AGENDA

KENT AND MEDWAY JOINT HEALTH AND WELLBEING BOARD

Tuesday, 17th March, 2020, at 2.00 pm	Ask for:	**Ann Hunter**
Darent Room, Sessions House, County Hall, Maidstone	Telephone	**03000 416287**

Tea/Coffee will be available 15 minutes before the start of the meeting in the meeting room

Membership

Mrs C Bell (Chairman), Cllr David Brake (Vice-Chairman), Cllr A Jarrett, Dr J Allingham, Mr I Ayres, Dr B Bowes, Mr P B Carter, CBE, Mrs S Chandler, Cllr H Doe, Mr G Douglas, Mr M Dunkley CBE, Mr R W Gough, Ms P Graham, Cllr Mrs A Harrison, Cllr Mrs J Hollingsbee, Mrs E Lyons-Backhouse, Mr C McKenzie, Cllr M Potter, Mr M Scott, Mr A Scott-Clark, Ms C Selkirk, Ms P Southern, Dr R Stewart, Mr I Sutherland and Mr J Williams

UNRESTRICTED ITEMS
(During these items the meeting is likely to be open to the public)

1. Apologies and Substitutes

2. Election of Chairman

3. Declarations of Interest by Members in items on the agenda for this meeting

To receive any declarations of interest by Members in items on the agenda for the meeting

4. Minutes of the meeting held on 25 June 2019 (Pages 1 - 6)

To approve the minutes of the meeting held on 25 June 2019.

5. The Strategy Delivery Plan (Pages 7 - 14)

6. Kent and Medway Joint Health and Wellbeing Board - Case for Change: Children and Young People Strategic Framework (Pages 15 - 20)

7. Kent and Medway Joint Health and Wellbeing Board: Review (Pages 21 - 30)

8. Dates of meetings for 2020/21

To note that meetings of the Kent and Medway Joint Health and Wellbeing Board will take place as follows:

Wednesday 8 July 2020 – 3.00 pm
Thursday 17 September 2020 – 2.00 pm
Tuesday 8 December 2020 – 2.00 pm
Wednesday 10 March 2021 – 3.00 pm

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Benjamin Watts
General Counsel

Monday, 9 March 2020

KENT COUNTY COUNCIL

KENT AND MEDWAY JOINT HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Kent and Medway Joint Health and Wellbeing Board held in the Darent Room, Sessions House, County Hall, Maidstone on Tuesday, 25 June 2019.

PRESENT: Mrs C Bell, Cllr David Brake, Dr B Bowes, Mr P B Carter, CBE, Scott Elliott, Cllr Doe, Mr G Douglas, Mr M Dunkley CBE, Mr R W Gough, Mr S Inett (Substitute for P Graham), Cllr A Jarrett, E Lyons-Backhouse, Mr Chris McKenzie, Mr P J Oakford, Cllr M Potter, Mr M Scott, Mr A Scott-Clark, Ms C Selkirk, Ms P Southern and Mr J Williams

ALSO PRESENT: Cathy Bellman

IN ATTENDANCE: Ms K Cook (Commissioning Manager, SCHW) and Mrs A Taylor (Scrutiny Research Officer)

UNRESTRICTED ITEMS

1. Apologies and Substitutes
(Item 1)

1. The Kent and Medway Joint Health and Wellbeing Board agreed that Mr Oakford would be Chairman and Cllr Brake Vice-Chairman for the coming year.

2. Apologies had been received from Dr Allingham, Mr Ayres, Dr Stewart and Mr Sutherland.

2. Declarations of Interest by Members in items on the agenda for this meeting
(Item 2)

1. Cllr Martin Potter made a declaration of non-pecuniary interest as he was a member of the Kent and Medway STP Non-Executive Director Oversight Group.

3. Minutes of Meeting held on 19 March 2019
(Item 3)

RESOLVED that the minutes of the meeting held on 19 March 2019 were a correct record and that they be signed by the Chairman.

4. Progress on Prevention Strategy for Kent and Medway
(Item 4)

Physical Activity Deep Dive

1. James Williams, Director of Public Health for Medway Council, introduced this item, the cost, to the wider economy, of physical inactivity was £7.4billion per year, and to the NHS it was approximately £1.2billion, to Kent it was £18million and Medway £19million, this was a significant burden. The paper set out the actions taken within the system, to address this challenge and asked what more could be done to improve the accessibility and uptake of services.

2. Scott Elliott, Head of Health and Wellbeing Services, Medway Council, explained that the report was based on the principles set out in 'Everybody active every day'. Mr Elliott referred to page 22 of the document - 'Active Society – creating a social movement' and was about raising the profile of physical activity and the opportunities which existed. The second area was 'Moving professionals' Making Every Contact Count and ensuring that physical activity became embedded in mandatory training and conversations relating to physical and mental health and wellbeing. Mr Elliott also referred to Active Environments – creating the right spaces and Moving at Scale – scaling up interactions that make us active.

3. Andrew Scott-Clark explained that the Chief Medical Officer had commissioned a review of the evidence base of physical activity. Although this was not yet published there was not expected to be a major overhaul of the guidelines.

4. Eunice Lyons-Backhouse asked whether "The Daily Mile" was routinely part of the curriculum in primary schools and whether it was taking place in most primary schools. Scott Elliott explained that in Medway around 1/3 of schools were taking part and schools were being actively encouraged to participate.

5. Clair Bell asked about the role of the district councils and their role in looking after open spaces and cycle paths, James Williams confirmed that it was a county sports partnership that worked across Kent and Medway.

6. James Williams referred to people with a disability who were 50% less likely to be physically active.

7. Members commented that finding funding to meet obligations for statutory needs was often difficult, whether this was through the NHS or jointly or locally. It was considered that funding was unsystematic.

Learning Disability Annual Health Checks

8. Allison Duggal explained that people with learning disabilities had poorer health outcomes than the rest of the population. The Learning Disability Annual Health Check (delivered by GPs through a directly enhanced service commissioned by the NHS) was one of the ways in which this was addressed. Around 25% of people with a learning disability in Kent were on the register and of those that were on the register many still did not get their annual health check. There was also sometimes confusion between the Learning Disability Health Check and the NHS health check. The Health Check aimed to provide holistic support and intervention to improve health outcomes. Across Kent there were around 24,000 people with learning disabilities who were not on the register, the uptake was better in more deprived areas. NHS England had set a target for GPs and Clinical Commissioning Groups to increase access to the Learning Disability Health Checks and the NHS Long Term Plan committed to piloting a specific health check for people with autism. Members of the Board were asked to discuss how partner organisations could support in the areas set out in paragraph 3.5.1 of the report (page 39).

