Kent and Medway Joint Health and Wellbeing Board

A meeting of the committee will be held on:

Date: Tuesday, 19 March 2019

Time: 4.00pm

Venue: St George's Centre, Pembroke Road, Chatham Maritime, Chatham ME4 4UH

Membership: *non-voting Members		
	Councillor Sarah Aldridge*	Swale Borough Council, Cabinet Member for Health and Wellbeing
	Dr John Allingham*	Kent Local Medical Committee
	Ian Ayres	Managing Director for Dartford, Gravesham and Swanley, Medway, Swale and West Kent CCGs
	Dr Bob Bowes	Chairman of the Kent and Medway Strategic Commissioner Steering Group
	Councillor David Brake (Chairman)	Medway Council, Portfolio Holder for Adults' Services
	Mr Paul Carter, CBE	Kent County Council, Leader and Cabinet Member for Health Reform
	Councillor Howard Doe	Medway Council, Deputy Leader and Portfolio Holder for Housing and Community Services
	Glenn Douglas	Accountable Officer for the eight CCGs in Kent and Medway
	Matt Dunkley, CBE	Kent County Council, Corporate Director Children, Young People and Education
	Mr Graham Gibbens	Kent County Council, Cabinet Member for Adult Social Care and Public Health

Mr Roger Gough	Kent County Council, Cabinet Member for Children, Young People and Education
Penny Graham	Healthwatch Kent
Councillor Alan Jarrett	Medway Council, Leader
Eunice Lyons-Backhouse	Healthwatch Medway
Chris McKenzie	Medway Council, Assistant Director Adult Social Care
Mr Peter Oakford (Vice-Chairman)	Kent County Council, Deputy Leader and Cabinet Member for Finance and Traded Services
Councillor Martin Potter	Medway Council, Portfolio Holder for Educational Attainment and Improvement
Matthew Scott*	Kent Police and Crime Commissioner
Andrew Scott-Clark	Kent County Council, Director of Public Health
Councillor Tony Searles*	Sevenoaks District Council
Caroline Selkirk	Managing Director of Ashford, Canterbury and Coastal, South Kent Coast, and Thanet CCGs
Penny Southern	Kent County Council, Corporate Director Adult Social Care and Health
Dr Robert Stewart*	Clinical Design Director for the Design and Learning Centre for Clinical and Social Innovation
Ian Sutherland	Medway Council, Director of People - Children and Adults
James Williams	Medway Council, Director of Public Health

Agenda

1 Apologies for absence

2 Record of Meeting **(Pages 7 - 22)**

To approve the record of the meeting held on 14 December 2019.

3 Declaration of Disclosable Pecuniary Interests and other interests

Members are invited to declare the existence and nature of any interests in relation to any agenda item in accordance with the relevant Council's Code of Conduct.

4 Urgent matters by reason of special circumstances

The Chairman will announce any late items which do not appear on the main agenda but which he/she has agreed should be considered by reason of special circumstances to be specified in the report.

5 Reducing Alcohol Consumption Deep Dive **(Pages 23 - 50)**

This report presents a 'deep dive' into reducing alcohol consumption, alcohol related harm to adults and treatment of alcohol use disorder across Kent and Medway.

6 Sustainability and Transformation Partnership (STP) Local Care Update **(Pages 51 - 70)**

This report provides an update on the progress of Local Care, including the Local Care Implementation Board, the Local Care deep dives and the Local Care delivery/outcomes framework.

7 STP Workforce Transformation Plan **(Pages 71 - 98)**

This report presents the Kent and Medway Sustainability and Transformation Partnership (STP) Workforce Transformation Plan. This Plan focuses on the commitment to work together to prioritise actions that will have the biggest impact on addressing Kent and Medway's workforce challenges. This report will be accompanied by a presentation.

8 Kent and Medway Transformation - Update on Integrated Care Systems and Kent and Medway System Commissioner **(Pages 99 - 110)**

The NHS Long Term Plan sets an expectation that Integrated Care Systems will be established by April 2021. Work has commenced across Kent and Medway in designing an integrated system including changes to existing organisational forms, functions and the anticipated benefits that these changes will have in better meeting the health needs of the population.

This paper sets out: progress to date in developing an integrated model; outputs from two co-production workshops held across the

system on future organisational forms and functions; a high level timeline for transition to a shadow form and end state by April 2020; and key next steps.

This report also sets out details of the role of the Kent and Medway CCG's in emergency preparedness, following agreement of the Joint Board to add this to the Joint Board's work programme, within this standing agenda item.

9 NHS Long Term Plan Update **(Pages 111 - 114)**

The report provides an update to Joint Board Members on the NHS Long Term Plan that was published in January 2019. This report will be accompanied by a presentation.

10 An Overview of the Encompass MCL Vanguard **(Pages 115 - 116)**

This report summarises the work and legacy of the Encompass MCP vanguard. This was a 3 year New Care Model which received NHS sponsorship and scrutiny between 1 April 2015 and 31 March 2018. This report will be accompanied by a presentation.

11 Work Programme **(Pages 117 - 122)**

The report advises the Joint Board of the forward work programme for discussion in the light of latest priorities, issues and circumstances. It gives the Joint Board an opportunity to shape and direct the Joint Board's activities.

For further information please contact Jade Milnes, Democratic Services Officer on Telephone: 01634 332008 or Email: jade.milnes@medway.gov.uk

Date: 11 March 2019

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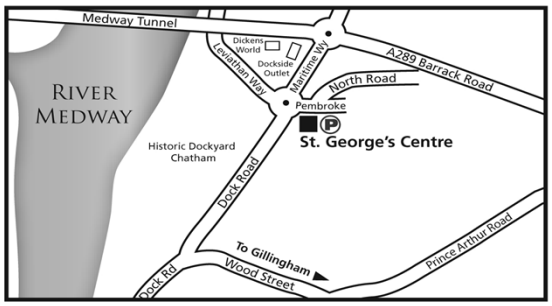

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Medway Council

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)

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

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

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

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

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;

- 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 at 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).

- 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

(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

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.

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:

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KENT AND MEDWAY
JOINT HEALTH AND WELLBEING BOARD
19 MARCH 2019
REDUCING ALCOHOL CONSUMPTION DEEP DIVE

Report from:	Andrew Scott-Clark, Director of Public Health for Kent County Council
	James Williams, Director of Public Health for Medway Council
Author:	Jess Mookherjee, Public Health Consultant, Kent County Council
	Steve Chevis, Health Improvement Manager, Medway Council

Summary

This report presents a 'deep dive' into reducing alcohol consumption, alcohol related harm to adults and treatment of alcohol use disorder across Kent and Medway.

Alcohol (ethanol) is a psychoactive substance that can cause physical and psychological dependence, damage to physical and mental health, and in its most serious and advanced stage, neglect, anorexia and death. In 2016, the Lancet published that Alcohol is the seventh leading risk factor for both deaths and disease burden (as measured in disability-adjusted life years (DALYs)) and among those aged 15-49 alcohol use was the leading global health risk factor[1]. Alcohol has potential to do great harm, not only by causing serious ill health but also through domestic violence, neglect, crime and disorder.

The challenge set out in this report is for an integrated approach across health, licencing, enforcement and other agencies. Greatest impact can be achieved by partners working together strategically to raise awareness of alcohol harms, tackle adverse social consequences, moderate availability and deliver 'trauma informed' community treatment services.

1. Budget and Policy Framework

1.1 National, regional and local policy initiatives

1.1.1 There are a number of national policy initiatives and approaches which influence Local Authority work in relation to reducing alcohol consumption. These are set out in Table 1.

National Drug Strategy 2010 "Reducing Demand, Restricting Supply, Building Recovery and Supporting People to Live a Drug Free Life[2]" Although called the 'Drug Strategy' this includes alcohol in its promotion of recovery and treatment services.
The Health and Social Care Act 2012[3] Working with other organisations, local authorities are responsible for improving health; this includes alcohol related harms.
The National Alcohol Strategy 2012[4] This seeks to reduce drinking above health guidelines, or to excess. It intends to reduce alcohol-fueled violent crime, binge drinking, alcohol-related deaths and underage drinking; both Kent and Medway have localised the national strategy (Kent Drug and Alcohol Strategy 2017-22[5]; Medway Health and Wellbeing Plan).
The New Modern Crime Prevention Strategy 2016[6] and the Policing and Crime Act 2017[7] These give certain powers to tackle 'drivers' of crime such as alcohol and give specific actions including: • Late Night Levy improvements applying to defined areas, rather than whole Licensing Authority areas; • Cumulative Impact Policy improvements, with more statutory powers to control alcohol sales; • Consult on Licensing interventions for groups of premises in certain locations, in a group review intervention power (GRIP) which may require improved security or other area license conditions; • Civilian (police) staff powers of entry to enter and inspect licensed premises; and • Sobriety tagging as a Court Order and improved GPS based electronic monitoring.
Sustainability and Transformation Plan 2017[8] Alcohol prevention is covered within the Kent and Medway STP Prevention Plan.
Safer in Kent Plan 2017-21[9] Tackling Substance misuse and mental health are some of the key priorities of the Police Crime Commissioner (PCC) in Kent.
Serious Violence strategy 2018[10] This document cites alcohol as a driver of homicide, knife crime and domestic violence and calls for evidence based interventions targeting alcohol related violence and domestic abuse.
NHS Long Term Plan 2019[11] The NHS Long Term Plan has a particular focus on establishing Alcohol Care Teams (ACTs). These have been shown to significantly reduce accident and emergency attendances, bed days, readmissions and ambulance call outs[12].

Table 1: National policies relevant to reducing alcohol consumption

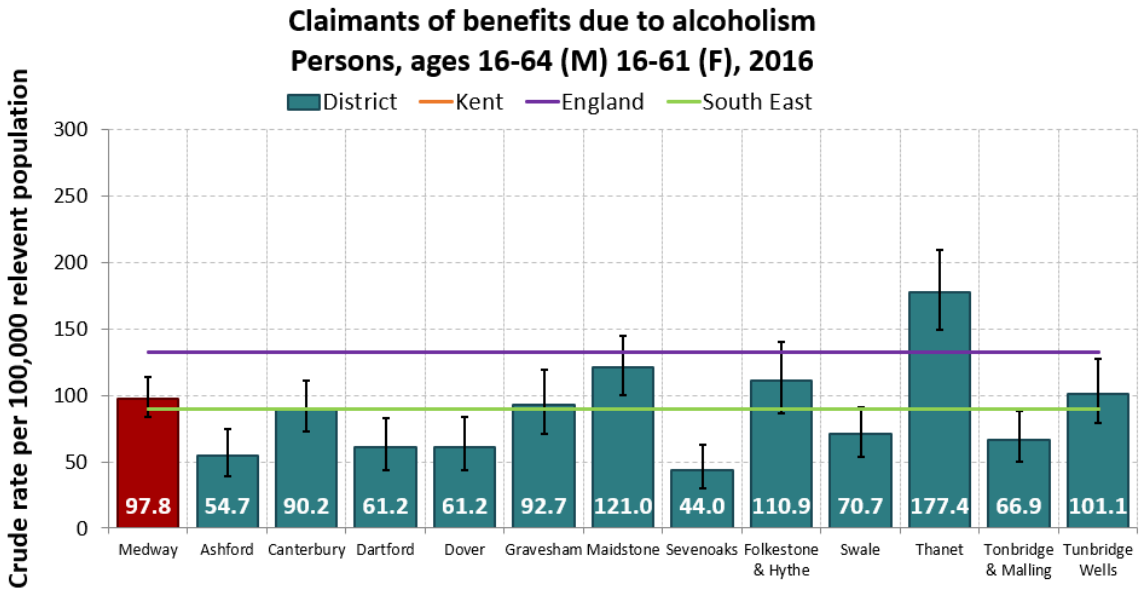
1.2 Estimates of economic impact of alcohol related harm in the UK

1.2.1 The Cabinet Office Strategy Unit document in 2003[13] sets out the estimated cost to the UK taxpayer of alcohol consumption at £21bn per year across three areas:

- Crime: £11bn at 2010-11 costs
- Lost productivity: £7.3bn at 2009-10 costs
- Costs to the NHS: £3.5bn at 2009-10 costs

1.2.2 The direct costs attributable to local authority Public Health budgets include contracts to deliver alcohol and other drug treatment services. These are valued at £13m for Kent and £2m for Medway. The Office of the Kent and Medway Police and Crime Commissioner contributes to the provision of these services through a grant of £394,049 to Kent per year and £59,042 to Medway per year.

1.2.3 Within Kent and Medway there is a considerable economic burden associated with alcohol dependence. Data on claimants of benefits due to alcoholism is shown in Chart 1. Kent and Medway, in 2016, both have rates that are below that of England. Thanet has a higher than national average rate of benefit claimants who are unable to work due to their addiction.



Source - PHE, prepared by KPHO (MP) Jan 2019

Chart 1: Claimants of benefits due to alcoholism. Persons ages 16-64 (m) 16-61 (F), 2016

2. Background

2.1 Introduction to alcohol harms

2.1.1 The impact of substance misuse is far reaching and contributes to 29 of the 66 indicators that describe the health and wellbeing of local areas and which are reported through the Public Health Outcomes Framework[14] (PHOF).

2.1.2 PHOF indicators are set out in Appendix 1, the most significant are:

- **2.18** - Alcohol Related Hospital Admissions is the key indicator for the overall impact of all aspects of alcohol interventions in any given area and can be considered a definition of how much the system fails to prevent

alcohol harm. Both Kent and Medway have less admissions than the England Average

- **2.15iii** - Successful completion of alcohol treatment and reducing drug and alcohol deaths. Both Kent and Medway have a higher percentage of successful completions than the England average.
- **2.16** - Adults with a substance misuse treatment need who successfully engage in community-based structured treatment following release from prison. Kent are comparable to the England average and Medway are significantly above it.

2.1.3 UK government recommendations state, "No one can say that drinking alcohol is absolutely safe. Current guidelines suggest to avoid harm people should not drink more than 14 units a week". One unit of alcohol is 10ml of pure alcohol and this is half a pint of normal strength lager or a single measure of spirit. A standard bottle of wine has approximately 10 units[15].

2.1.4 Alcohol misuse can have a serious impact on health including increased risk of:

- Premature death or disability associated with cardiovascular disease
- Liver disease
- Gastric conditions
- Some cancers (liver, pancreas and colon)
- Co-morbidity with alcohol, depression, and anxiety
- Alcohol use disorder (one of the risk factors for suicide and self-harm)

2.1.5 There are four broad categories of risky drinking

- Harmful drinking (over 35 units a week)
- Hazardous drinking (over 35 units with no 'free' days or 'binge' drinking)
- Higher risk drinking (over 50 units a week)
- Dependent drinkers

2.1.6 Alcohol dependence or Alcohol use disorder is a psychiatric condition where a person is unable to stop drinking despite causing harm to themselves. This can be a serious condition requiring medical intervention as well as psychological support to sustain recovery**.**

2.1.7 A subset of the Health Survey for England, called 'Smoking, Drinking and Drug Use among young people 2016', shows drinking amongst children aged 8-15 is at its lowest since the survey began, with 16% of boys and 15% of girls reporting having experience of drinking alcohol. Despite the positive trends in the numbers of young people drinking, consumption is higher than the European average**[16]**.

2.1.8 Following a declining trend between 2005 and 2012, the trend for the proportion of men and women drinking in the past week in UK has remained steady over the past three years of available data (2012 - 2016); with men being more likely to drink than women.

2.1.9 The Older Persons' Substance Misuse Working Group of the Royal College of Psychiatrists report "Our Invisible Addicts"**[17]** concludes that both alcohol and illicit drugs are among the top ten risk factors for mortality and morbidity in Europe and substance misuse by older people is now a growing public health problem.

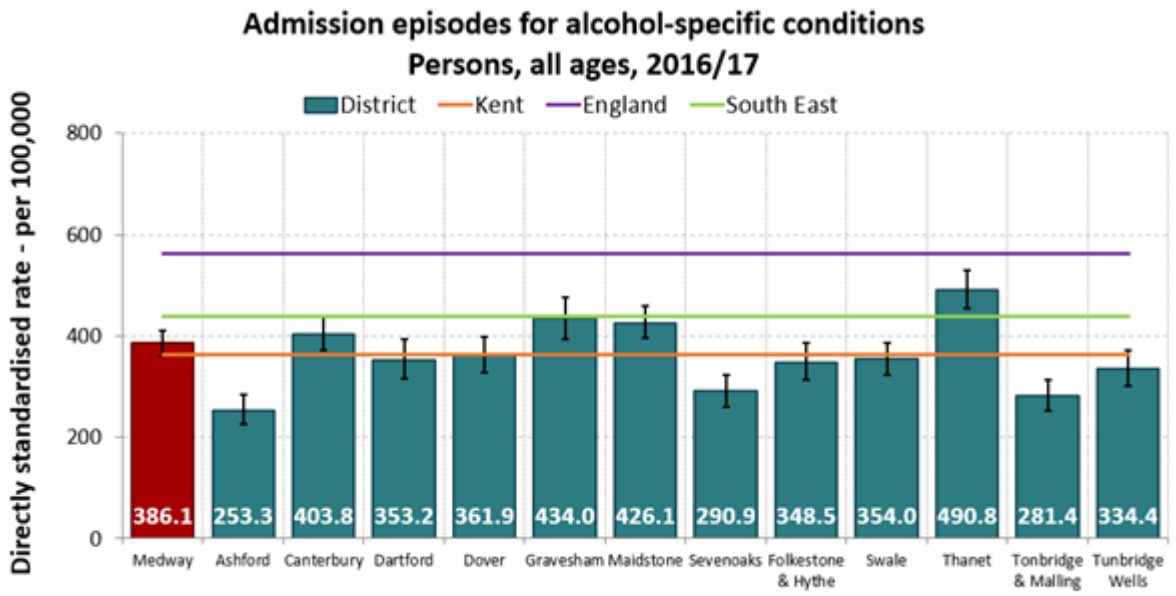
2.1.10 Although prevalence of high risk drinking is consistent across Kent and Medway, the harms are generally more marked in disadvantaged communities. In June 2016, Kent Public Health published "Mind the Gap: Health Inequalities Action Plan for Kent[18]". This report outlines the key wards and populations in Kent who are at risk, for example Margate Central and Folkestone. The report urges local communities to work in partnership to tackle some of the reasons why people in disadvantaged communities have greater harms than others, e.g. greater availability of poor quality alcohol, higher levels of stress, family breakdown, social isolation and increased crime and violence. The report recommended targeting men from vulnerable communities as they are at higher risk of early death.

2.1.11 An estimated 11% of the Kent and Medway population have mild dependency to alcohol, this group of people will find it hard to cut down consumption without help and support. As Kent is a large area with complex demographic, it is important to segment the population in local plans. The ONS survey "Adult Drinking Habits in 2017"[19] showed that in the 'mild dependency' group, those with higher wages and professional jobs were more likely to report drinking every day. Poorer and younger people were more likely to 'binge drink'. These variances need to be taken account of in developing local plans.

2.1.12 There are around 130,000 severely dependent drinkers in Kent and 23,000 in Medway, equating to 4% of the population. An estimated 1% of the population have severe and complex dependency. It is difficult to obtain accurate data on this group because they are often the most socially excluded. Appendix 2 summarises the rates of risky drinking in Kent and Medway. It is estimated that a quarter of people drink at levels above those recommended. 12,689 adults in Medway and 70,000 adults in Kent are drinking at higher risk levels (double the recommended safe levels or above). An estimated 19% are binge drinkers.

2.2 **Alcohol and Hospital Admissions**

2.2.1 Hospital admissions for alcohol-specific conditions in Kent have remained at a similar rate over time from 2009 to 2016. Medway has also kept below the national rates over time, however there was an increase in Medway rates in 2015/16. Both Kent and Medway are below the national hospital admission rates (Chart 2). In the vast majority of the alcohol-related and alcohol-specific hospital admission conditions, the rate for men is at least double the rate for women, but the rate for both men and women is rising, as it is nationally.

