

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

**Tuesday, 19 March 2019**

**4.10pm to 6.15pm**

**Record of the meeting**

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

**Present:**

Councillor David Brake, Portfolio Holder for Adults' Services, Medway Council (Chairman)  
Councillor Sarah Aldridge, Swale Borough Council, Cabinet Member for Health and Wellbeing  
Dr Bob Bowes, Chairman of the Strategic Commissioner Steering Group  
Glenn Douglas, Accountable Officer for the eight CCGs in Kent and Medway and Chief Executive of the Kent and Medway STP  
Mr Graham Gibbens, Cabinet Member for Adult Social Care and Public Health, Kent County Council  
Mr Roger Gough, Cabinet Member for Children, Young People and Education, Kent County Council  
Penny Graham, Heathwatch Kent  
Mr Peter Oakford, Deputy Leader and Cabinet Member for Finance and Traded Services, Kent County Council (Vice-Chairman)  
Eunice Lyons-Backhouse, Healthwatch Medway CIC Representative  
Councillor Martin Potter, Portfolio Holder for Educational Attainment and Improvement, Medway Council  
Caroline Selkirk, Managing Director of Ashford, Canterbury and Coastal, South Kent Coast and Thanet CCGs  
Penny Southern, Corporate Director Adult Social Care and Health, Kent County Council  
Dr Robert Stewart, Clinical Design Director of the Design and Learning Centre for Clinical and Social Innovation  
James Williams, Director of Public Health, Medway Council

**Substitutes:**

Dr Allison Duggal, Consultant in Public Health, Kent County Council (Substitute for Andrew Scott-Clark)

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**In Attendance:** Sharon Akuma, Legal Services, Medway Council  
Cathy Bellman, Kent and Medway STP Local Care Lead  
Rebecca Bradd, STP Workforce Programme Director  
Steve Chevis, Health Improvement Manager, Medway Council  
Karen Cook, Policy And Relationships Adviser (Health), Kent County Council  
Lisa Keslake, Programme Director – Long Term Plan  
Jade Milnes, Democratic Services Officer, Medway Council  
Jessica Mookherjee, Public Health Consultant, Kent County Council  
Dr John M Ribchester, Chair, Encompass MCP

### **900 Chairman's Announcements**

The Chairman welcomed Dr Bob Bowes, Chairman of the Strategic Commissioner Steering Group to his first meeting of the Joint Board following his appointment in December 2018.

The Chairman recommended that agenda item 10 (An Overview of the Encompass MCP Vanguard) be considered as the first substantive item on the agenda to enable the Chair, Encompass MCP to attend another meeting. This was agreed.

He explained that this meeting was the final meeting of the 2018/19 municipal year and thanked Members and officers for their contribution to the work of the Joint Board. The Vice-Chairman also expressed his gratitude.

### **901 Apologies for absence**

Apologies for absence were received from Councillors Alan Jarrett (Leader, Medway Council) Howard Doe (Deputy Leader of Medway Council and Portfolio Holder for Housing and Community Services), Mr Paul Carter, CBE (Leader of Kent County Council and Cabinet Member for Health Reform) and Tony Searles (Sevenoaks District Council), Dr John Allingham (Kent Local Medical Committee, Ian Ayres (Managing Director for Dartford, Gravesham and Swanley, Medway, Swale and West Kent CCGs), Matt Dunkley, CBE (Corporate Director for Children, Young People and Education, Kent County Council), Chris McKenzie (Assistant Director of Adult Social Care for Medway Council), Matthew Scott (Kent Police and Crime Commissioner) Andrew Scott-Clark (Director of Public Health, Kent County Council), and Ian Sutherland (Director of People – Children and Adults Services, Medway Council).

### **902 Record of Meeting**

The record of the meeting held on 14 December 2018 was agreed and signed by the Chairman as correct.

**903 Declaration of Disclosable Pecuniary Interests and other interests**

Disclosable pecuniary interests

There were none.

Other interests

Councillor Martin Potter disclosed that he was a member of the Kent and Medway STP Non-Executive Director Oversight Group.

**904 Urgent matters by reason of special circumstances**

There were none.

