Health and Wellbeing Board

A meeting of this Committee will be held on:

Date: Tuesday, 22 October 2013

Time: 4.00pm

Venue: Meeting Room 2 - Level 3, Gun Wharf, Dock Road, Chatham ME4 4TR

Membership:

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
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<tbody>
<tr>
<td>Councillor David Brake</td>
<td>Portfolio Holder for Adult Services</td>
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<tr>
<td>Councillor David Carr</td>
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<tr>
<td>Councillor Howard Doe</td>
<td>Portfolio Holder for Housing and Community Services</td>
</tr>
<tr>
<td>Councillor Peter Hicks</td>
<td>Portfolio Holder for Community Safety and Customer Contact</td>
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<tr>
<td>Councillor Andrew Mackness</td>
<td>Chairman of the Board</td>
</tr>
<tr>
<td>Councillor Vince Maple</td>
<td>Leader of the Labour Group</td>
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<tr>
<td>Councillor Mike O'Brien</td>
<td>Lead Portfolio Holder for Children's Services</td>
</tr>
<tr>
<td>Barbara Peacock</td>
<td>Director of Children and Adult Services</td>
</tr>
<tr>
<td>David Quirke-Thornton</td>
<td>Deputy Director, Children and Adults Services</td>
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<tr>
<td>Dr Alison Barnett</td>
<td>Director of Public Health</td>
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<tr>
<td>Alison Burchell</td>
<td>Chief Operating Officer, NHS Medway Commissioning Group</td>
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<tr>
<td>Dr Peter Green</td>
<td>Chief Clinical Officer, NHS Medway Clinical Commissioning Group</td>
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<tr>
<td>Dr Gill Fargher</td>
<td>Medway Clinical Commissioning Group (Vice-Chairman)</td>
</tr>
<tr>
<td>Felicity Cox</td>
<td>Director, Kent and Medway, NHS England</td>
</tr>
<tr>
<td>The Very Reverend Dr Mark Beach</td>
<td>Healthwatch</td>
</tr>
</tbody>
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Agenda

1  Record of meeting  
To approve the record of the meeting held on 18 June 2013.

2  Apologies for absence

3  Declarations of disclosable pecuniary interests

A member of the Board need only disclose at any meeting the existence of a disclosable pecuniary interest (DPI) in a matter to be considered at that meeting if that DPI has not been entered on the disclosable pecuniary interests register maintained by the Monitoring Officer.

A member disclosing a DPI at a meeting must thereafter notify the Monitoring Officer in writing of that interest within 28 days from the date of disclosure at the meeting.

A member may not participate in a discussion of or vote on any matter in which he or she has a DPI (both those already registered and those disclosed at the meeting) and must withdraw from the room during such discussion/vote.

Board members may choose to voluntarily disclose a DPI at a meeting even if it is registered on the council’s register of disclosable pecuniary interests but there is no legal requirement to do so.

Members should also ensure they disclose any other interests which may give rise to a conflict under the council’s code of conduct.

In line with the training provided by the Monitoring Officer members will also need to consider bias and pre-determination in certain circumstances and whether they have a conflict of interest or should otherwise leave the room for Code reasons.

4  Video from LGA to be shown

http://www.youtube.com/watch?feature=player_embedded&v=rnlmdkufaT8

5  Feedback from Stakeholder Event

The purpose of this report is to advise the Board of the key points arising from the consultation event on the Joint Health and Wellbeing Strategy held on 18 September 2013.
This paper aims to define the methodology for undertaking a mapping of Medway-wide assets, which relate to the promotion of physical activity and healthy eating as part of a wider approach to improving community health and wellbeing in Medway.

This asset-based approach is intended to complement Medway’s Joint Strategic Needs Assessment and significantly enhance understanding of the strengths and assets, as well as the deficits, which exist within Medway’s communities.

This report introduces the draft communications plan for the Medway Health and Wellbeing Board.

This report is for information and gives details of the current position following the establishment of Healthwatch in Medway.

The following video gives an explanation of the role of the Health and Wellbeing Board from The Kings Fund:

http://vimeo.com/69224754

Medway Clinical Commissioning Group (CCG) and Medway Council have established a Partnership Commissioning team to commission seamless health and social care services that achieve the best outcomes for residents and their families and best value for the public purse. The report, which will be supplemented by a presentation to the Health and Wellbeing Board, outlines key areas of work and priorities.

This report briefs the Board on the “A Better Start” Big Lottery bid, which Medway is making with Family Action to improve outcomes for children. Medway has been successful in reaching the final round of the bidding process which, if successful, would bring circa £40m over 10 years to enable a systematic change to services to provide a preventative approach in pregnancy and early years and reduce the incidence of health and social problems later in life.
12 Update on Winterbourne

The Minister of State for Care Services has requested that Health and Wellbeing Boards consider the Winterbourne View Joint Improvement Programme – Local Stocktake, in order that Board members are apprised of progress locally against the commitments made in the Winterbourne View Concordat.

13 Work programme

This report allows the Board to consider any additions or changes it wishes to make to the work programme. The report also contains an update on the setting up of the health inequalities scrutiny task group.

For further information please contact Rosie Gunstone, Democratic Services Officer on Telephone: 01634 332715 or Email: rosie.gunstone@medway.gov.uk

Date: 14 October 2013
Medway Council  
Meeting of Health and Wellbeing Board  
Tuesday, 18 June 2013  
4.00pm 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 Adult Services  
Councillor Mrs Diane Chambers  
Councillor Howard Doe, Portfolio Holder for Housing and Community Services  
Councillor Peter Hicks, Portfolio Holder for Community Safety and Customer Contact  
Councillor Andrew Mackness (Chairman)  
Councillor Vince Maple, Leader of the Labour Group  
Councillor Mike O’Brien, Portfolio Holder for Children’s Services  
Barbara Peacock, Director of Children and Adults Services  
David Quirke-Thornton, Deputy Director, Children and Adults Services  
Dr Alison Barnett, Director of Public Health  
Alison Burchell, Chief Operating Officer, NHS Medway Commissioning Group  
Dr Peter Green, Chief Clinical Officer, NHS Medway Clinical Commissioning Group  
Dr Gill Fargher, Medway Clinical Commissioning Group (Vice-Chairman)  
Felicity Cox, Area Director for the NHS Commissioning Board for Kent and Medway  

In Attendance:  
Sally-Ann Ironmonger, Senior Public Health Manager  
Julie Keith, Head of Democratic Services  
Hannah Langford, Senior Lawyer (Planning and Projects)  
Anthony Law, Democratic Services Officer  
Karen Macarthur, Consultant in Public Health  

60 Election of Chairman  
Councillor Andrew Mackness was elected Chairman of the Health and Wellbeing Board for the forthcoming year.  

61 Election of Vice-Chairman  
Dr Gill Fargher was elected Vice-Chairman of the Health and Wellbeing Board for the forthcoming year.
Health and Wellbeing Board, 18 June 2013

62 Apologies for absence

Apologies for absence were received from Councillor Howard Doe and the Very Reverend Dr Mark Beach (Healthwatch nominee).

63 Declarations of disclosable pecuniary interests

There were none.

64 Introduction to the work of the Health and Wellbeing Board

Discussion:

The Director of Public Health introduced this report setting out the progress made by the Shadow Health and Wellbeing Board during 2012/2013.

This included the development of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy 2012-2015, after a well-attended stakeholder event, and a review of commissioning plans.

It was reported that, as a committee of Medway Council, the Council had agreed the Board’s Terms of Reference on 25 April 2013 and a copy was attached to the report at Appendix 1.

The Director of Public Health gave details of the priorities for the 2013/2014 work programme, which reflected both the Board’s statutory duties and local priorities. This included a refresh of the Joint Strategic Needs Assessment and a review of the Joint Health and Wellbeing Strategy. The Board was also required to complete a pharmaceutical needs assessment and all organisations on the Board would need to support this significant piece of work. Furthermore, a report on the implications arising from the review by Sir Bruce Keogh into the quality of care and treatment at 14 Trusts nationally, including Medway NHS Foundation Trust, would be presented to the Board for consideration. It was also noted that a stock take of progress against the commitments made in the Winterbourne View Concordat needed to be submitted by 5 July 2013. This would be shared with Board members prior to submission, with a full report presented on 22 October 2013.

The Director of Public Health highlighted that a key objective for 2013/2014 would be the integration of commissioning arrangements between the Council and the NHS for children and adult services. The Board would have oversight of these arrangements and will receive a report at the October meeting.

A video clip demonstrating the potential impact of the Health and Wellbeing Board was shown at the meeting.

Decisions:

(a) The Board noted the Terms of Reference for the Health and Wellbeing Board.
Health and Wellbeing Board, 18 June 2013

(b) The Board noted the priorities for 2013/2014, as set out in the report.

65 Joint Health and Wellbeing Strategy themes

This item was considered in conjunction with agenda item 7 (Joint Health and Wellbeing Strategy delivery plans and outcomes framework) and is therefore set out below.

66 Joint Health and Wellbeing Strategy delivery plans and outcomes framework - for decision

Discussion:

The Consultant in Public Health introduced a report setting out progress against each of the delivery plans for the five priority actions within the Medway Joint Health and Wellbeing Strategy 2012-2017.

The theme leads for the priority actions updated the Board on progress and a summary is set out below under the 5 themes:

- Theme 1: Give every child a good start

It was noted that the overarching action was to support mothers to have good physical and emotional health in pregnancy and in the early months of life; focusing on increasing levels of breastfeeding and reducing smoking in pregnancy.

Action included the work by Medway Community Healthcare to address recruitment targets for the health visiting expansion; how health visitors were supporting smoking cessation and increasing breastfeeding rates; initiatives to support pregnant women to quit smoking at an early stage of pregnancy, such as the introduction of expired-air carbon monoxide monitoring; and, the peer supporter network, supported by Medway Community Health Care, of mothers who had breastfed their babies and were keen to help other mothers do the same.

During the discussion of this item Board Members reflected on the role of the Family Nurse Partnership and the importance of making every contact count to address issues such as smoking.

- Theme 2: Enable older people to live independently and well

The priority action was to improve early diagnosis treatment and care for people with dementia in line with increasing population need.

Board members were advised of a number of actions/outputs, including four successful bids to the Prime Minister’s Dementia Challenge Fund; a campaign to encourage memory assessments; a community engagement event run by the Clinical Commissioning Group; and, the exploration of interactive technology to support identification and assessment.

This record is available on our website – www.medway.gov.uk
The positive impact that a reduction in the use of anticholinesterase inhibitors could have was reported to the Board and it was requested that lead officers work to make delivery plans more accessible to the public by the removal of jargon.

- Theme 3 Prevent early death and increase years of healthy life

The priority action was to reduce death rates from cardiovascular disease.

The Board were advised of the proactive approach being taken, such as the early identification and management of patients with familial hypercholesterolaemia and diabetes. Details of the PACT campaign that encouraged people to check their pulse once a year was given, together with information as to how it was being publicised in order to maximise the campaigns effectiveness. It was noted that around one in five strokes were due to atrial fibrillation and of these three quarters may be prevented by people taking their pulse.

- Theme 4 Improve physical and mental health and wellbeing

It was reported that the priority action was promoting healthy eating and physical activity.

The Board were advised as to progress with developing a cross-departmental approach on planning and licensing, which sought to create healthy environments conducive to preventing and reducing existing levels of obesity. Further collaborative work would be undertaken with Greenspaces concerning play area improvements. It was also noted that the delivery of healthy eating workshops and courses was on target and details were given as to proposals for a community health champion programme.

The Board considered the action of mapping local assets to support a community wide approach to combating obesity and reflected on how a broader mapping and mobilisation of community assets would be of benefit to a number of themes. Board members requested that a report be brought back to the next meeting setting out details of a potential scope for this process.

- Theme 5 Reduce health inequalities

The priority action was to improve uptake of NHS health checks in the most disadvantaged areas.

It was noted that currently Medway was significantly higher than the England average for health checks offered but significantly lower for the percentage taken up. The Board were advised of the health checks campaign that promoted free Health Checks for people aged between 40 and 74 and it was noted that a website had been launched which, in addition to details of the campaign, provided real-life experiences of others.

This record is available on our website – www.medway.gov.uk
Following the presentations by the theme leads the Consultant in Public Health gave a presentation on the monitoring and outcomes framework for the Medway Joint Health and Wellbeing Strategy. This included a timetable for 2013/2014 based on the meetings of the Health and Wellbeing Board; sample views of the public health dashboard (a web based tool for the 78 indicators within the strategy); and, key points arising from an initial review of the dashboard for the 5 themes.

Board Members considered the information provided on the dashboard and the presentation of information, both in terms of the visual layout and also the use of different time periods. The importance of up-to-date information was stressed and it was suggested that the stakeholder consultation/review scheduled for September 2013 be used to test accessibility and use.

**Decision:**

(a) The Board noted the progress updates provided on the priority action delivery plans.