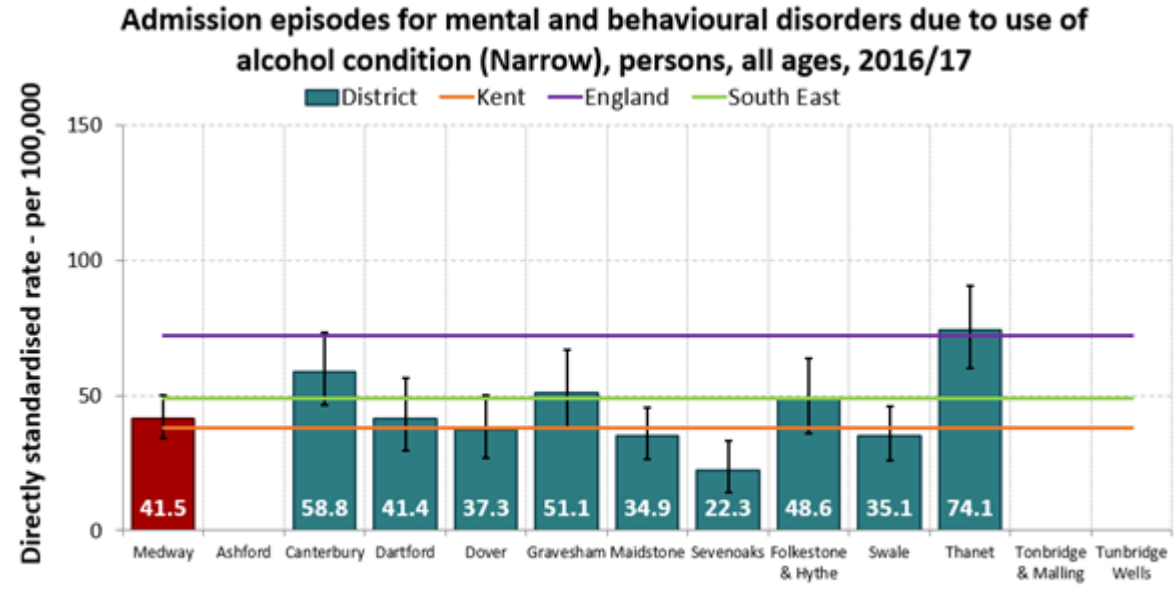


Source - PHE, prepared by KPHO (MP) Jan 2019

Chart 2: Admission episodes for alcohol-specific conditions. Persons, all ages, 2016/17

2.2.2 In 2017/18, Kent rate of hospital admission episodes for alcohol related conditions is 1,226 per 100,000 for women and 2,540 per 100,000 for men. Medway the rates are 1,372 per 100,000 for women and 2,723 for men.

2.2.3 For hospital admissions due to alcohol related mental and behavioral disorders a considerable variation in rates can be seen across Kent and Medway. Thanet and Canterbury have higher than regional average rates of admission compared to Kent and Medway as a whole (Chart 3). Sevenoaks is an outlier and has the lowest admission rate; this skews the Kent average value.



Source - PHE, prepared by KPHO (MP) Jan 2019

* Districts with insufficient data are not shown

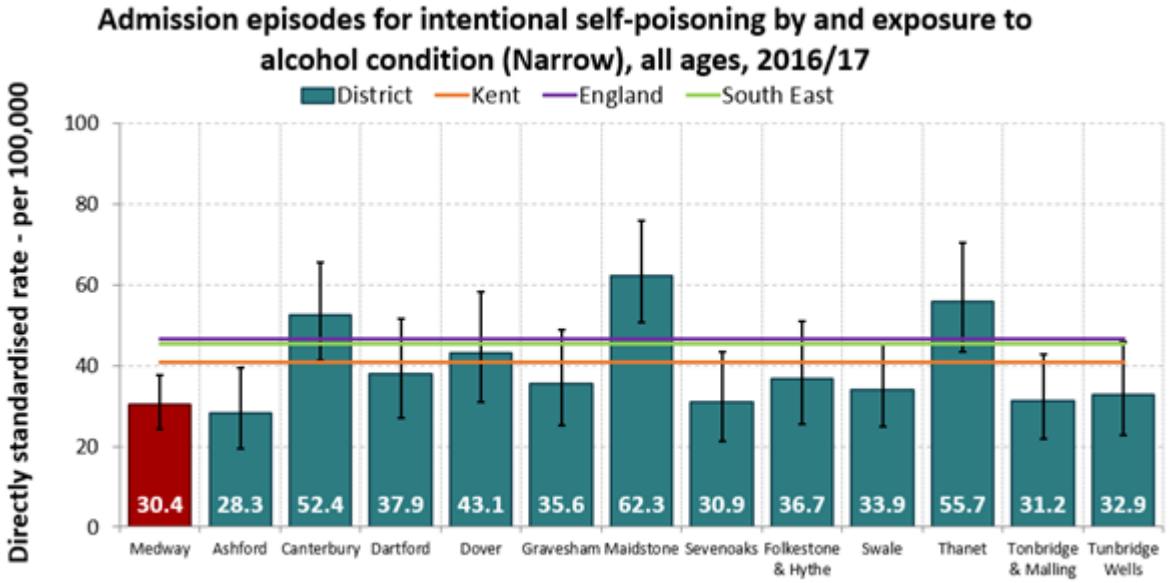
Chart 3: Admission episodes for mental and behavioural disorders due to use of alcohol condition. Persons all ages, 2016/17

2.3 Alcohol and Mental Health, Suicide and Self-harm

2.3.1 People with mental health issues, who are not accessing care, are known to self-medicate with alcohol[20]. Co-occurring conditions (Dual Diagnosis) refers to the co-existence of mental health and substance misuse problems. Problematic substance use is one of the most common co-morbid conditions among people with a major mental illness, with prevalence of mental health of around 75% in users of drug services; and 85% among users of alcohol services[21].

2.3.2 In Kent the Treatment Substance Misuse Suicidality Audit in 2018 found that 15% to 25% of clients had suicide intent and 41% reported a mental health diagnosis. National research[22,23] shows 24% of all suicide cases were reported to have taken alcohol at the time of death.

2.3.3 The rates of self-poisoning in Kent and Medway have a high and statistically significant variation. Maidstone has the highest rates, followed by Thanet and Canterbury (Chart 4).

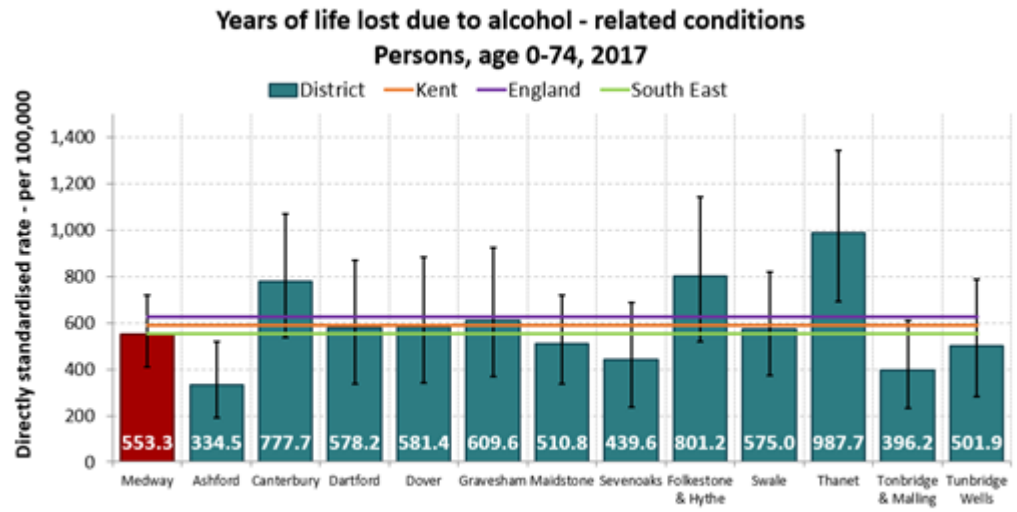


Source - PHE, prepared by KPHO (MP) Jan 2019

Chart 4: Admission episodes for intentional self-poisoning by and exposure to alcohol condition, all ages, 2016/17

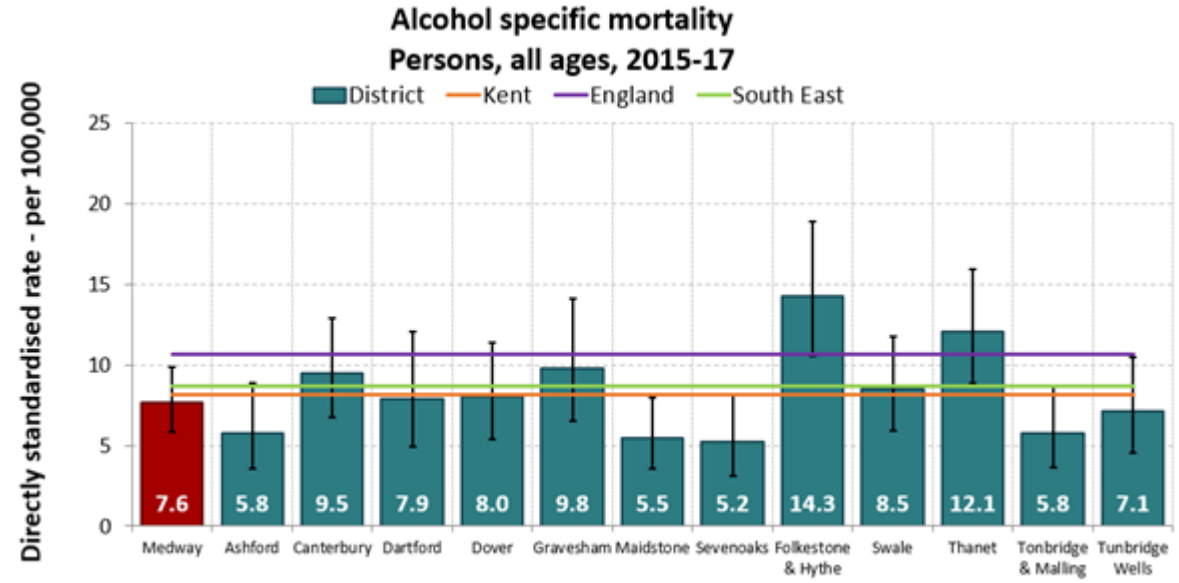
2.4 Alcohol and Physical Health

2.4.1 The most economically deprived districts in Kent, particularly Canterbury, Folkestone & Hythe and Thanet have high rates of years of life lost due to Alcohol, compared with the England average (Chart 5). Alcohol specific mortality, where death is directly attributed to Alcohol (Chart 6) indicates there are four districts above the South East average; Canterbury, Gravesham, Folkestone & Hythe and Thanet.



Source - PHE, prepared by KPHO (MP) Jan 2019

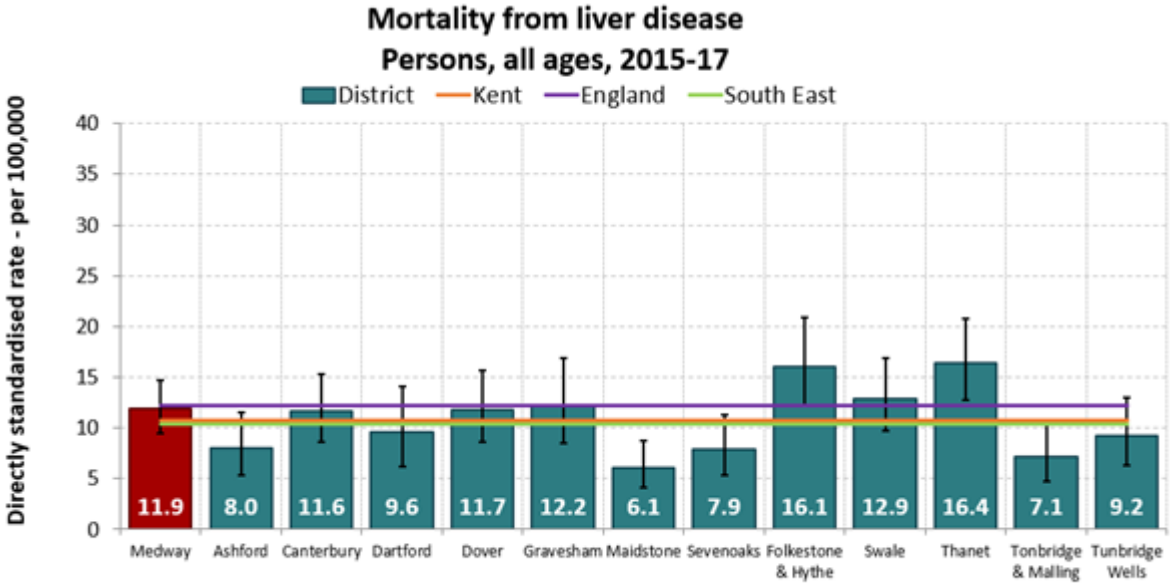
Chart 5: Years of life lost due to alcohol related conditions. Persons, age 0-74, 2017



Source - PHE, prepared by KPHO (MP) Jan 2019

Chart 6: Alcohol specific mortality. Persons, all ages, 2015/17

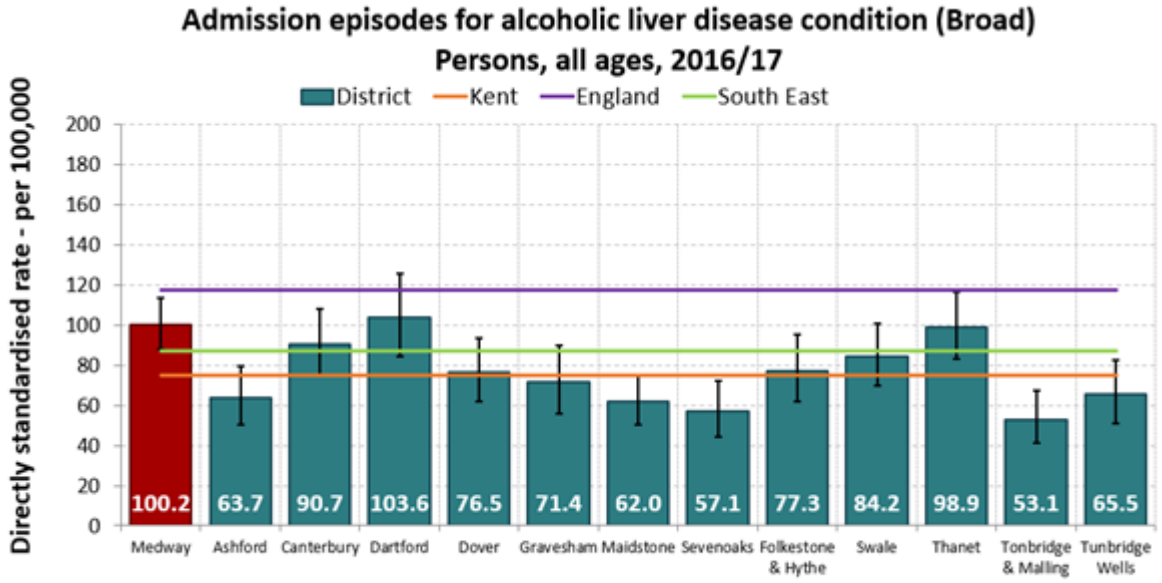
2.4.2 In 2017, deaths due to alcohol were highest in women aged 55-59 and to men aged 60+[24]. Death and illness caused from excessive drinking in these age groups are also linked to mental and physical illnesses[25]. Excessive alcohol consumption can lead to liver disease. Medway has had higher, but falling, liver disease mortality rates than the Kent average. In Kent, there is considerable variation across districts for liver disease deaths with Folkestone & Hythe, Thanet and Swale having the higher rates (Chart 7).



Source - PHE, prepared by KPHO (MP) Jan 2019

Chart 7: Mortality from liver disease. Persons, all ages, 2015-17

2.4.3 Chart 8 shows the 2016/17 position relating to hospital admissions due to alcoholic liver disease.



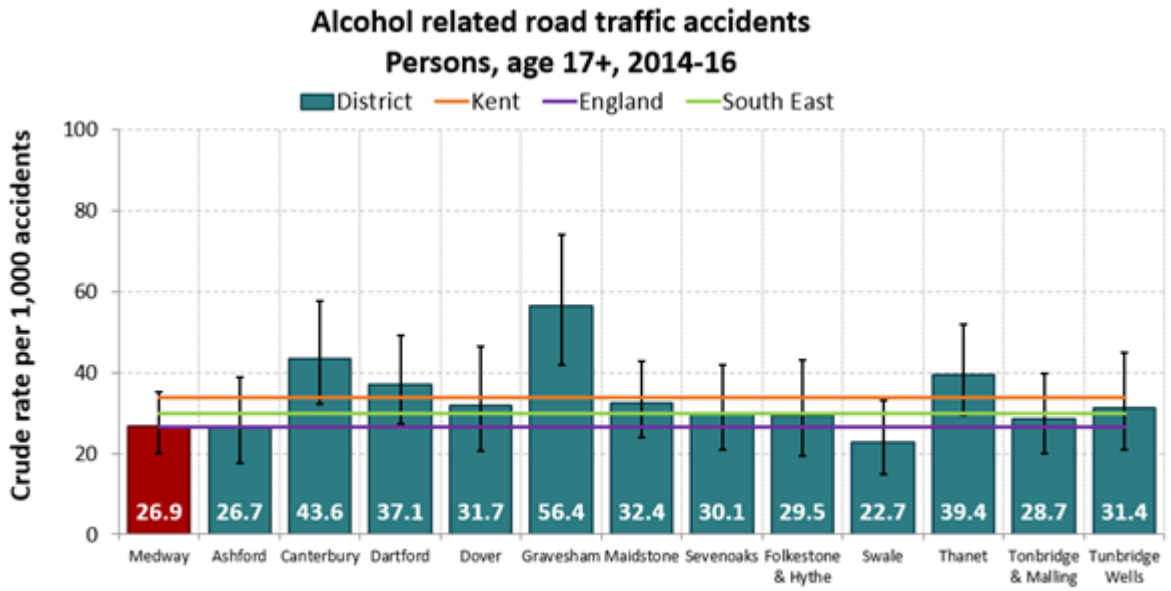
Source - PHE, prepared by KPHO (MP) Jan 2019

Chart 8: Admission episodes for alcoholic liver disease condition (Broad). Persons, all ages, 2016/17

2.5 Alcohol and its impact on society

2.5.1 It is not only the person who consumes the alcohol that is impacted by alcohol related harm. National Drug Treatment Monitoring System (NDTMS) indicates in Q4 2018/19 in Kent 23.2% and in Medway 24.7% of individuals entering treatment for alcohol misuse lived with children, this compares to the England average of 23.3%

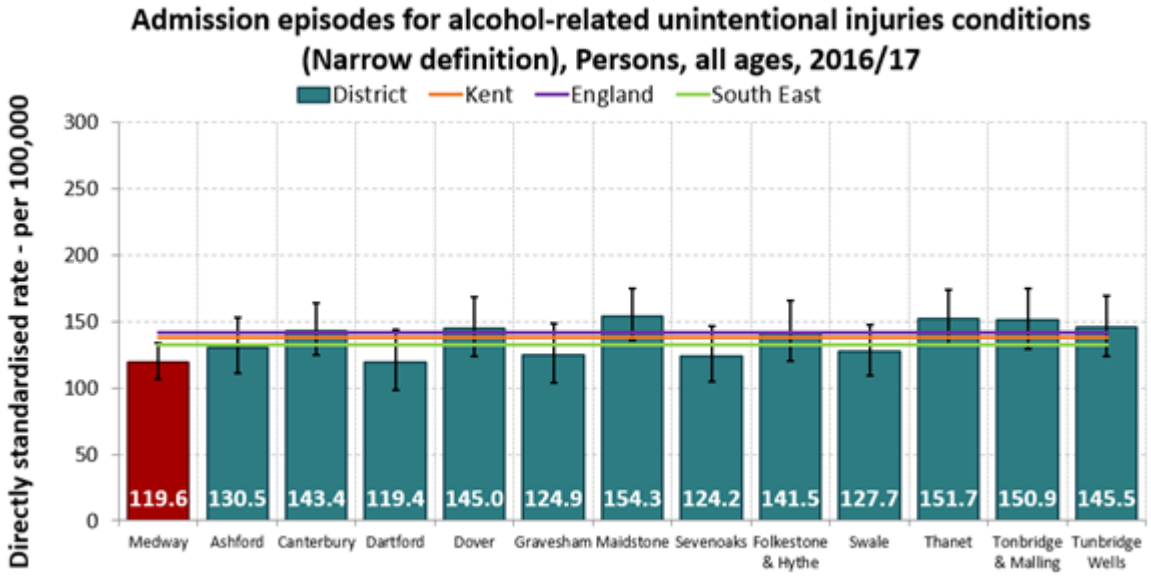
2.5.2 Alcohol related road traffic collision rates are also significantly higher in Kent than the South East and England average[26], (Chart 9), Medway rates are in line with the rest of England.