**905 Reducing Alcohol Consumption Deep Dive**

**Discussion:**

The Director of Public Health for Medway introduced the report which provided a deep dive into reducing alcohol consumption, alcohol related harm to adults and treatment of alcohol use disorder across Kent and Medway. He explained that the impact of substance misuse was far reaching and had wider societal impacts, in addition to impacts to the person who consumed the alcohol and their families.

The Health Improvement Manager, Medway Council drew the Joint Board's attention to key trends in relation to alcohol consumption and its impact. These were provided in detail within section 2 of the report. He explained that the evidence and data showed a good picture across Kent and Medway. For example, the data showed that with respect to alcohol related hospital admissions, both Kent and Medway had fewer admissions than the England average, in addition, the years of life lost due to alcohol were less than the England average. With respect to the measure, successful completion of alcohol treatment, both Kent and Medway had a higher percentage of successful completions than the England average.

Referring to areas where further intervention was required it was noted that there was a variation across districts where harms were generally more marked in disadvantaged communities. In addition, further work was required to support individuals with co-occurring conditions for example problematic substance use was one of the most common co-morbid conditions among people with a major mental illness.

It was considered that a whole system approach was required to reduce alcohol consumption. Factors relevant to this aim and existing interventions were highlighted to the Joint Board and were set out in section 3 of the report.

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Members raised a number of points and questions, including:

**Licencing** – In response to a question concerning the relationship between licensed premises opening hours and the impact on alcohol consumption, the Joint Board was advised that negative issues tended to occur after premises closed, therefore staggered closing hours in a locality could cause difficulties for the Police.

**Children and young people** – In response to a question concerning encouraging children and young people away from alcohol, the Joint Board was advised that there was a declining trend in alcohol consumption amongst young people in comparison to adults who had more disposable income to purchase alcohol. It was recognised that action needed to be taken to prevent access and harm to children and young people from substance misuse.

**Type of drinking** – Clarification was sought on factors influencing the relationship between the type of drinking (lower risk drinking to severe dependence and complex drinking) and the number of alcohol units consumed. It was noted that severity of likely harms could be very different, even if the same amount of alcohol was consumed. In response, it was explained that individuals in more disadvantaged communities might experience greater harms than others drinking the same amount of alcohol because there was a greater availability of poor quality alcohol and higher levels of stress (cortisol) within these communities, which might influence the harm experienced. It was added a number of chemicals had been found in poor quality/ cheap drinks which were more likely to cause liver damage.

### **Decision:**

The Kent and Medway Joint Health and Wellbeing Board considered the report and provided their support for:

- a) 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.
- b) 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.

## **906 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 was comprised of senior leaders from key organisations involved in the commissioning and delivery of Local Care

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services across the Kent and Medway health and social care system. This Board had two key functions which were to hold the CCG footprint Local Care Boards to account and to help create the conditions for success.

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 outgoing Board would become a “learn and share” forum and would include additional members to focus on: progress across Kent and Medway; learning from other areas nationally and internationally and; ideas and examples of innovation. It was noted that the first event for this forum would be on 22 May 2019.

The Joint Board was reminded of the outcomes of the Local Care deep dives which were explained in detail in Appendix B of the report and had been circulated to the Joint Board following their meeting in December 2018. The Joint Board’s attention was also drawn to the progress on the Local Care Delivery Framework set out in section 4 of the report. This Framework would be shaped by the outcome of the deep dives. It was anticipated that the first populated dashboard would be completed in July 2019.

Members raised a number of points and questions, including:

**Workforce** - In response to questions concerning the workforce challenges outlined on page 65 of the agenda, Appendix B to the report, the Joint Board was advised that recruitment and retention of the Kent and Medway workforce was considered to be very important. Challenges were being addressed in two ways. Firstly, by adapting the existing workforce by working differently, for example capacity had been released by forming Multi-Disciplinary Teams (MDTs) which had reduced duplication of efforts. Secondly, there was a long term ambition to attract new staff into the area.

With respect to the specific challenge of making it easier for staff to rotate across organisations i.e. a passport or secondment, the Joint Board was advised that this may help with recruitment and retention of staff. In particular, prospective employees had requested an opportunity to develop a portfolio careers and gain experience in different organisations and health sectors. Kent and Medway could be a trailblazer in this regard.