9. Steve Inett asked of those on the register how many were in supported accommodation for example who might be being supported to access the health check? And for those who were not on the register how they were being encouraged to access the health check. Allison Duggal explained that promotion of the learning disability health check experience showed it relied on clinical leadership and pushing forward the health check, this was being looked at currently. Penny Southern explained that in terms of the individuals on the register it was possible to make reasonable adjustments and link to GP surgeries, this was not mandatory and it was a complex picture. There was a wider population who were not accessing the service.

10. Chris McKenzie commented that it was important to ensure that individuals were on the register and try to ensure that the uptake of health checks was promoted at every available opportunity. James Williams agreed that the board had an opportunity to review what was currently happening and possibly undertaking a deeper dive with engagement from colleagues in primary care. Penny Southern agreed that it would be helpful to have a further look at this issue including alternative ways of delivery. Bob Bowes explained that as this was voluntary there was a degree of choice and some GPs may not understand the benefit that health checks bring to the resident.

11. Angela Harrison asked whether it would be possible to have the numbers/percentages on individuals on the register for each district? The Chairman suggested that this be followed up outside of the Board meeting.

12. Bob Bowes suggested that the Board recommend to Commissioners that they wished to see an improvement in the take up of Learning Disability Health Checks. The Chairman challenged the NHS Board Members to have a further look at this and bring a paper back to a future meeting.

RESOLVED that Members of the Kent and Medway Joint Health and Wellbeing Board challenge the NHS Board Members to have a further look at ways of increasing the uptake of Learning Disability Annual Health Checks and bring a paper back to a future meeting.

NHS Check: Over 75 Eligibility

13. Andrew Scott-Clark explained that this paper had come back to the Board following a query about why the NHS Health Checks Program stopped at 74. The paper clarified the basis for the NHS Health Check Program and described the arrangements in place for people over the age of 75. He confirmed that anybody who is registered with a GP (if they haven't been seen within the preceding 12 months) can receive a health check.

14. Cllr Howard Doe queried how many people knew that this option was available? There were concerns that people were not aware and local authorities should do more to make people aware that checks were available and recommend that they take up this opportunity.

15. Cllr Potter explained that he had previously discussed the take up of Health Checks with different cohorts, he asked for a report to a future Board setting out the take up for different cohorts.

16. Dr Bob Bowes asked what the efficacy was and what was the service trying to achieve through these health checks. Cllr Howard Doe agreed and stated that it was important that individuals were aware that this service existed, particularly for people suffering from social isolation.

17. Allison Duggal explained that it was important to consider whether there was a good economic argument for health checks for younger people.

18. Scott Elliott concurred that much of the discussion was around health economics, the data for health checks was important to tackle the health inequalities that exist. The purpose of the health checks was early detection and signposting people to the right services. There was a rich data set which could be shared with Members before the next Board meeting.

19. David Brake asked how any greater awareness would be undertaken? There was a shortfall of GPs in communities, how would this be dealt with? Dr Bob Bowes confirmed that GPs did not always undertake health checks, these were done by a health care assistant and there was no shortage of health care assistants.

5. Progress on Local Care including the Local Care Implementation Board

(Item 5)

1. Cathy Bellman gave Members an update on local care delivery. A copy of this presentation is available here: Local Care Update

2. Cllr Allan Jarrett explained that he had concerns about consistency and approach it was important to ensure that consistency was achieved as quickly as possible.

3. Steve Inett thanked Cathy for being a consistent driving force behind these issues, in response to a question Cathy explained that the ambitions around the investment and numbers achievable were overstated, some sense checking had now been done and the numbers were a lot more realistic.

4. Caroline Selkirk stated that there were two sides to this, in East Kent they looked at the total opportunity rather than what could be achieved in one individual year.

5. Chris McKenzie welcomed the Multi-Disciplinary Teams (MDT) approach, there were significant potential benefits.

6. David Brake highlighted the role of the carers who were relied on so much for help and assistance, including the role of young carers. There was a need to look carefully to ensure that young people where supported as much as possible.

RESOLVED that the Kent and Medway Joint Health and Wellbeing Board note the content of this report, in particular:

a) Support having a framework to assist the development of the MDT/PCNs
b) Endorse the approach to achieving consistency in the delivery of Local Care across K&M; cohort modelling, reporting on inputs/outputs (delivery and financial savings).

6. Update on Kent and Medway Strategic Commissioner and Engagement with Upper Tier Authorities

(Item 6)

1. Dr Bob Bowes gave Members a presentation on Creating a new commissioning landscape in Kent and Medway. A copy of this presentation is available here: Creating a new commissioning landscape in Kent and Medway

2. Cllr Alan Jarrett stated that the more difficult element was allocation of resources, there were difficult discussions had around dealing with conflicting demands and the relative levels of health inequalities and disadvantage.

3. Matthew Scott was pleased to see the continued reference to mental health, in response to a question Dr Bowes explained that the 80% within the presentation referred to the running cost of administration. It was not considered that the NHS was over managed.

4. Steve Inett explained that in the past he had seen the following steps repeat themselves; the award of a contract, the existing provider diminish as the end of the contract approaches, new provider, demand found to be higher than was commissioned for, trimming process – leading to adjusting KPIs or more investment. He asked whether it would be helpful to hold a workshop to look at some examples of what had happened previously and how that would look in the new way. Dr Bowes did not think that the risk of re-procurement was necessarily the area to focus on, it was important to focus on the risk of maturity and confidence that the partners had in each other and the skills with which the commissioners could write the contract. Glenn Douglas considered that it was important to develop a more partnership orientated approach to working together and that a workshop to challenge ways of working would be helpful, the health service could learn a lot from the way local authorities commission services.

5. Mr Gough asked how the Kent and Medway Partnership Board fitted into the structure, Dr Bowes explained that the Partnership Board brought providers and commissioners together as the evolved programme board.

RESOLVED that the Kent and Medway Joint Health and Wellbeing Board thank Dr Bowes for his presentation and note its contents.

7. Work Programme

(Item 7)

1. Karen Cook asked the Board, which was set up initially for a period of two years, whether they would like to use the next meeting for some workshop and development time offline to determine whether the Board should continue as it is, whether the Terms of Reference should be reviewed and to consider the long term plan. Karen Cook suggested that the Terms of Reference should include children, mental health and Autism for example.

2. Caroline Selkirk suggested that Local Care be brought to alternate Boards rather than every Board, Karen Cook considered that this was sensible and the workshop could look at the forward work programme as well as other Governance issues.

3. It was considered that the workshop be extended to an afternoon on 17 September 2019 and the next agenda setting meeting would also be cancelled.

4. Members considered it important to plan and prepare well.

5. In response to a follow up from Cllr Martin Potter about NHS Healthcheck information for people 40-74 Karen Cook confirmed that this information would be circulated to Members before the workshop.

RESOLVED that the next meeting of the Joint Board, on 19 September 2019, be an afternoon workshop session.