Source - PHE, prepared by KPHO (MP) Jan 2019

Chart 9: Alcohol related road traffic accidents. Persons, age 17+, 2014-16

2.5.3 The rates for alcohol related unintentional injuries in Kent and Medway are similar to the England and regional rates (Chart 10).



Source - PHE, prepared by KPHO (MP) Jan 2019

Chart 10: Admission episodes for alcohol-related unintentional injuries conditions, Persons, all ages, 2016/17

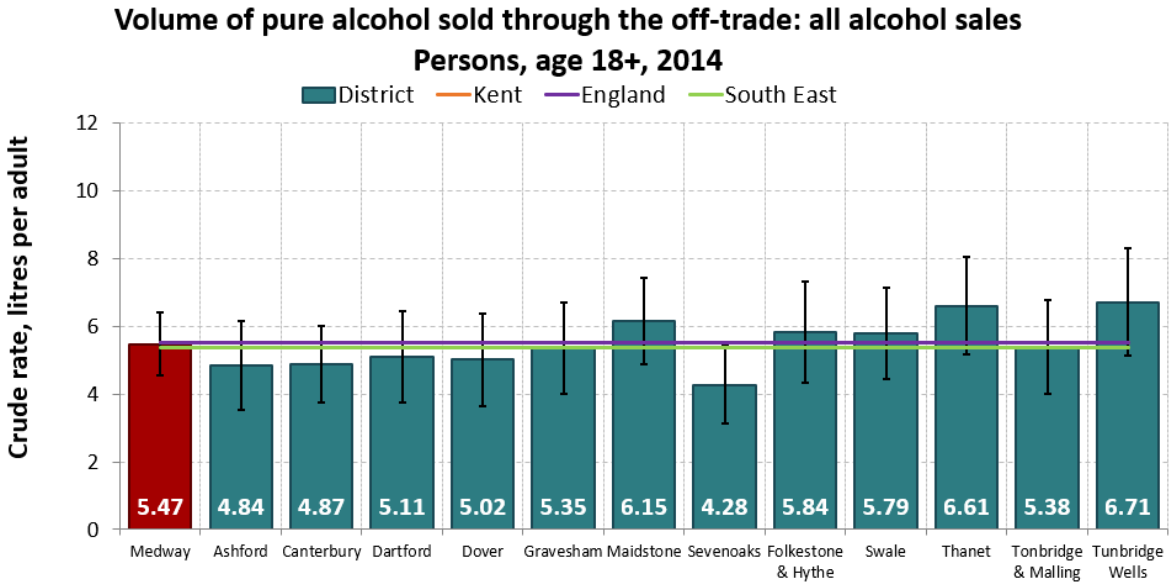
3. Advice and analysis

3.1 Four factors relevant to reducing alcohol consumption are considered in this section.

1. Availability
2. Normalisation and awareness
3. Social impact and crime reduction
4. Treatment provision

Factor 1: Availability
Alcohol is affordable and accessible.

3.2 In the UK, price of alcohol relative to income has fallen and continues to fall. This increases the accessibility for people from more deprived communities, thereby adding to other health inequalities. However, off sales are not significantly different from South East and England averages (Chart 11).



Source - PHE, prepared by KPHO (MP) Jan 2019

Chart 11: Volume of pure alcohol sold through the off-trade: all alcohol sales. Persons age 18+, 2014

3.3 Minimum Unit Pricing (MUP) is a recognised strategy to reduce the availability of cheap alcohol. The Royal Society for Public Health (RSPH) has called for an MUP in England, but although there is a MUP in Scotland and one expected in Wales, there are currently no plans for this to happen in England.

3.4 Community Alcohol Partnerships (CAP) are local voluntary schemes to limit cheap, high strength alcohol and have been used in Kent. These form a key strategic link between police and trading standards. They aim to change attitudes to drinking by informing, and advising young people on sensible drinking, supporting retailers to prevent sales of alcohol to underage drinkers, promoting responsible socialising and empowering local communities to tackle alcohol-related issues. A dedicated CAP coordinator has been appointed in Kent.

3.5 Medway have written and issued a Statement of Licensing Policy. Where an application is within a Cumulative Impact Policy (CIP) or Stress Area, conditions may be applied to restrict the sales of cheap, high strength alcohol.

3.6 Both Kent and Medway Trading Standards services carry test-purchasing operations where there are continuing problems of young people having access to alcohol. They also work proactively with businesses to prevent under-age sales.

3.7 Kent Police lead on enforcement, working on preventing, reducing and detecting crime and disorder. They have led work that targeted and specified operations to address identified issues in licensed premises, supporting Trading Standards with test purchasing operations and supporting other licensing initiatives.

Factor 2: Normalisation and awareness
Identification and Brief Advice is delivered in a variety of ways and is the most common intervention to identify potential of alcohol harms with individuals

3.8 Identification and Brief Advice (IBA) are used to bring about population and individual awareness of alcohol consumption harms; it is a quick, effective, cost effective and evidenced based intervention. Medway have trained frontline staff to deliver IBAs with the aim of increasing the availability of IBA beyond traditional substance misuse and healthy lifestyles services. In Kent, services are commissioned differently to Medway, and the One You Lifestyle Service (Kent Community Health Trust) is commissioned to deliver IBA's, alongside hospitals and primary care.

3.9 Alcohol IBAs are part of the NHS Health Check programme meaning GPs are trained to deliver IBA as part of this national programme to residents over the age of 40.

3.10 Online IBA, 'Know your Score' (Kent), 'Don't Bottle it Up' (Medway) and 'Lower My Drinking' (Medway) activity is set out in Appendix 3 along with screen shots for 'Know Your Score' and 'Lower My Drinking'.

3.11 Lower My Drinking, comprises of an online screening tool and a phone app to deliver Extended Identification and Brief Advice. This enables individuals to self-manage their alcohol reduction over a 4-week period.

3.12 In local schools, supported accommodation and youth clubs, the Medway young people's substance misuse service deliver groups offering: Substance misuse awareness; the law; harm prevention; making and accepting referrals. Medway Public Health have developed a PHSE resource that includes alcohol awareness; training and materials are made available to Medway Schools.

3.13 An Alcohol CQUIN (Commissioning for Quality and Innovation) indicator has been used in hospital settings and all hospitals in Kent are performing to the 10% year on year improvement for delivering on IBA.

3.14 In 2015, two pilot programmes were introduced to investigate how best to embed Alcohol Liaison Nurses in Kent Hospitals. In Maidstone Hospital there was an in-reach programme where nurses from West Kent Alcohol Treatment (CGL) linked with the hospitals and in East Kent a team of hospital Alcohol Nurses were embedded. During the pilot the referrals from hospital to treatment increased by 80%. Medway have also trialled hospital based Alcohol Nurses with limited success. Due to increased service pressures, the hospital liaison services are much reduced.

3.15 Protocols exist between mental health and substance misuse treatment services but there is still work to be done to embed these into practice. Anecdotal evidence suggests that those with co-occurring conditions still have difficulty accessing appropriate services.

3.16 'Men's Sheds' in both Kent and Medway is aimed at reducing social isolation and improving wellbeing and mental wellbeing among men who are out of work or retired. It is not primarily a diversionary activity away from alcohol although anecdotal evidence exists that it has helped healthy lifestyle changes including reducing alcohol consumption.

Factor 3: Social Impact and Crime and Disorder
Partnership and multi-agency projects are being established to reduce alcohol harms, social impact and crime and disorder.

3.17 In Medway, outreach to the parks and play areas, youth clubs, Luton area and Gillingham has been undertaken with Youth Services; the substance of choice appeared to be mostly cannabis with only a small number using alcohol. In Medway, 65% (n=53/81) of young people who entered structured treatment services Q1-3 2018/19 reported alcohol use compared to 81% who used cannabis. None of those using alcohol were defined as high-risk alcohol users. Of those reporting alcohol use the mean average age of first use 12.5 years.

3.18 In Medway, the young people's substance misuse service are beginning to develop collaborative working practices with sexual health outreach in clubs that hold U18 events. Street Pastors are faith based groups and operate in several locations across Kent and Medway. Due to the voluntary nature of these groups there is likely to be differing levels of activity between areas. The Medway Street Pastors aim to patrol Rochester High Street between 10.30pm and 4am every Saturday night.

3.19 National Health Service England (NHSE) have recommissioned the Liaison and Diversion Service with KMPT, a remodeled service is due in April 2019. Historically, the service has focused on identifying those with mental health or learning disabilities who enter the criminal justice system. The remit has now been extended so that the service will support the delivery of the Drug Testing on Arrest scheme in custody suites.

3.20 The 'Through the gate project' delivered by Kent, Surrey, Sussex Community Rehabilitation Company (KSSCRC) with Ministry of Justice funding is being updated with additional funding, staff and refreshed anticipated outcomes. This work builds on the early engagement of people leaving custodial sentences which has already taken place between prison and community based treatment

providers. Currently, Kent services engage with 31% of those released from custody and Medway 57.3% (Appendix 1 PHOF 2.16).

3.21 The Blue Light Project in Medway supports those facing severe and multiple disadvantage (substance misuse, involvement in the criminal justice system and homelessness) by way of a multi-agency team. Agencies supporting the work include Police, treatment providers, Community Rehabilitation Company (CRC), housing providers, mental health support providers, homeless outreach services and charitable organisations.

3.22 The number of Alcohol Treatment Requirements (ATR) issued by the courts has reduced. Additional work is required by court staff / CRC to ensure that those suitable to receive an ATR are given one.

3.23 The new Kent Drug and Alcohol Strategy Action Plan will have actions to tackle the social impact of alcohol related harm. The Plan will be dynamic, developing as local action plans mature. Although in early stages of implementation, the Plan draws together and builds on current strategic local work across Kent. There are 6 proposed workstreams set out in Table 2.

Workstream	**Focus**
Commissioning quality outcomes for adults and children with treatment needs	Improving the quality and focus of treatment services and how they work together with NHS and other services.
Preventing children and young people's harms from substance misuse	Schools based work, local strategy on gang related harm, street based work (including local pastors and community wardens), training front line providers in tackling adverse childhood experiences and highlighting where children are vulnerable to alcohol related harm, the 'Licence to Kill' film which raises awareness of drink driving to young people will also be reflected here.
Promoting positive health outcomes for adults	Bring together peer support and mentoring programmes e.g. 'Kent Men's Sheds', places where men can support each other. This Workstream will utilise local assets.
Protecting the most vulnerable	Led by local community safety partnerships and link to homelessness grants, blue light principles and Housing First models. Also, partnership working with social services and safeguarding.
Kent County Wide Safety Partnership	Partnership working with Office of the Police Crime Commissioner. Domestic violence, street triage, trading standards and work with community wardens will be reflected here.
Sharing information and data, improving evidence and learning across partnerships	What works in reducing drug and alcohol deaths

Table 2: Kent Drug and Alcohol Strategy Action Plan

Factor 4: Treatment Provision
High quality treatment services are available and effective when people access them.

3.24 NICE Clinical Guideline CG115 recommends harmful and mildly dependent drinkers receive a treatment intervention lasting three months, those with moderate and severe dependence should receive treatment for a minimum of six months, while those with higher or complex needs may need longer in specialist treatment. Patients are being seen for initial assessments in an appropriate timescale.

3.25 As part of the NHS Long Term Plan[11] there is a pledge to introduce Alcohol Care Teams in those hospitals with the highest rate of alcohol dependence-related admissions. Hospital admissions in both Kent and Medway are lower than the England Average.

3.26 Treatment services are a specialist resource and historically models of care have been geared towards opiate addiction. More recently, there has been a trend of more holistic care for people who misuse alcohol which includes trauma informed care and mental health. Protocols are in place between treatment service providers and mental health services for individuals facing co-occurring conditions. However, some evidence exists that indicates these protocols are not as effective as intended, particularly at lower levels of complexity. Medway have commissioned an insights report into common mental health disorders and alcohol (plus other easy to obtain substances) to identify the level of need and the suitability of services. The report will be available in March 2019**.**

3.27 National Drug Treatment Monitoring System (NDTMS) data shows that both Kent and Medway treatment services achieve good completion of treatment rates (Table 3) and 37.5% of clients become abstinent in post treatment, which is above the expected range for both services[27]. Representations (based on low numbers and therefore subject to large % changes) are 9.6% for Kent and 3.3% for Medway.

	In treatment for Alcohol	Successful Completions	% successful completions
Kent	1464	583	39.8%
Medway	221	128	57.9%

Source NDTMS Q4 2017/18 DOMES report
Table 3: Kent and Medway treatment rates

3.28 A GP practice in Medway is piloting an intervention to meet the needs of patients identified as being at increasing risk of alcohol harm. The treatment service provider will be embedding a member of staff at the practice for 1 day per week to enable rapid and direct referral for alcohol treatment.

Challenge

3.29 Tackling alcohol consumption and associated harms is challenging. Alcohol is an accepted part of English culture and for some people provides an important way to socialise and relax. Alcohol sales and associated industries provide employment and revenue for Local Authority areas. However, there are a

significant group of people who will have social anxiety, depression, childhood trauma, adult traumas as well as a genetic predisposition to have little ability to control their drinking. Alcohol is a depressant and in high doses, a psychoactive substance and can lead some to impulsivity, aggression, violence, neglect and death. Long-term consequences of alcohol consumption in an older population can also take a physical toll and lead to early death.

3.30 It will be vital for Public Health, commissioners and providers to work closely with the local NHS, to support the NHS Long Term Plan commitments on reducing health inequality and alcohol related harm. Kent and Medway are unlikely to benefit from increased NHS funding for alcohol prevention. Aligning resources across acute NHS treatment, mental health services and Kent and Medway Public Health provides the greatest potential to maximise impact of existing resources. Work will take place across Kent and Medway Public Health to implement the NHS Long Term Plan pledge of streaming transition from alcohol treatment to community recovery services alongside NHS services.

3.31 Tackling excess alcohol consumption and harms requires a cross agency and coordinated approach. Based on the Advice and Analysis it is recommended that the Kent and Medway Joint Health and Wellbeing Board consider the following priority areas:

- **Availability/ affordability of alcohol:** The effectiveness of Cumulative Impact Policies, Community Alcohol Partnerships and other interventions should be evaluated and best practice implemented. This should underpin attempts to influence the availability and affordability of alcohol.

- **Normalisation and awareness of alcohol harms:** IBA and access to Extended Brief Interventions should be promoted by all publicly funded services. Alcohol consumption is socially acceptable and normalised; additional campaigns are necessary to compete with historic norms and the amount spent by industry advertising.

- **Social Impact:** There is a strong role for community safety partnerships, trading standards, licensing and health. Efforts should be made to increase cross organisation working to recognise that crime, disorder and other alcohol related health harms all have a root cause.

- **Treatment:** Holistic care for the most vulnerable people. The majority of people with alcohol problems will be seen in primary care; GPs need support, training and multi-agency involvement to cope with the high demand. Some will be accessing mental health services and the co-occurring protocols should be reissued and their implementation monitored.

4. Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Alcohol consumption is not reduced	Alcohol Harms including Physical Health, Mental Health and Social Disorder will continue on the same trajectory unless people of Kent and Medway reduce the quantity of alcohol they consume.	Collaborative working across the entire system to reduce availability of alcohol. Continue delivery of IBA (or similar) to promote behaviour change. Use Licensing Policy to reduce access to High Strength / Low cost alcohol.	B2
Co-Occurring conditions not adequately supported	Those with the co-occurring conditions of substance misuse and mental health may not receive appropriate support or treatment.	Policies are in place to address but an additional and constant push is necessary to ensure implementation by providers. Medway Needs Assessment likely to identify good practice and gaps in provision for those with Common Mental Health disorders and alcohol misuse.	B2
Reduction in budget	Any further reduction in budget could limit provider's ability to meet the need.	Services have recently been re-commissioned which will give a period of stability. Development and introduction of online services to enable 'self-managed care' for those at lower risk.	C2

5. Legal implications

5.1 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.

5.2 The Joint Board operates 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 Sustainability and Transformation Partnership Plans. In accordance with the terms of reference of the Kent and Medway Joint Health and Wellbeing Board, the Joint Board may consider and seek to influence the work of the STP focusing on prevention, local care and wellbeing across Kent and Medway.

5.3 The Joint Board is advisory and may make recommendations to the Kent and Medway Health and Wellbeing Boards.

6. Financial implications

6.1 There are no financial implications arising directly from this report.

7. Recommendations

7.1 The Kent and Medway Joint Health and Wellbeing Board is asked to consider the report and provide their support for:

7.1.1 Promotion of collaborative working between organisations (including Public Health, Licensing, Police, Trading Standards, Planning and Regeneration) to limit availability and minimise the social impact of High Strength / Low Cost Alcohol.

7.1.2 A call for the Co-Occurring (Dual Diagnosis) protocols between Substance Misuse Treatment Services, Mental Health Services and Primary Care to be updated, reissued and a mechanism be put in place to measure their use.