**Funding for Local Care** - The Joint Board was assured that funding was in place to support Local Care. This was demonstrated as part of the Local Care deep dives. In addition, within the NHS Long Term Plan, £4.5billion had been committed to primary and community care. The first tranche of this funding had been realised, with CCGs receiving an uplift of circa 3% on their budgets. It was explained that this money was ring-fenced for use within primary and community care only.

**Estates** – In response to questions concerning feedback from the Local Care deep dives regarding the need for a flexible housing stock to attract key workers, it was recognised that collaborative working between Local Authorities

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and the NHS could yield new opportunities. It was explained to the Joint Board that the NHS were under an obligation to review their estate and release property specifically for building housing. There was a national and local target for identifying surplus accommodation to be put towards the housing stock.

The Joint Board was advised that most of the property across Kent and Medway was owned by individual Trusts, therefore the Trust would have first call on income generated by the estate. Some properties were owned by NHS Property Services and in this instance the money from these property disposals would be held centrally by the NHS.

It was noted that any money released would, in part, help fund any NHS committed funding, such as the circa 3% uplift for primary and community care committed in the NHS Long Term Plan. However, it was added that the Secretary of State for Health and Social Care had recently announced that properties under the responsibility of NHS Property Services could be transferred to local systems, provided there was a business case do so. This would benefit the local area and provide much more flexibility to make the best use of the estate.

It was explained that a Kent and Medway Estates Strategy was being developed. It was suggested that the results of this Strategy could be shared with Joint Board Members.

### **Decision:**

The Kent and Medway Joint Health and Wellbeing Board:

- a) noted the content of this report, in particular:
  - 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;
  - 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;
  - the approach to monitoring progress and agreeing a Local Care Delivery Framework, as set out in section 4 of the report; and
  - the difference between the Delivery Framework and the Kent and Medway overall population 'Outcomes Framework' which will be influenced by Local Care.
- b) supported a collaborative approach between the NHS and Local Authorities to effectively utilise their estates portfolio to support the provision of accommodation for key workers.

**907 STP Workforce Transformation Plan**

**Discussion:**

The Kent and Medway STP Workforce Programme Director presented the report which set out, at Appendix 1, the STP Workforce Transformation Plan. The report was accompanied by a presentation. It was explained to the Joint Board that the Plan focussed on the commitment to work together to prioritise actions that it was considered would have the biggest impact on addressing Kent and Medway's Workforce challenges. The overarching ambition was to promote Kent and Medway as a great place to live, work and learn. There were three aims supporting this ambition, which were:

- Workforce 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 supply of health and social care workforce through talented and capable leadership and the offer of attractive, flexible and interesting careers; and
- Population to have the skills and support to help them manage their own health and care with confidence and, where needed, with the right support to achieve their health, social and community outcomes and goals.

There were also five key strategic priorities supported by a number of actions which were explained to the Joint Board. The five priority areas were:

- Promoting Kent and Medway as a place to work;
- Maximising supply of health and care workforce;
- Developing lifelong careers;
- Developing systems leaders and culture; and
- Supporting workforce wellbeing, addressing workload and supporting inclusion to support retention of the workforce.

The Joint Board was advised that in Kent and Medway circa. 83,800 FTE individuals were employed in over 350 careers across health and social care organisations. In Kent and Medway, the workforce supply had decreased for most workforce groups and was behind the national average. However, it was noted that work had already been undertaken to address recruitment and retention. Some examples included, launching the 'Take a Different View' website to attract perspective employees, upskilling the workforce in the community to maximise the workforce supply, implementation of the Esther Model and implementation of specific retention programmes such as the First Five, Last Five programmes.

The Joint Board's attention was drawn to key workforce actions in 2019/20 across the Local Care, Primary Care, Stroke, Mental Health, Cancer and Prevention workstreams. It was explained that the Plan was accompanied by a draft detailed implementation plan and delivery dashboard that would be agreed and monitored through the Workforce Board.

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The Plan was agreed by the STP Programme Board having been considered by the Workforce Board and the Clinical and Professional Board. It was added that the STP Programme Board emphasised the importance of including performance indicators to monitor progress in implementation.