(b) The Board agreed the monitoring and outcomes framework for the Joint Health and Wellbeing Strategy 2012/2017 and noted the key points arising from the initial review.

(c) The Board requested that a report be submitted to the next meeting of the Health and Wellbeing Board, which considers the scope for mapping of community assets.

**67 CCG prospectus- for decision/confirmation**

**Discussion:**

The Chief Operating Officer at NHS Medway Clinical Commissioning Group (CCG) introduced a report that provided the Board with a copy of the CCG Prospectus. It was noted that the Prospectus had been published on 28 May 2013 and a copy was attached to the report.

Board members were advised that the purpose of the prospectus was to help the public and patients understand who the CCG were, why they exist and how they will work to make Medway a happier and healthier place to be.

The draft Prospectus had been shared for comment with the CCG Governing Body and Patient Council, as well as the Shadow Health and Wellbeing Board. It was also noted that it took into account the principles required by NHS England.

The Board supported the Prospectus and welcomed the inclusion of details relating to the Health and Wellbeing Board and Joint Health and Wellbeing Strategy. During the discussion of this item it was also reported that an easy-read version would be made available shortly.
Health and Wellbeing Board, 18 June 2013

Board Members noted that the Prospectus was currently a web based document and suggested that further consideration is given to enhancing accessibility to it; such as utilising Medway Matters – the council produced magazine published and delivered to every household in Medway.

Decision:

(a) The Board noted the Prospectus, the consultation undertaken and approved the final version which had been published within the required timeframe.

(b) The Board suggested that further consideration be given to a means to enhance the accessibility of the Prospectus.

68 Health inequalities

Discussion:

The Consultant in Public Health gave a presentation providing an overview and summary information about health inequalities in Medway. Potential areas for action were also identified. The Board were advised that reducing health inequalities in Medway would be the subject of a Health and Adult Social Care Overview and Scrutiny review in 2013/2014 and were asked to consider areas that could be proposed to the Overview and Scrutiny Committee for inclusion within the review.

The Board were provided information explaining why action was needed to tackle health inequalities; this included the difference in life expectancy between the 10% most and least deprived in the population, which was 9.3 years for men and 4 years for women. The challenge of reducing health inequalities was also explored, with reference made to the gestation times for interventions and the 6 key policy recommendations arising from the recent publication of ‘Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post 2010’ (Marmot Review).

It was noted that a revised version of the report had been tabled at the meeting and that the Health and Wellbeing Board had attended a development session earlier in the day facilitated by Peter Goldblatt from the University College London, Institute of Health Equity.

The Board considered and discussed potential areas for inclusion within the Overview and Scrutiny review. This included a number of areas that had been identified within the development session, such as active travel, asset mapping and creating healthy environments, and other areas including housing, debt and proportionate universalism/targeting services according to need.

The Board was mindful of the need to make recommendations that were focussed and meaningful and requested that a report be brought back to the next meeting of the Board to enable further discussion on proposals for the scope of the review.
Decision:

The Board agreed that this report be resubmitted to the next meeting of the Health and Wellbeing Board to enable further consideration.

69 Work programme

Discussion:

The Democratic Services Officer introduced a report on the work programme, which was based on activity over the shadow year.

It was noted that following discussion earlier in the meeting that items concerning the monitoring and review of the Joint Health and Wellbeing Strategy, the mapping of community assets and reviewing health inequalities in Medway would needed to be included within the work programme.

Decision:

The Board agreed that

(a) the monitoring and review of the Joint Health and Wellbeing Strategy, as set out in agenda item 7, be added to the Board’s work programme;

(b) a report exploring the mapping of community assets be added to the agenda on 22 October 2013;

(c) the scope for the in-depth scrutiny review on health inequalities be reported to the next meeting of the Board.

Chairman

Date:

Anthony Law, Democratic Services Officer

Telephone: 01634 332008
Email: democratic.services@medway.gov.uk

This record is available on our website – www.medway.gov.uk
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HEALTH AND WELLBEING BOARD
22 OCTOBER 2013

HEALTH AND WELLBEING STRATEGY
STAKEHOLDER EVENT

Report from: Dr Alison Barnett, Director of Public Health
Author: Dr Saloni Zaveri, Acting Consultant in Public Health Medicine

Summary

A stakeholder consultation event was held on 18 September 2013 with the aim of informing the annual update of priority actions within Medway’s Joint Health and Wellbeing Strategy.

The purpose of this report is to advise the Board of the key points arising from the consultation event.

1. Budget and Policy Framework

1.1. The Health and Social Care Act 2012 places a statutory duty on the local authority and CCGs to develop a joint health and wellbeing strategy (JHWS).

1.2. The JHWS requires annual updating to inform annual commissioning plans and the HWB therefore needs to consider priority actions for the forthcoming year.

2. Consultation event: feedback of key points

2.1. A stakeholder event was held on 18th September 2013 which brought together key stakeholders with involvement in the development of the JHWS with the aims of:

- Updating stakeholders on progress made to date against priority actions within the JHWS.
- Consulting stakeholders on emerging issues, existing assets/resources to meet needs, and gaps in resources.
- Reviewing and refreshing priority actions for each of the five key themes within the JHWS.

2.2. A list of stakeholders who attended the event is attached as appendix 1.
2.3. Priority Actions and Assets identified from consultation event

2.3.1. Theme 1 – Give every child a good start

Priority Action 1: Support mothers to have good physical and emotional health in pregnancy and in the early months of life. Focus on increasing levels of breastfeeding and reducing smoking in pregnancy.

There was agreement from stakeholders that this existing priority action should be retained for 2014/15. Suggestions for improvement included promoting breastfeeding friendly restaurants/ cafes/ shops, increasing peer support for breastfeeding mothers, supporting fathers to encourage breastfeeding continuation.

Suggestions for new priority actions:

- Language development in young children
- Maternal mental health: focus on existing mental health issues and prevention of mental health problems.

Key assets identified for theme 1:

- Children’s Centres and nurseries- need to maximise use of these
- Rich, diverse voluntary sector
- Medway’s physical environment

2.3.2. Theme 2 - Enable our older population to live independently and well

Priority Action 2: Improve early diagnosis, treatment and care or people with dementia in line with increasing population need

Stakeholders agreed that the existing priority action should be retained for 2014/15. Suggestions for improvements/ changes to services included better use of technology to facilitate access to health care for patients with dementia (e.g., telecare); better support for carers and families; using the Fire Service to carry out home safety checks.

Suggestions for new priority action:

- Falls management and prevention

Key assets identified for theme 2:

- The Voluntary Sector
- Church and faith groups
- Coterminal CCG and Local Authority

2.3.3. Theme 3 - Prevent early death and increase years of healthy life

Priority Action 3: Reduce death rates from cardiovascular disease.

Stakeholders agreed that whilst the focus on cardiovascular disease should not be lost there was a case to prioritise cancer because of the poor outcomes in Medway. This would include increasing early diagnosis, improving screening rates, ensuring timely access to evidence based treatment and reducing lifestyle risk factors. It was felt that specific cancers which require prioritisation are bowel, breast and lung cancer.
Suggestions for new priority action:

- Cancer (bowel, breast and lung)

Key assets identified for theme 3:

- Local businesses
- Schools/ FE institutions
- Football clubs
- Green spaces
- Medway’s cultural assets

2.3.4. Theme 4 - Improve physical and mental health and wellbeing

Priority Action 4: Promote healthy eating and physical activity.

Stakeholders agreed that the existing priority action should be retained for 2014/15.

Suggestions for new priority action:

- Reduce social isolation through a social isolation strategy
- Focus on the links between physical health and wellbeing and mental health, with work needed around increasing awareness of and support for mental health conditions, for example through routine screening for mental health conditions by health care professionals

Key assets for theme 4:

- Local media
- Local community and voluntary organisations
- Medway cultural events
- Green spaces
- Food banks
- Parish councils

2.3.5. Theme 5 – Reduce health inequalities

Priority Action 5: Improve uptake of screening and health checks in the most disadvantaged areas.

Stakeholders agreed that the existing priority action should be retained for 2014/15 but that the focus should be shared equally between health checks and screening (in particular cancer screening).

Suggestions for new priority actions:

- Private sector housing quality
- Welfare reforms and their impact on neighbourhoods/ individuals
- Increase access to education, employment and training for vulnerable groups.

Key assets for theme 5:

- Neighbourhood infrastructure (community, voluntary, faith organisations
- Schools
• Social media
• Primary Care
• Audit+

2.4. An online consultation, in the form of a survey, has run for 25 days and closed on 7th October 2013. The online consultation was open to the wider public who live or work in Medway and was publicised on the Medway Council, A Better Medway and Medway CCG websites, and via Twitter using the A Better Medway Twitter feed.

2.5. The link to the consultation survey was also circulated to local networks through:
• Medway Council
• Medway Clinical Commissioning Group
• Medway Community Healthcare

2.6. A total of 56 responses were obtained to the survey.

2.7. Responses have been collected by the Public Health Intelligence Manager and will be collated into a database for analysis. Analysis of survey responses is due to commence shortly.

2.8. Following analysis of responses from all consultations and using information from the JSNA, a long list of priority actions will be developed under each theme. Scoring of priorities by the Board will be done remotely using the prioritisation matrix, which was used in 2012, and the results fed back to the Board in a report. Final agreement on priority actions for 2014/2015 will be sought at the November meeting of the Board.

2.9. More detailed information on assets identified through the consultation processes will be given in the final report to the Board and will feed into the asset mapping project which is currently being planned.

3. Risk management

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<th>Description</th>
<th>Action to avoid or mitigate risk</th>
<th>Risk rating</th>
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<tr>
<td>Lack of agreement on Priority Actions for 2014/15</td>
<td>This could result in lack of collective effort to address priorities and failure to address them through individual organisation commissioning plans</td>
<td>HWB members to support the prioritisation process</td>
<td>D2 (Low, Critical)</td>
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4. Financial and legal implications

4.1. There are no direct financial or legal implications of this report.
5. **Recommendations**

5.1. The Board is asked to note the information in this paper and to support the forthcoming prioritisation process.

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**Lead officer contact**

Dr Saloni Zaveri  
Acting Consultant in Public Health Medicine  
Public Health Directorate  
Medway Council  
Tel: 01634 332639

[Saloni.Zaveri@medway.gov.uk](mailto:Saloni.Zaveri@medway.gov.uk)

**Background papers**

Health and Wellbeing Board Stakeholder event held on Wednesday 18th September 2013 at the St George’s Centre