Lead officer contact

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Appendices

Appendix 1 – Key PHOF Indicator data.
Appendix 2 – The Estimated Pattern of Severity of Risky Drinking
Appendix 3 – Identification and brief advice

Background papers

The Government's Alcohol Strategy
Available at:
https://www.gov.uk/government/publications/alcohol-strategy

UK Chief Medical Officers' Low Risk Drinking Guidelines
Available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/545937/UK_CMOs__report.pdf

Alcohol-use disorders: prevention
Available at:
https://www.nice.org.uk/guidance/ph24

Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence
Available at:
https://www.nice.org.uk/guidance/cg115

Drug misuse and dependence: UK guidelines on clinical management
Available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf

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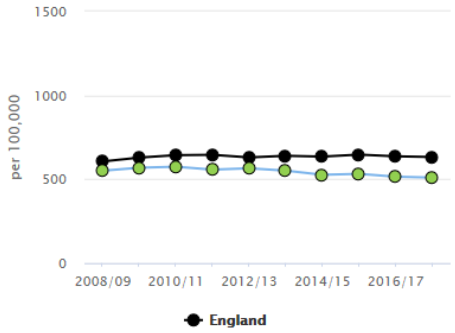
Appendix 1 – Key PHOF Indicator data
Data available at: https://fingertips.phe.org.uk/

2.18 - Admission episodes for alcohol-related conditions - narrow definition New data Kent Directly standardised rate - per 100,000

Export chart as image Show confidence intervals



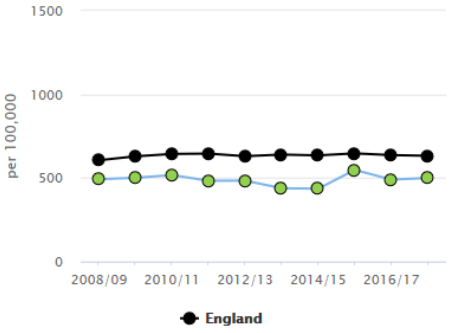
Recent trend: –

Period		Count	Value	Lower CI	Upper CI	South East	England
2008/09		7,554	551	538	563	493	606
2009/10		7,891	568	556	581	506	629
2010/11		8,077	574	562	587	518	643
2011/12		7,933	557	545	570	524	645
2012/13		8,134	565	553	578	513	630
2013/14		8,021	551	539	563	525	640
2014/15		7,771	526	515	538	519	635
2015/16		7,937	532	520	544	526	647
2016/17		7,785	515	504	527	525	636
2017/18		7,789	510	498	521	515	632

Source: Calculated by Public Health England: Risk Factors Intelligence (RFI) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

2.18 - Admission episodes for alcohol-related conditions - narrow definition New data Medway Directly standardised rate - per 100,000

Export chart as image Show confidence intervals



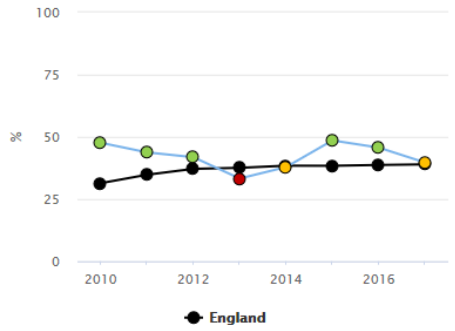
Recent trend: –

Period		Count	Value	Lower CI	Upper CI	South East	England
2008/09		1,180	492	464	522	493	606
2009/10		1,210	501	472	531	506	629
2010/11		1,264	517	488	547	518	643
2011/12		1,174	483	455	512	524	645
2012/13		1,189	484	456	512	513	630
2013/14		1,090	438	412	465	525	640
2014/15		1,080	435	409	462	519	635
2015/16		1,396	548	519	578	526	647
2016/17		1,249	490	463	518	525	636
2017/18		1,287	499	472	528	515	632

Source: Calculated by Public Health England: Risk Factors Intelligence (RFI) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

2.15iii - Successful completion of alcohol treatment Kent Proportion - %

Export chart as image Show confidence intervals



Recent trend: ↑

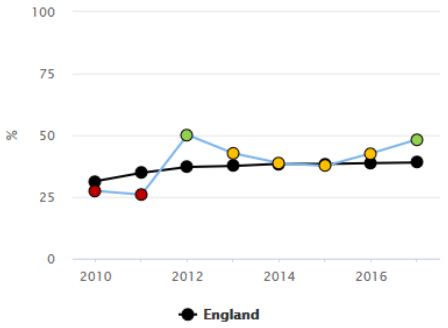
Period		Count	Value	Lower CI	Upper CI	South East	England
2010		710	47.6	45.1	50.2	34.3	31.4
2011		724	43.7	41.4	46.1	34.6	34.8
2012		664	41.8	39.4	44.3	36.5	37.1
2013		514	33.2	30.9	35.6	37.7	37.5
2014		678	37.8	35.6	40.1	36.2	38.4
2015		1,036	48.5	46.4	50.7	40.5	38.4
2016		770	45.7	43.3	48.1	40.2	38.7
2017		600	39.7	37.2	42.1	35.3	38.9

Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the National Drug Treatment Monitoring System

2.15iii - Successful completion of alcohol treatment Medway

Proportion - %

Export chart as image Show confidence intervals



Recent trend:

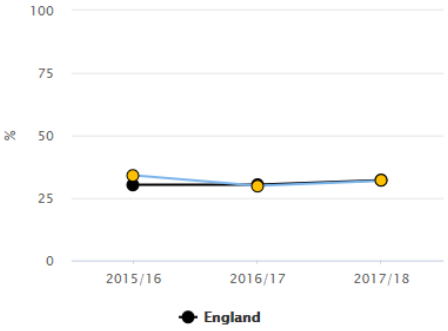
Period		Count	Value	Lower CI	Upper CI	South East	England
2010		157	27.4	24.0	31.2	34.3	31.4
2011		119	25.9	22.1	30.1	34.6	34.8
2012		203	50.1	45.3	55.0	36.5	37.1
2013		119	42.7	37.0	48.5	37.7	37.5
2014		122	38.7	33.5	44.2	36.2	38.4
2015		124	37.6	32.5	42.9	40.5	38.4
2016		134	42.7	37.3	48.2	40.2	38.7
2017		113	48.3	42.0	54.7	35.3	38.9

Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the National Drug Treatment Monitoring System

2.16 - Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison Kent

Proportion - %

Export chart as image Show confidence intervals



Recent trend: –

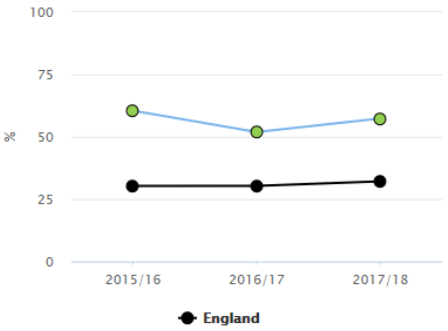
Period		Count	Value	Lower CI	Upper CI	South East	England
2015/16		171	34.1	30.1	38.3	29.4	30.3
2016/17		173	29.9	26.3	33.7	28.9	30.3
2017/18		166	31.9	28.0	36.0	32.1	32.1

Source: Calculated by Public Health England: Evidence Application Team using data from the National Drug Treatment Monitoring System (NDTMS).

2.16 - Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison Medway

Proportion - %

Export chart as image Show confidence intervals



Recent trend: –

Period		Count	Value	Lower CI	Upper CI	South East	England
2015/16		87	60.4	52.3	68.0	29.4	30.3
2016/17		83	51.9	44.2	59.5	28.9	30.3
2017/18		51	57.3	46.9	67.1	32.1	32.1

Source: Calculated by Public Health England: Evidence Application Team using data from the National Drug Treatment Monitoring System (NDTMS).

Appendix 2

The Estimated Pattern of Severity of Risky Drinking in Kent and Medway.

Medway Numbers	Kent Numbers	Type of Drinking	Rates %	Description of likely Harms	Alcohol Units consumed	Treatment (NICE guidance)
160724	898399	Lower Risk	75% of 18 + population	showing little or no harms from alcohol	under 14 per week	Awareness
36797	205686	Increasing Risk	17.4 % of 18+ population	Risk of falls, violence, obesity, hypertension, depression, CVD	14 to 30 units per week	Awareness and IBA, Lifestyle advice
12689	70926	Higher Risk	6% of 18+ population	Liver disease, gastric problems, mental illness, stoke.	30 to 50 units per week	Awareness, IBA, health check, IAPT, wellbeing services.
23262	130031	Moderate Dependence	11% of 18+ population (cohort of Higher risk)	Finding it hard to cut down, impact on family and loved ones, depression, violence.	30 +per week	Awareness, Self help groups, IBA, well being services, IAPT, specialist advice, recovery groups
8459	47284	Severe Dependence	4%	Anorexia, Depression, Dependence Syndrome, withdrawals, nausea, shaking, suicidal ideation, self harm, liver failure.	30+	IBA, Referral to specialist, Case Management, Support, Peer support, counselling, psychiatric monitoring, medication monitoring, lifestyle support, rehabilitation, range of recovery services.
2115	11821	Severe Dependence & Complex	1%-.5%	Homelessness, mental illness, drug, falls &injury, anorexia, cancer, suicide, liver disease, gastric, COPD, violence, pancreatic disease, injury, stroke.	30+	As above also social care support and assessment & Housing needs.

Source: Household Survey for England applied to Kent and Medway populations & Adult Psychiatric Morbidity Survey 2014 applied to Kent and Medway.

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Appendix 3

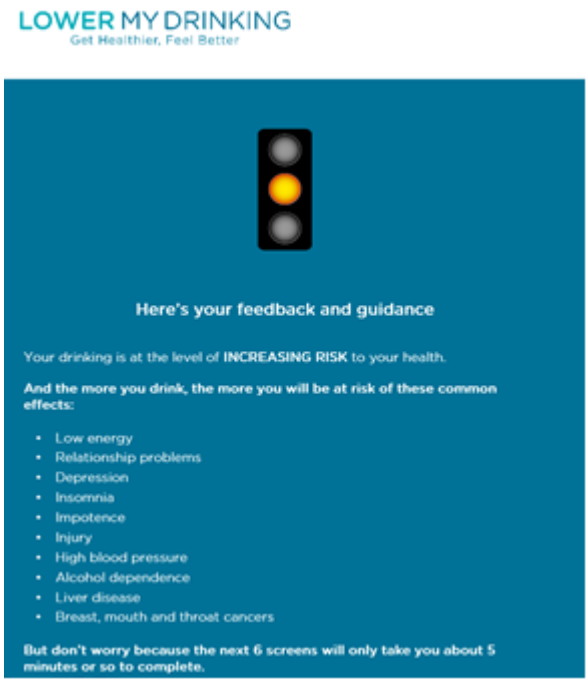
Identification and Brief Advice

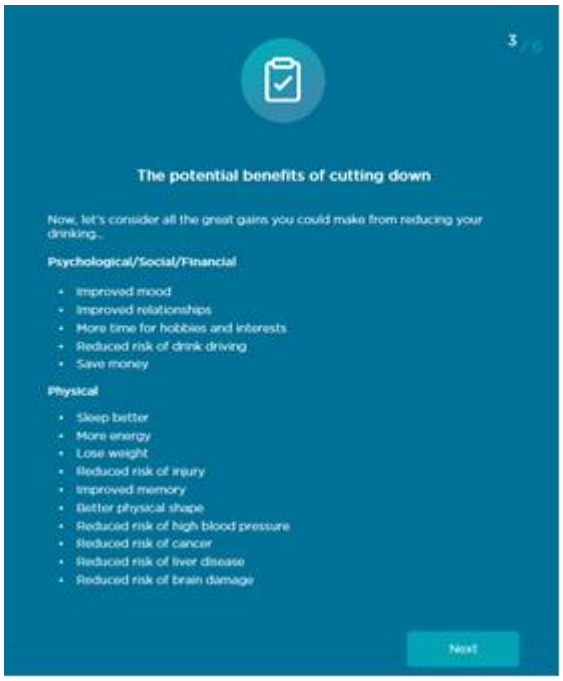
Kent			
	Visits to Know your Score website	Know Your Score Completions	Comments
2017	56,493	22,165	97% of people starting test completed it.
2018	42,960	19,900	
Medway			
	Don't Bottle it up Site visits	Don't Bottle it up Completions	Comments
2015/16	6466	1160	
2016/17	3514	1540	
2017/18	4321	1974	
2018/19 (part yr.)	3051	1218	DBIU contract ended Nov 2018
	Lower My Drinking Site Visits	Lower My Drinking Completions	
Since Dec 2018/19	156	145	LMD website went live Dec 2018

Online IBA, Know your Score (Kent), Don't Bottle it up and Lower My Drinking (Medway) activity

Screen shots of Know Your Score (Kent)

Screen shots from ‘Lower My Drinking’ (Medway)





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[1]https://www.thelancet.com/article/S0140-6736(18)31310-2/fulltext

[2]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/98026/drug-strategy-2010.pdf

[3]https://www.legislation.gov.uk/ukpga/2012/7/contents/enacted

[4]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/224075/alcohol-strategy.pdf

[5] https://democracy.kent.gov.uk/documents/s77730/B7%20-%20Appendix%203%20-%20Kent%20Alcohol%20and%20Drug%20Strategy%20Final.pdf

[6]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/509831/6.1770_Modern_Crime_Prevention_Strategy_final_WEB_version.pdf

[7] http://www.legislation.gov.uk/ukpga/2017/3/contents/enacted

[8] http://kentandmedway.nhs.uk/wp-content/uploads/2017/03/20161021-Kent-and-Medway-STP-draft-as-submitted-ii.pdf

[9] https://www.kent-pcc.gov.uk/getmedia/74246ee9-38f0-4d1e-9b27-d8a9075bd708/Safer-in-Kent-2018_final.pdf

[10]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/698009/serious-violence-strategy.pdf

[11] https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

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[14] https://www.gov.uk/government/publications/public-health-outcomes-framework-2016-to-2019

[15] https://www.drinkaware.co.uk/alcohol-facts/alcoholic-drinks-units/what-is-an-alcohol-unit/

[16] http://healthsurvey.hscic.gov.uk/data-visualisation/data-visualisation/explore-the-trends/alcohol.aspx

[17] https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/our-invisible-addicts-2nd-edition-cr211-mar-2018

[18] https://www.kpho.org.uk/__data/assets/pdf_file/0011/58835/Mind-the-Gap-Analytical-Report-D2.pdf

[19] https://www.ons.gov.uk/releases/adultdrinkinghabitsingreatbritain2017

[20] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1361129/pdf/hesr_00345.pdf

[21] https://www.ncbi.nlm.nih.gov/pubmed/14519608

[22] http://www.dualdiagnosis.co.uk/uploads/documents/originals/5%20yr%20report%20-%20National%20Confidential%20Inquiry%20into%20Suicide%202001.pdf

[23] Suicide in Primary Care in England: 2002-2011. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness.
DO - 10.13140/RG.2.1.3106.3121

[24]https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2017

[25] http://www.mjmsr.net/article.asp?issn=0975-9727;year=2013;volume=4;issue=2;spage=68;epage=73;aulast=Chandini

[26] https://www.gov.uk/government/publications/alcohol-drugs-and-tobacco-commissioning-support-pack

[27] https://www.ndtms.net/

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KENT AND MEDWAY
JOINT HEALTH AND WELLBEING BOARD

19 MARCH 2019

SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) LOCAL CARE UPDATE

Report from: Caroline Selkirk, Managing Director East Kent Clinical Commissioning Group (CCG),

Ian Ayres, Managing Director Medway and North West Kent Clinical Commissioning Groups (CCGs)

Author: Cathy Bellman, STP Local Care Lead

Summary

As requested at the 14 December 2019 meeting of this Joint Board, this report will provide an update on:

- progress on Local Care including Local Care Implementation Board;
- Local Care deep dives; and
- progress on the Local Care delivery/outcomes framework.

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 and social care model that focuses on delivering 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 in their home setting.

1.2 Additionally, the Kent and Medway Case for Change identified the priority to develop more and better local care services. There are a number of workstreams within the Sustainability and Transformation Partnership, one of which is a dedicated Local Care workstream to deliver the Plan.

2. Update on Local Care Governance

2.1 As communicated to this Joint Board, on the 14 December 2018, the governance for Local Care has been reviewed as part of a wider review of the Kent and Medway STP governance. The aim being to ensure that there is no duplication with other forums and that there is clear accountability for Local Care.

2.2 The two changes, as follows:

I. A new, smaller, Local Care Board at a Kent and Medway level has been established, comprising senior leadership across the health and social care system. Membership represents the key organisations involved in the commissioning and delivery of local care services. The first meeting was held on the 7 February 2019, where the Terms of Reference was discussed; amended draft going to the April 2019 Local Care Board for ratification (see Appendix A of this report).

The two key functions of this smaller Board are;

- Holding CCG footprint Local Care Boards to account , - **Oversight**
- helping to create conditions for success – **Leadership**

II. Formation of a 'Learn and Share' forum; the value in the wide range of organisations and individuals within the outgoing Local Care Implementation Board (LCIB) has been acknowledged, with a decision made to maintain this group and extend existing membership to a wider cohort. The purpose of this forum to support Primary Care Network development in line with the NHS Long Term Plan[1], as an excellent vehicle to focus on;

- Progress across Kent and Medway
- Learning from other areas, nationally and internationally
- Ideas and examples of innovation.

(The first event is to be arranged for Spring 2019).

3. Local Care Deep Dives

3.1 For 2018/2019, the assurance of delivery of Local Care, against investment, was evidenced through the Local Care 'Deep Dives'.

3.2 As the Deep Dives were held after papers were presented for the 14 December 2018 Joint Board, a verbal update was provided to that Board, with a summary sent following the meeting (see Appendix C of this report).

3.3 The themes and actions from the Deep Dives were discussed at the 7 February 2019 meeting of the Local Care Board, in order to identify actions from the feedback, which will inform the overall Local Care work programme, aligning into other workstreams where appropriate. This will be a standing agenda item for the Local Care Board meetings, with progress reports to this Joint Board.

4. Progress on a Local Care Delivery Framework

4.1 It is important that across Local Care there is a consistent way of monitoring progress and agreeing a Local Care Delivery Framework.

[1] NHS Long Term Plan https://www.england.nhs.uk/long-term-plan/

4.2 The development of Local Care to date has delivered **The 8 core elements of the Dorothy model (adults with complex needs):**

1. Care and support planning with care navigation and case management
2. Self-care and management
3. Healthy living environment
4. Multi-Disciplinary Teams (MDTs), integrated health and social care into or coordinated closeto home
5. Single point of access
6. Rapid response
7. Discharge planning and reablement
8. Access to expert opinion and timely access to diagnostics

4.2.1 However, the ambitions for Dorothy have never been fully articulated and assigned performance measures to measure implementation and improvement. Part of the process in development of this has been dependent on the discussions, challenges and outputs from the abovementioned deep dives, in order to;

1. **Agree the ambitions** - a sense check of what we measure; and
2. **Track the 'nuts and bolts**' - on the delivery of Local Care.

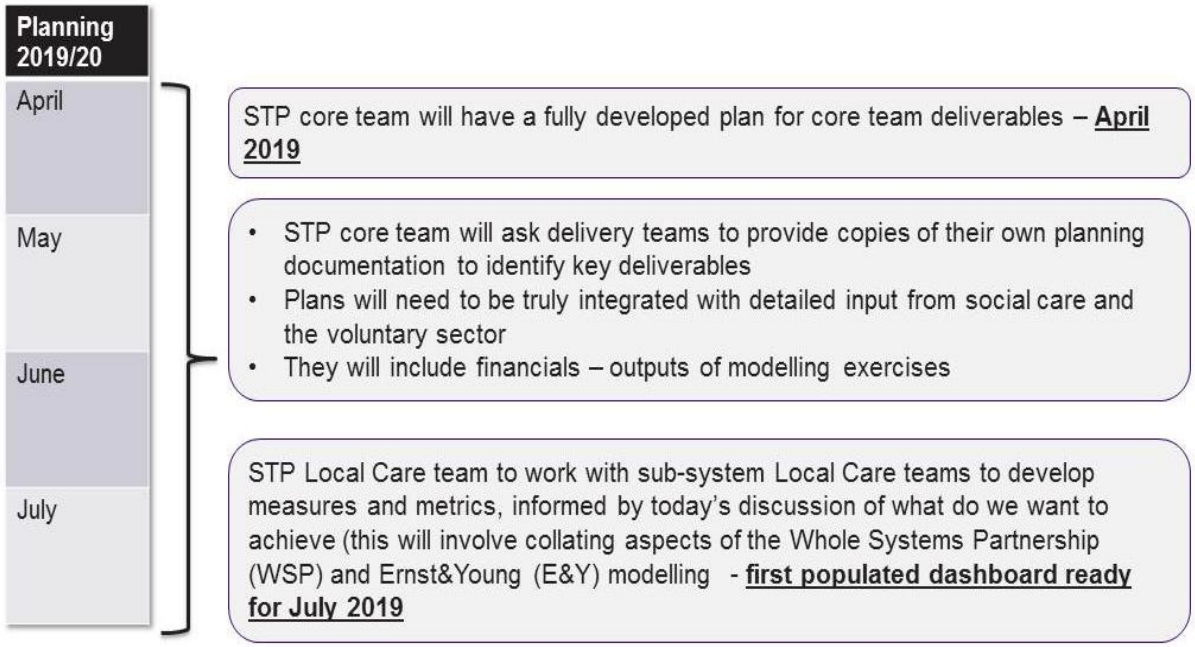
4.2.2 Sub-systems are now in the process of developing their **integrated** plans for 2019/20, and at the 7 February 2018 meeting of the new Local Care Board, there was discussion to agree;

- **The elements of 1. and 2. above, and**
- **The frequency of tracking (i.e. quarterly or more frequently)**

From which a Local Care **'Delivery Framework'** will be developed.

4.3 At the Local Care Board meeting 7 February 2019, it was agreed the STP Local Care team would collate the outputs from discussions with each locality to develop measures and metrics; collating work in Medway and North West Kent, by 'Whole Systems Partnership' (WSP), and in East Kent, by Ernst &Young (E&Y), to produce the **first populated dashboard** in **July 2019.** (See timeline below in Figure 1).

Figure 1: Timeline agreed by the Local Care Board 7 February 2019



4.4 **N.B. Tracking the above is different from the development of a Kent and Medway 'Outcomes Framework'** which will encompass elements from all workstreams, be aligned to the NHS Long Term Plan, and will demonstrate outcomes based on:

- overall population health;
- quality and efficiency of service provision;
- community activation; and
- systems and workforce.

(It is important to mention that the two pieces of work are not mutually exclusive; the Local Care Delivery Framework will feed into the overall Kent and Medway 'Outcomes Framework').