Members raised a number of points and questions, including:

**Promotion of Kent and Medway** - In recognition of the steps taken so far to support recruitment and retention, Members stressed the importance of positivity in promoting Kent and Medway as a great place to live, learn and work. It was considered that Kent and Medway was also a great place to enjoy and this aspect should also be promoted.

**Workforce growth** - Referring to examples of workforce growth set out on page 81 of the agenda, a Member expressed concern that nationally there had been growth in the workforce of a number of staffing groups but a decline locally. For example, nationally, the number of Mental Health Therapists had increased by 83% from 2015 to 2017 but in Kent and Medway growth declined by 47%. He recognised, however, that there were a number of actions in place to support recruitment and retention.

**London effect** - In response to a question regarding retaining professionals who had completed their training in Kent and Medway, it was considered that traditionally each locality had focussed on what an organisation could offer rather than the system. The more the local system could work together on the attraction offer, the greater the pull to relocate and remain in Kent and Medway would be. Other actions considered important were: targeting specific points of attraction to the relevant cohort of perspective employees i.e. millennials, individuals nearing retirement etc., improving the accommodation offer, including key worker housing, promoting Multi-Disciplinary Team working and enabling cross organisational development.

**Schools and education** - Members expressed support for undertaking further work with the local education sector to encourage young people to pursue careers in health and social care. However, concern was expressed regarding the shortage of science teachers to support young people in accessing these careers. It was considered that over time the medical school could be a catalyst for transformation in Kent and Medway and provide opportunities to access a range of careers on offer in the health service. It was noted that the Dean of the Medical School had visited a number of local schools to reaffirm the opportunities available.

It was noted that there was an aspiration to widen participation and encourage young people from the locality to join the Medical School. It was suggested that this might reverse the trend of individuals training in Kent and Medway and then locating elsewhere. There was an aspiration to develop satellite sites which would further enhance opportunities to learn and encourage retention.

It was added that Medway Council had recently launched its Skills Strategy. A key element of the Strategy was a skills mapping exercise and supporting

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further work with education partners. A Member offered his support in sharing information in this regard.

### **Decision:**

The Kent and Medway Joint Health and Wellbeing Board received and supported the STP Workforce Transformation Plan.

## **908 Kent and Medway Transformation - Update on Integrated Care Systems and Kent and Medway System Commissioner**

### **Discussion:**

The Chairman of the Strategic Commissioner Steering Group (Clinical Chair, West Kent CCG), introduced the update on Integrated Care Systems and the Kent and Medway System Commissioner. In doing so, he reflected on the general financial position of the NHS and the four main areas for improvement set out within the Case on Change.

He drew the Joint Board's attention to section 3 of the report which explained the proposed changes to commissioner and provider models in response to the need to deliver local care, improve prevention, invest in mental health services and support providers to deliver clinically and financially sustainable services. Figure 1 was highlighted to the Joint Board which described in detail the Kent and Medway Integrated Care System architecture including Integrated Care Partnerships and Primary Care Networks.

It was noted that at present, only the CCGs had a statutory basis, all other Boards were partnerships. It was recognised that this was challenging, particularly in decision making. As a result, it was proposed that there would be a single CCG, subject to the approval of member practices, and an application would be submitted to NHS England for consideration in June 2019 for implementation in April 2020. It was considered that whilst the timeline was challenging it would encourage pace in delivery.

The Joint Board's attention was also drawn to Appendix 1 of the report which at the request of the Board set out details of the role of the Kent and Medway CCGs in emergency planning. The Joint Board was assured that the NHS had made the necessary preparations to respond to the known issues in relation Britain's EU Exit.

A Member commended the Kent and Medway STP and partners for their professional approach and their efforts in reviewing and recommending system improvements, working toward financial sustainability, to the benefit of local people. It was recognised that there would be a role for the local authorities of Kent and Medway to scrutinise the proposals.

### **Decision:**

The Kent and Medway Joint Health and Wellbeing Board noted the update.

**909 NHS Long Term Plan Update**

**Discussion:**

The Programme Director, Long Term Plan, provided the Joint Board with an overview of the NHS Long Term Plan and the response required from the Kent and Medway Sustainability and Transformation Partnership (STP). The report was accompanied by a presentation.