List of attendees

<table>
<thead>
<tr>
<th>NAME</th>
<th>POSITION</th>
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<tbody>
<tr>
<td>Christine Baker</td>
<td>Medway Pensioner Forum</td>
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<tr>
<td>Cllr Ted Baker</td>
<td>Children and Young Peoples O&amp;S</td>
</tr>
<tr>
<td>Doug Baldock</td>
<td>Medway CCG Patient Council</td>
</tr>
<tr>
<td>Dr Adrian Barnardo</td>
<td>Consultant Gastroenterologist, MFT</td>
</tr>
<tr>
<td>Phil Barnes</td>
<td>Medical Director, Medway NHS Foundation Trust</td>
</tr>
<tr>
<td>The Very Rev. Dr Mark Beach</td>
<td>Healthwatch; Health and Wellbeing Board member</td>
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<td>Director of Public Health; Health and Wellbeing Board member</td>
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<tr>
<td>Councillor David Brake</td>
<td>Portfolio Holder for Adult Services, Health and Wellbeing Board member</td>
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<tr>
<td>Dr. Maggie Bruce</td>
<td>Consultant in Public Health Medicine, Medway Council</td>
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<tr>
<td>Bridget Bygrave</td>
<td>Chief Executive Sunlight Development Trust</td>
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<tr>
<td>Justin Chisnell</td>
<td>Deputy Chief Operating Officer, Medway CCG</td>
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<tr>
<td>Dr Graham Clayden</td>
<td>Non-Executive Director, MFT</td>
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<tr>
<td>Graham Clewes</td>
<td>Chief Executive, Medway Youth Trust</td>
</tr>
<tr>
<td>Kerri-Anne Collins</td>
<td>Project Manager and Primary Care Lead, Public Health Directorate, Medway Council</td>
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<tr>
<td>Councillor Pat Cooper</td>
<td>Spokesperson on Children and Young People O&amp;S</td>
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<tr>
<td>Robin Cooper</td>
<td>Director of Regeneration, Community and Culture, Medway Council</td>
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<tr>
<td>Felicity Cox</td>
<td>Kent and Medway Director, NHS England</td>
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<tr>
<td>Neville Dack</td>
<td>Business Development Officer, CVS Medway</td>
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<tr>
<td>Neil Davies</td>
<td>Chief Executive, Medway Council</td>
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<tr>
<td>Inspector Joy Dean</td>
<td>Kent Police</td>
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<tr>
<td>Scott Eliott</td>
<td>Senior Public Health Manager, Healthy Weight</td>
</tr>
<tr>
<td>Dr Gill Fargher</td>
<td>Clinical Member, Medway CCG; Vice Chair of Health and Wellbeing Board</td>
</tr>
<tr>
<td>Mary Gillam</td>
<td>Operations Manager, Health and Lifestyle Service, Sunlight Development Trust</td>
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<tr>
<td>Councillor Gilry</td>
<td>Children and Young People O&amp;S</td>
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<tr>
<td>Dr Peter Green</td>
<td>Chief Clinical Officer, MCG; Health and Wellbeing Board member</td>
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<td>Councillor Adrian Gulvin</td>
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<td>Councillor Peter Hicks</td>
<td>Portfolio Holder Community Safety &amp; Customer Contact</td>
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<tr>
<td>Rita Holmes</td>
<td>Medway CCG Patient Council; Service Dev. Officer, MS society</td>
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<tr>
<td>Ashley Hook</td>
<td>Chief Executive, MHS Homes</td>
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<tr>
<td>Professor Liz Hyrniewicz</td>
<td>Canterbury University</td>
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<tr>
<td>Dr Christine Huxham</td>
<td>Medway Clinical Commissioning Group</td>
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<tr>
<td>Sally-Ann Ironmonger</td>
<td>Head of Health Improvement, Medway Council</td>
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<tr>
<td>Mike Keen</td>
<td>Kent Local Pharmaceutical Committee</td>
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<tr>
<td>Jill Lane</td>
<td>Paediatric Service Manager, MFT</td>
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Attendee list JHWS consultation event Sept 2013; S Zaveri; 11-10-13
<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Organization</th>
</tr>
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<tbody>
<tr>
<td>Anthony Lewis</td>
<td>Corporate Performance &amp; Intelligence Manager, Medway Council</td>
</tr>
<tr>
<td>David Lewis</td>
<td>Lay member governance; Chair of Audit Committee, Medway CCG</td>
</tr>
<tr>
<td>Karen Macarthur</td>
<td>Consultant in Public Health</td>
</tr>
<tr>
<td>Councillor Andrew Mackness</td>
<td>Chair of Health and Wellbeing Board</td>
</tr>
<tr>
<td>Councillor Ray Maisey</td>
<td>Health and Adult Social Care O&amp;S</td>
</tr>
<tr>
<td>Councillor Vince Maple</td>
<td>Leader of the Labour Group; Health and Wellbeing Board member</td>
</tr>
<tr>
<td>Dr Christopher Markwick</td>
<td>Clinical Member, Medway CCG</td>
</tr>
<tr>
<td>Mariette Mason</td>
<td>Partnership Commissioning Manager, Medway Council</td>
</tr>
<tr>
<td>Dan McDonald</td>
<td>Chief Executive, Medway Citizens Advice Bureau</td>
</tr>
<tr>
<td>Rathini Mills</td>
<td>Medway CCG Patient Council; Community Development Worker (Mental Health), Kent</td>
</tr>
<tr>
<td>Karen Morgan</td>
<td>Assistant Director of Operations (Unplanned care), Medway Community Healthcare</td>
</tr>
<tr>
<td>Lindsey Morgan</td>
<td>Assistant Principal, Student Services, Mid Kent College</td>
</tr>
<tr>
<td>Councillor Mike O’Brien</td>
<td>Lead Portfolio Holder for Children’s Services Health and Wellbeing Board member</td>
</tr>
<tr>
<td>Barbara Peacock</td>
<td>Director of Children’s and Adult’s Services; Health and Wellbeing Board member</td>
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<tr>
<td>Beth Peal</td>
<td>Healthwatch</td>
</tr>
<tr>
<td>Gill Perks</td>
<td>Lead Midwife and Matron for Community Services, MFT</td>
</tr>
<tr>
<td>Councillor Purdy</td>
<td>Children and Young Peoples O&amp;S</td>
</tr>
<tr>
<td>Marilyn Roe</td>
<td>Partnership Commissioning Manager, Medway Council &amp; Medway CCG</td>
</tr>
<tr>
<td>Councillor Shaw</td>
<td>Health and Adult Social Care O&amp;S</td>
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<tr>
<td>Councillor Smith</td>
<td>Children and Young Peoples O&amp;S</td>
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<tr>
<td>Paul Stephens</td>
<td>Medway CCG Governing Body Patient Council Representative</td>
</tr>
<tr>
<td>Simon Truett</td>
<td>Head of Long Term Conditions, Medway CCG</td>
</tr>
<tr>
<td>Peter Turner</td>
<td>Chief Executive, Medway Carers First</td>
</tr>
<tr>
<td>Phil Watson</td>
<td>Assistant Director Children's Social Care</td>
</tr>
<tr>
<td>Dave Weaver</td>
<td>Head of Quality, Medway CCG</td>
</tr>
<tr>
<td>Michelle Webb</td>
<td>Service Manager Medway Access &amp; Recovery Services, KMPT</td>
</tr>
<tr>
<td>Alan West</td>
<td>Medway CCG Patient Council</td>
</tr>
<tr>
<td>Dr David Whiting</td>
<td>Public Health Intelligence Manager, Medway Council</td>
</tr>
<tr>
<td>Steve Wilkins</td>
<td>Secretary, Medway Trades Union Council</td>
</tr>
<tr>
<td>Dr Saloni Zaveri</td>
<td>Acting Consultant in Public Health Medicine, Medway Council</td>
</tr>
</tbody>
</table>
HEALTH AND WELLBEING BOARD
22 OCTOBER 2013

MAPPING LOCAL ASSETS TO SUPPORT A COMMUNITY-WIDE APPROACH TO IMPROVE PHYSICAL AND MENTAL HEALTH AND WELLBEING

Report from: Dr Alison Barnett, Director of Public Health
Author: Dr Saloni Zaveri, Acting Consultant in Public Health Medicine

Summary
This paper aims to define the methodology for undertaking a mapping of Medway-wide assets, which relate to the promotion of physical activity and healthy eating as part of a wider approach to improving community health and wellbeing in Medway. This asset-based approach is intended to complement Medway’s Joint Strategic Needs Assessment and significantly enhance understanding of the strengths and assets, as well as the deficits, which exist within Medway’s communities.

1. Budget and Policy Framework
1.1. Under the Health and Social Care Act 2012, local Health and Wellbeing Boards have statutory responsibility for producing the Joint Strategic Needs Assessment (JSNA). The assets approach is a tool, which can help to augment the JSNA and give a richer picture of local potential and capacity as well as deficits.

2. Background
2.1. Poor diet and a lack of physical activity are risk factors for obesity which synthetic modelling predicts affects approximately 30% of adults in Medway.

2.2. The prevalence of obesity in Medway is estimated to be higher than the national average and is projected to rise without significant intervention with associated costs to health and social care also rising. Gaps in knowledge
exist for Medway around diet, access to affordable, healthy food and
regarding the uptake of targeted schemes to promote good nutrition such as
Healthy Start vouchers and vitamins. For example, local Healthy Start data
indicates that the uptake of vitamins for children and mothers are very low
(reflecting the national picture): the reason for the lack of vitamin uptake is
unknown.

2.3. The Health profile for Medway indicates that Medway is worse than the
average for England for physical activity amongst adults and children.

2.4. Medway’s JSNA recommends that whole population approaches are required
to tackle these issues. The evidence base and policy context to support the
use of asset based working to promote health and wellbeing has been
described in a previous paper, which is attached as appendix 1.

2.5. At the meeting of the Board on 16 August 2013 consideration was given to
different options for undertaking an asset mapping process in Medway.
Agreement was reached that the process would be undertaken in two phases:

- **Phase 1:** A Medway-wide mapping of organisational/institutional assets,
  physical assets and assets of associations which promote physical activity
  and healthy eating.

- **Phase 2:** Using information from Phase 1 to identify one or more
  communities/ neighbourhoods of interest, an in depth mapping of assets at an
  individual and community level, which promote physical activity and healthy
  eating.

2.6. This paper will define a proposed methodology for undertaking Phase 1 of the
asset mapping process.

3. **Project outline**

3.1. **Objectives**

- Determine what is and is not available in the local area to inform future service
development
- Connect practitioners and people who use services together in order to
  influence the development of service provision in local area i.e. connecting
different assets together to strengthen and build on what already exists
- Understand the efficacy of using a positive, “strengths” approach to improving
  health and wellbeing locally
- To integrate a Joint Strategic Assets Assessment within the Joint Strategic
  Needs Assessment

3.2. **Anticipated outputs**

- Visual representation of assets which promote physical activity and healthy
  eating across Medway
- Information from phase 1 to inform the identification/ targeting of one or more
  communities of interest in Medway within which a further, in depth, asset
  mapping exercise will be undertaken.
• Recommendations for improved service delivery in the area
• A toolkit for future asset mapping projects

3.3. Methodology

3.3.1. Project management.

A project steering group will be formed to direct and oversee the project. The Consultant in Public Health will manage the project.

3.3.2. Data collection

Information on assets will be collected using two main approaches:

1. Compiling and collecting information from existing lists of organisational/institutional and environmental assets (e.g. existing service directories).
2. Consultation events, which will draw together key partners in the promotion of healthy eating and physical activity and will use a Participatory Appraisal approach to identify local assets, assess strengths and weaknesses of the local asset base and gain information on relationships/links between local assets.

3.3.3. Data analysis

Following collection, information will be transcribed where necessary and then categorised using the following framework:

• Food and nutrition (e.g. supermarkets, grocery stores, farm shops, restaurants, fast food, cafes, pubs, farmers markets)
• Organisations/Institutions (e.g. leisure centres, schools, local authority)
• Associations (e.g. health and fitness groups, growing groups, cooking groups, cycle/walk groups)
• Physical (e.g. parks, recreation areas, playgrounds, skate parks, walks)

3.3.4. Data storage

Data will be stored on an asset database within an internal filing system in Medway Council.

3.3.5. Data presentation

Once coded, information will be presented as an online interactive map, which locates and marks with a “tag” all identified assets on a geographical map of Medway and provides links to further details about each asset.

3.3.6. Use of results and dissemination

A final report will be submitted to the Health and Wellbeing Board. The results of the asset mapping projects and the resulting interactive maps will be published and publicised on relevant public websites and amongst key partners. Further engagement with key partners will be undertaken to identify
key gaps in resources/services. This information will be used to identify one or more communities/neighbourhoods of interest. Subsequently Phase 2 - an in-depth mapping of assets at an individual and community level, which promote physical activity and healthy eating, will be undertaken. The asset database will be updated annually as part of the JSNA update process. Any new information relating to existing or new assets will be directed to a dedicated member of the public health intelligence team who will update the database.

3.4. Timeline

<table>
<thead>
<tr>
<th>Stage</th>
<th>Action</th>
<th>Timeline/ deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project planning</td>
<td>Methodology agreed by Health and Wellbeing Board</td>
<td>22 Oct 2013</td>
</tr>
<tr>
<td></td>
<td>Project steering group convened</td>
<td>15 Nov 2013</td>
</tr>
<tr>
<td></td>
<td>Planning of consultation event</td>
<td>15 Nov 2013 - 15 Jan 2014</td>
</tr>
<tr>
<td></td>
<td>Identify other sources of information on local assets</td>
<td>15-Nov 2013- 15 Jan 2014</td>
</tr>
<tr>
<td>Carry out project</td>
<td>Collect information from existing asset lists/ other sources of information</td>
<td>29 Jan 2014</td>
</tr>
<tr>
<td></td>
<td>Consultation event to collect ideas/ knowledge of local assets</td>
<td>29 Jan 2014</td>
</tr>
<tr>
<td></td>
<td>Categorisation of assets, scoring of quality and transcription into electronic format (asset database)</td>
<td>28 Feb 2014</td>
</tr>
<tr>
<td></td>
<td>Presentation of data as interactive map</td>
<td>28 Mar 2014</td>
</tr>
<tr>
<td>Reporting and dissemination of results</td>
<td>Final Phase 1 report</td>
<td>April 2014</td>
</tr>
<tr>
<td></td>
<td>Dissemination and publication of Phase 1 results</td>
<td>April 2014</td>
</tr>
<tr>
<td></td>
<td>Plan Phase 2 of project</td>
<td>Commence May 2014</td>
</tr>
</tbody>
</table>

4. Risk management

<table>
<thead>
<tr>
<th>Risk</th>
<th>Description</th>
<th>Action to avoid or mitigate risk</th>
<th>Risk rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational</td>
<td>Lack of engagement with key stakeholders/partners leading to lack of information</td>
<td>Board to support engagement in process&lt;br&gt;Engagement initially with key partners within existing Physical Activity Network</td>
<td>Low</td>
</tr>
</tbody>
</table>
5. **Financial and legal implications**

5.1. There are no anticipated legal implications of the recommendations in this report.

5.2. There will be a small cost attached to the asset mapping consultation event, which will mainly relate to catering and stationery/ printing and will be covered by the Public Health Grant.