5. Risk management

5.1 The Local Care Implementation Board has regularly reviewed the overarching Local Care risk register. Going forward the risk register will be reviewed on an ongoing basis by the Local Care Board. As system level plans are developed the risk register will be updated.

6. Financial implications

6.1 As set out in previous reports to this Joint Board, the investment has been identified for Local Care in 2018/19, with clear timelines for identifying the key deliverables in 2019/20 and beyond. There will be a need to refresh the investment case in 19/20 alongside our response to the NHS Long Term Plan. There are no financial implications arising directly from this report i.e. notwithstanding the discussions happening elsewhere, this is an update report and there are no requests for resources.

7. Legal implications

7.1 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.

7.2 The Joint Board operates 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 Sustainability and Transformation Partnership Plans. In accordance with the terms of reference of the Kent and Medway Joint Health and Wellbeing Board, the Joint Board may consider and seek to influence the work of the STP focusing on prevention, local care and wellbeing across Kent and Medway.

7.3 The Joint Board is advisory and may make recommendations to the Kent and Medway Health and Wellbeing Boards.

8. Summary

8.1 Local Care is undergoing a period of transition, responding to local and national drivers and emerging partnerships; to this end there are changes to governance in an attempt to, provide both **oversight and leadership** for Local Care and avoid duplication across the system. The membership of the 'legacy' Local care Board will be extended and develop into a 'Learn and Share' forum across Kent and Medway.

8.2 The Local Care 'Deep Dives, have formed part of the overall governance and assurance for 2018/19, as well as help to shape the overall Delivery Framework. Development of a detailed action plan to address the key themes, raised during the 'Deep Dives', will form part of the Local Care workplan in 2019/20 and feed into the other workstreams as appropriate.

8.3 Timeframes for development and reporting against the Local Care Delivery Framework have been agreed. Work will continue to develop this, as a working document, in line with implementation plans for Local Care. Work will also continue with the Strategic Commissioner to align Local Care deliverables into a Kent and Medway population health 'Outcomes Framework'.

9. Recommendations

9.1 The Kent and Medway Joint Health and Wellbeing Board is asked to note the content of this report, in particular:

a) the update provided on the implementation and progress of the new Local Care Board and the proposed Kent and Medway wide Local Care/ Primary Care Network 'Learn and share' forums;

b) the outputs from the Local care 'Deep Dives', set out at Appendix B of the report and details provided on how the outputs are informing the Local Care work programme and other workstreams;

c) the approach to monitoring progress and agreeing a Local Care Delivery Framework, as set out in section 4 of the report; and

d) the difference between the Delivery Framework and the Kent and Medway overall population 'Outcomes Framework' which will be influenced by Local Care.

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Appendices

Appendix A – Draft Terms of Reference for the Local Care Board
Appendix B – Local Care Deep Dives

Background papers

Agenda and minutes of Kent and Medway Joint Board Meeting –14 December 2018
https://democracy.medway.gov.uk/ieListDocuments.aspx?CId=510&MId=4248

NHS Long Term Plan
https://www.england.nhs.uk/long-term-plan/

Appendix A

Draft Terms of Reference for the Kent and Medway Local Care Board
Revised December 2018 (previously the Kent and Medway Local Care Implementation Board)

Version	Date reviewed	Changes
V4 Draft (Dec 2018)	7 February 2019	• For review at Feb 2019 Board
V4.1 Draft (Feb 2019)	April 2019 Local Care Board Meeting	• Updated to align with NHS Long Term Plan (Jan 2019) • Membership to include Local Care Directors/ Leads from each sub-system as well as Patient Public Advisory Group representative • Note that organisational governance structure may change in line with the development of the Primary Care Networks

The NHS Long Term Plan (January 2019) gives a steer, in that it supports expanded neighbourhood teams to become the norm, including a range of healthcare staff, joined by social care and the voluntary sector; breaking down the barriers between organisations in order to realise efficiencies, bring care closer to home and reduce the pressure on acute services. This is also the vision for the Kent and Medway (K&M) Sustainability and Transformation Partnership (STP) 2016, with one of the priority workstreams identified as Local Care.

The terms of reference for the Local Care Board are set out below:

Purpose:

To provide a forum to ensure effective oversight of the implementation of Local Care across Kent and Medway with two functions;

1. Holding CCG footprint Local Care Boards to account , - **Oversight**[1]
2. helping to create conditions for success - **Leadership**

This Board would interact directly with those responsible for the delivery of Local Care on the ground by;

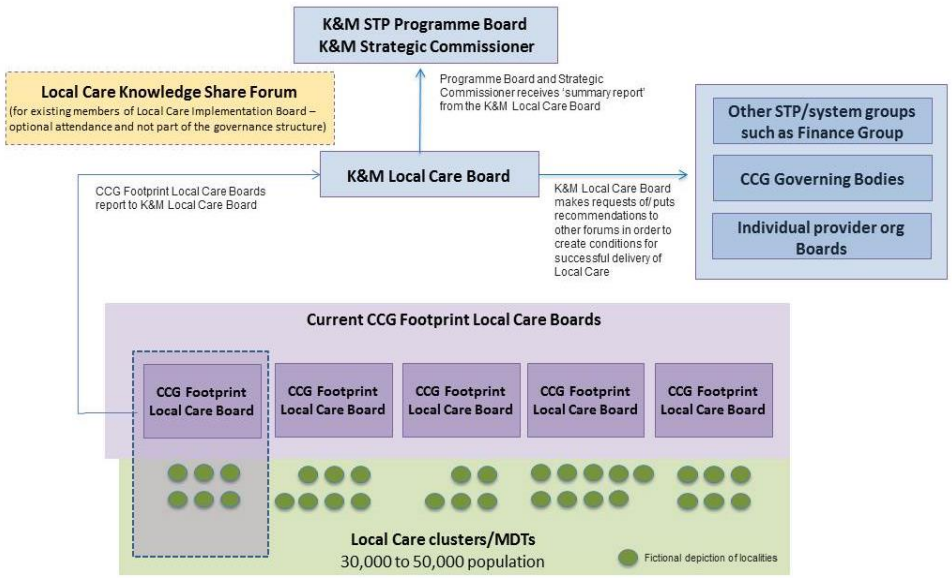
- Agreeing the definition, strategy and principles for Local Care. Sharing collective responsibility/ accountability for operational strategy and yearly objectives

[1] The Kent and Medway Local Care Board has no formal delegated authority. As such it will hold CCG Local Care Boards and stakeholder organisations to account through mutual co-operation and agreement, rather than any contractual or delegated authority.

- Having a collective agreement on quality standards for Local Care
- Holding CCG footprint level Local Care Boards to account for delivery and performance monitoring implementation and impact against an agreed delivery framework. Ensuring the project plans are achieving agreed milestones and that intended outcomes (both operational and financial) are being achieved
- Managing risks and issues, which cannot be resolved at Local Footprint level Boards, and ensuring there are systems in place to develop and implement solutions.
- Identify opportunities for further integration of health and social care services in support of Local Care objectives
- Guide the development of Local Care Partnerships (place based cross-sector partnerships delivering integrated care services to populations of 250,000 to 500,000)
- Guide the work programme for the STP Local Care Team

Governance Structure: Below is a diagram of how this will work in practice. Across K&M there are now governance forums for Local Care at various footprint levels, and it will be important that the new smaller K&M Local Care Board interacts with these footprint level forums. These CCG footprint Local Care Boards could be described as early forms of 'Local Care Partnerships' – the intermediate layer of the K&M Integrated Care System - (place based cross-sector partnerships delivering integrated care services to populations of 250,000 to 500,000).

It also illustrates how the new governance structure for Local Care aligns to the wider STP/system governance;



N.B. This structure will be updated as changes occur with the development of the Primary Care Networks[2]

([2]NB: Boards currently exist for WK, Medway, Dartford Gravesham Swanley and Swale. East Kent are currently reviewing Local Care governance arrangements as part of the wider transformation and Pre Consultation Business Case)

How this will work in Practice?

1) **Oversight;**

An accountability relationship will exist between the K&M Local Care Board and CCG footprint level Local Care Boards

- Members of CCG footprint Local Care Boards will attend the K&M Local Care Board for Deep Dive reviews of delivery and performance (for example, this might be the GP chair of the Local Care Board, a Local Care Operational Lead and a finance representative and could vary depending on the theme to be reviewed).

An accountability relationship will also exist between the K&M Local Care Board and the STP Local Care Team including:

- K&M Local Care Board will also monitor the STP Local Care core team against agreed STP strategic deliverables, and would influence the future work programme.

2) **Leadership;**

- The K&M Local Care Board will receive risks/issues escalated by both the STP Local Care core Team and individual footprint Local Care Boards, and carry out 'system solutioning' – potentially resulting in actions for individual leaders as well as requests to other groups/forums, for example, the STP Programme Board, a K&M Strategic Commissioner, individual CCG Governing Bodies or individual provider organisation Boards (depending on the nature of the risk and the solution). In this way, the Local Care Board would help to create the conditions for implementation at pace and scale.

Membership:

The Membership of the group will include:

- Kent County Council Leader - Chair
- Kent County Council, Corporate Director of Adult Social Care
- Medway Unitary Authority, Leader – Vice Chair
- Medway Unitary Authority, Director of Adult Social Care
- Chief Executive Officer (CEO) K&M STP
- Managing Director, East Kent CCGs
- Managing Director, Medway and North and West Kent CCGs
- STP Director for System Transformation
- CEO, Kent Community Health NHS Foundation Trust
- CEO, Kent and Medway NHS and Social Care Partnership Trust
- Managing Director, Medway Community Healthcare
- Managing Director for Kent, Virgin Healthcare
- SECAmb representative

- 2 GP representatives; one representing the GP Federations and one from the K&M Local Medical Committee
- 4 x Local Care Directors/ Leads from each locality (east Kent, west Kent, Dartford Gravesham and Swanley, Swale and Medway
- Patient Public Advisory Group Member

It is expected that if the designated lead cannot attend, they appoint a deputy to attend on their behalf.

In attendance:

- Senior members of the STP Local Care Team
- Other STP staff workstream staff (e.g., workforce, digital) as and when required

Quoracy:

This Board is not a statutory decision making forum. Accordingly, it can make formal recommendations to other forums such as CCG governing bodies, provider organisation Boards, Local Authority Boards, STP Programme Board and K&M Strategic Commissioner Steering Group. Quoracy, for this propose is six members, with at least one local authority, one CCG, one provider and one STP representative.

This Board can also make requests of and recommendations to CCG footprint Local Care Boards. The quoracy for this would be the same as above.

Chairing of the meeting:

The Chair of the outgoing Local Care Implementation Board (Leader of Kent County Council) will chair this Board

Likewise the vice chair of the outgoing Board (Leader of Medway Unitary Authority) will remain as vice chair.

Frequency of Meetings:

Meetings will be held bi-monthly. The meetings may be themed in order to provide focus or deep dive in a particular area.

Administration support and organisation of the meeting:

The agenda and materials for the meeting will be developed by the Local Care STP team and agreed by the Chair. Administration support will be provided by the STP Programme Management Office

V4.1 Draft February 2019 CB

Date of Review

The draft Terms of Reference was reviewed at the first meeting of the newly formed Board (7 February 2019), and six monthly thereafter (or sooner if there are any significant organisational changes which may affect the governance structure). As the work of the System Transformation Board develops and agreements are made on Strategic Commissioning and the development of an Integrated Care System, it may be necessary to review the purpose of the K&M Local Care Board.

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Transforming health and social care in Kent and Medway

Appendix B: Local Care Deep Dives

EK 23 Nov 2018

MNWK 11 Dec 2018

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.

Background

CCG colleagues have been working with their partners for some months on plans for the investment and implementation of Local Care in 2018/19. The planning exercise was initiated in late 2017 with first output in March 2018, and a refreshed output in June 2018. This was presented to the Local Care Implementation Board on 8 June 2018. At that meeting a greater level of detail was requested on the plans at CCG footprint levels. As it was not be possible to give the necessary time at the Board meetings for each sub-system to describe their individual plans in detail, a series of Deep Dives, chaired by Mr Paul Carter in his capacity as Chair of the existing LCIB, were arranged to enable a more in depth understanding of:

- the status of implementation (services in place, patient volumes, trajectories etc.);
- planned investment in Local Care; and
- the development of a framework to monitor Local Care delivery going forward.

Dates for the Deep Dives;

- **East Kent (EK), 23 November 2018**
- **Medway, North and West Kent (MN&WK), 11 December 2018.**

Feedback from the Local Care Deep Dives

Workforce Challenges;

- Address from a 'whole pathway' perspective and have a holistic workforce plan across the STP
- Do we have enough resources/the right resources working in an integrated manner on pathways for discharge/transfers of care
- We need to look at how we align resources to MDTs and support local management/supervision of staff from across multiple organisations
- Utilising existing workforce better - examples of efficiencies in Medway 1. diabetes pathway with primary, community and acute staff aligning so that patient isn't seen by all of them 2. MFT have given 6 consultants who been told to suspend their specialisms whilst working with the MDT and use their skills as a physician.
- Could we make it easier for staff to rotate across organisations- 'passport' or secondment? May help with recruitment and retention of key staff.
- We need to ensure that we actively move from MDMs (multi-disciplinary meetings) to MDTs (multi-disciplinary team working) and then continuously improve MDT working
- Risk of burn out for clinical leaders
- There is a need for new flexible housing stock to attract key workers and help retention of staff – this may also have the knock on effect of reducing the need for agency staff

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Primary Care;

- There is a need for Primary Care Strategy - to engage widely and meaningfully with GPs on the development of the Primary Care Strategy

(this is being picked up through the new STP Primary Care Board, with 2 GPs from the Primary Care Board to also sit on the new Local Care Board. Furthermore, the STP Local Care team and Primary Care work-stream are coming together to work more jointly as one team, in recognition of the interface between primary care and local care

- Define the optimum conditions for Primary Care Network (PCN) development – i.e. size of practice in order to be workable
- Do we have a strategy for any remaining small practices that may need to merge? What models exist to increase scale while maintaining GP continuity for those patients who need it (e.g., the model described by Ash)
- Scope of primary care in the K&M system (e.g. day case surgery etc.)

Investment and implementation:

- Need to secure is the investment for sustainable Local Care (inputs, deliverables and outputs)
- Are we helping enough people? There is a need for scale and pace so need to define the blockers to faster implementation?
- Unnecessary variation in implementation – e.g. EK things feel different with EKHUFT in Ashford than they do in Thanet – what can we measure to help change that?
- Points of handover between orgs – can they be key indicators of integration?
- How can we work towards a shared finance and risk framework (to avoid the issues around stranded costs)?
- Could we have a more coordinated approach to delivery of Local Care using the Better Care Fund/ winter monies?

Estate:

- Possibility of one public sector estate
- Mentioned above, housing stock for key workers
- Do we want to explore the potential to work with local authorities on solving on some of the estates funding challenges for the NHS
- What is the K&M step up and step down bed strategy and what changes do we need to make in EK specifically in light of overarching strategy?
- How do we make best use of non-acute beds including extra care housing?

System Governance:

- Each sub-system has their own set of plans – there is a need to harmonise
- Need for the use of consistent language
- How do we leverage the partnerships for overall benefit in K&M - ?joint commissioning
- The benefits in shared metrics as comparators and agreed framework for measurement across K&M
- Single points of entry/access across H&SC
- Single communications and engagement plan
- Risk share framework
- Single approach in development of strategy for enablers (digital, estates)
- Strategy top down/ leadership bottom up – the right mix will give the 'art of the possible'

Outcomes;

- When it comes to creating a K&M Local Care Delivery Framework (to monitor implementation and impact) will we believe the data? How can we standardise and rationalise data collection?
- There is a need to look at the 'acceptable response time' for domiciliary care – how long should someone have to wait after the need is identified
- Realising the key benefits – reducing the amount of activity in hospitals – how do we measure progress towards this? Payment systems/alliance contracts?

Next Steps

The themes and content, from the Local Care Deep Dives, will inform the agenda for the first meeting of the 'new' Local Care Board. There will be a number of asks of this Board to;

1. Review the information from the Deep Dives
2. Discuss and agree the key priority areas and objectives for 2019/20 – 2020/21 etc.
3. Decide what resources from across the system will work with the STP Local Care team in order to meet these objectives (i.e. how the teams within each sub system are aligned to the support delivery of the key priorities)
4. Define timelines and outcome measures.

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KENT AND MEDWAY
JOINT HEALTH AND WELLBEING BOARD
19 MARCH 2019
STP WORKFORCE TRANSFORMATION PLAN

Report from/ Author Rebecca Bradd, STP Workforce Programme Director

Summary

The Kent and Medway Sustainability and Workforce Transformation Workforce Plan focuses on the commitment to work together to prioritise actions that will have the biggest impact on addressing Kent and Medway's workforce challenges. It is strongly believed that this focus will support the system-wide transformation needed to provide the people of Kent and Medway with a better quality of life and a better quality of care.

1. Budget and Policy Framework

1.1 The NHS Long Term Plan describes actions that will need to be taken at local, regional and national level to realise the ambitions set out within. The Plan describes the need to support the NHS workforce by increasing the number of people working in the NHS, particularly in mental health, primary care and community services. There is also an ambition to create a better working environment by offering better training, support and career progression and a focus on workforce health and wellbeing.

2. Background

2.1 In Kent and Medway work is underway as part of Sustainability and Transformation Partnership to transform how care for everyone and specific groups of the population is improved underpinned by a focus on prevention, local care and urgent and emergency care.

2.2 Workforce will be crucial in delivering the vision and transformation is urgently needed to address quality, service and workforce challenges in health and social care in Kent and Medway.

2.3 The Kent and Medway Sustainability and Workforce Transformation Plan, set out at Appendix 1 to the report, focuses on the commitment to work together to prioritise actions that will have the biggest impact on addressing Kent and Medway's workforce challenges. It is strongly believed that this focus will support the system-wide transformation needed to provide the people of Kent and Medway with a better quality of life and a better quality of care.

2.4 The Kent and Medway Sustainability and Transformation Partnership (STP) Programme Board on 5 February 2019 agreed the Workforce Transformation Plan and the STP Workforce Board will now drive the delivery of the programme of work for 2019/2020 with the support of a STP Workforce team to support year one of its delivery.

2.5 Oversight of the STP Workforce Transformation Plan and delivery of the workforce impact of its supporting 2019/2020 delivery plan will be undertaken by the STP Programme Board.

3. Risk management

3.1 Key strategic risks are detailed below. The STP Workforce Board regularly review risks associated with the delivery plan and oversight of the plan's delivery and risks associated will be reported to the STP Programme Board on a regular basis.

3.2

Risk	Description	Action to avoid or mitigate risk
The Kent and Medway workforce is aging and there is a difficulty recruiting in some areas. Workforce growth is behind the national average for most staff groups	This means that the supply of workforce is not available all the time.	Attract, retain, upskill and grow a talented workforce, achievable through the implementation of the Transformation Plan

3.3 Specific Workforce challenges are set out within the Kent and Medway Sustainability and Workforce Transformation Plan at Appendix 1 to the report.

4. Financial implications

4.1 There are no financial implications arising directly from this report.

5. Legal implications

5.1 The Joint Board operates 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 Sustainability and Transformation Partnership Plans. Workforce is an enabling workstream aiming to deliver of transformation in the core areas considered by the joint Board including Local Care and Prevention.

5.2 The Joint Board is advisory and may make recommendations to the Kent and Medway Health and Wellbeing Boards.

6. Recommendation

6.1 The Kent and Medway Joint Health and Wellbeing Board is asked to receive and support the STP Workforce Transformation Plan.

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Appendices
Appendix 1 - Kent and Medway STP Workforce Transformation Plan

Background Papers
None

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Transforming
health and social care
in Kent and Medway

Our vision for Kent and Medway:

Quality of life, quality of care

Kent and Medway Sustainability and
Transformation Partnership
Workforce Transformation Plan

Background

Our vision for health and care in Kent and Medway is: **Quality of life, quality of care**. We aim to improve:

- **Quality of life** through promoting healthy living, preventing ill health and reducing people's need for social care. We will provide high-quality support for people, patients, their families and carers, to help them reach their own health, social and community outcomes and goals.
- **Quality of care** through people accessing high quality care and support in the right place, at the right time and where people are able to confidently manage their own health and care.