It was noted that the NHS Long Term Plan aligned with the existing focus areas of the Kent and Medway STP and was considered to be a framework for bringing together the existing workstream areas.

The key messages of significant note from a system perspective were drawn to the attention of the Joint Board. These included:

- All systems to become Integrated Care Systems (ICSs) by 2021;
- An increased 'duty to collaborate' and greater integration between the NHS and local authorities covering social care, prevention, population health and public health;
- Development of a system oversight approach i.e. the Integrated Care System would be overseen and regulated as a system as well as individual organisations. It was noted that there would be an integration index which would reflect public opinion as to whether services feel joined up, personalised and anticipatory;

It was explained that in response to the NHS Long Term Plan, the STP was required to develop and implement its own Five Year Plan. This would be a continuation of work that had already been undertaken by the Partnership and whilst there was, currently, no template for these Plans, the STP would set out how it would deliver against all of the NHS Long Term Plan themes. It was explained that the NHS Long Term Plan also required the STP to refresh its strategic planning for the five year period, including development of five year financials for the system from 2019/20 to 2023/24 and five year system priorities in terms of system and care transformation.

At present the workstream leads were undertaking a diagnostic assessment of the extent to which each STP workstream/programme was aligned with the NHS Long Term Plan content and whether any further actions or initiatives were required. The headline findings from this assessments would be shared with a number of forums including the STP Clinical and Professional Board, Programme Board and the Joint Board as required.

It was noted that there were a number of existing strands of work which would support the STPs' response to the NHS Long Term Plan, including refreshing the Kent and Medway Case for Change, the Kent and Medway outcomes dashboard and creation of two new strategies, the Primary Care Strategy and Children's Strategy.

In response to a question concerning how Healthwatch could assist with contributing the public voice to the way forward and assist with public

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engagement, the Joint Board was advised that a Communications and Engagement Strategy and Plan would be developed in collaboration with Healthwatch and other partners between now and autumn when the Five Year Plan would be published. It was added that initial thoughts were that engagement should focus on some of the themes identified in the NHS Long Term Plan and it was considered that there were exciting opportunities to engage on topics such as primary care, children's services and mental health.

A Member highlighted to the Joint Board that there were circa. 500 expectations/performance outcomes/targets set out in the NHS Long Term Plan spanning the 2, 5, and 10 year period. Referring to past experience, he cautioned that achieving these expectations might result in a need for spending which exceeded annual 3.4% budget uplift.

### **Decision:**

The Kent and Medway Joint Health and Wellbeing Board noted the update on the NHS Long Term Plan.

## **910 An Overview of the Encompass MCP Vanguard**

### **Discussion:**

The Chair, Encompass MCP presented the Joint Board with a presentation on the work and legacy of the Encompass Multi-Speciality Community Provider (MCP) Vanguard. It was explained to the Joint Board that following a successful bid securing 3 years of funding, the Vanguard was established and was comprised of 14 GP practices representing circa. 180,000 patients. The Vanguard 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 to populations of circa. 50,000 people (with the exception of Sandwich and Ash which had a smaller population density).

One of the foremost achievements of the Vanguard was the development of Multi-Disciplinary Teams (MDTs). These MDTs drew expertise from a range of professionals, which could be tailored to suit the local area and in some instances included the Police, Fire and Rescue and Housing Services. MDTs worked together across the footprint of the Hubs to create anticipatory care plans for the individuals within the Vanguard.

The Joint Board was advised that there were four strands to the work of the Vanguard centred around the GP Practice, these were:

1. Routine, Prevention and Proactive Care
2. Emergency and Reactive Care
3. Acute Care
4. Tertiary Care

It was explained that the Vanguard considered four population cohorts ranging from the individuals that were considered to be the most vulnerable and frail

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with multiple co-morbidities to those that were generally well. The Vanguard initially concentrated on the cohort which was considered to be most vulnerable and frail who had the most need and expended the most resource (analysis showed that this cohort represented circa. 6% of the population but utilised 80% of the total expenditure on emergency admissions across the whole population in the Vanguard).