6. **Recommendations**

6.1. The Board is asked to consider the information given in this paper and agree the proposed methodology.

**Lead Officer Contact**

Dr Saloni Zaveri  
Acting Consultant in Public Health Medicine  
Public Health Directorate  
Medway Council  
Tel: 01634 332639

Saloni.Zaveri@medway.gov.uk

**Background papers**

(Accessed 10 July 2013)
Mapping local assets to support a community-wide approach to improve physical and mental health and wellbeing

Summary

This paper aims to scope the main methodological options for undertaking an asset mapping exercise within Medway in the context of taking an asset based approach to improving community health and wellbeing. This asset based approach is intended to complement Medway’s Joint Strategic Needs Assessment and significantly enhance understanding of the strengths and assets, as well as the deficits, which exist within Medway's communities.

The HWB are asked to consider the options presented in this paper and to reach agreement on an appropriate methodology for the asset mapping process.

1. Budget and Policy Framework

Under the Health and Social Care Act 2012, local Health and Wellbeing Boards have statutory responsibility for producing the Joint Strategic Needs Assessment (JSNA). The assets approach is a tool which can help to augment the JSNA and give a richer picture of local potential and capacity as well as deficits.

2. Background

2.1. Introduction to the asset-based approach

The health of individuals and communities is influenced by social determinants of health. The Marmot Review (2010) highlighted the strong link between socio-economic inequities and inequalities in health and recognised that action across the wider determinants of health is required in order to reduce health inequalities. The Review recommended a more systematic approach to engaging communities with effective participation by individuals and communities in defining the issues and developing the solutions.

The traditional “deficit” approach to reducing health inequalities focuses on the needs and deficiencies within a population or community, with subsequent service planning to fill the deficiencies and “fix” the problems. Asset based working recognises that even the most marginalised communities have assets - valuable capacity, skills, knowledge and potential - and that health and wellbeing can be promoted through the building of social capital and community networks and the mobilising of these assets. A health asset has been defined as follows:

“Any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain health and well-being. These assets can operate
at the level of the individual, family or community as protective and promoting factors to buffer against life’s stresses”

(Improvement and Development Agency, 2010).

An early stage within the asset based working process is the asset mapping phase. A substantial quantity of assets and resources exist within all communities and can be used to build communities and solve problems/meet needs. Asset mapping is the process by which the resources, skills and talents of individuals, associations and institutions, including those which may be hidden or potential, are gathered together into a map or inventory. The process also aims to discover the links between the different parts of the community, agencies and organisations in order that relationships, social capital and community networks can be rediscovered and refreshed, leading to community empowerment.

Asset mapping is most effective when undertaken by a group with an agreed aim and starts with volunteers mapping assets of individuals and of the community. Box 1 shows five suggested steps for carrying out a community-led mapping process.

**Box 1. Five steps to conducting a community-led asset mapping exercise**

| Step 1. Meet those people who become the core group that will take the lead. |
| Step 2. Contact the individuals or groups who are active in your community – both formal and informal networks. This will identify the individuals who can do the mapping. |
| Step 3. Through face-to-face conversations, door knocking and other approaches such as storytelling, these individuals collate the assets and talents of individuals in the community. The residents who get involved recruit more people to help who, in turn, carry on mapping more individuals. |
| Step 4. Identify the resources and assets of local associations, clubs and volunteers. |
| Step 5. Map the assets of the agencies including the services they offer, the physical spaces and funding they could provide, and the staff and networks they have. Depending on the local vision, the maps can be extended to include physical, economic and cultural assets. |


### 2.3. Policy context

**2.3.1. UCL Institute of Health Equity, 2010. Fair Society Healthy Lives (The Marmot Review).**

Highlights the strong link between socio-economic inequities and inequalities in health and recommended a more systematic approach to engaging communities
with effective participation by individuals and communities in defining the issues and developing the solutions.


Supports and adopts the recommendations made within The Marmot Review, and transfers many key public health functions from the NHS to Local Authorities, thereby opening new opportunities to tackle the wider determinants of health and shift power to local communities.


Advises that community engagement may impact positively on a wide range of medium and long term health outcomes and recommends that providers and commissioners should develop and build upon the local community’s strengths and assets.

2.3.4. Joint Health and Wellbeing Strategy (JHWS) for Medway 2012-2017

The themes identified in Medway’s JSNA are developed in the JHWS by the Health and Wellbeing Board. Priority Action 4- to promote healthy eating and physical activity- relates to Theme 4 of the Strategy. At the recent meeting of The Board on 18 June 2013, the process of mapping local assets to support a community wide approach to promoting healthy eating and physical activity and tackling obesity was considered and supported. Board members requested that a report be brought back to the next meeting setting out details of a potential scope for this asset mapping process.

2.4. Physical activity and healthy eating: a picture of Medway

Poor diet and lack of physical activity are risk factors for obesity which synthetic modelling predicts affects approximately 30% of adults in Medway.

The prevalence of obesity in Medway is estimated to be higher than the national average and is projected to rise without significant intervention with associated costs to health and social care also rising. Gaps in knowledge exist for Medway around diet, access to affordable, healthy food and regarding the uptake of targeted schemes to promote good nutrition such as Healthy Start vouchers and vitamins. The Health profile for Medway indicates that Medway is worse than the average for England for physical activity amongst adults and children.

Medway’s JSNA recommends that whole population approaches are required to tackle these issues.
3. Options

3.1. What will be the breadth of the mapping exercise?

<table>
<thead>
<tr>
<th>Option</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
</table>
| 1. List assets for promoting physical activity and healthy eating | • Specifically related to Medway HWB Strategy Priority Action  
• Simpler to categorise assets into key headings/levels  
• Could be undertaken as a pilot to ascertain the best methodology for a series of future (broader) mapping exercises | • Healthy eating and physical activity are not the sole drivers of obesity  
• Not as inclusive as other options |
| 2. List assets for reducing obesity | • Could help to inform a wider obesity strategy  
• Could be kept quite specific and manageable within resource constraints | • Not as inclusive as broader options |
| 3. List assets that promote all healthy lifestyles and wider determinants of health | • Very inclusive  
• Opportunity to tackle comprehensive range of social determinants of health | • May not be feasible within resource constraints  
• Very challenging to keep the list of assets up to date |
### 3.2. What will be the scale of the mapping?

<table>
<thead>
<tr>
<th>Option</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>Limit to certain groups/ communities within Medway</strong></td>
<td>Small scale and possibly not comprehensive enough to be applicable to Medway as a whole</td>
</tr>
<tr>
<td></td>
<td>• Enables prioritisation of communities with disproportionately high inequalities</td>
<td>------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>• Can gain a deeper understanding of the community and rethink design of services for that community</td>
<td></td>
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<tr>
<td></td>
<td>• Enables comparisons between different communities/ groups</td>
<td>------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>2.</td>
<td><strong>Limit to certain geographical areas within Medway, e.g., wards</strong></td>
<td>Risk of masking often considerable inequalities within wards</td>
</tr>
<tr>
<td></td>
<td>• Can choose geographical areas with contrasting profiles (e.g., demographic; rural vs urban etc)</td>
<td>------------------------------------------------------------------------------------------------------</td>
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<tr>
<td></td>
<td>to allow comparison</td>
<td>------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>3.</td>
<td><strong>Medway-wide</strong></td>
<td>Resource intensive to cover all levels of assets across the whole of Medway</td>
</tr>
<tr>
<td></td>
<td>• Most inclusive option—covers diverse geographical and demographic profiles</td>
<td>------------------------------------------------------------------------------------------------------</td>
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<tr>
<td></td>
<td>• Could use a Medway-wide asset mapping approach to search for and link assets across Medway to deficits identified within Medway's JSNA.</td>
<td>------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
3.3. How should assets be classified?

Identified assets (actual and potential) require classification into categories, examples of which are given below.

<table>
<thead>
<tr>
<th>Category of asset</th>
<th>Who/ what are they- examples</th>
<th>What do they have- examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Community members</td>
<td>• Talents</td>
</tr>
<tr>
<td></td>
<td>Excluded groups</td>
<td>• Skills</td>
</tr>
<tr>
<td></td>
<td>Families</td>
<td>• Experience</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Knowledge</td>
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<tr>
<td></td>
<td>Talents</td>
<td></td>
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<tr>
<td></td>
<td>Skills</td>
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<td></td>
<td>Experience</td>
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<td></td>
<td>Knowledge</td>
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<td></td>
<td>Skills</td>
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<td></td>
<td>Experience</td>
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<td></td>
<td>Knowledge</td>
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<td></td>
<td>Sponsorship</td>
<td></td>
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<tr>
<td></td>
<td>Training</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Donations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Time/expertise</td>
<td></td>
</tr>
<tr>
<td>Organisational/ Institutional</td>
<td>Public:</td>
<td>• Money</td>
</tr>
<tr>
<td></td>
<td>• Local government</td>
<td>• Buildings</td>
</tr>
<tr>
<td></td>
<td>• NHS</td>
<td>• Services</td>
</tr>
<tr>
<td></td>
<td>• Education</td>
<td>• Staff</td>
</tr>
<tr>
<td></td>
<td>• Cultural- libraries, museums</td>
<td>• Knowledge and expertise</td>
</tr>
<tr>
<td></td>
<td>Private:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Local businesses</td>
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<td></td>
<td>• Banks</td>
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<td></td>
<td>• Corporations</td>
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<td></td>
<td>Money</td>
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<td></td>
<td>Buildings</td>
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<td>Services</td>
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<td></td>
<td>Staff</td>
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<tr>
<td></td>
<td>Knowledge and expertise</td>
<td></td>
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<td></td>
<td>Sponsorship</td>
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<td>Training</td>
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<td></td>
<td>Donations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Time/expertise</td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>Open spaces</td>
<td>• Opportunities for leisure, physical activity, social</td>
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<td></td>
<td>Unused land</td>
<td>networking and interaction</td>
</tr>
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<td></td>
<td>Buildings/ structures</td>
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<td>Transport</td>
<td></td>
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<tr>
<td>Community</td>
<td>Associations (e.g. faith groups, voluntary orgs, self-help and user groups)</td>
<td>Social capital</td>
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<td>---------------------------------------------------</td>
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<td></td>
<td>Civic participation</td>
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<td></td>
<td>Neighbourliness</td>
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<td></td>
<td>Cohesion</td>
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<td>Networks</td>
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<td></td>
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<td>Membership</td>
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<td></td>
<td></td>
<td>Consensus</td>
</tr>
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<td></td>
<td></td>
<td>Shared knowledge</td>
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<td></td>
<td></td>
<td>Money</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Influence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Buildings</td>
</tr>
</tbody>
</table>
### 3.4. How should a full list of assets be collated?

<table>
<thead>
<tr>
<th>Option</th>
<th>Advantages</th>
<th>Disadvantages</th>
<th>Comments</th>
</tr>
</thead>
</table>
| 1. Public Health speaking to partners* and collating a list of assets | - Quickest, simplest option | - Top down approach- public health working in isolation  
- Difficult to engage key partners with the process | *List of key partners is dependent on the breadth of the asset mapping exercise (see section 3.1) |
| 2. Public Health creates framework to list assets on and partner organisations and individuals* invited to populate the list | - Community- led, partnership approach- promotes shared ownership  
- Can be done fairly rapidly as a desktop or workshop exercise  
- Publicly accessible tool could be developed to enable regular updating by community members | | Possible approaches:  
- Appreciative Enquiry- consulting the community, drawing out strengths and successes from the past and creating a shared plan for the future.  
- Participatory Appraisal- local people are trained to research community members. Can include community walks, focus groups etc  
- World Café- engage large number of people around a set of questions/ Informal approach. Encourages dialogue across many groups/ organisations/ tiers.  
- Open Space- All stakeholders in same room. No set agenda: open ended agenda and timings. Individuals propose topics or ideas and then organise a discussion by recruiting participants |
| 3. Commissioning alternative organisation to take project on | - Impartiality of an independent organisation  
- Preferable if existing capacity to undertake the work is limited | - Cost of commissioning the work from an external agency  
- Less opportunity to engage with partners |
- Missed opportunity for partners to develop and retain understanding of local assets, which may also impact on ability to mobilise assets.
3.5. How should assets be recorded?
Issues requiring consideration with respect to the recording of assets relate to data collection, data storage, data presentation and data refreshing. The options will now be discussed in turn.

3.5.1. Data collection

Possible methods of collection of information on assets include:

- Initial use of internal communication methods to engage with internal colleagues: explain purpose of the asset mapping exercise and ask people to come forward with any relevant information on assets in the areas of interest.
- Collection of initial brainstorming ideas (for example, from a workshop/other consultation event) on paper then categorisation of assets and transcription into electronic format.
- Use Twitter to start a dialogue around the need for a local group/activity to meet a particular need in Medway and ask for any information to be fed back. A single member of the PH intelligence team to take responsibility for collating information coming in through Twitter and channels.