KENT AND MEDWAY
JOINT HEALTH AND WELLBEING BOARD
17TH MARCH 2020
THE STRATEGY DELIVERY PLAN

Report from:	Lisa Keslake, STP Director of Strategic Planning and Development
Author:	Karen Cook, Policy and Relationships Adviser (Health): Kent County Council

Summary

The Kent and Medway NHS Strategy Delivery Plan has been submitted by NHS England. The Joint Board is asked to look at the strategic priorities and delivery priorities that were identified in the Plan and discuss how they will impact on the wider partnership and the work of the Board.

1. Budget and Policy Framework

1.1 The NHS Long Term Plan was published in January 2019 setting out how the NHS would develop over the next ten years. The plan sets out a range of aims – making sure everyone gets the best start in life, delivering world class care for major health problems and supporting people to age well. The Plan provides a framework for local systems to develop plans, based on principles of collaboration and co-design. It focuses on:

- 21st century models of care
- Integration
- Prevention
- Tackling biggest killers and disablers of our population
- Workforce being the greatest challenge

All systems were required to produce a local response to the national Plan by early 2020 setting out how the local system would respond to the priorities identified. Kent and Medway's Draft Strategic Delivery Plan is attached as an Appendix to this report. Dedicated long term plan funding of £166m has been identified for Kent and Medway.

2. Service Delivery Priorities

2.1 The attached presentation sets out the agreed strategic priorities and delivery objectives for the Integrated Care System for the next 5 years. The aim of the presentation is to provide the Joint Board with an opportunity to discuss

- how the wider partnership will contribute to the delivery of the strategic priorities identified in the plan and
- the role of the Joint Board in assurance that system wide commissioning activity supports successful implementation of the plan and aligns to the priorities

3. Risk management

3.1 Not applicable.

4. Consultation

4.1 The NHS undertook substantial consultation and engagement in developing the plan. There were four engagement events across Kent and Medway to discuss the Local NHS Long Term Plan response and seek the views of the public, as well as undertaking targeted engagement activity on specific priority areas, including surveys and focus groups with seldom-heard groups.
The Kent and the Medway Health and Wellbeing Boards were engaged with during the drafting of the plan.

5. Legal implications

5.1 NONE

6 Recommendations

The Joint Board is asked to:

6.1 Discuss and comment on the attached presentation including the questions posed:

- Where do the partnership organisations have a role to play and how can that be captured?
- How these delivery activities might flow through the system, to ICPs and PCNs and through Partners?
- How does the system ensure the plan and associated delivery activities is received and implemented across all partners? (interventions at scale that gain a population outcome)

Lead officer contact
Karen Cook, Policy and Relationship Adviser (Health). Strategy, Policy, Relationships and Corporate Assurance: karen.cook@kent.gov.uk Tel: 03000 415281

Lisa Keslake: STP Director of Strategic Planning and Development Kent & Medway Sustainability & Transformation Plan (STP) lisa.keslake@nhs.net Tel: 07872644970

Kent & Medway Draft Strategy Delivery Plan 19/20 to 23/24 Priorities

Joint Kent and Medway Health and Wellbeing Board

Transforming health and social care in Kent and Medway is a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council. We are working together to develop and deliver the Sustainability and Transformation Plan for our area.

Our five strategic objectives

To meet the needs of our population and to address our system challenges we will focus on five strategic objectives:

What our K&M Health Needs Assessment says

- **Cancer** is the number one cause of premature death
- **Cardio Vascular Disease** is the biggest cause of disability
- **Stroke** is the single largest cause of complex disability
- 90% of adults with **diabetes** have preventable type 2 diabetes
- Higher levels of **respiratory disease** in areas of deprivation
- **Frailty** and **multi-morbidity** are rising
- **Health inequalities** between most and least deprived areas

Frailty and multi-morbidity are rising
Health inequalities between most and least deprived areas

What people have told us they want to see

Prevention – healthier lifestyle choices

MH – quality and ease of access to services
Cancer – increased efforts to raise awareness to prevent and diagnose cancer earlier as well as quicker referral and diagnosis
Children and Young People – better support for children and young people with MH problems as well as improving vaccination rates
Primary and community care – easier access to the right staff and bringing care closer to home
Digital transformation –Better use of digital services to connect health and care services and improve health and quality of care.

Our system challenges

- Long coastline and proximity to London
- Workforce challenges particularly in primary care, social care, mental health and cancer
- Acute services sustainability challenges
- Quality challenges

1) **Improving care quality experience** - This strategic objective covers a wide range of delivery priorities including developing our ICS accountability framework for quality and *Delivering integrated care closer to home* (expanded primary care and community care services). We are *transforming urgent and emergency care* to ensure that A&E is only used for serious urgent care needs and emergencies. We also know that resolving a number of *structural challenges* that impact the clinical and financial sustainability of our services is critical. Lastly, this objective includes a number of *specific priorities to improve care and outcomes* for a number of clinical and service areas.

2) **An increased focus on population health and prevention** - This strategic objective includes developing our approach to population health management to improve overall population outcomes. Prevention will be embedded throughout the ICS and at the start of every care pathway. Our approach to prevention follows the life course as well as targeted actions on priority areas of smoking, obesity, alcohol, MH, health protection, cancer and other major conditions

3) **Driving financial balance, efficiency and productivity –** This strategic objective covers our actions to address our financial challenges including meeting the government's four tests for best use of taxpayers' investment in the NHS

4) **Transformation of our workforce and infrastructure –** This strategic objective starts with our Workforce Transformation Strategy and the actions being taken to address our workforce challenges. Digital transformation is a critical enabler to improving care quality and transformation and to providing the infrastructure to support population health management. Our estates strategy is aligned to our clinical strategies to deliver a fit for purpose estate for the future, with a significant capital requirement.

5) **A new Integrated Care System delivery model** – This strategic objective is about a new way of organising ourselves, in line with national policy, that will better enable integration of services, put an end to unwarranted variation and drive a focus on population health.

Our strategic planning framework

Our strategic planning framework has been informed by our STP programmes, the Kent and Medway Health Needs Assessment, listening to what local people want, and the national priorities as set out in the NHS Long Term Plan.

