

Our ref: JW/MGT/PH093

Date: 21<sup>st</sup> March 2021

Medway Public Health Directorate  
Gun Wharf  
Dock Road  
Chatham  
Kent ME4 4TR  
Telephone: 01634 338564  
james.williams@medway.gov.uk

David Radbourne  
Regional Director of Strategy and Transformation  
NHS England and NHS Improvement South East  
Wellington House  
133-155 Waterloo Road  
London  
SE1 8UG

## **Re: Request for information: Annual CCG Assessment – HWB Engagement**

Dear Mr Radbourne,

In line with your request for feedback on the Kent and Medway CCG engagement with Medway Health and Wellbeing Board, please find the boards responses set out below.

### **1.How would you assess the effectiveness of your working relationship with the CCG?**

In terms of effectiveness and working relationships, Medway Health and Wellbeing Board has had positive working relationship with the Kent and Medway CCG. There have however been some challenges in the past year. These essentially related to NHS realignment and transformation programme that formed 8 CCGs into the Kent and Medway CCG. As a unitary authority, the Medway Health and Wellbeing Board had previously worked directly with a single coterminous CCG. The creation of a large CCG covering both Kent and Medway did/does require some adjustments to local governance arrangements. The Kent and Medway CCG has, however, maintained continuity and attendance at the Medway Health and Wellbeing board and has been constructive in terms of engaging with the Health and Wellbeing Board with the CCG CEO and lead directors attending and contributing to the work of the Medway Health and Wellbeing Board.

## **2. Please describe the effectiveness of the CCG at EACH of the following:**

### **a) Improving health outcomes for its population**

The CCG has engaged with the HWB and partners to address the critical challenges of the past year (COVID-19 Pandemic). The CCG has supported and endorsed the priorities set out in Medway's Joint Health and Wellbeing strategy and allocated additional resources (through a prevention workstream) to address specific challenges. This includes funding bespoke NHS Health Check Services, Obesity, Diabetes, Smoking in Pregnancy, Weight Management, and other allocated additional resources to support local workstreams. There has also been additional focus by the CCG to improve outcomes for children in care and children with Special Educational Needs and Disabilities. The CCG has also supported our broader children and families work, specifically our interface with maternity services.

### **b) Reducing health inequalities**

The past year has been one of significant note in relation to health inequalities. The disproportionate impact on disadvantaged communities and Black Asian and Minority Ethnic Groups has led to a specific focus on the wider determinates in or local system. The CCG established a specific Disparity Workstream (led by the Director of Public Health). This forum brought together a range of stakeholders from primary and acute care to rapidly respond to the challenges impacting on disadvantaged groups. They championed (through the clinical chair and Clinical Primary Care lead) alternative approaches to delivering patient care. This included liaising with local PCNs and resourcing initiatives including pulse oximetry monitoring, BP at home and additional investment to deliver community vaccination and outreach in our disadvantaged communities. The CCG has committed to working alongside the HWB to develop its place based offer in line with Medway City of Culture Bid. They have also chosen Medway and Swale ICP to deliver the first population health management programme in Kent and Medway. This initiative is welcomed as it will enable further progress to be made to address the local inequalities already identified.

### **c) Improving the quality of local health services**

The unprecedented nature of system challenges, arising from the COVID-19 Pandemic over the past year, has clearly had a significant impact on quality improvement activity nationally and locally. There have been challenges in relation to improving access to primary care and also some elective services. The CCG is aware of the need to increase the capacity of, and access to, primary care services in specific localities across Medway. In common with other areas around the country, the HWB was made aware that some people had challenges accessing primary care and other services. The HWB also received feedback that services may not have been provided to patients to the expected standards during the pandemic. Given the unique circumstances, it would be difficult to apportion responsibility wholly on the CCG for these issues.