It was explained that in total there were 12 workstreams which were set out for the Joint Board in a Directory of Services. Some of the focus areas included:

1. **Health condition management** which involved moving some services, historically provided within a hospital setting, into the community, extending the roles of GPs and other health care professionals. Fast access to services within the community avoided attendance at A&E.
2. **Supported self care** which aimed to support people to make healthier lifestyle choices to avoid preventable diseases. This included social prescribing undertaken in collaboration with Red Zebra, providing a single point of access for GPs to enable them to signpost individuals to one or more voluntary organisations who could provide further support. The Vanguard also developed Health Trainers (Lifestyle Coaches), an initiative in schools to keep children active and lastly, the Vanguard developed a Waitless App which provided real time data on Minor Injury Units (MIUs) and A&E departments in east Kent.

With respect to achievements made over the three years, the Joint Board was advised patient experience had improved and there had been a reduction in short stay admissions by 33.1%, a reduction in A&E minor attendance by 6.4%, a reduction in emergency admissions by 8.2% and in relation to a specific project, a reduction in Catheter related admissions by 22.6%. Overall it was forecast that this represented a £3.4m net saving.

With respect to next steps, it was explained that the CCG had continued to support the funding of the 12 workstreams of the Vanguard. The Vanguard had also helped define the model for Local Care across Kent and Medway. Referring to the emerging national health system model, it was noted that there was a plan for each of the 8 CCG localities, within Primary Care Networks, for Local Care which had been developed across Health, Care and the Voluntary Sector to build on the model of the Vanguard.

Local Care Deliverables for 2019/20 included:

- Delivery of all the elements of the MDT model for frail and elderly, embedding all components i.e. urgent and emergency care, Home First, care navigation and end of life care;
- Embedding mental health into the MDT model, including dementia support; development of a menu of services needed to support people, from wellbeing to severe mental illness
- Developing the MDT approach for children and young people with complex conditions;
- Upscaling of care navigation / social prescribing; and

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- Providing support for carers, including developing the next stages of the Carers App.

Members raised a number of questions, including:

**Estates** - In response to a question concerning the experience of the Vanguard finding suitable and affordable properties, the Joint Board was advised that it was a challenge to obtain a property stock correct for this new model of care. It was considered that the Estuary View Medical Centre in Whitstable was an exemplar facility which could be reproduced, subject to funding availability.

**Services for children and young people** - With respect to a question concerning services for young people, it was explained that the Vanguard introduced the daily mile within some schools. As a result of this intervention, the fitness of children increased, obesity reduced and concentration levels increased within the school environment. The Chair, Encompass MCP, added that he would support further learning within schools on subjects such as First Aid and CPR. In addition, it was considered that schools were an important community resource and should be open outside of school hours for purpose of increasing access to physical activity.

**Financial savings** - Clarification was sought on the realisable savings made as a result of the Vanguard. It was explained that a £3.4million saving was made on the cohort of the population within the Vanguard. It was added that real savings could be achieved if the model was upscaled which would allow for the hospital bed stock to be reduced.

**Social isolation** - With respect to a question on social isolation, the Joint Board was advised that circa. 80% of the patients referred into the social care programme were people suffering with social isolation. These individuals were supported by voluntary sector through Red Zebra Service.

**Mental Health** - A Member supported the aim of health condition management in ensuring that mental health was given the same level of importance as physical health.

### **Decision:**

The Kent and Medway Joint Health and Wellbeing Board thanked the Chair, MCP Encompass for his presentation and noted the overview of the Encompass MCP Vanguard.

## **911 Work Programme**

### **Discussion:**

The Democratic Services Officer at Medway Council introduced the work programme report and drew the Joint Board's attention to the recommended amendments to the work programme set out at paragraphs 2.3 to 2.4 of the report.

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A Member requested that following consideration by the Joint Board of the NHS Long Term Plan (agenda item 9), the Joint Board be presented with an update report on the Kent and Medway response to the NHS Long Term Plan and the Five Year Plan once it was completed.

### **Decision:**

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

- a) that the report on the Kent and Medway STP workstream, Workforce, be presented to the Joint Board every six months;
- b) the addition of a report on the Kent Medical School to the Joint Board's work programme, with a date to be determined;
- c) the addition of an update report on the Kent and Medway response to the Long Term Plan and the final Five Year Plan to the Joint Board's work programme.

**Chairman**

**Date:**

**Jade Milnes, Democratic Services Officer**

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