Principles cutting across our strategic objectives

- A relentless focus on driving out unwarranted clinical variation
- Adopting a 'health in all policies' approach across all partners in the development of new policies to consider the impact on population health
- Promoting self management, self care and citizen activation

Strategic objectives	1. Improving care quality and patient experience (Section 3 of this plan)	2. Increased focus on population health and prevention (Section 4 of this plan)	3. Driving financial balance, efficiency and productivity (Section 5 of this plan)	4. Transformation of our workforce and infrastructure (Section 6 of this plan)	5. A new integrated care system delivery model (Section 7 of this plan)
Delivery Priorities	• Implementing an ICS quality framework and quality priorities • Delivering more care outside of hospital including resilient primary care and community care • Addressing clinical and financial sustainability of acute services • Transforming urgent and emergency care • Transforming outpatients and ensuring timely planned care • Improving services and care outcomes for cancer, MH, maternity and neonatal, children and young people, LD and autism, stroke, CVD, diabetes, respiratory disease, end of life care	• Implementing population health management (PHM) including a K&M outcomes framework informed by this Strategy Delivery Plan • Developing capacity and capabilities for PHM • Embedding prevention throughout the system and in every pathway • Supporting more people to stop smoking and preventing children and young people from ever starting to smoke • Taking a place based approach to tackle obesity • Identifying people at risk of alcohol and substance misuse in the commnity and supporting them with targeted interventions • Tackling health inequalities at a place based level	• Deliver against financial trajectories for the 5 year period • Achieve success in bidding for targeted funding from national bodies to support the delivery of our plan • Deliver c12m productivity savings in 19/20 • Continue to explore opportunities to delivery productivity savings of c£53-90m by 23/24 through areas such as: ○ Continued implementation of best practice processes *(GIRFT, Right Care, Model hospital)* ○ Delivering a single pathology service for Kent & Medway ○ Developing a collaborative 'bank' for medical and nursing staff across K&M	• Implementing the K&M Workforce Transformation Strategy • A step change in digitally enabled care including online guidance to support self-care • Creating the infrastructure to enable integrated datasets • Implementation of the K&M Shared Care Record • Completing and implementing the K&M analytics strategy • Delivery of our K&M estates strategy including success in national bidding rounds for funding	• A system commissioner to commission at scale and drive a focus on population health • Development of Integrated Care Partnerships to deliver high quality integrated care and tackle local health inequalities • Development of Primary Care Networks to create a resilient primary care and expanded community care delivering personalised anticipatory care • Development of innovation, research, and quality improvement • Expanded joint working between the NHS, local authorities, voluntary sector, and wider partners

By doing all of this we will achieve for the population:

- Increase in healthy life expectancy
- Improved wellbeing and resilience
- Reduced health inequalities

For Discussion

Role of the Joint Board and the Wider Partnership in delivering the strategic objectives of the Plan:

The Strategic Planning framework sets out areas of activity that the Joint Board wider membership will have a direct role in but also areas where the Joint Board would want to advise and encourage the whole system towards- including the development of ICPs and PCN, delivering more care out of hospital and in the community and improving quality and outcomes to lead to narrowing Health Inequalities.

Overarching principles:
- Health in ALL policies
- Promoting self management, self care and citizen activation

The Board are asked to consider the highlighted areas on the next slide to discuss where there is shared space between partners with implications for delivery of Public Health Services, Social Care and Health where the Joint Board can ensure activity is completely aligned to achieve the agreed strategic objectives.

Where the partnership organisations have a role to play and how can that be captured?
How these delivery activities might flow through the system, to ICPs and PCNs and through Partners?
How does the system ensure the plan and associated delivery activities is received and implemented across all partners? (interventions at scale that gain a population outcome)

Our strategic planning framework

Our strategic planning framework has been informed by our STP programmes, the Kent and Medway Health Needs Assessment, listening to what local people want, and the national priorities as set out in the NHS Long Term Plan.

Principles cutting across our strategic objectives

- A relentless focus on driving out unwarranted clinical variation
- Adopting a 'health in all policies' approach across all partners in the development of new policies to consider the impact on population health
- Promoting self management, self care and citizen activation

Strategic objectives / Delivery Priorities

1. Improving care quality and patient experience (Section 3 of this plan)

- Implementing an ICS quality framework and quality priorities
- Delivering more care outside of hospital including resilient primary care and community care
- Addressing clinical and financial sustainability of acute services
- Transforming urgent and emergency care
- Transforming outpatients and ensuring timely planned care
- Improving services and care outcomes for cancer, MH, maternity and neonatal, children and young people, LD and autism, stroke, CVD, diabetes, respiratory disease, end of life care

2. Increased focus on population health and prevention (Section 4 of this plan)

- Implementing population health management (PHM) including a K&M outcomes framework informed by this Strategy Delivery Plan
- Developing capacity and capabilities for PHM
- Embedding prevention throughout the system and in every pathway
- Supporting more people to stop smoking and preventing children and young people from ever starting to smoke
- Taking a place based approach to tackle obesity
- Identifying people at risk of alcohol and substance misuse in the commnity and supporting them with targeted interventions
- Tackling health inequalities at a place based level

3. Driving financial balance, efficiency and productivity (Section 5 of this plan)

- Deliver against financial trajectories for the 5 year period
- Achieve success in bidding for targeted funding from national bodies to support the delivery of our plan
- Deliver c12m productivity savings in 19/20
- Continue to explore opportunities to delivery productivity savings of c£53-90m by 23/24 through areas such as:
  - Continued implementation of best practice processes *(GIRFT, Right Care, Model hospital)*
  - Delivering a single pathology service for Kent & Medway
  - Developing a collaborative 'bank' for medical and nursing staff across K&M

4. Transformation of our workforce and infrastructure (Section 6 of this plan)

- Implementing the K&M Workforce Transformation Strategy
- A step change in digitally enabled care including online guidance to support self-care
- Creating the infrastructure to enable integrated datasets
- Implementation of the K&M Shared Care Record
- Completing and implementing the K&M analytics strategy
- Delivery of our K&M estates strategy including success in national bidding rounds for funding

5. A new integrated care system delivery model (Section 7 of this plan)

- A system commissioner to commission at scale and drive a focus on population health
- Development of Integrated Care Partnerships to deliver high quality integrated care and tackle local health inequalities
- Development of Primary Care Networks to create a resilient primary care and expanded community care delivering personalised anticipatory care
- Development of innovation, research, and quality improvement
- Expanded joint working between the NHS, local authorities, voluntary sector, and wider partners

By doing all of this we will achieve for the population:

- Increase in healthy life expectancy
- Improved wellbeing and resilience
- Reduced health inequalities

Our priorities for the population of Kent and Medway by 2023/24

By delivering the priorities across our five strategic objectives, we will deliver improved outcomes and benefits for the population. The below is a set of priorities for the population that have been identified through the development of this plan. This will be supplemented with a K&M Population Health Outcomes Framework to be developed in early 2020. *Please note that the below is not exhaustive and does not cover all of the benefits and outcomes described in this plan – you will find these within individual chapters.*

A good start in life for babies, children and young people

- Less than 6% of women will smoke during pregnancy
- Increased breastfeeding rates by providing more support for more wom en who choose to breastfeed and through promotion of benefits
- Some 2000 women will receive perinatal MH support
- Increase vaccination uptake
- Around 16,000 children and young people accessing mental health services
- Reduced gap in rates of obesity for reception year children between the most and least deprived areas
- Reduced waiting times for children and their families for autism spectrum disorder assessments
- Children with complex needs will be supported by a community based multi-disciplinary team