We are working together as part of Kent and Medway Sustainability and Transformation Partnership to transform how we improve care for everyone and specific groups of the population underpinned by a focus on prevention, local care and urgent and emergency care.

Our workforce will be crucial to delivering our vision and transformation is urgently needed to address the quality, service and workforce challenges in health and social care.

Workforce ambition and aims

Our ambition is for Kent and Medway to be:
A great place to live, work and learn.

People to work together across health and social care, enjoy their work, learn in their jobs and be empowered, engaged and developed to be good at what they do.

Employers to work together to attract and retain the right health and social care professionals, through talented and capable leadership and the offer of attractive, flexible and interesting careers.

Population to have the skills and support to help them manage their own health and care with confidence and with the right support to achieve their health, social and community outcomes and goals.

To deliver our ambition and address critical workforce challenges we will develop a Kent and Medway Academy for Health and Social Care working collectively to:

- Promote Kent and Medway as a great place to work.
- Maximise supply of health and social care workforce.
- Create lifelong careers in health and social care.
- Develop our system leaders and encourage culture change.
- Improve workforce wellbeing, inclusion and workload to increase retention.

This plan focuses on our commitment to work together to prioritise actions that will have the biggest impact on addressing our workforce challenges. We strongly believe this focus will support the system-wide transformation needed to provide the people of Kent and Medway with a better quality of life and a better quality of care.

live, work and learn

Dr Mo Sohail
GP, Margate.

"We have no regrets about moving here. Thanet is a diverse community which offers a varied workload. We have raised our children here and have benefited from quality schools and the great outdoors. We have loved every minute of the outdoor activities we have done together. There is no other place you can work and make a difference for your patients, while at the same time feel like you're on holiday every day. Kent is an amazing place to live and work."


PLEASE
ASK
BEFORE
ENTRY
PLEASE
CLEAN
YOUR
HANDS
Smitha George
Clinical Band

Workforce context

Workforce is increasingly recognised as the number one challenge facing health and social care nationally. There is increasing pressure to find credible solutions to this challenge because:

- demand for services is increasing,
- the population is ageing,
- more people are living with long-term and multiple health needs.

In Kent and Medway we employ more than **83,800 people across more than 350 health and social care roles.**

Workforce full-time equivalent (FTE)	
	March 2018 (FTE)
Social care	42,500
Clinical commissioners	530
Primary Care	3,630
Ambulance	3,080
Mental Health	3,670
Community	4,810
Acute	18,750
Vacancies	6,820

In Kent and Medway the **workforce supply has decreased for most workforce groups** and is behind the national average.

Growth of workforce (national and Kent and Medway)		
Staff Group	**National**	**K&M STP**
GPs (from 2015-2017)	Down 2%	Down 11%
Medical	Up 14%	Down 1%
Non-medical substantive clinicians	Up 7%	Up 4%
Adult Nurses	Up 9%	Up 6%
ED Consultants	Up 38%	Up 33%
Mental Health Therapists	Up 83%	Down 47%
Health Visitors	Up 27%	Up 26%
Community Mental Health Nurses	Up 7%	Down 35%
Physiotherapists	Up 9%	Up 1%
District Nurses	Down 26%	Down 15%
Learning disability Nurses	Down 36%	Down 17%
Pharmacists	Up 22%	Up 29%
Registered workers adult social care	Not known	Down 2.3%

Workforce challenges in Kent and Medway include:

Promoting Kent and Medway:

- all STP organisations individually trying to attract locally, nationally and internationally from the same limited workforce,
- proximity to London impacting on workforce choice to work in Kent and Medway,
- high volume of care worker vacancies.

Maximise supply of health and social care workforce:

- limited workforce supply – with workforce growth behind the national average,
- an ageing workforce – we have the highest rate of ageing GPs in England,
- EU Exit is creating uncertainty for migrant health and social care workers and future supply and we will continue to encourage all workers to apply for the EU Settlement scheme,
- a high reliance on agency staffing – 10% of the NHS pay bill,
- Kent and Medway Medical School commencing in 2020.

Create lifelong careers in health and social care:

- NHS and social care not the career of choice for many young people with only 6% of under 25 year–olds working in the NHS risking future workforce supply.

Develop our system leaders and encourage culture change:

- need for system leaders to work differently together to address system challenges including addressing the health and wellbeing gap, care variation and a funding deficit of £100m (currently rising to £486m by 20/21) with pay being the largest cost.

Improve workforce wellbeing, inclusion and workload to increase retention:

- retention issues including, converting trainees into our local workforce and limited options for flexible and part–time working.
- NHS National Staff Survey results showed five out of the six NHS providers had a higher than average staff reporting discrimination at work (2017).

Particular workforce challenges for the STP priorities include:

- Shortage of GP and primary care workforce exacerbated by the primary care age profile – 30% of GPs and 33% of general practice nurses approaching possible retirement. We would need to increase the GP workforce to 1,004.1 full–time equivalent (FTE) and grow our nursing workforce by 30% by 20/21.
- Not enough stroke workforce to provide hyper acute stroke services on the current sites. The revised workforce gap analysis across the preferred sites will require an estimated additional 264 FTE staff, including the filling of a range of new and enhanced roles.
- Shortages of key mental health professional workforce including, psychiatrists and nurses, and growth needed in wider mental health workforce (498 FTE).
- A 90.3 FTE gap between forecast supply and demand in cancer workforce by 2022. Particular areas of concern are: Gastroenterology, histopathology, clinical and diagnostic radiology amounting to 83.7% of identified gap.
- Shortage of skilled social care workforce providing direct care and support in local communities, with over half of all vacancies in Kent and Medway within social care – estimated vacancy rate of 8.7%.
- Pipeline of skilled, qualified and motivated workforce in Kent and Medway.

Given the current supply gap and increase in demand for services, unless we take radical steps to change the way we deliver care and use our workforce, we will not have the right workforce to meet the challenges in the next decade.

live, work and learn

Susan Ashmore
Principal Social Worker,
Kent County Council

"I started my career as a main grade social worker – the great thing about Kent County Council is that it's a large organisation, so there's lots of scope to move around and develop your career. Progression is really easy as they encourage you to move around and learn new skills.
"Canterbury is a really small city and I live walking distance from the centre, so it's really easy to walk into town and just enjoy it. At the weekend I go to the gym, go cycling, or just meet a friend for lunch. My daughter has had a great life here. I think coming to Canterbury to live has given me a sense of community that you just don't get in London."

What we have been doing together

We have been working together as a workforce board to understand the collective challenges and opportunities in Kent and Medway. We successfully supported universities to campaign for a medical school for Kent and Medway to increase our supply of potential doctors and attract wider professionals into the county.

We have:
Promoted Kent and Medway as a great place to work:

- Developed a Kent and Medway social care recruitment campaign with 33,303 views and 94 job applications to providers.
- Launched the 'Take a Different View' website and social media campaign for hard to recruit roles.
- Targeted campaigns included Kent and Medway cancer and social care services.

Maximised supply of the health and social care workforce:

- Worked with mental health providers to identify 498 FTE growth needed in mental health by 2020/21.
- Offered upskilling of our workforce through programmes in the community in areas such as care navigation in west Kent (470 receptionists trained), and acutely ill patients (100 system nurses) and community diabetes in east Kent (30 foundation places, 24 PITSTOP places).
- On track to meet the 2% for 2018-19 apprenticeship programmes, including the care sector.
- Worked with stroke providers to agree the workforce requirement for hyper-acute stroke services.
- Increase of new roles commissioned programmes between 2017/18 to 2018/19.
- Introduced a carers' information booklet, now being developed into the Help4Carers app launching summer 2019.

Created **lifelong careers** in health and social care:

- Introduced a careers team in Kent and Medway who have supported 237 individuals through pre-employment and Princes' Trust courses and engaged 8,900 individuals through careers activities and events.

Developed our **system leaders** and encouraged **culture change**:

- Trained 466 ESTHER ambassadors and 20 ESTHER coaches during 2018, totalling 846 ambassadors and 70 ESTHER coaches since 2016.
- Introduced a leadership and organisational development (OD) network that has designed and published an OD toolkit for multidisciplinary team working across the STP (piloted in six primary care networks) and supported stroke staff initial engagement events.
- Invested in six Darzi Fellows, totalling £80,000, in projects such as: The Dover Dementia Village, breastfeeding research project, physical health in mental illness, developing a community of practice around system modelling and suicide prevention.

Improved workforce wellbeing, inclusion and workload to increase retention:

- Completed research on retention across Kent, Surrey and Sussex,

with Clever Together, with two trusts piloting the implementation approach.
- Community education provider networks have worked with GP providers on retention initiatives for the First Five, Last Five programmes with £192,850 awarded by NHS England to develop these initiatives further.

Supporting the STP priorities

The Workforce Board has invested in:

- A primary care workforce plan, with £1.5 million allocated investment from Health Education England and NHS England, developed by the Primary Care Workforce Group.
- A social care information and learning hub and team to support social care provider engagement and information sharing for nearly 450 services, running regular engagement events including two registered manager conferences and knowledge sharing sessions.
- A small team to support the workforce planning and developments for the STP priority programmes, which is expanding to deliver the associated 2019/20 workforce delivery plan.

live, work and learn

Daniel Toth
Team Leader
Kent Social Services

"I moved to London from Romania eight years ago to work in London but my husband and I explored the area, and we fell in love with Kent. There are so many things that you can do. I am now a Team Leader in children's services for Kent County Council and it's a great place to work as they invest in their workforce and really do 'grow their own'. We are now thinking about adoption and what better place to bring up a family than Kent? It's just a wonderful place to live and to work."

What we plan to do

Kent and Medway Academy for Health and Social Care

We intend to have a lasting impact on our ability to attract, plan, develop and retain workforce in the county through a coordinated strategic workforce approach with supporting funding, workforce planning and workforce infrastructure, ensuring engagement and support across health and social care sectors by working together to introduce a Kent and Medway Academy for Health and Social Care.

We will be ambitious, embrace technology and transform the way our workforce works, with closer integration of health and social care teams and working together across organisations in partnership. We will:

Promote Kent and Medway as a great place to work:

We will work together to:

- Promote Kent and Medway through the Take a Different View website and social media.
- Complete key recruitment campaigns for hard to recruit roles, for example GPs and primary care, social care workers, cancer, stroke services, care services and mental health.
- Develop an attraction offer including guaranteed employment for trainees, an accommodation offer for key workers and opportunities for cross organisational development.
- Complete joint international recruitment activities for GPs, medical and nursing roles.

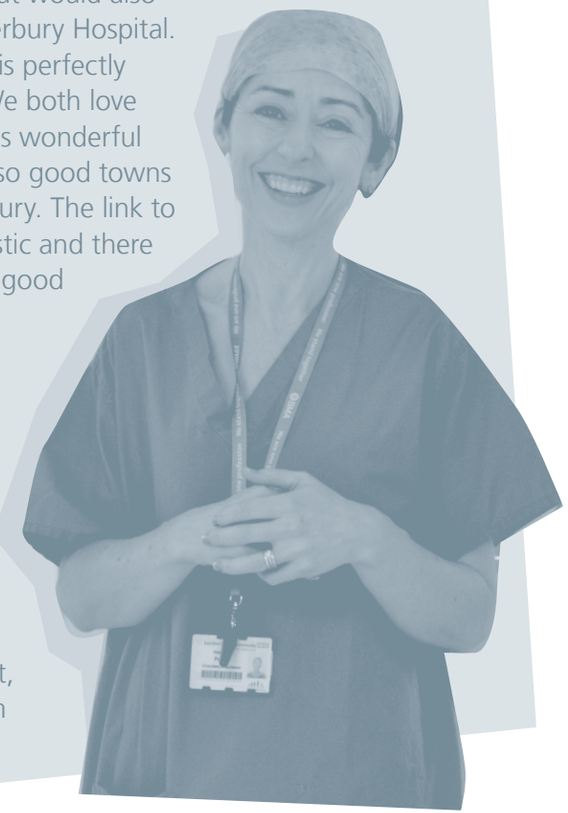
live, work and learn

Vanessa Purday
Consultant anaesthetist
East Kent Hospitals University NHS Foundation Trust

"We chose Kent because we both grew up here – I grew up in Dover, my husband in Herne Bay. I also have family here, so I was delighted when an opportunity arose to work in EKHUFT.

"When we moved back we knew we'd be mostly based at the William Harvey Hospital, Ashford, but would also spend some time at Kent and Canterbury Hospital. We chose to live in Chilham, which is perfectly situated between the two towns. We both love Kent and, having a young family, it is wonderful to have beautiful countryside but also good towns like Ashford and the city of Canterbury. The link to London, with the fast train, is fantastic and there is great access to Europe. There is a good choice of schools.

"There are real opportunities here to be involved with the future of this Trust, to contribute as senior clinicians to the STP (Sustainability and Transformation Plan), and work across the organisation to make a real difference. I saw an opportunity, as part of a team, to change things. There is scope to get involved in change management, and I have found the executive team approachable and ready to listen."



- Focused effort on reduction of agency and locum working through agency and locum conversion, for example, flexible working offers and GP portfolio careers and through shared collaborative bank arrangements.
- Maximise promotion and use of apprenticeships across health and social care.
- Make it easier for planned movement and development of the workforce through staff passports and promotion of opportunities across organisations.

- Work with schools and education partners to promote health and social care as employers of choice and promote careers in the sector.
- Work with schools and education partners to develop a new curriculum for integrated roles and the use of digital technology in the workplace.

Maximise supply of the health and social care workforce

We will work together to:

- Launch a Kent and Medway Academy for health and care, working across health, care and education to plan, develop and deliver health and care workforce supply.
- Work with universities to introduce the Kent and Medway Medical School: 100 placements in 2020, increasing to 500 placements by 2025.
- Complete competency-based system workforce planning and redesign using the Kent and Medway competency framework to prioritise system effort, workforce growth and funding allocation.
- Maximise the use of our current workforce by using their skills and experience differently through care navigation, primary care network multidisciplinary teams, Buurtzorg nursing and carer teams.
- Introduce a skills hub as part of the academy model to upscale competency and skills development, working with education partners to ensure maximum scale but, wherever possible, local delivery. For example, stroke services shared competencies and education.
- Improve the digital capability and skills of our workforce through the community of practice, use of technologies to enable different ways of working through improved rostering, shared systems, such as the Kent Care Record, teleconsultations and use of video conferencing and other communication technologies to reduce travel and meeting times.

- Empower our population and their carers to self-care and self-management through the use of technology such as the Help4Carers app and training and support for self- monitoring technologies.
- Maximising new and enhanced role development and growth including, social prescribers, nurse associates, physician associates, medical assistants, advanced practitioners, apprenticeships.
- Develop system and local workforce planning capability and capacity to plan for system workforce need and monitor delivery progress.
- Develop our network of volunteers and peer support.

Create lifelong careers in health and social care

We want our workforce to have long, rewarding careers and be able to develop their full potential. We will work together to:

- Promote and coordinate our careers efforts and events across providers, Health Education England and education partners including using technologies such as webinars and social media.
- Create a partnership framework to facilitate upscaling of work experience and pre-employment initiatives to support careers promotion and recruitment across the sector.
- Promote work experience opportunities using technology to make it easier for the current and future workforce to navigate health and care i.e. through a work experience app.
- Develop attractive integrated health and social care careers for now and for the future, recognising the anticipated changes to the way the workforce will need to engage with digital technology and with advances in medicine and care. Recognising how careers will change through offering portfolio careers, rotation opportunities between the public and care sector and more part-time and flexible employment.

Develop system leaders and encourage culture change

We want to make sure our leaders are able, willing and supported to deliver the transformation changes needed in Kent and Medway. We will work together to:

- Introduce a Kent and Medway Talent Board for hard-to-recruit roles and senior roles across health and social care, aligned to regional and national talent boards.
- Create and implement a shared Kent and Medway leadership and organisational development offer.
- Create a cohort of senior leaders that are skilled in system and leadership working and thinking differently to ensure seamless population care planning and delivery.
- Develop local care leaders to deliver local care across organisational boundaries, namely through the OD support and local care toolkit.
- Equip system leaders with the necessary change management skills to develop and deliver system change through shared system leader development programmes.
- Provide support offers to primary care and social care providers to develop their leadership through practice manager and registered manager development programmes and support the development of communities of practice.

Improve workforce wellbeing, inclusion and workload to increase retention

We will work together to:

- Co-design the Better Together retention programme – piloted in two trusts in Kent and Medway.
- Improve retention of the primary care workforce through the NextGen programme, careers counselling (First Five, Last Five programmes) and retirement planning.
- Improve retention of the social care workforce through development of a comprehensive workforce plan for local authority adult social care and health workforce including talent management, career progression, organisational development and professional development planning.
- Develop a workforce strategy for the wider care sector using support and expertise from Skills for Care.
- With colleagues across Kent, Surrey and Sussex, introduce an inclusion strategy and implementation approach.
- Create shared workforce health and wellbeing activities through staff resilience sessions.
- Develop leaders' competencies and skills to use and share rostering to enable workforce cross organisational and site movement for example in stroke and pathology services.
- Deliver primary care high impact actions aimed to improve retention.
- Working collaboratively on leveraging technology like erostering and ejob planning across the STP.
- Support local workforce redesign to address workload issues for STP priority workstreams.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HEARTSTREAM

What this means for the Kent and Medway STP priorities

This Workforce Strategy, the introduction of a Kent and Medway Academy for Health and Social Care and the supporting workforce delivery plan for 2019/20 takes into account key strategic STP priority workstream plans and activities which we recognise will develop further as workstream activities progress.

In Kent and Medway we are already having success in some of these areas, but have not had the supporting infrastructure or coordinated strategic approach to maximise the effort and deliver the impact needed at pace.

In 2018, we refreshed our governance and have invested in 2018/19 to grow the STP workforce team which is supporting the STP priority workstreams to develop complementary supporting workforce plans and actions addressing specific workstream challenges. These plans will be owned by the STP workstream leads and aligned to the wider STP Workforce Strategy and priority workstream plans.

For 2019/20 key STP workstream workforce actions identified to date include:

- **For local care:**
  - Developing local workforce planning capability and capacity.
  - Growing the care navigation and social prescribing workforce.
  - Introducing the Help4Carers app by spring 2019.
  - Developing primary care networks as multidisciplinary learning hubs.

live, work and learn

Yvette Kusel
Psychologst
Kent and Medway Partnership Trust

"I've moved around quite a bit in my life but had been in London since 1999. It was dirty, built up, I'd get stuck in traffic and, career-wise, you felt in a rut as there were precious few senior level positions.
"I saw a job with KMPT and we moved to Ramsgate. We bought a beautiful Regency house that there is no way we could have afforded in London. We have a sea view and, at the end of the road, a blue flag beach.
"In terms of my job I have more freedom to implement new ideas and to get involved in more service and policy changes. I have recently take a higher post and I'm involved in a greater level of management. I work with a team who are reflective and supportive of each other. We look at how we work and trial working in other ways. If it doesn't work, then we will change again. There is less silo working in Kent. For me the move has been a big success."

- Organisational development support for the 37 primary care networks including the rollout of the OD toolkit.
- Esther coaching and training across local care and social care.
- Recruitment campaign for social care workforce.
- Developing the wider social care workforce by building on existing plans to improve retention, upskilling and increasing qualification levels including apprenticeships across the workforce and utilising talent management for career development within the sector.
- Investment in management and leadership capability to build resilience and ability to develop sustainable business models.
- Developing integrated health and care pathways and the new integrated roles and career pathways that go with it.

- **For primary care**
  - Completing a Kent and Medway and international GP and primary care recruitment campaign.
  - Develop GP and advanced practitioner portfolio careers and flexible working offers to support locum conversion and retention.
  - Supporting retention of the primary care workforce throughout their careers through the NextGen programme, careers counselling (First Five, Middle Five, Last Five programmes) and retirement planning.
  - Developing GP and primary care leaders through leadership programmes such as practice manager development, mentorship and coaching.
  - Developing virtual student and trainee networks and Communities of Practice across Kent and Medway.
  - Increasing supply of the primary care workforce through growth of new and enhanced roles and primary care placements in the Kent and Medway Medical School.
  - Supporting retention of the primary care workforce through workforce engagement, workforce redesign and high impact actions.
  - Supporting the development of new primary care integrated delivery through GP federations and primary care networks.