3.5.2. Data storage

- Internal filing system initially
- Consideration later could be given to a Wikipedia or google map format to which all members of the community can add information (NB: content would require regular vetting).

3.5.3. Data presentation

Possible methods of presentation of data on assets include the following:

- Incorporate into JSNA and present as part of JSNA with an annual refresh.
- For hard to reach groups: consider publishing in alternative formats e.g. posters/leaflets for distribution within relevant venues.
- Interactive map for infrastructure/institutional assets
- Amazon Marketplace style approach where people accessing the site can search for certain services/resources using key words. Links could be generated to other related resources.

3.5.4. Data refreshing

The resulting asset list/map will require regular updates. Possible options for updating include:

- Annual update as part of the JSNA update process
- Any new information to come to a dedicated member of the PH Intelligence team who will update the list accordingly.
3.6. What resources will be required for the initial mapping exercise?

Required resources are dependent upon the chosen methodology. Consideration will need to be given to requirements for the following:

- **Staff**
  - Public Health Specialist and Intelligence
  - Administrative,

- **Time**
  - Preparation
  - Undertaking mapping exercise
  - Transcription of responses
  - Creation of tool on which to present data

- **Finance**
  - Mapping exercise/ event

4. Use of asset mapping

Asset mapping is one of the principal methods of asset working and aims to systematically produce knowledge about existing community assets. Asset mapping methods can be used by public services and community groups, for example, to raise awareness, mobilise new resources and as a tool for community development. Assets within an area- individual and community resources as well as the resources held by organisations- are made visible through face-to-face dialogues with community members, thereby enabling people and organisations to realise and appreciate the resources they have and mobilising people to make use of them.

Providing a richer picture of an area than the traditional deficits/needs focused approach can inform service planning and investment in voluntary groups and community activity. On a larger scale, integrating the mapping process with the refresh of an area’s JSNA can inform and influence local commissioning.

5. Advice and analysis

Taking into account the information and options within section 3, three possible methodologies have been considered and are outlined below.
**Model 1**

Breadth: Medway-wide

Scale: Map assets that promote healthy lifestyles and wider determinants of health

Asset categories: All asset categories as described in section 3.4.

Advantages: Most inclusive option; opportunity to tackle comprehensive range of social determinants of health

Disadvantages: Highly resource intensive; high risk of lack of engagement; very challenging to keep asset map/list up to date

---

**Model 2**

Breadth: Medway wide

Scale: Map assets linked to deficits identified within the JSNA that promote physical activity and healthy eating.

Asset categories: List organisational/institutional assets only

Advantages: Simplest and least resource intensive option; relatively simple to keep asset list up to date; opportunity to embed assets alongside needs within strategic planning processes

Disadvantages: Would not capture community or individual assets (therefore not a truly “bottom up” approach as little community involvement required); does not include all drivers of obesity.
Model 3

Breadth: Limited geographical area(s) or targeted community/communities of interest.

Scale: Map assets linked to deficits identified within the JSNA that promote physical activity and healthy eating

Asset categories: All asset categories as described in section 3.4.

Advantages: Bottom-up approach involving community; opportunity to embed assets alongside needs within strategic planning processes

Disadvantages: Does not include all drivers of obesity.

Lead Officer Contact

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Background papers


HEALTH AND WELLBEING BOARD
22 OCTOBER 2013
DRAFT COMMUNICATIONS PLAN

Report from: Stephanie Goad, Assistant Director, Communications, Performance and Partnerships

Author: Simon Wakeman, Head of Communications and Marketing

Summary
This report introduces the draft communications plan for the Medway Health and Wellbeing Board.

1. Budget and Policy Framework
1.1 The decision falls within the Council’s policy and budget framework.

2. Background
2.1 Effective communications is important in supporting the work of the Health and Wellbeing Board in Medway.

2.2 The draft communications plan sets out the approach to communicating the board’s work among a range of audiences in Medway. It sits alongside the Joint Health and Wellbeing (HWB) Strategy and will need to be kept up-to-date with changes agreed to the HWB strategy.

2.3 Medway Council’s in-house communications team, working closely with the Kent and Medway Commissioning Support Unit (CSU) on behalf of Medway CCG, will lead communications for the board.

3. Options
3.1 The draft communications plan identifies a recommended range of communications tactics that are deliverable within existing resources.

3.2 The plan will be amended with any feedback from board members at the meeting on 22 October and then implemented as described.

4. Advice and analysis
4.1 Board members are requested to review the draft plan to ensure it delivers communications activities that are in line with the board’s work programme.
4.2 While it is possible to add and remove activities from the plan, it is important that all objectives and activities are achievable within the resources available to deliver the communications plan.

5. Risk management

5.1 Risk management is an integral part of good governance. The Council has a responsibility to identify and manage threats and risks to achieve its strategic objectives and enhance the value of services it provides to the community.

<table>
<thead>
<tr>
<th>Risk</th>
<th>Description</th>
<th>Action to avoid or mitigate risk</th>
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<tbody>
<tr>
<td>Approval of communications materials is not achieved in time for deadlines</td>
<td>To enable communications to be delivered in line with the plan it is important that materials, wording and designs are approved in line with reasonable deadlines.</td>
<td>Board to agree that the Director of Public Health can approve materials, wording and designs on behalf of the board, in consultation with the chairman.</td>
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</tbody>
</table>

6. Consultation

6.1 The draft communications plan has been prepared in consultation with the Health and Wellbeing Board chairman, Director of Public Health and the Kent and Medway Commissioning Support Unit (providers of communications services to Medway CCG).

7. Financial and legal implications

7.1 There are no financial implications arising from the plan.

7.2 Governance arrangements for the operation of the Medway Health and Wellbeing Board were agreed by Council on 25 April 2013 and are set out in Chapter 3 of the Council’s Constitution (page 3.14 – 3.15). The Constitution provides that the Board will develop a Communications and Engagement Strategy during 2013/14 which will set out how the Board will engage with stakeholders and the public and how communications on behalf of the Board will be managed. The decision to approve the draft communications plan is therefore a decision that the Board is empowered to make under the Council’s constitution.

8. Recommendations

8.1 The Board is recommended to approve the draft communications plan.
8.2 To agree that the Director of Public Health is given delegated authority to approve materials, wording and designs on behalf of the board, in consultation with the chairman.

Lead officer contact

Simon Wakeman, Head of Communications and Marketing, 07740 590021
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communication noun

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ion, a letter or messa
Introduction

Medway’s Health and Wellbeing Board (HWB) was established as a committee of the council under the Health and Social Care Act 2012. It took on its statutory functions in April 2013 and meets every three months.

The board is committed to improving the health and wellbeing of Medway’s population and to reducing the health inequalities that exist across our area. The board’s desire is to see all Medway’s population healthy and flourishing and able to enjoy life to the full.

Improving health and wellbeing is a shared responsibility between a number of organisations in Medway, including where there is integrated commissioning of health and social care.

This shared responsibility is reflected in the board’s membership which includes representatives from Medway Council, Medway Clinical Commissioning Group and NHS England.

The board is chaired by Cllr Andrew Mackness.

The board’s strategy is set out in the Joint Health and Wellbeing Strategy (JHWS) which is the key mechanism to ensure that priorities for health and wellbeing in Medway are identified and driven forward.

The JHWS is currently being refreshed to ensure the priorities we are focusing on in Medway are right and that the strategy takes into consideration the views of a wide range of people and partners across Medway.

This communications plan sets out the approach to communicating the board’s work among a range of audiences in Medway. It sits alongside the JHWS and will need to be kept up-to-date with changes agreed to the strategy. Communications for the board will be led by Medway Council’s in-house communications team, working closely with the Kent and Medway Commissioning Support Unit on behalf of Medway Clinical Commissioning Group.

This plan covers communications and a separate strand of work is underway on engagement.
Strategy themes and priorities

The JHWS has five themes and a priority action for each theme for 2013/14:

**Theme 1:**
Give every child a good start

**Priority for 2013/14:**
Support mothers to have a good physical and emotional health in pregnancy and in the early months of their baby’s life. Focus on increasing levels of breastfeeding and reducing smoking in pregnancy.

**Theme 2:**
Enable our older population to live independently and well

**Priority for 2013/14:**
Improve early diagnosis, treatment and care for people with dementia in line with increasing population need.

**Theme 3:**
Prevent early death and increase years of healthy life

**Priority for 2013/14:**
Reduce death rates from cardiovascular disease.

**Theme 4:**
Improve physical and mental health and wellbeing

**Priority for 2013/14:**
Promote healthy eating and physical activity.

**Theme 5:**
Reduce health inequalities

**Priority for 2013/14:**
Improve uptake of screening and Health Checks in the most disadvantaged areas.
Communication aims

**Establish awareness** of the JHWS and local Healthwatch among local residents, key external stakeholders and council staff to provide clarity on the roles of the different HWB members.

**Objective:**
30% awareness of HWB among Medway residents by 31 January 2014, measured through January tracker research wave.

**Communicate progress** against the five strategic themes identified in Medway’s joint HWB strategy.

**Objectives:**
Issue a HWB bulletin within two weeks of each public meeting detailing agreed key messages and an update on each strategic theme.

**Increase council staff understanding** of
- the JHWS
- the new health and wellbeing landscape in Medway
- the potential role of their service area in improving health and wellbeing outcomes and reducing health inequalities

**Objectives:**
Face to face briefings held for all MC service managers by 31 December 2013.
75% awareness of HWB and relevance to their jobs by 31 March 2014 (assumed zero baseline)
Key messages

**WHAT**

The HWB makes a **real difference** to improving the health and wellbeing of local people.

- The HWB commits to making Medway a place where
  - the environments people live in help them **improve their own health and wellbeing**
  - children grow up to reach their **full potential**
  - old people feel **valued and supported** in their local communities
  - people have access to **good employment and work opportunities**
  - people stay healthy and enjoy life but have resilience to cope with life’s challenges
  - people can expect to enjoy **good health and good healthcare and social care** whatever their social or economic circumstances

**HOW**

- By **bringing together statutory and voluntary organisations** which are involved in healthcare, social care and public health to encourage the provision of better services for local people.

- By promoting the work of HWB partners in delivering services in Medway that support these commitments, with a focus on the importance of health and social care.
  - By encouraging **greater integration of healthcare, social care and public health services** to improve services for local people.

- By providing opportunities for residents and stakeholders to have their say and demonstrating how the HWB responds to the feedback it receives.

**WHAT**

The HWB is **listening to residents and stakeholders** so that its decisions about services are made taking into account local circumstances as fully as possible.
Role of HWB board and partners in communications

All HWB member organisations have a role to play in communicating the board's messages.

These agreed key messages will be used as the basis of a HWB bulletin which will be disseminated by board members to staff and other stakeholders after each meeting. The bulletin content will be agreed with the HWB chair within two weeks of the meeting and then circulated.

The communications leads from Medway Council and Kent and Medway CSU (for Medway CCG) NHS England Area Team and Healthwatch will be responsible for cascading key messages from HWB meetings to internal and external audiences, and providing feedback on key communications issues.

It is proposed that at each HWB meeting, the board members consider and agree up to three key messages to be disseminated following the meeting. A draft of these will be prepared in consultation with the HWB chair before the meeting. These key messages will also be provided for board members to enable them to have conversations about the HWB as part of their day-to-day work.

This “word of mouth” is an important form of communication as it uses the networks that board members already have and capitalises on the influence that board members hold in their roles outside the HWB.
## Communications timeline – to March 2014

<table>
<thead>
<tr>
<th>EXTERNAL</th>
<th>OCTOBER</th>
<th>NOVEMBER</th>
<th>DECEMBER</th>
<th>JANUARY</th>
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<td>Relaunch pages with video (LGA and AM i/v)</td>
<td>HWB bulletin</td>
<td>Feature on one area of HWB priorities *</td>
<td>Feature on healthy eating and activity *</td>
<td>Feature – subject to be agreed *</td>
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<td>Interview opp with HWB chair to trail 22/10 meeting</td>
<td>Press release with board key messages</td>
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<td>HWB bulletin cascaded to staff. Key messages provided for HWB members to discuss and promote in their work (“viral conversations”)</td>
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<td></td>
<td>Relaunch pages with video (LGA and AM i/v)</td>
<td>Slot at existing Service Managers’ briefing session. Toolkit and video for team meetings.</td>
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Evaluation:
MC quarterly tracker research - residents

Evaluation:
MC staff communications survey


Version 0.3
## Version history

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<th>Description</th>
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<td>Initial draft for discussion</td>
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<tr>
<td>v0.2</td>
<td>11 October 2013</td>
<td>Amendments from feedback</td>
</tr>
<tr>
<td>v0.3</td>
<td>14 October 2013</td>
<td>Amendments from HWB Chair and Director of Public Health</td>
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</table>
Medway’s Health and Wellbeing Board (HWB) is already making a difference to the lives of people in Medway by

1) **Bringing together** the organisations working in Medway to pave the way for improving the health and wellbeing of people in the area. The board is ensuring Medway has healthcare, social care and public health services in place to meet the needs of our residents.