Good health and wellbeing for working age adults

- Even more people will have received psychological therapies for common MH problems (c60,000)
- A reduction in the age incidence of stroke
- More people will survive stroke and those who do will have better quality of life and independence
- Around 6,500 people will have been supported by the Diabetes Prevention Programme
- A lower rate of diabetic complications
- A lower rate of premature mortality and disability from CVD
- Less than 12% of population will smoke
- A reduced gap in obesity levels between the most and least areas
- More people will be supported by Alcohol Care Teams

Good health and wellbeing for people who are frail and/or have multiple conditions conditions

- More people with complex needs (including people with MH conditions and people with complex LD or autism) will have been supported by a multi-disciplinary team, supporting them to stay well
- Some 30,000 people will have benefited from a social prescribing referral
- At least 30,000 people will have benefited from a care and support plan
- Incidence of falls in older people and frail people will reduce
- Reducing levels of premature mortality for people with mental health conditions and for people with LD or autism
- More people with LD or autism will receive community based care
- More people will receive a timely diagnosis for dementia and be guided to the right care and support
- Nearly 80% of people with LD and autism will have had a physical health check

Across our population

- c61% of cancers will be diagnosed earlier at stages 1 and 2 leading to more people surviving cancer
- 70% to 100% of our general hospitals with a major ED will have liaison psychiatry services in place to support people with a mental health need
- Following a successful Mental Health Wellbeing campaign, more people will know their ‘five a day’ for the mind
- More people will report that they feel comfortable discussing mental health and that they have been able to access the right services through a ‘no wrong door’ approach
- Suicide will reduce by 10%
- More people will have received urgent care and advice outside of A&E settings
- Almost all of our population will have been able to access online consultations
- Carers will report they feel better supported by a range of different resources

KENT AND MEDWAY JOINT HEALTH AND WELLBEING BOARD - CASE FOR CHANGE: CHILDREN AND YOUNG PEOPLE STRATEGIC FRAMEWORK

17TH MARCH 2020

Report from: Andrew Scott-Clark, Director of Public Health, Kent County Council

James Williams, Director of Public Health, Medway Council

Rachel Jones, Director of Acute Strategy and Partnerships, Kent and Medway CCGs.

Author: Andrew Scott-Clark, Rachel Jones

Summary

This paper sets out the strategic framework for children and young people, based on the Case for Change and NHS Long Term Plan children and young people priorities for the NHS and partners and agreed recently through the Joint Committee of the Kent and Medway CCGs.

1. Budget and Policy Framework

1.1 The Kent and Medway Sustainability and Transformation Plan outlines the intention of the Kent and Medway health and care system to deliver an integrated health, public health and social care model that focuses on delivering population based, high quality outcome focused person centred coordinated care that is easy to access and enables people to stay well and live independently and for as long as possible.

1.2 Additionally, the NHS Long Term Plan and the refreshed Kent and Medway Case for Change identifies the need to focus on improving services for children, young people and their families.

2. Background

2.1 The NHS Long term plan highlighted several areas which it is expected are prioritised locally through NHS Commissioning and provision.

2.2 These include:

- Maternity and neonatal services
- Children and young people's mental health services
- Learning disability and autism
- Children and young people with cancer

- Redesigning other health services for children and young people which includes:
  - Creation of a children and young people's mental health transformation plan in conjunction with the Maternity Transformation Plan.
  - Improving childhood immunisation.
  - Reducing unnecessary attendance at accident and emergency departments.
  - Improve the quality of care for children with long term conditions such as asthma, epilepsy and diabetes.
  - Development of paediatric critical care and surgical networks.
  - Moving to a 0-25 years' service model that offer person centred and age appropriate care for mental and physical health needs, rather than an arbitrary transition to adult services based on age not need.

The Case for Change identifies specific and significant child health and care challenges across Kent and Medway including:

- A high number of women who smoke during their pregnancy (15.4% Kent and 15.9% Medway)
- Children in their early years who do not have average vaccination coverage leads to outbreaks of preventable disease, for example Measles
- Increasing prevalence of severe obesity in reception year children in Kent and in year 6 in Medway.
- Around 10% of children and young people have a mental health issue and there is concern for looked after children
- Whilst declining, the rate of teenage pregnancies is above the regional average in both Kent and Medway
- Both Kent and Medway have large cohorts who have a special educational need
- There is minimal local provision of cancer care for children
- Experience in paediatric services across Kent and Medway are inconsistent which has resulted in inequalities in access and outcomes.

Additionally, recent CQC/Ofsted inspections in Kent of services for children with Special Education Needs and Disabilities (SEND) identified areas of significant weakness, some of which are also features of other children's services. The SEND re-inspection in Medway found significant improvement in services though some work remains outstanding particularly, for health, the Kent and Medway Neurodevelopmental pathway.

3. Development

3.1 A draft strategic framework was developed during September/October 2019 and presented to the Kent and Medway Joint Clinical Commissioning Group Board for comment. Original comment included adding in Safeguarding and Children's mental health.

3.2 Since the JCCCG meeting the draft strategic plan has been presented to and shared with a wide range of forums and stakeholders including:

- The Kent and Medway STP Clinical and Professional Board
- Integrated Care Partnerships
- Kent 0-25 Health and Well-Being Board

- East Kent Governing Body Development Day
- Kent Local Children's Partnership Groups

3.3 A wide range of feedback has been received which can be summarised as:
- Strong support and agreement that a CYP strategic plan is required
- Broad agreement to the plan and how it has been developed using qualitative and quantitative data
- Strong agreement to the wrap around focus on safeguarding, mental health and well-being and adverse childhood trauma
- A view from a number of stakeholders that a Thanet priority should be reconsidered. There was concern that prioritising a place would detract from the strategic approach and that improving the other priorities consistently would improve Thanet. Other feedback asked for other areas, particularly those with high deprivation, to be included and others thought a strategic and place-based approach should be taken, rather than prioritising one or multiple places
- Priorities can be grouped into themes
- More detail on outcomes and how they will be co-designed at the next stage
- More detail on how these areas will be developed and implemented across K&M.

4. Outcome

4.1 The Kent and Medway Joint Clinical Commissioning Board reconsidered the strategic framework at its meeting held 13th February 2020.