The CCG has been responsive and communicated the challenges in terms of preventing the spread of infection and ensuring safe access to services. The CCG should be commended for the manner in which it delivered an effective outbreak response service to enable rapid access to testing when the need arose in the community. The CCG has played a pivotal role in supporting the whole system COVID response. Senior directors attend the strategic oversight groups, including the Health and Social Care Cell. This has enabled a rapid response to issues when flagged to the CCG by partners. The CCG was particularly supportive in terms of safeguarding, assisting vulnerable individuals being shielded (over 16,000) and rising to the challenge to facilitate health care support to a large quarantine hotel and residents that was established in Medway as part of the EU transition arrangements for hauliers (foreign nationals). The rollout of vaccination and access to community vaccination across Medway has been a particularly welcome innovation. The CCG has worked with the LA and partners to deliver community outreach services for our most vulnerable residents (street homeless and ethnic minority groups)

#### **d) Understanding of system issues**

It is clear the CCG have a good understanding of the local issues impacting on health and wellbeing in Medway. The CCG has retained a joint commissioning function in partnership with Medway Council. This approach has joint appointments, who are embedded in both key organisations. There are also regular bilateral meetings between the senior leadership teams of both organisations. These meetings enable frank and constructive discussions to take place and a shared vision to address any issues to be progressed. The CCG is generally receptive to challenge and whilst some issues (given complexity) may not be rapidly resolved, there is commitment to maintain dialogue with stakeholders.

### **3. How effective is the CCG at working collaboratively with other healthcare system partners (i.e. as part of an Integrated Care System (ICS)/Sustainable Transformation Partnership), to deliver a joint health and wellbeing strategy across the whole system?**

Kent and Medway CCG has established a number of forums that enable partners to engage and deliver against shared and agreed priorities. This includes LA partners from the HWB sitting on the ICS executive board (Officers and elected Members). The CCG has appointed the Director of Public Health, who is lead officer for the Health and Wellbeing Board, as the System Sponsor for Population Health Management (PHM). This means the priorities and strategic issues highlighted in the Joint Health and Wellbeing Strategy are being taken forward as part of the Population Health Management approach in Medway and Swale and at system level (across Kent and Medway). The CCG has established a PHM office and resourced this with senior staff to ensure the NHS plays its full part in the implementation of local priorities set out in the JSNA and JHWBS. The CCG also plays its part through membership and engagement in the Joint Health and Wellbeing Committee for Kent and Medway. It is evident from the manner in which senior leaders within the CCG have engaged in this agenda, that it is committed to collaborative working. There are of course challenges to be overcome, in particular ensuring that the ability to respond to local issues and the current devolved

place based approach the CCG takes working in partnership with Medway Health and Wellbeing Board, are not lost when the ICS takes full control in April 2022.

**4. Please provide further comments, including identifying existing good practice or any specific areas where there is scope for improvement.**

It is fair to say that the officers of the CCG and its governing body have been committed to delivering the best services for local people during the pandemic. There have been challenges. Some of these relate to reconfiguration of some specific Mental Health Services within Medway.

The HWB understands the rationale for these changes, but clearly is concerned that local people are able to access treatment and care near to home. There is also the ongoing and difficult issue of increasing primary care capacity in Medway. It is recognised that new models of care are being rolled out and the CCG has made it clear this is a priority, but the HWB is keen to see further action to mitigate against any further loss of capacity. To that end the CCG should again be commended for the work it has been doing with the HWB to look at new models of primary care provision, including a healthy living centre concept which is fully supported by the local authority.

In summary this has been a challenging year, the HWB looks forward to building on the positive learning from our collaboration with the CCG over the past year. The work the CCG has undertaken to support the local authority in relation to its response to recent Ofsted inspection of children's services, demonstrated good partnership working and collaboration. We look forward to helping shape the future health and care landscape for Medway in collaboration with the Kent and Medway ICS and related NHS organisations.

Yours sincerely

**James Williams**  
**Director of Public Health**