It’s more important than ever that healthcare, social care and public health services work together to deliver better, more efficient and integrated services.

By taking a more preventative approach we can improve lives in Medway, helping more people – reducing the need for specialist treatments and interventions. This is better for people in Medway and more efficient as well.

2) **Backing Medway’s bid** for a major investment of between £30 and £50 million in Lottery funding over the next eight to ten years to radically transform services supporting parents and their children during a child’s first few years.

Medway’s bid is one of the final 15 bids nationally and is a great opportunity for partners in Medway to work together to transform services to help improve the lives of parents and young children in the area.

The focus of this evidence-led approach will be on early intervention and prevention – a radical shift from the current reactive delivery of support services when families start to struggle – and is consistent with the preventative approach that the HWB is championing.

3) Delivering work to **map people, places and organisations** involved in healthy eating and physical activity in Medway. By doing this we will get a better picture of how different approaches to healthy living can be better joined up – so that people in Medway can make the most of the opportunities available to them to lead healthier lives.
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HEALTH AND WELLBEING BOARD

22 OCTOBER 2013

HEALTHWATCH UPDATE

Report from: Neil Davies, Chief Executive
Author: Rosie Gunstone, Democratic Services Officer

Summary

This report is for information and gives details of the current position following the establishment of Healthwatch in Medway.

1. Budget and Policy Framework

1.1. The Health and Social Care Act 2012 set up Healthwatch as the new consumer champion for the public, patients, health and care service users, and their carers and families. The Act itself outlines two forms of Healthwatch: Healthwatch England, which was established on 1 October 2012; and local Healthwatch organisations, which started on 1 April 2013 and were based in upper-tier and unitary local authority areas in England.

2. Background

2.1 Appendix 1 to this report sets out the update on Healthwatch submitted by The Very Reverend Dr Mark Beach.

3. Risk implications

3.1. There are no specific risk implications connected with this report.

4. Financial and legal implications

4.1. There are no specific financial or legal implications connected with this report. In the event of there being any recommendations relating to commissioning these will need to be referred to the Council’s Cabinet and/or NHS Medway Clinical Commissioning Group.
5. **Recommendation**

5.1. The Board is asked to note the update report.

**Lead officer contact**
Rosie Gunstone, Democratic Services Officer
Telephone: 01634 332715  Email: rosie.gunstone@medway.gov.uk

**Background papers** - none
Healthwatch Medway October 2013 Update - Medway Health and Wellbeing Board

As outlined in the Health and Social Care Act 2012, Healthwatch is the new consumer champion for the public, patients, health and care service users, and their carers and families. The Act itself outlines two forms of Healthwatch: Healthwatch England, which was established on 1 October 2012; and local Healthwatch organisations, which started on 1 April 2013 and were based in upper-tier and unitary local authority areas in England.

When awarding the local Healthwatch Medway contract, a decision was taken by Medway Council to award the three functions of ‘local’ Healthwatch to two different providers – SEAP (who would provide the NHS complaints advocacy function) and Healthwatch Medway CIC (who would provide the information / signposting local healthwatch function and the citizen participation and engagement function). Therefore, as a Medway Council contracted service, performance monitoring of Medway Healthwatch is via Medway contract monitoring processes.

Healthwatch Medway CIC is made up of five local civil sector partnership organisations (Sunlight Development Trust, Medway Citizens Advice Bureau, Hands (Rochester), Medway Ethnic Minority Forum and the Metro Centre) who have agreed to work in partnership to deliver Medway Healthwatch. However, note should be taken that the official Healthwatch contract is awarded to Medway Citizens Advice Bureau, because Medway CIC is a trading subsidiary of Medway Citizens Advice Bureau, based in Gillingham.

Since March 2013, the process of Medway Healthwatch mobilisation has taken place with a series of successful early key objectives being met. These include:- lawful operation of the Medway CIC and governance, recruiting members to the Healthwatch Medway CIC board of Directors, recruitment of key Healthwatch Medway staff, establishing accessible digital communication channels (website (www.healthwatchmedway.co.uk), Facebook page (www.facebook.com/healthwatchmedway and Twitter account @ HWatchMedway).

Early in the Medway Healthwatch mobilisation process, there was recognition of the local importance to Medway citizens of the Medway LINks legacy and LINks volunteers. Therefore, Healthwatch Medway facilitated a series of structured engagement events that provided all of Medway LINKs registered volunteers with the opportunity to engage with, and volunteer to be involved with, Healthwatch Medway activity.

A strategic approach was taken at the LINKs engagement events and, subsequently engagement with Medway citizens, was taken by Healthwatch Medway to utilise NICE guidance and the NICE classification system to support LINKs members and Medway citizens. This approach would enable people to be able to identify clearly what capacity they may like to be involved with in Medway Healthwatch and to have clarity about the capacity they were contributing during Healthwatch Medway activity in e.g. sharing a perspective from a lived experience, having particular expertise due to my job (profession) etc.

As Healthwatch Medway mobilisation has successfully progressed, representatives for key Medway meetings (Overview and Scrutiny, Health and Wellbeing Board) have been confirmed and representatives have been involved in their meetings. In order to support effective and accurate representation, nominated representatives have been supported by Healthwatch Medway officers to
identify evidence-based data from Medway Healthwatch engagement activities to support accurate consumer opinion and representation.

Strategic engagement of Medway citizens has been an early priority issue for Healthwatch Medway. It has actively engaged with key Medway partners (e.g. Medway P.A.L.S., Medway Clinical Commissioning Group, Medway Council) and monitoring bodies (e.g. Care Quality Commission, Monitor) to develop thorough and practical Memorandums of Understandings so that the local healthwatch engagement philosophy of using a 'network of networks' to promote active citizen engagement and participation can be achieved successfully.

Alongside strategic 'high-level' citizen engagement Healthwatch Medway has also been actively meeting community groups/networks and providing information about the local Healthwatch Medway service (including the 'Medway Network of Networks approach'. Examples of networks that Medway Healthwatch has successfully engaged with whilst doing this activity include working with the Kent and Medway Young Persons Mental Health Network, Medway Cancer Transition Network and Medway Foundation Trust Hospital.

Following the publication of the Keogh report, Medway Healthwatch has been involved within the Medway Foundation Trust's multi-agency, Keogh action plan monitoring group. Directors from Healthwatch Medway have additionally taken the opportunity to visit the hospital to gain first hand experience of the hospital's facilities and to learn further about the measures that are being taken following the Keogh report to improve patient experience at the hospital.

In the week October 14th, Healthwatch Medway begins an official ‘soft launch’ in Medway over five days. The timing of this soft launch has been influenced by the national launch of the Healthwatch England annual report (due to be launched 9th October 2013) and the desire for the launch to be undertaken in partnership with key local agencies e.g. Medway Clinical Commissioning Group, Medway Foundation Trust, SEAP, etc). The Healthwatch Medway launch will be located over the five Medway towns and be based within the Medway community, for example, information stalls are being held in Medway Foundation Trust hospital, Strood market, Lordswood Healthy Living Centre, Rainham High Street etc. With the understanding that the launch provides an opportunity to engage with the Medway community, Medway Healthwatch will also be running some engagement activities on its Information Stall at the launch and encouraging (through the use of digital technology) local citizens to volunteer be engaged with future Healthwatch Medway activity.

The future activity of Healthwatch Medway continues to be busy and varied, with Medway citizen participation and engagement remaining a central theme to the work that is planned. For example Healthwatch Medway representation is being negotiated for the involvement of the Medway Pharmaceutical Needs Assessment, local training being arranged to facilitate the Healthwatch ‘Enter and View’ scheme locally, Healthwatch Medway community networkers are be recruited to help continue the development of the Healthwatch Medway 'network of network' approach to engagement and ongoing activity will continue from existing Healthwatch Medway activity e.g. involvement in the monitoring of the Keogh action plan at Medway Foundation Trust hospital and engaging with the Medway community.
HEALTH AND WELLBEING BOARD

22 OCTOBER 2013

REPORT ON PARTNERSHIP COMMISSIONING

Report from/authors: David Quirke-Thornton, Deputy Director Children & Adult Services

Helen Jones, Assistant Director Partnership Commissioning

Summary

Medway Clinical Commissioning Group (CCG) and Medway Council have established a Partnership Commissioning team to commission seamless health and social care services that achieve the best outcomes for residents and their families and best value for the public purse. This report, which will be supplemented by a presentation to the Health and Wellbeing Board, outlines key areas of work and priorities.

1. Budget and policy framework

1.1 Partnership Commissioning is an innovative model which exploits opportunities in the Health Act Flexibilities 1999, the NHS Act 2006, the Localism Act 2011 and the Health and Social Care Act 2012, in the best interests of Medway residents.

2. Key areas of work

2.1 Partnership Commissioning takes a lead for the following commissioned services:

- Community services, for example end of life, re-ablement and dementia (and pathways from acute to community)
- Mental health services for adults (Social Care) and Children (Health and Social Care)
- Disability support services for children and adults
- Care and support with accommodation e.g. care homes, children in care placements
- Prevention and early help for children and adults
- Children in care and children in need

2.2 Partnership Commissioning is expected to strengthen work between Medway CCG and Medway Council, to deliver better outcomes for the local community through:
Joint leadership, a common culture, less duplication in commissioning functions and a better use of resources

Working to a set of common goals and service user outcomes as set out in locally agreed joint strategies that recognise the inherent interdependencies

Measuring outcomes based on jointly agreed standards to secure a cost effective integrated service for each service user and the community as a whole

2.3 Success of Partnership Commissioning is reliant on close working with operational teams for children and adults, which it is ideally placed to do due to the team being located within the Children and Adults Directorate.

3. **Commissioning Priorities**

3.1 Commissioning priorities are outlined in the Integrated Commissioning Plan (2013-2015). The CCG is currently engaging and consulting with service users, Member practice and a wide range of stakeholders to input into developing commissioning priorities for 2014/2015. Members of the Youth Parliament as well as Young Commissioners have been engaged in this process.

3.2 Commissioning priorities must meet the nine strategic overarching objectives:

- Prevention
- Early diagnosis
- Better care
- Better integration
- Better end of life care
- Quality and safety
- Value for money
- Engagement
- Accountability and transparency

4. **Integration and Transformation**

4.1 Medway CCG and Medway Council are committed to a more joined up health and social care system where it makes sense to do so to improve outcomes for service users.

4.2 The Integration Transformation Fund (£3.8bn nationally) is a single pooled budget for Health and Social Care services to work more closely together in local areas, based on a plan agreed by both the Local Authority and CCG.

4.3 Medway CCG and Medway Council are expected to have a two year plan in place by March 2014. It is important to note that this is not new money.
5. **Legal and financial implications**

5.1. The partnership commissioning team, based within the Council’s offices, is jointly funded, through a comprehensive agreement under Section 256 of the NHS Act 2006. In addition to this, a further £2.2 million of CCG funding has been pooled with Council budgets to deliver joint health and social care outcomes, in relation to services for carers, reablement services and preventative services provided by the voluntary sector.

5.2. During the current financial year, the local authority is expecting to receive a further £3.6 million, under a Section 256 agreement with NHS England to deliver the joint health and social care agenda.

5.3. Looking forward, the Department of Health will be increasing the funds available nationally for social care by £200 million in 2014/15 and through the Integration Transformation Fund, by a further £2.0 billion in 2015/16.

6. **Risk management**

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<th>Risk</th>
<th>Description</th>
<th>Action to avoid or mitigate risk</th>
<th>Risk rating</th>
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<tr>
<td>Partnership Commissioning has a focus that is primarily health or social care to the exclusion of the other</td>
<td>Partnership Commissioning is a joint resource and needs to work across both the council and CCG</td>
<td>Assistant Director for Partnership Commissioning is a member of CADMT and of the CCG Commissioning Committee</td>
<td>D3</td>
</tr>
</tbody>
</table>

7. **Recommendations:**

7.1 This report is for information only to consider the work of Partnership Commissioning and to be informed of the Integrated Transformation Fund.

**Lead officer contact:**

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**Background papers**

HEALTH AND WELLBEING BOARD

22 OCTOBER 2013

BRIEFING ON “A BETTER START” BIG LOTTERY BID

Report from: Dr Alison Barnett, Director of Public Health
Barbara Peacock, Director Children and Adults

Author: Dr Alison Barnett, Director of Public Health

Summary

This report briefs the Board on the “A Better Start” Big Lottery bid, which Medway is making with Family Action to improve outcomes for children. Medway has been successful in reaching the final round of the bidding process which, if successful, would bring circa £40m over 10 years to enable a systematic change to services to provide a preventative approach in pregnancy and early years and reduce the incidence of health and social problems later in life.