4.2 The Joint Committee agreed that the three overarching themes are:
- Children and young people's mental health and well-being
- Adverse childhood experiences
- Safeguarding

4.3 The Joint Committee agreed to 12 initial priority areas which includes:
- Improving sexual health and reducing teenage pregnancy
- Reducing smoking rates in pregnancy
- Increasing the initiation of breast feeding
- Improving the coverage of childhood vaccination
- Improving services for SEND, learning disability and autism
- Improving services for looked after children
- Improving services for homeless young people
- Reducing childhood obesity
- Reducing unnecessary A&E attendances
- Improving care for chronic childhood illness
- Improving end of life care
- Ensuring a disproportionate response in the areas where outcomes for children and young people are the worst

5. Governance

5.1 The Joint Committee of Kent and Medway Clinical Commissioning Groups also agreed to establish a Health focussed Children and Young People's

Steering Group (of both commissioners and providers) which would then link into the Governing Body and other system forums such as the HWBB's. This approach would not duplicate the Governing Body and would focus on health, recognising that other partners already have established CYP governance forums

5.2 Clearly, most of the work will need to be done in partnership and at system level to ensure we deliver improved outcomes for all children and young people.

5.3 Decision making on specific elements of future plans will, as it does now, be taken through the responsible organisations' own governance process.

6. Consultation

6.1 Partners, including Healthwatch Kent and Healthwatch Medway have been talking with local children, young people, their parents and carers to understand their priorities for improving children's services. Local people have told us:

- Services for children with special needs and disabilities (SEND) need to improve
- Communication needs to be better with families
- Children and families want to work with us to co-design services of the future
- We need to improve information about services and how to access them
- We need to join up services
- We need to provide better support for parents
- Children and young people are waiting too long for mental health appointments.

7. Financial implications

7.1 The overall financial implications of improving outcomes for the children and young people is not yet known, nor fully understood. As each priority area is developed into a full, set of agreed plans, responsible services will need to make decisions based on affordability, statutory requirements and resource requirements and made through their individual governance procedures.

7.2 There are no financial implications arising directly from this report, and this report makes no request for resources.

8. Legal implications

8.1 The Kent and Medway Joint Health and Wellbeing Board has been established as an advisory sub-committee of the Kent Health and Wellbeing

Board and the Medway Health and Wellbeing Board under Section 198(c) of the Health and Social Care Act 2012.

8.2 The joint board operates to encourage the planning and operating of health and care services in an integrated and joined up way. This board may consider and seek to influence the work of the Sustainable and Transformation Partnership of Kent and Medway.

8.3 The joint board is advisory and may make recommendations to the Kent and Medway Health and Wellbeing Boards respectively.

9. Recommendations

9.1 The Kent and Medway Joint Health and Wellbeing Board is asked to **COMMENT ON** and **ENDORSE** the Children's and Young people's Strategic Framework

Lead officer contact

Andrew Scott-Clark Director of Public Health Kent County Council
James Williams Director Public Health Medway Council
Rachel Jones Director of Acute Strategy and Partnerships, Kent and Medway CCGs.

Appendices
None

Background papers

NHS Long Term Plan
https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf

KENT AND MEDWAY
JOINT HEALTH AND WELLBEING BOARD
17 MARCH 2020
JOINT KENT AND MEDWAY HEALTH AND WELLBEING BOARD: REVIEW

Report from:	David Whittle, Director of Strategy, Policy, Relationships and Corporate Assurance, Kent County Council
Author:	Karen Cook, Policy and Relationships Adviser (Health): Kent County Council Jade Milnes, Democratic Services Officer, Medway Council

Summary

A decision has been made by both Medway and Kent's Health and Wellbeing Boards that the Joint Board should continue as an advisory Joint Sub Committee of the Kent Health and Wellbeing Board and the Medway Health and Wellbeing Board. As the Joint Board looks ahead to the next stage of its development this paper sets out its continuing significance and explores its potential role as system wide leader of place, its membership and its purpose for the next four years within the parameters of its existing terms of reference.

1. Budget and Policy Framework

1.1 The Kent and Medway Joint Health and Wellbeing Board (Joint Board) has been established as an advisory Joint Sub Committee of the Kent Health and Wellbeing Board and the Medway Health and Wellbeing Board under Section 198(c) of the Health and Social Care Act 2012.

1.2 The Joint Board was established for a time limited period of two years commencing from 1 April 2018. During their February 2020 meetings the respective Health and Wellbeing Boards of Kent County Council and Medway Council considered and determined that the Kent and Medway Joint Health and Wellbeing Board should continue to function for a further period of four years with an annual review clause built in to ensure the Joint Board remains fit for purpose.

1.3 Sustainability and Transformation Partnerships (STPs) are now evolving into Integrated Care Systems (ICS), a closer form of collaboration in which the NHS and local authorities take on greater responsibility for managing resources and performance. Over time, the emphasis has shifted towards developing and strengthening local place-based partnerships working in cooperation and reducing competition.

1.4 It is therefore an opportune moment to review the vision, direction and membership of the Joint Board to ensure that it is fulfilling the requirements set out in its terms of reference and as described in the report presented and approved at the respective Medway and Kent Health and Wellbeing Boards, but also importantly to ensure that it is operating in a way that takes account of the changing landscape of whole system working and the evolution of the ICS in Kent and Medway.

2. National context

2.1 There are indications that at a national level a policy position is emerging to extend the role of Health and Wellbeing Boards (HWB) as leaders of place on an STP/ICS footprint. They are increasingly being cited as the place for whole system working to come together so that all stakeholders can be held to account for meeting the health needs of the local population.

2.2 *HWBs ……. are operating now in a fundamentally different national policy regime based on collaboration, system leadership and closer integration between different parts of the NHS as well as local government. Given that the main purpose of HWBs was always to promote integration at the local level, arguably they are more relevant than ever, possibly even as an idea whose time has now come*
(Source: Health and Wellbeing boards and integrated care systems https://www.kingsfund.org.uk/publications/articles/health-wellbeing-boards-integrated-care-systems 13 November 2019)

2.3 Health and Wellbeing Boards are recognised as a key part of local governance arrangements and are currently the main statutory mechanism for overseeing efforts to join up health and social care services. This role for the HWB is echoed in the National NHS Long Term Plan where it requires each system to have a Partnership Board but also refers to working with HWBs. However, in 2018 Boards were assessed as not fulfilling their full potential. The Care Quality Commission concluded that they have a role in exercising wider oversight of the system and for promoting transformational change that had not been successfully embedded (CQC Beyond Barriers July 2018).

2.4 Matt Hancock, the Secretary of State for Health and Social Care laid down this challenge in July 2019. He called for HWBs to be '*empowered*' as *'the vital component in bringing together local authorities, NHS commissioners and elected representatives to create a strategic vision for a local area so we're accurately identifying needs, and co-ordinating care'. He challenged local government leaders by asking: 'How strong is yours? What can you do to strengthen it?'*

3. Role and Strategic Direction

3.1 This emerging national picture shows that the Joint Board as an advisory joint sub-committee of Kent's and Medway's Health and Wellbeing Board has the potential to have value and grow in significance. It can help fulfil both a national and local challenge about where system wide leadership comes from.