- **For stroke**
  - Undertaking a Kent and Medway stroke recruitment campaign.
  - Supporting retention of the stroke workforce through service change through staff engagement events.
  - Creating a shared Kent and Medway stroke-specific competency framework and supporting development programmes.
  - Increasing supply of the stroke workforce through growth of new and enhanced roles and international recruitment.

- **For mental health**
  - Undertaking a Kent and Medway mental health recruitment campaign.
  - Continued engagement with providers to implement the required 498 FTE workforce growth by 2020/21.
  - Using outcomes from the competency workforce assessment undertaken for children and young people's services to redesign the mental health workforce.
  - Work with universities to develop programmes to support overseas nursing to develop their knowledge and skills in mental health.
  - Suicide prevention training for workforce and the public.

- **For cancer**
  - Undertaking a Kent and Medway cancer recruitment campaign.
  - Development of the Kent and Medway workforce plan with the Cancer Alliance and Health Education England.
  - Work in collaboration with mental health to provide health and wellbeing support to people living with and beyond a cancer diagnosis.
  - Growth of roles and skills for cancer services such as sonography, endoscopy and radiography.

- **For prevention**
  - Delivery of Making Every Contact Count training.
  - Continue to offer community-based public health champions' programmes such as, A Better Medway Champions, to support our paid workforce and promote public health (PH) messages.
  - Offer free specialist training programmes to upskill professionals about some of our core areas of work such as smoking cessation level 2 training.
  - Develop internal public health workforce strategies aimed to recruit, retain and develop our existing public health workforce.
  - Continue to commit to develop the PH workforce via pathways such as UKPHR (UK Public Health Register).
  - Deliver public health masterclasses on key local issues such as social isolation, smoking status at time of delivery (SATOD) and debt advice.
  - Work with trusts and community providers to embed an understanding and ethos of public health at the earliest point (recruitment, inductions and development plans).
  - Offer a wide range of training (including train the trainer models) on mental health promotion including, Connect 5, mental health first aid and children and young people's mental health first aid.
  - Support educational settings with training and resources (RSE, PSHE, smokefree school gates and nutritional support and advice) to ensure we embed public health messages at the earliest possible stage.
  - Encourage young people to take up a career in public health by attending jobs and career fairs and by embracing and developing apprentices who can become our future workforce (including being part of the trailblazer group developing the PH apprenticeship).
  - Working with providers and trusts to encourage specialist PH roles such as health visitors, school nurses, drug and alcohol workers and nutritionists to come and work in the local area.

Governance

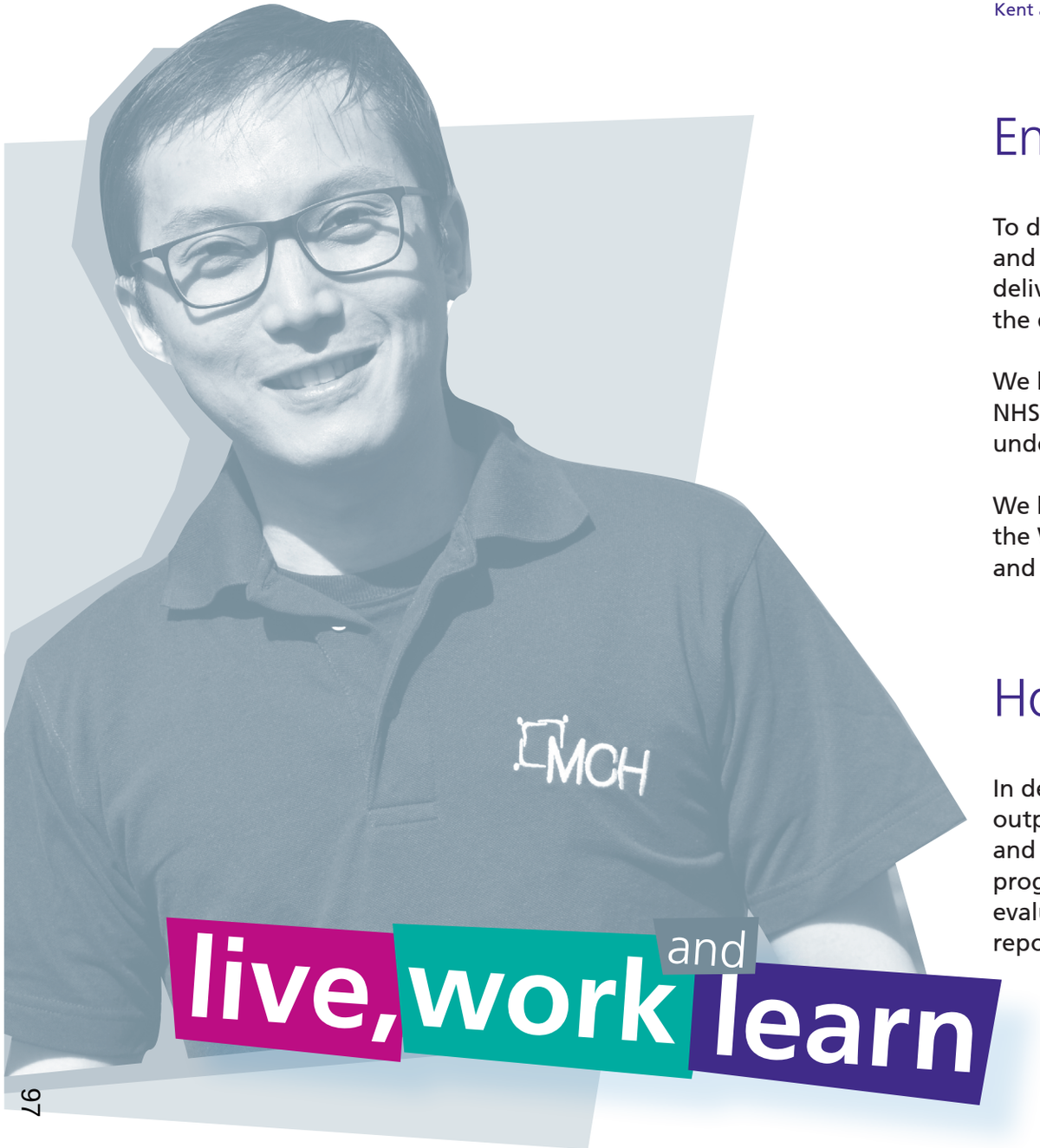
We have established a STP Workforce Action Board as part of the STP governance, made up of representatives of STP partners who have led on the development of the strategy, supported by the HR Directors Group and will oversee the development of the Academy of Health and Social Care and implementation of the workforce delivery plan.

As well as supporting STP priority workstreams, the Workforce Action Board also has specific workforce supporting governance groups including: Primary Care Workforce Group, Social Care Workforce Group, HR Director Group, Director of Nursing Group and Union Group.

The Workforce Action Board will also review and monitor progress of STP priority workstream workforce plans and ensure alignment.

David Lee
Dietitian
Medway Community Healthcare

"I am originally from Singapore, I trained in Scotland, but I had friends in London and the south, so I began looking for vacancies in London and nearby. Gillingham is an ideal location for me as it's not as expensive to live in as London but has all of the benefits, as it's just 50 minutes on the fast train to St Pancras. I often travel to the capital for exhibitions, sightseeing or trips to the theatre. I'm also looking forward to exploring the Kent countryside and coast in the summer."



Enablers

To deliver the workforce strategy we commit as STP organisations and partners to work together to deliver the strategic aims and delivery plan and allocate the appropriate funding as identified in the delivery plan.

We have committed funding provided by Health Education England, NHS England and NHS Leadership Academy in work programmes underway and for the 19/20 delivery plan.

We have invested in a STP workforce team to support the delivery of the Workforce Strategy, the development of the Academy of Health and Social Care and to support STP priority workstreams.

How will we measure any impact?

In developing our workforce delivery plan we have set out the outputs and outcomes we wish to achieve through our work and have developed a workforce dashboard to monitor delivery progress. The Kent and Medway STP Workforce Action Board will evaluate the success of each of the actions on our delivery plan and report progress to the STP Programme Board.

Transforming health and social care in Kent and Medway

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KENT AND MEDWAY

JOINT HEALTH AND WELL BEING BOARD

19 MARCH 2019

KENT AND MEDWAY TRANSFORMATION – UPDATE ON INTEGRATED CARE SYSTEMS AND KENT AND MEDWAY SYSTEM COMMISSIONER

Report from: Dr Bob Bowes, Clinical Chair, West Kent CCG

Glenn Douglas, Accountable Officer Kent and Medway CCGs

Author: Louise Dineley, Programme Director

Summary

The NHS Long Term Plan sets an expectation that Integrated Care Systems will be established by April 2021. Work has commenced across Kent and Medway in designing an integrated system including changes to existing organisational forms, functions and the anticipated benefits that these changes will have in better meeting the health needs of the population.

This paper sets out :

- Progress to date in developing an integrated model;
- Outputs from two co-production workshops held across the system on future organisational forms and functions;
- High level timeline for transition to a shadow form and end state by April 2020; and
- Key next steps.

This report also sets out details of the role of the Kent and Medway CCG's in emergency preparedness, following agreement of the Joint Board to add this to the Joint Board's work programme, within this standing agenda item.

1. Budget and Policy Framework

1.1 Over the last two years, the Kent and Medway Sustainability and Transformation Plan has outlined the intention of the Kent and Medway health and care system to deliver an integrated health and social care model that focuses on delivering 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 in their home setting.

1.2 In the last 12 months, national policy and guidance has promoted the role and expectations from "integration" of care, functions and organisational arrangements through the development of the Strategic Commissioner

function and the design and introduction of Integrated Care Systems and Partnerships.

1.3 The following paper provides an update on the Kent and Medway System Transformation programme. The report provides and update is for noting

2. Background

2.1 In January 2019, NHS England published the Long Term Plan. The Plan set out a requirement to establish Integrated Care across existing Sustainability and Transformation Partnership (STP) footprints no later than April 2021. The driver and intended benefit to this development is the refocus of commissioning and provision on population health needs and in addressing the inequalities that have developed across the country in recent years.

2.2 In Kent and Medway, work has already started to think about what an integrated care system would mean for existing organisations, their form and functions as well as the opportunities that exist to deliver alternative and integrated models of care, delivering care out of hospital and with social care and voluntary sector organisations.

2.3 In December 2018, the first of two whole system events was held. The event was attended by over 40 leaders and representatives from across health, social care and local authorities and helped to shape and inform a proposed future integrated structure for health and social care across Kent and Medway. In February 2019, this model was tested with a wider audience of over 90 representatives including patients, public representatives and regulators. The two events have helped to produce a model to which there is a broad consensus on which to build and develop detail on. There is also an appetite to progress with pace the transformation to realise a number of the identified benefits associated with it.

3. What does this mean for how services are commissioned and provided across Kent & Medway?

3.1 Delivering local care, improving prevention, investing in mental health services and supporting providers to deliver clinically and financially sustainable services that meet national standards requires changes in commissioning and provider models.

3.2 The system wide events in December and February sought to explore how services and functions could be aligned and or integrated in order to improve outcomes for the population of Kent and Medway. The discussions and input from representatives helped to inform the future integrated care framework for Kent and Medway. This framework proposes:

- An Integrated Care System (ICS) operating at a Kent and Medway level
- A single CCG including the System Commissioner operating across Kent and Medway
- Integrated Care Partnerships (ICPs) operating across local geographies to enable a greater focus on local health needs. The working assumption is for 4 ICPs although this is still subject to further discussion and agreement.

- Primary Care Networks (PCNs) acting as the provider and delivery vehicle for local and community care.

3.3 Figure 1 outlines the “end state” a Kent and Medway System Commissioner and Integrated Care System. The detail of core functions and operational implementation are currently being explored and developed further, and arrangements are expected to evolve based on ongoing engagement.

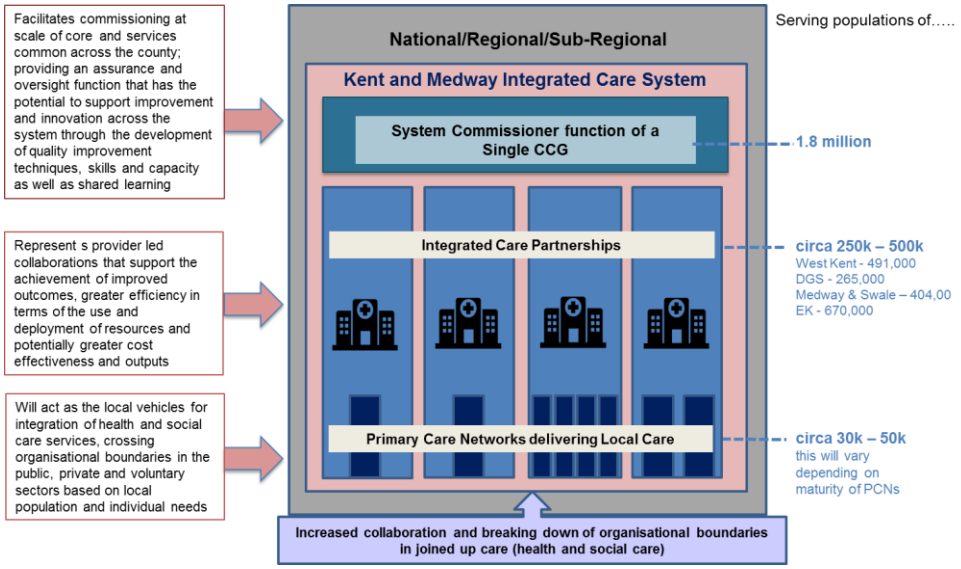

Figure 1: Kent and Medway Integrated Care System architecture including Integrated Care Partnerships & Primary Care Networks

3.4 A single Clinical Commissioning Group (CCG) will be responsible for delivering a number of functions. As a system commissioner, it will be responsible for:

- Defining the needs of the population of Kent and Medway down to a population level of 30-50k;
- Setting the outcomes to be delivered in addressing those needs, including emphasising prevention and addressing health inequalities;
- Allocating capitated budgets within new financial frameworks that encourage Integrated Care Partnerships to focus on population health;
- Providing oversight and offering strategic solutions to Kent and Medway wide functions such as Strategic Estates, Digital, Workforce, and Finance;
- Supporting and delivering the organisational development of providers to become members of Integrated Care Partnerships;
- Giving license to, and receiving assurance from, ICPs on the delivery of outcomes within budget;
- Acting as the point of escalation of dispute and risk in ICPs;
- Commissioning core services at scale;
- Holding a single contract for larger (Kent and Medway) providers, whilst enabling and maintaining local flexibility;
- Direct commissioning of rare and very expensive services;
- Providing commissioning support and back office functions;
- Developing a Kent and Medway approach to service and quality improvement.

3.5 In addition to the commissioning of health services, the establishment of a Kent and Medway system commissioner presents an opportunity to explore the potential for closer alignment or integration of health and social care commissioning in the future. Early conversations have been had with the two upper tier Local Authorities and there is willingness in principle to align first and explore practical ways of integrating health and social care commissioning.

3.6 An **Integrated Care System** will operate at the level of Kent and Medway. The Integrated Care System aims to offer a strategic "view" of the system providing oversight, challenge and holding each other to account. There are a number of existing arrangements that will act as key component parts of the ICS, including the Clinical and Professional Board, the Kent and Medway Joint Health and Wellbeing Board and aspects of the current STP Programme Board.

3.7 The ability to work as a whole system, both commissioning and provision will strategically strengthen the planning in response to population needs and expected outcomes, as well as the management of resources and its deployment. It is anticipated that the ability to work as a system will also offer opportunities to preside over key activities such as financial arrangements and incentives, in line with single system control totals, a capability that needs to be in place by 2022. It is expected that the Integrated Care System will also hold a number of assurance and oversight functions. The detail of these functions continues to be worked through as part of the merger of NHS England and NHS Improvement.

3.8 **Integrated Care Partnerships** represent a provider led collaborative, operating most effectively across a population of 250,000 to 500,000 (although can be larger). The logic behind this is the achievement of sufficient scale to collectively look at how services are provided and the benefits, in particular around collective working to offer existing and new models of care that are more effective in responding to people's needs. This use of new and alternative models including ways of working can also support the achievement of improved outcomes, greater efficiency in terms of the use and deployment of resources (e.g. workforce, estate, adoption of new technology) and potentially greater cost effectiveness and output that aligns to a single system control total. The working proposal for Kent and Medway based on population size, is for 4 ICPs (East Kent, Dartford Gravesham and Swanley (existing Primary and Acute Care Services model), Medway and Swale and West Kent) – this continues to be discussed.

3.9 Key functions of the Integrated Care Partnerships include:

- Accountability for the health of their whole population rather than for the delivery of specific service lines as at present;
- Focus on responding to population health needs and the provision of programmes that promote prevention and address health inequalities;
- Ensure a focus on population health; more than the sum of individual care pathways;

- Assure and oversee the quality of services and care provided. This assurance role will need further scoping in line with changes in NHS England and Improvement;
- Support organisational development to enable cultural change and thus deliver integrated working at executive, managerial and practitioner level;
- Local route for escalation and risk management within the system; and
- Local contract management and the increased use of alternative contract forms to support integrated delivery.

3.10 **Primary Care Networks** have been an emerging form over the last 12 months as part of the development of primary and more broadly local care provision. The Long Term Plan identified further and continued development of Primary Care Networks (PCNs) as a key function and way of further enhancing the integration of local and primary care. The planned Primary Care Networks across Kent and Medway will act as the local vehicles for integration of health and social care services, crossing organisational boundaries in the public, private and voluntary sectors based on local population and individual needs. They will support the delivery of multidisciplinary services to meet the needs of the population as defined across the whole of Kent and Medway. The national GP contract (February 2019) further supported the development of PCNs and their significance in the future design of systems by highlighting direct funding flows and accountability for local services.

3.11 The outline above, pending further development, discussion and agreement, signals a change to the way in which health and potentially social care services have been commissioned to date. Future commissioning and delivery will take advantage of models that:

- Focus on and are responsive to the needs of the population of Kent and Medway;
- Seek to be sustainable in their delivery considering key factors such as workforce, standards of care, co-ordination of health and social care needs and financial affordability;
- Are forward looking and innovative and make improvement to the operational challenges facing current provision;
- Champion integration and focus on the patient experience and improved outcomes across health, social care and general wellbeing.

3.12 The proposed changes to organisational form and functions signals a significant transformation of health and social care commissioning and provision. The development of strong relationships and formal partnerships across providers in different settings and sectors form a critical part of the success of delivering this change.

4. Future role for the Kent and Medway Joint Health and Wellbeing Board

4.1 The anticipated transformation of the Kent and Medway health and care system extends beyond the commissioning and provision of care. A key driver to the transformation is to address the current health inequalities and ensure services are responsive to the needs of the population. It is anticipated and envisaged that the Kent and Medway Joint Health and Wellbeing Board will

play a pivotal role in ensuring the system is meeting this need. Over the coming months the System Transformation programme is keen to work with the Joint Board and support its development as part of the integrated framework.

5. Timeline to shadow form and transition

5.1 There is a national requirement to establish an Integrated Care System by April 2021. The appetite for earlier change and transition has been signalled across the system, largely due to the benefits it can offer to the services delivered as well in helping to address a number of the operational challenges faced. Figure 2 outlines a high level timeline for delivery of the "end state" by April 2020 and the opportunity for transition to new arrangements in some areas from the autumn 2019.

