRO recognised that there were a series of risks and mitigations which needed to be considered. She gave the Joint Board an assurance that necessary mitigations would be considered for the whole of Kent and Medway, including more rural and deprived areas to ensure travel and access are not negatively impacted.

The Chairman of the Joint Board concluded that Medway Council believed that the proposed sites that had been selected for the provision of HASUs were not in the best interests of the health service and residents in Kent and Medway. He added that Medway Council considered that option D, which included Medway Maritime Hospital, would provide a more sustainable solution for the population of Kent and Medway going forward. He advised the Joint Board that Medway Council's Health and Wellbeing Board and Full Council had considered the review of urgent stroke services and he thanked the Joint Board for considering the concerns of Medway Council.

### **Decision:**

The Kent and Medway Joint Health and Wellbeing Board:

- a) noted the questions raised by Medway and commented on the likelihood that option D (which would locate HASUs at Medway Maritime, Tunbridge Wells and William Harvey Hospitals), would have emerged as the preferred option had questionable changes to the methodology and selection criteria not been introduced at a late stage in the process; and
- b) requested that the concerns raised be taken into account by the Joint Committee of CCGs before a decision is made.

## **645 Work Programme Report**

### **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 2.3 to 2.4 of the report which had been reflected in the work programme set out at Appendix 1 of the report. She also noted that provisional meeting dates for the 2019/2020 municipal year were set out at Table 1 of the report.

It was explained that that a request had been received to appoint Dr Bob Bowes to the Joint Board in his capacity as Chairman of the Strategic Commissioner Steering Group. The Strategic Commissioner Steering Group was established in February 2018 and provides leadership and oversight to the strategic development and thinking around the Strategic Commissioner function. On this basis it was recommended that Dr Bob Bowes be appointed as a member of the Joint Board in his capacity as Chairman of the Strategic Commissioner Steering Group to represent the views of Kent and Medway colleagues on this Steering Group.

## **Kent and Medway Joint Health and Wellbeing Board, 14 December 2018**

### **Decision:**

The Kent and Medway Joint Health and Wellbeing Board:

- a) agreed the work programme attached at Appendix 1 to the report;
- b) agreed to appoint Dr Bob Bowes as a voting member of the Kent and Medway Joint Health and Wellbeing Board in his capacity as Chairman of the Strategic Commissioner Steering Group; and
- c) noted the provisional Joint Board meeting dates for 2019/2020 as set out at paragraph 3.1 of the report.

**Chairman**

**Date:**

**Jade Milnes, Democratic Services Officer**

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