1. Background

1.1 The Big Lottery, “A Better Start” programme, aims to improve the physical, emotional and psychological foundations built during a child’s first few years. The start a child gets in life can have a big impact on their development, with the first three years profoundly influencing their life chances. Nurturing babies and toddlers at this pivotal early stage can make the difference between their future success and happiness or a very different life story. The programme aims to improve three outcomes:

- Nutrition
- Communication and language development
- Social and emotional development

In the longer term these will reduce the incidence of a range of costly health and social problems.

1.2 Medway is one of 15 areas across England to have been awarded a development grant following a successful phase one application via its nominated lead voluntary sector partner Family Action. This grant of £264,500 will allow the development of a phase two application to be completed.
1.3 Bids must be led by a voluntary sector organisation. Family Action is a national organisation providing practical, emotional and financial support to isolated and disadvantaged families including in Medway.

1.4 If Medway’s phase two application is successful, the area will receive a major investment of between £30 and £50 million over 8 to 10 years.

1.5 The aim of the funding is to facilitate services from all sectors to work in a more collaborative and joined up way to shift services from being reactive to proactive and focused on prevention.

2. Stage one bid

2.1 The successful stage one bid proposed a range of initiatives to improve outcomes for children building on services delivered through the six Children’s Centres in the bid area. The bid had to be based on areas of greatest need and Chatham Central, Gillingham North and South, Luton & Wayfield and River wards were included in the initial proposal. The population of these wards was too great for the bid and after discussion with Big Lottery River was removed from the list. However the Children’s Centre in River ward is one of the partners within the bid.

3. Next steps in developing the bid

3.1 The Social Research Unit at Dartington (SRU) has been commissioned by the Big Lottery Fund to support shortlisted sites to develop robust science and evidence based investment proposals using its Better Evidence for a Better Start methodology. This will include:

- An area wellbeing profile based on data from a local household survey of 600 parents of children aged 0-8
- Access to new evidence reviews about what improves child outcomes in the early years
- A method for mapping how funds are spent on children locally across the Council, NHS, schools and voluntary sector
- A day a week of support from an SRU site manager
- Training programme
- A facilitated two day strategy workshop to build consensus around a shared vision for children and a commonly owned strategy for improving outcomes and achieving systems change.

The SRU will write an assessment on each site and its capacity to deliver the submission made which will be used by the Big Lottery Fund in assessing the bids.

3.2 Area Partnership Board

Bidding sites are required to establish an Area Partnership Board as a key component of providing collective accountability for a local strategy and its impact on local outcomes and systems. The Medway Partnership will be chaired by the Chief Executive of Medway Council and members will include the Portfolio Holder for Children’s Services, Director of Public Health, Director of Children and Adults, Chief Executive of Family Action, Medway CCG GP member of Governing Body and Director Kent and Medway, NHS England.
is proposed that the Health and Wellbeing Board has oversight of the
development of the bid (appendix1).

3.3 Community Partnership

The community is made up of people who live, learn, work, play and worship
within the community area. Engaging the community through the partnership
is a key aspect of developing the bid and it is expected that half of the
partnership will be local residents. The partnership’s responsibilities include
developing a joint vision for child wellbeing, choosing evidence based
interventions to improve priorities for wellbeing and monitoring
implementation. It will be chaired by the Assistant Director Partnership
Commissioning.

3.4 Support to develop the bid

Sites are required to employ a Local Co-ordinator and Community
Engagement Co-ordinator using the grant provided by Big Lottery Fund. Both
posts have been filled and staff are employed by Family Action.

3.5 Workstreams

Significant work is required to produce the bid and this has been structured
around four workstreams

- Fund mapping – led by Phil Watts, Medway Council
- Wellbeing evidence – led by Dr Maggie Bruce, Medway Council
- Communications – led by Simon Wakeman, Medway Council
- Bid writing – led by James Mitchell, Family Action

3.6 Timelines

The final submission is due on 3 January 2014 and interviews will be held in
the first week of March.

3.7 The “Bank”

This is a financial governance framework developed for Better Evidence for a
Better Start. The principle behind it is setting up a real shared fund, with
shared accountability to the area partnership. Resources from several
agencies, together with the investment from Big Lottery (and potentially other
philanthropic funds or social finance) are placed into the fund. These shared
resources are managed by the leaders of the Area Partnership, the
governance structure that develops and is accountable for the overall
investment. The public sector partners in the Area Partnership contribute
resources to the shared fund, or make legal commitments to make future
contributions. Any activity specified in the area partnership’s strategy draws
on funds from the Bank. For investments that generate an economic return,
realised funds can be deposited back into the shared fund and used for future
investments. This facility is particularly important for investments that produce
benefits to several agencies.
5  Advice and analysis

5.1 This is a significant opportunity to realise the ambition of agencies across Medway to work together to put prevention in early life at the heart of service delivery and practice. It will enable us to make a systematic shift in the way we commission, deliver and fund services from pregnancy through to the age of three and have the funding to deliver that shift.

5.2 The programme is consistent with the aspiration in the Medway Joint Health and Wellbeing Strategy to improve outcomes by focusing on preventative programmes. It is also consistent with and would allow a step change in the implementation of the Board’s strategic theme “to give every child a good start”.

5.3 It will require people to be accepting of the time timescales the bid team is working to and be flexible in responding to reasonable requests for support.

6.  Risk management

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<thead>
<tr>
<th>Risk</th>
<th>Description</th>
<th>Action to avoid or mitigate risk</th>
<th>Risk rating</th>
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<tbody>
<tr>
<td>The bid is unsuccessful</td>
<td>The “A Better Start” is a competitive process and Medway may not be successful in achieving funding.</td>
<td>Ensure adequate support is given to developing the bid and engaging in the supporting processes, which will improve the quality of the bid. Even if the bid is unsuccessful the work will generate proposals for shifting towards a more preventative approach, which can be taken forward locally.</td>
<td>D2</td>
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7  Financial and legal implications

7.1 Health and Wellbeing Boards have a statutory duty under section 195 Health and Social Care Act 2012 to encourage integrated working between organisations involved with providing health and social care for the purpose of advancing the health and wellbeing of the people in their area. The creation of the Area Partnership Board and the Board’s support for and oversight of the bid will assist the Health and Wellbeing Board to fulfil this duty.

7.2 Other than as set out in 7.1 above, there are no direct legal or financial implications for this report as the decision to submit the bid will need to be a decision for Cabinet in accordance with the Council’s constitution. The bid will identify how resources can be redirected towards preventative programmes during pregnancy and early years and if successful governance arrangements for the Bank will need to be developed.
8. The way forward

8.1 As part of its core functions to promote integrated working between commissioners of health, public health and social care services for the benefit of the health and wellbeing of the people of Medway, the Board is asked to note the progress made with the bid to date and support the next steps as set out in paragraph 3 of the report.

Lead officer contact

Dr Alison Barnett, Director of Public Health. 01634 334308
alison.barnett@medway.gov.uk
Indicative partners and stakeholders for inclusion in the application: Medway Council, Medway CCG, Family Action, Medway Community Healthcare, Universities of Kent, Greenwich and Christchurch, Medway schools, voluntary and community sector including faith groups, local residents, MPs, local media, business, Police,
# 1. AREA PARTNERSHIP BOARD

**Meeting frequency:** 9 October, 29 October, 29 November, (Spare 10 December) 17 December  Location: TBC

## Attendees & contact details (*denotes non voting members)

<table>
<thead>
<tr>
<th>Individual</th>
<th>Role</th>
<th>Contact details</th>
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<tbody>
<tr>
<td>Neil Davies</td>
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<td></td>
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HEALTH AND WELLBEING BOARD

22 OCTOBER 2013

REPORT ON WINTERBOURNE VIEW JOINT IMPROVEMENT PROGRAMME – LOCAL STOCKTAKE

Report from/Author: David Quirke-Thornton, Deputy Director Children & Adult Services

Summary

The Minister of State for Care Services has requested that Health and Wellbeing Boards consider the Winterbourne View Joint Improvement Programme – Local Stocktake, in order that Board members are apprised of progress locally against the commitments made in the Winterbourne View Concordat.

1. Budget and policy framework

1.1 This matter falls within the policy framework for each of the statutory agencies represented on the Health and Wellbeing Board in respect of duties to people with learning disabilities and their family carers, including safeguarding responsibilities. The Health and Wellbeing Board’s interest is in relation to the leadership role that Health and Wellbeing Boards can undertake in ensuring that the Winterbourne View Concordat commitments are achieved locally.

2. Background

2.1 The Winterbourne View hospital abuse occurred at Winterbourne View, a private hospital at Hambrook, South Gloucestershire owned and operated by Castlebeck. It was exposed in a Panorama investigation into physical abuse and psychological abuse suffered by people with learning disabilities and challenging behaviour, broadcast in 2011.

2.2 Local social services and the Care Quality Commission (CQC) had received various warnings but the mistreatment continued. One senior nurse reported his concerns to the management at Winterbourne View and to CQC, but his complaint was not taken up. The hospital has been shut down as a result of the abuse that took place.

2.3 Eleven people pleaded guilty to criminal offences of neglect or abuse as a result of evidence from undercover reporting and six of them were jailed. Once the Court proceedings were concluded, the Serious Case Review was published, revealing hundreds of previous incidents at the hospital and missed warnings.
2.4. The Department of Health published a Transforming Care report relating to the significant failings at Winterbourne View and the response of respective agencies was set out in the Winterbourne View Concordat.

2.5. In the summer of 2013 Local Authorities and NHS Commissioners were given one month to undertake a comprehensive stocktake of progress against the commitments made in the Winterbourne View Concordat. The stocktake for Medway was submitted by the deadline, and a draft was shared with the Chairman of this Board. The short notice, short timescale and timing of the stocktake has resulted in the stocktake being shared with the Health and Wellbeing Board after it has been submitted.

2.6. No Medway people were placed at Winterbourne View or other Castleback establishments and so the primary concern for Medway agencies has been with regard to Medway people who may be placed in similar types of establishments. The Winterbourne View Concordat was concerned with identifying these vulnerable persons, ensuring that their care and support arrangements were urgently reviewed and that, going forward, plans are made with them and their family carers to ensure that suitable care and support arrangements, that ensure their safety and wellbeing in less restrictive settings, are put in place.

2.7. The Local Stocktake is only concerned with a small (but important) part of the Winterbourne View Concordat, i.e. those commitments to be undertaken by local statutory agencies and specialist commissioners at NHS England. Many of the commitments made by national signatories, including the Department of Health, e.g. in relation to putting safeguarding for vulnerable adults on the same statutory footing as arrangements for children and legislative changes to enable prosecution of directors of care companies/organisations where systemic abuse occurs are behind Winterbourne View Concordat schedule. The local focus is rightly on what we can achieve for Medway people, whilst encouraging the national agencies to support us where they need to, and to play their part in fulfilling the aspirations of the Winterbourne View Concordat.

3. The Local Stocktake Findings

3.1. There are four adults (and no children or young people) from Medway who have learning disabilities and complex/challenging behaviour who are currently in-patients in specialist learning disability hospitals.

3.2. None are placed very far away from home. There are no specialist learning disability hospitals in Medway due to the small number of people who require such services. Medway residents access two specialist learning disability hospitals in Kent.

3.3. All four Medway people were reviewed within the timescale set out in the Winterbourne View Concordat.

3.4. Discussions are underway and plans being developed to support them to move to community (less restrictive) settings, noting the complexity of their needs and bespoke care and support arrangements required.
3.5. The arrangements for funding to transfer to support people have not yet been set out by the Department of Health and the cost implications are very significant. Whilst not a barrier to person-centred planning at this stage, obviously a point will be reached when clarity on funding will be necessary if local agencies are to progress the plans for individuals.

4. **Legal and financial implications**

4.1. Medway Council and NHS Commissioners must work together to progress the Winterbourne View Concordat commitments for Medway people who are subject to it. This is to fulfil the statutory duty on Health and Wellbeing Boards in section 195 Health and Social Care Act 2012 to encourage integrated working between organisations involved with providing health and social care for the purpose of advancing the health and wellbeing of the people in their area.

4.2. Medway Council is also bound by statutory guidance issued under section 7 of the Local Authority Social Services Act 1970. The current guidance entitled “No secrets” requires local authorities to take the lead and play a coordinating role in inter-agency working to combat abuse of vulnerable adults, including abuse of the kind that took place at Winterbourne View.

4.2. The cost of meeting the care and support needs of the four Medway people in community (less restrictive) settings will be significant, early estimates are between £600,000 and £800,000 per annum. Arrangements for funding transfer to follow individuals from current settings, has not yet been set out by the Department of Health.