3.2 The role of the Joint Board can be simply summarised into 4 key areas of activity in the context of prevention and local care:

- develop a shared understanding of local needs and outcomes
- provide advice to the Kent and Medway Health and Wellbeing Boards on how to support system leadership to meet those needs
- review commissioning decisions
- involve councillors and patient representatives in reviewing commissioning decisions.

3.3 National and local Health policy context has developed since the Board was first set up in 2018. The NHS Long Term Plan, published in January 2019 set out a framework for NHS activity for the next 5-10 years, including a focus on joining-up care, a 21st century approach to prevention, tackling long-term unmet needs (children's health, young people with mental health needs, autism and learning disabilities) and inequalities, and dealing with the biggest killers and disablers. It also set down an expectation that each STP will become an Integrated Care System (ICS) and that every system would produce a local plan (in Kent and Medway this is called the Strategic Delivery Plan).

3.4 The Strategic Delivery Plan (SDP) will set the strategic direction for STP/ICS activity including driving collaboration and integration. As the Joint Board operates principally to encourage persons who arrange for the provision of any health or social care services in the area to work in an integrated manner and for the purpose of advising on the development of the STP plans for Kent and Medway it is important that the Joint Board understands, encourages and advises on this plan. It is also necessary that the Joint Board oversees the supporting action to improve the health outcomes for the whole population that should result from the adoption of the SDP and underpinning action plans.

3.5 We know that healthy communities are defined by much more than our individual actions or our access to traditional health care: green spaces; social activities; education and employment opportunities; healthy food; good housing and transport services all play a hugely important role. To prevent illness and improve the health and wellbeing of local communities we need to consider all these aspects, and more.

3.6 Nationally and locally system wide working is adopting population health approaches and outcomes measures based on an assessment of local need to tackle deep rooted health inequalities. The Joint Board can continue to use its position to strengthen partnerships across communities, local government and the NHS by adopting a population health outcomes approach.

3.7 This will involve taking the broadest view of the purpose of the Joint Board to include more focus on children and young people, those with a learning disability, autism or mental health problems and those environmental and lifestyle factors (the wider determinants of health- such as housing) that have the greatest impact on health outcomes.

3.8 In addition, the Joint Board could decide to view and assess progress against the outcomes dashboard currently being developed by the STP/ICS to monitor performance and influence activity across the partnership. The outcomes dashboard will be a significant tool in planning and commissioning services based on the evidence of the Medway's and Kent's JSNA and the Joint JSNA Case for Change. The Joint Board can use this tool to assure itself that commissioning plans are focussed on the right things in the system that are helping to narrow the gap in life expectancy and increase years lived in good health.

3.9 To help the Joint Board publicly set out its vision, strategic aims, agreed priorities, and ambitions regarding how the partnership can work together to realise better outcomes for the residents living in our ICS footprint, the Joint Board may choose to develop its own plan. The Joint Board Plan would be based on the findings of Medway's and Kent's JSNA and the JSNA Case for Change which was written on a Kent and Medway geography. It would take into account the NHS Long term Plan, the local NHS 5 year Strategic Delivery Plan and Kent's and Medway's respective Joint Health and Wellbeing Strategies, aligning priorities where possible.

4. Membership

4.1 The Joint Board's terms of reference allows for new members to be appointed. With the agreement of the Joint Board, voting or non-voting members from new structures that are emerging in Health may be included.

4.2 In accordance with this clause, on 18 February 2020 and 26 February 2020 respectively, Medway's and Kent's Health and Wellbeing Board agreed subject to the agreement of the Joint Board on 17 March 2020 and as summarised in Appendix 2 to that report:

- to appoint the Clinical Chair of single Kent and Medway CCG as a voting member of the Joint Board;
- to appoint the Senior Responsible Officer of each of the four Integrated Care Partnerships (ICPs) as non-voting members of the Joint Board noting that this will be reviewed when the ICPs are fully mobilised; and
- to re-appoint the Chairman of the System Commissioner Steering Group, who is also now the Deputy Clinical Chair of the Kent and Medway CCG, for a further year.

4.3 The terms of reference also say that the Joint Board may appoint other persons to be non-voting members as it considers appropriate. With this in mind and in accordance with a request made at the Joint Board development session on 17 September 2020, the Joint Board is also asked to consider inviting a member of the Kent Association of Local Councils (KALC) to join the Joint Board as a non-voting member.

4.4 KALC is a not-for profit membership organisation for Parish, Town and Community Councils and Parish Meetings in Kent (i.e. Kent and Medway). It currently has 97.5% of councils in membership (312 out of 320). It provides member councils with legal and technical advice, training for councillors and

clerks and has a representational role at county level and also at district level through 13 Area Committees. KALC works closely with the National Association of Local Councils (NALC) on issues of national interest, and NALC also work closely with the Local Government Association. As the first tier of local government and the closest port of call for residents, local (parish and town) councils can play a huge role in ensuring that our communities are stronger, healthier and thriving places to live.

4.5 As we move to a more collaborative, system wide approach to health and wellbeing it will become increasingly important to understand the needs of our local communities and empower communities to influence decisions that affect them. Representation from KALC will strengthen relationships and engagement between councils at all levels and with the NHS which can only strengthen the partnership to bring about positive change for local people.

4.6 Members are also asked to agree the appointment of the managing directors of East Kent and West Kent CCG for a further year as non-voting members of the Joint Board. The Joint Board is also asked to re-appoint the Clinical Design Director of the Design and Learning Centre for Clinical and Social Innovation as a non-voting member of the Joint Board.

4.7 As the health system structures are in a period of transition, it is recommended that membership of the Joint Board is kept under regular review.

4.8 Appendix 1 to the report shows how the current membership of the Joint Board compares to the proposed membership outlined in paragraphs 4.1 to 4.8 of the report.

5. Board Development and System Leadership

5.1 The Joint Board has met eight times since 2017, with one session as a private development session. As the Joint Board matures, broadens its focus on population health outcomes and welcomes new members it may wish to consider how it can give focus to development of the Board as the system wide leader, including building good relationships and mutual understanding, which we know are the bedrock of an effective HWB and a health and care system.

5.2 The Local Government Association provides free, bespoke support through its Care and Health improvement Programme (CHIP) with an offer that aims to achieve the following outcomes:

- HWBs are as effective as they can be and have reshaped how they fit into the new landscape
- Councils and NHS bodies in an area understand each other’s culture and governance arrangements, having invested time in building relationships
- HWBs can work across different planning, commissioning and delivery footprints
- HWBs understand the needs of the population and the resources in the area
- HWBs have a shared vision and commitment

- HWBs can demonstrate their impact

5.3 Studies into the effectiveness of HWBs show that governance and organisational arrangements are only as good as the quality of relationships between people and organisations. The Joint Board may wish to consider taking up the LGA offer and committing time in the next year to stepping back and building a shared set of priorities, behaviors and ambitions for the Joint Board.