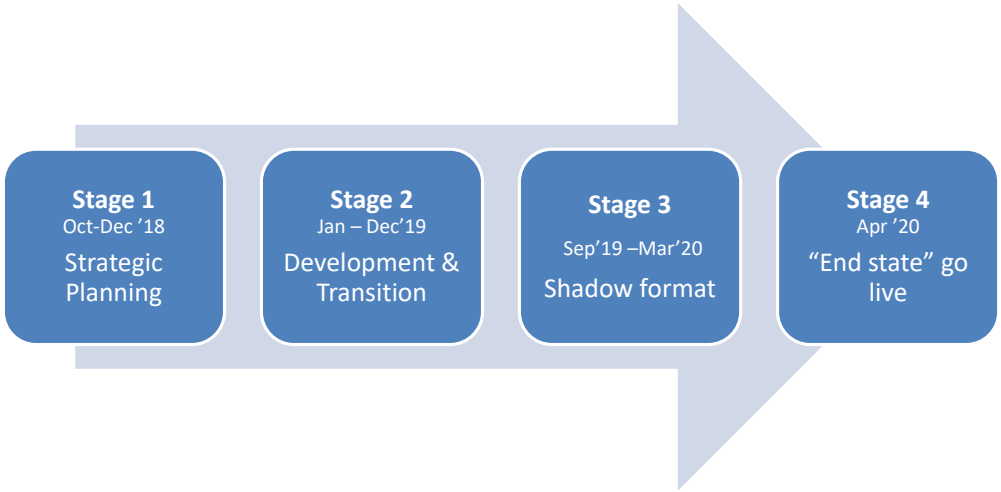

Figure 2: Timeline to establishing the Kent & Medway Integrated Care System and System Commissioner

6. Next Steps

6.1 Over the next 6 months there are a number of critical milestones to achieve in order to transition to the arrangements in April 2020. These include:

- Ongoing engagement with the members of the CCGs to agree to progress actions to move to a single CCG;
- Support and development of Primary Care Networks to ensure readiness for funding and emerging functions in 2019/20;
- Provider led development of the Integrated Care Partnerships;
- Submission to NHS England in June to establish and operate as a System Commissioner and Integrated Care System from April 2020; and
- Continue exploratory discussions with local authorities on the alignment and integration of health and social care commissioning.

7. Consultation

7.1 In the last 4 months there have been two system wide workshops that have focused on the development and design of the Kent and Medway integrated care system, organisational forms and functions. The output of these discussions which involved over 150 leaders and representatives from across

all aspects of the system has informed and produced the proposals in this paper.

8. Emergency Planning

8.1 At the last meeting of the Joint Board on 14 December 2019, the Joint Board agreed that emergency planning be added to the Joint Board's work programme within this standing agenda item. Appendix 1 to the report sets out details of the role of the Kent and Medway CCG's in this regard.

9. Risk Management

9.1 A standing agenda item for the Strategic Commissioner Steering Group is the review of the risk and issues register. The risk register is subject to a monthly review or more frequently in the event of a change in circumstances or an escalated risk.

9.2 Risk management associated with emergency planning is set out in Appendix 1 to the report.

10. Financial implications

10.1 There are no financial implications arising directly from this report.

11. Legal implications

11.1 The future role and responsibilities of the Joint Health and Wellbeing Board is for discussion and subject to future agreement.

11.2 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.

11.3 The Joint Board operates 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 Sustainability and Transformation Partnership Plans. In accordance with the terms of reference of the Kent and Medway Joint Health and Wellbeing Board, the Joint Board may also consider and advise on the development of options for the Local Authorities' role in a Strategic Commissioner arrangement with Health and options for the Local Authority role in the development of Integrated Care Systems. The engagement in both remains a matter for each of the Local Authorities'.

11.4 The Joint Board is advisory and may make recommendations to the Kent and Medway Health and Wellbeing Boards.

12. Recommendation

12.1 The Kent and Medway Joint Health and Wellbeing Board is asked to note the update.

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Appendices
Appendix 1 – Role of Clinical Commissioning Groups and STP in emergency preparedness

Background paper
None

Appendix 1

The Clinical Commissioning Groups role in Emergency Preparedness, Resilience and Response (EPRR)

The NHS needs to be able to plan for, and respond to, a wide range of incidents that could impact on health or patient care. These could be anything from prolonged period of severe pressure, extreme weather conditions, an outbreak of an infectious disease, or a major transport accident. A significant incident or emergency is any event that cannot be managed within routine service arrangements. It requires the implementation of special procedures and involves one or more of the emergency services, the NHS or a local authority.

From a health perspective NHS England has the main coordinating role in any major incident or emergency which crosses CCG boundaries. The Clinical Commissioning Group (CCG) has a duty to co-operate with the NHS England South East Area Team.

In summary, the EPRR role of CCGs is to:

- Ensure contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements
- Support NHS England in discharging its EPRR functions and duties locally
- Provide a route of escalation for the Local Health Resilience Partnership (LHRP) should a provider fail to maintain necessary EPRR capacity and capability
- Fulfil the responsibilities as a Category two responder under the Civil Contingencies Act 2004
- Maintain business continuity plans for their own organisation
- Be represented on the LHRP
- Seek assurance provider organisations are delivering their contractual obligation.

We do this by:

- Working with the Local Health Resilience Partnership to develop strategic multi-agency plans for responding to emergencies
- Participating in training and testing exercises which are used to review multi-agency plans

- Assisting with the local co-ordination of the response to emergencies in partnership with the NHS England South East Area Team
- Working with the LHRP to ensure the capacity, skills and competencies required are in place to co-ordinate the local health response to an emergency
- Undertaking regular performance monitoring of CCG commissioned and NHS funded services
- Co-operating with the multi-agency planning and response network in accordance with the Civil Contingencies Act 2004 (as amended) requirements as a category two responder
- Ensuring a 24 hour a day, seven day a week on-call system
- Ensuring compliance with the national core standards for EPRR for both CCG's and NHS funded healthcare providers
- Maintaining business continuity plans to ensure CCG service delivery is maintained
- Working with the Kent Resilience Forum to ensure health is represented when co-ordinate the local response to an emergency

The Kent Resilience Forum (KRF)

The forum is comprised of local Emergency Service Responders (Police, Fire, Ambulance), Local Authorities, and associated businesses, organisations and voluntary sector representatives, working together to reduce risk in the local area and improve community resilience. One of its key aims is to help us prepare ourselves, our family and our local community against emergencies including flooding and winter weather.

EU Exit – Health and Care Services in Kent and Medway

The United Kingdom (UK) remains scheduled to exit the European Union (EU) at 2300 (GMT) on 29 March 2019. A ‘no deal’ exit is not the Government’s policy, but it is our duty to prepare for all scenarios. The UK exit from the EU is not a civil emergency.

Background

Coordinated by the Kent and Medway STP the preparedness work across Kent and Medway continues to focus on planning for two situations, these are:

- Working with government to ensure the continuation of the supply of medicines and medical products to the whole of the UK in the event of a no

deal EU Exit. This includes the NHS, social care and the independent sector and covers medicines (prescription, pharmacy and general sales list medicines); medical devices and clinical consumables (such as needles and syringes); supplies for clinical trials; vaccines and countermeasures; and blood, tissue and transplant materials.

- Working with NHS and multi-agency partners across the South East

With the publication of the Department of Health and Social Care's 'EU Exit Operational Readiness Guidance' in December 2018, the Government set out its expectation for all health and care commissioners and providers (including adult social care providers) to undertake local EU Exit readiness planning, local risk assessments and test and plan appropriately for the UK's withdrawal from the EU on the 29 March 2019.

The guidance covered seven key areas of risk:

1. supply of medicines and vaccines,
2. supply of medical devices and clinical consumables,
3. supply of non-clinical consumables, goods and services,
4. workforce,
5. reciprocal healthcare,
6. research and clinical trials,
7. data sharing, processing and access.

In addition, Kent and Medway health and care organisations are part of the Kent Resilience Forum (KRF) multi-agency EU Exit planning.

Owing to its unique geography and large number of UK border ports, (Dover Harbour, Euro Tunnel and Ramsgate Harbour) these plans focus primarily on the potential increased traffic volume caused by border checking delays.

Approach

To ensure a consistent and joined up approach to planning and assurance, the Kent and Medway Sustainability and Transformation Partnership (STP) is coordinating the business continuity (BC) review and planning for health and care commissioners and providers.

In November 2018, NHS provider organisations were also directed by NHS Improvement to review their supply chains. The outputs from these reviews were fed into the Governments EU Exit Operational Readiness Guidance.

The STP work programme has been divided into three phases:

- Planning phase (Dec 2018 – March 2019)
    - Identification of impacts

    - Assurance of Clinical Commissioning Groups (CCG) BC plans
    - Assurance of key providers BC plans
    - Command and Control structure review
    - Training, testing and exercise
    - Communications

- Response phase (March 2019 -)
    - Strategic and tactical response teams operational
    - Communications

- Recovery phase
    - Initiate recovery protocols within each agencies business continuity plans
    - Communications

The STP, on behalf of the Kent and Medway CCGs, has also been contributing to the KRF road traffic planning to ensure the health and care needs are recognised in these national plans.

A programme of tests by all agencies is nearing completion, the outputs of these have been shared across the system and plans amended as necessary.

Matthew Capper. STP Director of EU Exit planning

KENT AND MEDWAY
JOINT HEALTH AND WELLBEING BOARD
19 MARCH 2019
NHS LONG TERM PLAN UPDATE

Report from: Glenn Douglas, Accountable Officer for the eight CCGs in Kent and Medway and Chief Executive of the Kent and Medway STP

Author: Ravi Baghirathan, Director of Operations of the Kent and Medway STP

Lisa Keslake, Programme Director – Long Term Plan

Summary

The report provides an update to Joint Board Members on the NHS Long Term Plan that was published in January 2019. This report will be accompanied by a presentation.

1. Budget and Policy Framework

1.1 The NHS Long Term Plan[1] sets the direction for the National Health Service. The key aims are:

- To give everyone the best start in life;
- To deliver world-class care for major health problems to help people live well; and
- To help people age well.

2. Background

2.1 Following the Government's announcement of the long-term investment into the NHS, the NHS Long Term Plan sets out the NHS's delivery plan. The Long Term Plan covers a 10 year timeframe, recognising that some of the changes in care quality and outcomes improvement need to be looked at over a longer term horizon, mainly due to the timeframes needed to grow the workforce.

2.2 The Sustainability and Transformation Partnership (STP) now needs to develop and implement a five year plan. The Plan will set out how the STP intends to take the ambitions that the NHS Long Term Plan details, and work together to turn them into local action to improve services and the health and wellbeing of the local community, building on the existing work of the STP. It is expected that the five year plans will be published in autumn 2019.

[1] NHS Long Term Plan https://www.longtermplan.nhs.uk/

2.3 This report provides an update on the Long Term and how this will be taken forward in Kent and Medway.

3. Advice and analysis

3.1 The Long Term Plan sets out the following points of note:

- All systems to become Integrated Care Systems (ICS) by 2021 – all ICSs to have a clear development plan with peer support for more challenged systems;
- Potential development of a ‘duty to collaborate’;
- Mutual Aid to be an expectation of leadership;
- Strong expectation of greater integration between NHS and Local Authorities covering social care, prevention, population health and public health;
- Development of a system oversight approach – performance measures at a system level including an integration index reflecting public opinion as to whether services feel joined up, personalised and anticipatory;
- ICS will typically have a single CCG;
- A funding increase averaging 3.4% a year over the next five years until 2023/24;
- Increased share for primary medical and community health services – spending will be at least £4.5bn higher in year years’ time;
- A commitment that spending on children and young people’s mental health services will grow faster than both overall NHS funding and total mental health spending;
- Several recommendations made for potential legislative change that would make it easier for organisations to integrate (including, changes to competition regime, giving Foundation Trusts the power to create joint committees with others, more options to create NHS Integrated Care Trusts);
- NHS England and NHS Improvement have not set out their guidance or templates for STPs, but regardless STPs will need to set out how they will deliver against all of LTP themes:
    - A new service model (Primary Care Networks, Multi-Disciplinary Teams (MDTs), Integrated Care Partnerships);
    - Prevention and inequalities (with a particular focus on smoking, obesity, and alcohol);
    - Care quality and outcomes improvement (with a particular focus on children and young people, mental health, autism and Learning Disability (LD), cancer, Cardiovascular Disease (CVD), diabetes and respiratory disease);
    - Workforce;
    - Digital;
    - Finance (including productivity) – five specific tests to be met; and
    - ICS development.

4. Risk management

4.1 Risks will be managed through the STP Programme Board.

5. Financial implications

5.1 There are no financial implications arising directly from this report.

6. Legal implications

6.1 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.

6.2 The Joint Board operates 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 Sustainability and Transformation Partnership Plans.

6.3 The Joint Board is advisory and may make recommendations to the Kent and Medway Health and Wellbeing Boards.

7. Recommendation

7.1 The Kent and Medway Joint Health and Wellbeing Board is asked to note the update on the NHS Long Term Plan.

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Appendices
None

Background papers
NHS Long Term Plan
https://www.longtermplan.nhs.uk/

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KENT AND MEDWAY
JOINT HEALTH AND WELLBEING BOARD
19 MARCH 2019
AN OVERVIEW OF THE ENCOMPASS MCL VANGUARD

Report from/ Author: Dr John M Ribchester, Chair, Encompass MCP

Summary

This report summarises the work and legacy of the Encompass MCP vanguard. This was a 3 year New Care Model which received NHS sponsorship and scrutiny between 1 April 2015 and 31 March 2018.

This report will be accompanied by a presentation which will provide information on:

- The directory of new services as well as the outcomes of this work.
- The legacy of Encompass and the way in which it is informing the New Care Model for Kent and Medway.

1. Budget and Policy Framework

1.1 The NHS Five Year Forward View sets out that the NHS would take steps to break down barriers in how care is provided between organisations and to deliver locally.

1.2 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 and social care model that focuses on delivering 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 in their home setting.

2. Background

2.1 The new and current Chief Executive of the NHS, Simon Stevens, published the 5 year Forward View in August 2014. This considered why change is needed, what success might look like and how we might get there. New Care Models were suggested, including MCPs (Multi Speciality Community Providers) and expressions of interest were subsequently sought. Encompass MCP was the result of a successful bid.

2.2 Between January and September 2015, 50 vanguards were selected by NHS England to lead on the development of New Models of Care to act as the blueprints for the NHS moving forward.

3. Advice and analysis

3.1 Encompass was judged the most successful MCP, and the second most successful New Care Model overall.

3.2 The ambition set out by Encompass was to deliver an integrated health and social care model, delivering high quality care which met people's needs, was coordinated to avoid duplication, easy to access and that enabled people to stay well and live independently for as long as possible in their home setting, to avoid them going into hospital.

3.3 The Model operated across 5 community hubs and brought together: health, social care, the voluntary sector and the community to work together at scale, as an integrated system of care around the patients' health needs, offering hub level services.

3.4 The Model utilised three groups of interventions: Integrated Case Management, Health Condition Management and Supported Self-care. The most appropriate intervention was selected based on the patient's level of risk and health needs. The interventions aimed to deliver proactive care and support, focused on promoting health and wellness, rather than care and support that is solely reactive to ill health.

3.5 Following the withdrawal of support funding, this model is sustainable, if not vital to the future of health and Care in Kent and Medway.

4. Risk management, finance and legal implications

4.1 There are no finance, legal or risk implications arising from this report.

5. Recommendation

5.1 The Kent and Medway Joint Health and Wellbeing Board is asked to the note the overview of the Encompass MCL Vanguard.

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Appendices
None

Background papers
None

KENT AND MEDWAY
JOINT HEALTH AND WELLBEING BOARD
19 MARCH 2019
WORK PROGRAMME

Report from: Julie Keith, Head of Democratic Services

Author: Jade Milnes, Democratic Services Officer

Summary

The report advises the Joint Board of the forward work programme for discussion in the light of latest priorities, issues and circumstances. It gives the Joint Board an opportunity to shape and direct the Joint Board's activities.

1. Budget and Policy Framework

1.1 On 20 February 2018 and 21 March 2018 respectively the Health and Wellbeing Boards of Medway Council and Kent County Council agreed to establish the Joint Board as an advisory sub-committee of the Kent and Medway Health and Wellbeing Boards as provided for in the Health and Social Care Act 2012.

1.2 The Joint Board has been established for a time limited period of two years commencing from 1 April 2018.

1.3 This Board facilitates a collaborative approach on the issues emerging from the Sustainability and Transformation Partnership (STP) for both Local Authorities. Given the responsibilities of both Local Authorities in social care and public health, there is a joint focus on the STP local care and prevention work streams.

1.4 With the agreement of the Joint Board, voting or non-voting Members from new structures that are emerging in Health may be included in the Membership.

2. Background

2.1 Appendix 1 to this report sets out the work programme. It should be noted that the work programme is likely to be subject to frequent changes and additions throughout the year and is for guidance only.

2.2 Members will be aware that agenda setting meetings are held on a regular basis. These give officers guidance on information that Members wish them to provide on an issue. An agenda setting meeting took place on 13 February 2019.

2.3 At the meeting, it was noted that the report on Kent and Medway STP workstream, Workforce, scheduled for each Joint Board meeting did not align with the frequency of corresponding reports to the STP Programme Board Meeting. On this basis, it was requested that the frequency be amended. Following the agenda setting meeting, it has been requested that the Joint Board receive the update on Workforce and in particular the Workforce Plan every six months.

2.4 Also, with respect to the item on Workforce, it was suggested that the Joint Board receive a presentation on the Kent Medical School on a date to be determined.

3. Dates for future meetings

3.1 Table 1 sets out the future meeting dates, including the provisional meeting dates for 2019/2020, and associated agenda despatch dates.

Meeting Date	Agenda Despatch
25 June 2019 2pm	17 June 2019
17 September 2019 2pm	9 September 2019
10 December 2019 2pm	2 December 2019
17 March 2020 2pm	9 March 2020

Table 1

3.2 Meetings within the 2019/20 municipal year (i.e. with effect from 25 June 2019) will be held at Kent County Council, Sessions House, County Hall, Maidstone, Kent ME14 1XQ.

4. Risk implications

4.1 There are no specific risk implications arising from this report.

5. Financial and legal implications

5.1 There are no specific financial or legal implications arising from this report.

6. Recommendations

6.1 The Kent and Medway Joint Health and Wellbeing Board is asked to agree the work programme attached at Appendix 1, subject to the following amendments:

6.1.1 To agree that the report on the Kent and Medway STP workstream, Workforce, be presented to the Joint Board every six months;

6.1.2 To add a report on the Kent Medical School to the Joint Board's work programme (date to be determined).

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Appendices
Appendix 1 – Work Programme

Background papers
None

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KENT AND MEDWAY JOINT HEALTH AND WELLBEING BOARD WORK PROGRAMME

Please note, the following items are standing items on each agenda. By agreement of the Joint Board the focus of the item will be determined by the Joint Board and the Work Programme will be updated to reflect this.

a) Progress on Prevention Strategy for Kent and Medway

The Joint Board will explore the following priorities in more depth:

- Reducing Tobacco usage prevalence (19 October 2018)
- Reducing Obesity prevalence (14 December 2018)
- Reducing Alcohol Consumption (19 March 2019)
- Physical activity (25 June 2019*)

b) Progress on Local Care including Local Care Implementation Board

c) Workforce

d) Update on Kent and Medway Strategic Commissioner and Engagement with Upper Tier Authorities

Meeting Date (despatch date)	**Item**
25 June 2019* (17 June 2018)	Progress on Prevention Strategy for Kent and Medway, focus areas: • Physical activity • Learning Disability (LD) Health Checks and outcome of the LD review • Health Check Communications Report.
	Progress on Local Care including Local Care Implementation Board
	Workforce
	Update on Kent and Medway Strategic Commissioner and Engagement with Upper Tier Authorities
17 September 2019* (9 September 2019)	Progress on Prevention Strategy for Kent and Medway
	Progress on Local Care including Local Care Implementation Board, focus areas: • Support for carers • Support for growing the voluntary sector
	Workforce
	Update on Kent and Medway Strategic Commissioner and Engagement with Upper Tier Authorities

	Kent and Medway Child and Adolescent Mental Health Services (CAMHS)
10 December 2019* (2 December 2019)	Progress on Prevention Strategy for Kent and Medway
	Progress on Local Care including Local Care Implementation Board
	Workforce
	Update on Kent and Medway Strategic Commissioner and Engagement with Upper Tier Authorities
17 March 2020* (9 March 2020)	Progress on Prevention Strategy for Kent and Medway
	Progress on Local Care including Local Care Implementation Board
	Workforce
	Update on Kent and Medway Strategic Commissioner and Engagement with Upper Tier Authorities
DATE TO BE DETERMINED	Programmes available to support weight management and effective ways to communicate them.

* Please note, these meeting dates are provisional.