6. Financial, Legal and Risk Management Implications

6.1 The Joint Board itself does not have a budget. Any executive decisions or the determination of any matter relating to the discharge of the statutory functions of the Kent and Medway Health and Wellbeing Boards remain a matter for each Council.

6.2 Section 116A of the Local Government and Public Involvement in Health Act 2007, as amended by the Health and Social Care Act 2012, requires a responsible authority and its partner CCGs to prepare a Joint Health and Wellbeing Strategy (JHWS). Medway Council and Kent County Council are each the responsible local authority respectively. Section 196 of the Health and Social Care Act 2012 confers the responsibility for preparing the JHWS to the Health and Wellbeing Board established by each local authority.

6.2 The Statutory Guidance explains that two or more Health and Wellbeing Boards could choose to work together to produce a JHWS, covering their combined geographical area. The scope for two or more Health and Wellbeing Boards to establish arrangements to work jointly is provided in section 198 of the Health and Social Care Act 2012. Section 198 allows for the joint exercise of functions by a Joint HWB or by a Joint Sub Committee or for the establishment of a Joint Sub Committee to advise the participating Health and Wellbeing Board's on any matter related to the exercise of their functions.

6.3 The Kent and Medway Joint Health and Wellbeing Board has been established as an advisory Joint Sub Committee of the Kent Health and Wellbeing Board and the Medway Health and Wellbeing Board under Section 198(c) of the Health and Social Care Act 2012. In this instance the Health and Wellbeing Boards of Kent and Medway have not agreed to formally exercise this function jointly and both Kent County Council and Medway Council maintain their own JHWS development and publication process.

6.4 There are no risks arising from the proposals set out within the report.

7. Recommendations

7.1 The Kent and Medway Joint Health and Wellbeing Board is asked to:

a) confirm its agreement to:

- the appointment of the Clinical Chair of single Kent and Medway CCG as a voting member of the Joint Board.

- the appointment of the Senior Responsible Officer of each of the four Integrated Care Partnerships (ICPs) as non-voting members of the Joint Board noting that this will be reviewed when the ICPs are fully mobilised;
- the appointment of the Chairman of the System Commissioner Steering Group who is also now the Deputy Clinical Chair of the Kent and Medway CCG, for a further year as a voting member of the Joint Board.

b) consider and decide whether to appoint the following non-voting members to the Joint Board:
   - the Chairman of the Kent Association of Local Councils (KALC) Health and Well-Being Advisory Committee, as the KALC representative on the Joint Board;
   - the Managing Directors of East Kent and West Kent CCG for a further year; and
   - the Clinical Design Director of the Design and Learning Centre for Clinical and Social Innovation.

c) agree to take up the LGA Care and Health improvement Programme (CHIP) offer to develop the Joint Board;

d) agree to develop a Joint Board Plan which will be presented to the Joint Board at a future date for consideration.

e) agree to consider a further report on the scope to adopt the outcomes dashboard referenced in paragraph 3.8, or parts thereof to measure system wide performance to support the Joint Board Plan.

Lead officer contact

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Appendices

Appendix 1: Position on Membership

Appendix 1: Position on Membership

Voting Members				
No.	Current Membership	No.	Proposed Membership	Comments
1	Medway Council, Leader	1	Medway Council, Leader	No Change
2	Medway Council Elected Representative	2	Medway Council Elected Representative	No Change
3	Medway Council Elected Representative	3	Medway Council Elected Representative	No Change
4	Medway Council Elected Representative	4	Medway Council Elected Representative	No Change
5	KCC Leader	5	KCC Leader	No Change
6	KCC Elected Representative	6	KCC Elected Representative	No Change
7	KCC Elected Representative	7	KCC Elected Representative	No Change
8	KCC Elected Representative	8	KCC Elected Representative	No Change
9	Medway Council, Assistant Director Adult Social Care	9	Medway Council, Assistant Director Adult Social Care	No Change
10	Kent County Council, Corporate Director Adult Social Care and Health	10	Kent County Council, Corporate Director Adult Social Care and Health	No Change
11	Medway Council, Director of Children and Adults	11	Medway Council, Director of Children and Adults	No Change
12	Kent County Council, Corporate Director Children, Young People and Education	12	Kent County Council, Corporate Director Children, Young People and Education	No Change
13	Medway Council, Director of Public Health	13	Medway Council, Director of Public Health	No Change
14	Kent County Council, Director of Public Health	14	Kent County Council, Director of Public Health	No Change
15	Local Healthwatch Representative Kent	15	Local Healthwatch Representative Kent	No Change
16	Local Healthwatch Representative Medway	16	Local Healthwatch Representative Medway	No Change
17	CCG Representative – Glenn Douglas	17	CCG Representative For nomination by NHS	The membership formula allows for a representative of each CCG. It is anticipated that the AO of the new single K&M CCG will be nominated to this position.
18	CCG Representative – Caroline Selkirk (East Kent)			
19	CCG Representative – Ian Ayres (West Kent)			
20	Chairman of Strategic Commissioner Steering Group - Dr Bob Bowes	18	Chairman of the Strategic Commissioner Steering Group Deputy Chair of the K&M CCG Dr Bob Bowes	This is time limited.
		19	Clinical Chair of new K&M CCG - Navin Kumta	Newly created post in the single CCG.

Non - Voting Members				
No.	Current Membership	No.	Proposed Membership	Comments
21	Kent Police and Crime Commissioner	20	Kent Police and Crime Commissioner	No Change
22	Kent Local Medical Committee	21	Kent Local Medical Committee	No Change
23	District Council Representative Nominated by Kent Chiefs	22	District Council Representative Nominated by Kent Chiefs	No Change
24	District Council Representative Nominated by Kent Chiefs	23	District Council Representative Nominated by Kent Chiefs	No Change
25	Clinical Design Director for the Design and Learning Centre for Clinical and Social Innovation – Dr Robert Stewart	24	Clinical Design Director for the Design and Learning Centre for Clinical and Social Innovation – Dr Robert Stewart	Re-appointment to be considered at the Joint Board on 17 March 2020.
		25	KALC (parish and town council representation) Chairman of the KALC Health and Well-Being Advisory Committee, which is currently Councillor John Rivers	Appointment to be considered at the Joint Board on 17 March 2020.
		26	Medway and Swale ICP Senior Responsible Officer (SRO)	The ICPs will operate in shadow form until April 2021, therefore it is recommended that each ICP lead be appointed as a non-voting member at this stage to be reviewed at a later date.
		27	East Kent ICP SRO	
		28	West Kent ICP SRO	
		29	Dartford, Gravesham and Swanley ICP SRO	
		30	Managing Director of East Kent CCG	1 year appointment
		31	Managing Director of West Kent CCG	1 year appointment

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