5. **Risk management**

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<th>Action to avoid or mitigate risk</th>
<th>Risk rating</th>
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<tbody>
<tr>
<td>Harm/Abuse</td>
<td>That vulnerable adults with learning disabilities and complex/challenging behaviour are at risk of abuse in (restrictive) specialist learning disability hospitals.</td>
<td>Frequent reviews of individuals and comprehensive checks on their safety and wellbeing; all complaints, concerns and whistleblowing concerns investigated fully and transparently; access to independent advocacy and moving people to less restrictive community settings as soon as possible. This concern has been raised with the National Winterbourne View Joint Improvement Programme Board.</td>
<td>D3</td>
</tr>
<tr>
<td>Financial</td>
<td>That community (less restrictive) care arrangements to support the four Medway people covered by the Winterbourne View Concordat cannot be commissioned until funding transfer from specialist</td>
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</tbody>
</table>
6. Recommendations:

6.1. To note the Winterbourne View Joint Improvement Plan – Local Stocktake.

6.2. To consider how the Health and Wellbeing Board can engage with this important agenda going forward, to offer leadership, support and challenge, ensuring that the needs of these vulnerable persons are met in a safe and appropriate way and that the Council complies with its duties to safeguard vulnerable adults.

Lead officer contact:

David Quirke-Thornton

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E-mail: david.quirkethornton@medway.gov.uk

Background papers

Paper 1: Winterbourne View Concordat
Paper 2: Medway’s Local Stocktake
DH Winterbourne View Review

Concordat: Programme of Action
The concordat/agreement sets out a programme of action to transform services for people with learning disabilities or autism and mental health conditions or behaviours described as challenging. It sets out specific actions to which each organisation has committed to take forward within clear timeframes.
DH Winterbourne View Review

Concordat: Programme of Action
Vision for change

The abuse of people at Winterbourne View hospital was horrifying. Children, young people and adults with learning disabilities or autism and who have mental health conditions or behaviour that challenges have for too long and in too many cases received poor quality and inappropriate care. We know there are examples of good practice. But we also know that too many people are ending up unnecessarily in hospital and they are staying there for too long. This must stop.

We (the undersigned) commit to a programme for change to transform health and care services and improve the quality of the care offered to children, young people and adults with learning disabilities or autism who have mental health conditions or behaviour that challenges to ensure better care outcomes for them. These actions are expected to lead to a rapid reduction in hospital placements for this group of people by 1 June 2014. People should not live in hospital for long periods of time. Hospitals are not homes.

We will safeguard people’s dignity and rights through a commitment to the development of personalised, local, high quality services alongside the closure of large-scale inpatient services and by ensuring that failures when they do occur are dealt with quickly and decisively through improved safeguarding arrangements. Safeguarding is everybody’s business.

All parts of the system - commissioners, providers, the workforce, regulators and government - and all agencies - councils, providers, the NHS and police - have a role to play in driving up standards for this group of people. There should be zero tolerance of abuse or neglect.

The Government’s Mandate to the NHS Commissioning Board sets out:

“The NHS Commissioning Board’s objective is to ensure that Clinical Commissioning Groups work with local authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care. The presumption should always be that services are local and that people remain in their communities; we expect to see a substantial reduction in reliance on inpatient care for these groups of people.”

We commit to working together, with individuals and their families and with the groups that represent them, to deliver real change. Our shared objective is to see the health and care system get to grips with past failings by listening to this very vulnerable group of people and their families, meeting their needs and working together to commission the range of support which will enable them to lead fulfilling and safe lives in their communities.

---

1 For the purpose of this Concordat we will use the phrase “people with challenging behaviour” as shorthand for this group

2 http://www.dh.gov.uk/health/2012/11/nhs-mandate/
How we will make change happen:

The key actions are:

- **Health and care commissioners will review all current hospital placements and support everyone inappropriately placed in hospital to move to community-based support as quickly as possible and no later than 1 June 2014:**

  The NHS Commissioning Board (NHSCB) will:
  - ensure that all Primary Care Trusts develop registers of all people with learning disabilities or autism who have mental health conditions or behaviour that challenges in NHS-funded care as soon as possible and certainly no later than 1 April 2013;
  - make clear to Clinical Commissioning Groups (CCGs) in their handover and legacy arrangements what is expected of them, including:
    - in maintaining the local register from 1 April 2013; and
    - reviewing individuals’ care with the Local Authority and identifying who should be the first point of contact for each individual.

  Health and care commissioners will:
  - by 1 June 2013, working together and with service providers, people who use services and families review the care of all people in learning disability or autism inpatient beds and agree a personal care plan for each individual, based on their and their families’ needs and agreed outcomes;
  - put these plans into action as soon as possible, so that all individuals receive personalised care and support in appropriate community settings no later than 1 June 2014;
  - ensure that all individuals have the information, advice and advocacy support they need to understand and have the opportunity to express their views. This support will include self-advocacy and independent advocacy where appropriate for the person and their family.

- **Every area will put in place a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour, that accords with the model of good care.** These plans should ensure that a new generation of inpatients does not take the place of people currently in hospital.

  - This joint plan could potentially be undertaken through the health and wellbeing board and considered alongside the local Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy processes.
  - The strong presumption will be in favour of supporting this with pooled budget arrangements with local commissioners offering justification where this is not done.

- **There will be national leadership and support for local change.** The Local Government Association and NHSCB will establish a joint improvement programme to provide leadership and support to transform services locally. They will involve key partners including the Department of Health (DH), The Society of Local Authority Chief Executives and Senior Managers (SOLACE), the Association of Directors of Adult Social Services (ADASS) and Association of Directors of Children’s Services (ADCS) and the Care Quality
Commission (CQC) and will closely involve service providers, people with learning disabilities and autism and their families in their work. The programme will be operating within three months, with the Board and leadership arrangements in place by the end of December 2012. DH will provide funding to support this work.

- **Planning will start from childhood.**
  - DH will work with the Department for Education (DfE) to introduce a new single assessment process and Education, Health and Care Plan to replace the current system of statements and learning difficulty assessments for children and young people with special educational needs; supported by joint commissioning between local partners (subject to parliamentary approval). The process will include young people up to the age of 25, to ensure they are supported in making the transition to adulthood;
  - DH and DfE will work with the independent experts on the Children and Young People’s Health Outcomes Forum to consider how to prioritise improvement outcomes for children and young people with challenging behaviour and how best to support young people with complex needs in making the transition to adulthood. This will report by June 2013;
  - From June 2013 Ofsted, CQC, Her Majesty’s Inspectorate of Constabulary (HMIC), Her Majesty’s Inspectorate of Probation and Her Majesty’s Inspectorate of Prisons will introduce a new joint inspection of multi-agency arrangements for the protection of children in England.

- **Improving the quality and safety of care:**
  - DH commits to putting Safeguarding Adults Boards on a statutory footing and to supporting those Boards to reach maximum effectiveness;
  - All statutory partners, as well as wider partners across the sector will work collaboratively to ensure that safeguarding boards are fully effective in safeguarding children, young people and adults;
  - Over the next 12 months all signatories will work to continue to improve the skills and capabilities of the workforce across the sector through access to appropriate training and support and to involve people and families in this training, eg through self-advocacy and family carer groups.

- **Accountability and corporate responsibility for the quality of care will be strengthened:** DH will immediately examine how corporate bodies and their Boards of Directors can be held to account for the provision of poor care and harm, and set out proposals during Spring 2013 on strengthening the system where there are gaps.

- **Regulation and inspection of providers will be tightened:** CQC will use existing powers to seek assurance that providers have regard to national guidance and good models of care. CQC will continue to make unannounced inspections of providers of learning disability and mental health services, employing people who use services and family carers as vital parts of the team when relevant and appropriate to do so.

- **Progress in transforming care and redesigning services will be monitored and reported:**
  - The Learning Disability Programme Board, chaired by the Minister for Care and Support, will lead delivery of the programme of change by measuring progress against
Concordat: Programme of Action

milestones, monitoring risks to delivery and challenging external delivery partners to deliver to plan, regularly publishing updates;

- The Department of Health will publish a follow-up report one year on by December 2013 and again as soon as possible following 1 June 2014, to ensure that the steps set out in this Concordat are achieved.

Detailed commitments are set out at Annex A.

Signed by:

- Action for Advocacy
- Adults with Learning Disabilities Services Forum
- Association of Chief Police Officers
- Association of Directors of Adult Services
- Association of Directors of Children's Services
- Association for Real Change
- Autism Alliance UK
- British Association of Social Workers
- British Institute of Learning Disabilities
- British Psychological Society
- Care Quality Commission
- Challenging Behaviour Foundation
- Changing our Lives
- Chartered Society of Physiotherapy
- College of Occupational Therapists
- Council for Disabled Children
- Department of Health
- English Community Care Association (ECCA)
- Healthwatch England
- Health Education England
- Housing Learning and Improvement Network
- Housing & Support Alliance³
- Independent Healthcare Advisory Services
- Learning Disability Professional Senate
- Local Government Association (LGA)
- Mencap
- NationalAutistic Society
- National Care Association
- National Development Team for Inclusion
- National Forum of People with Learning Disabilities
- National Institute for Health and Clinical Excellence
- National Housing Federation
- National Quality Board
- National Valuing Families Forum
- NHS Clinical Commissioners
- NHS Commissioning Board
- NHS Confederation
- Royal College of General Practitioners
- Royal College of Psychiatrists
- Royal College of Nursing
- Royal College of Speech and Language Therapists
- Royal Pharmaceutical Society
- Shared Lives
- Sitra
- Skills for Care
- Skills for Health
- The Health and Social Care Information Centre
- The College of Social Work
- The Society of Local Authority Chief Executives and Senior Managers (SOLACE)
- United Response
- Voluntary Organisations Disability Group

³ formerly the Association of Supported Living and Housing Options
Concordat commitments

The NHS Commissioning Board (NHSCB), NHS Clinical Commissioners, the Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS) and Association of Directors of Children’s Services (ADCS) commit to working collaboratively with CCGs and Local Authorities to achieve the following objectives by 1 June 2014 to:

- ensure that the right local services are available, regardless of who commissions them, for children, young people and adults with learning disabilities or autism who also have mental health conditions or behaviour that challenges;¹
- all people with challenging behaviour in inpatient assessment and treatment services are appropriately placed and safe, and if not make alternative arrangements for them as soon as possible. We expect most cases to take less than 12 months;
- review funding arrangements for these people and develop local action plans to deliver the best support to meet individuals’ needs;
- review existing contracts to ensure they include an appropriate specification, clear individual outcomes and sufficient resource to meet the needs of the individual and appropriate information requirements to enable the commissioner to monitor the quality of care being provided;
- ensure that everyone has a named care co-ordinator;
- improve the general healthcare and physical health of people with learning disabilities – for example, all individuals in these services have a comprehensive health check within 6 months and a health action plan;
- involve children, young people and adults with challenging behaviour and their families, carers and advocates in planning and commissioning services and seek and act on feedback about individual experience;
- ensure that planning starts early with commissioners of children’s services to achieve good local support and services for children and better transition planning for children with disabilities moving from children’s to adult services;
- ensure that from April 2013, health and care commissioners, set out a joint strategic plan to commission the range of local health, housing and care support services to meet the needs of children, young people and adults with challenging behaviour in their area. This could be undertaken through the health and wellbeing board and could be considered as part of the local Joint Strategic Needs Assessment and Joint Health and Well-Being Strategy (JHWS) process;

- The strong presumption will be in favour of supporting this with pooled budget arrangements with local commissioners offering justification where this is not done.
- We will promote and facilitate joint and collaborative commissioning by local authorities and CCGs to support these objectives.
- We will take account of the information and data shared by CQC when making decisions to commission care from proposed service providers.
- We will expect CCGs and directors of adult social services to provide assurance to the Joint Improvement Programme that they are making progress in these areas and are commissioning safe and appropriate care.

¹ For the purpose of this Concordat we will use the phrase “people with challenging behaviour” as shorthand for this group.
Concordat: Programme of Action

- Directors of children’s services will be responsible for overseeing the overall quality and delivery of health and wellbeing services for children and young people for local authority commissioners; and directors of adult services will have similar responsibility for the overall quality and delivery of health and wellbeing services for adults.

Provider representative organisations\(^5\)

We commit to publish plans that support our members to provide good quality care across health, housing and social care, as set out in the model of care\(^6\) and including:

- safe recruitment practices which select people who are suitable for working with people with learning disabilities or autism and behaviour that challenges;
- providing appropriate training for staff on how to support people with challenging behaviour;
- having appropriately trained, qualified and experienced staff;
- providing good management and right supervision;
- providing leadership in developing the right values and cultures in the organisation and respecting people’s dignity and human rights as set out in the NHS Constitution;
- having systems in place which assure themselves, service users and families, carers, local Healthwatch and the public that essential requirements are being met and that they deliver high quality and appropriate care;
- identifying a senior manager or, where appropriate, a Director, to ensure that the organisation pays proper regard to quality, safety and clinical governance for that organisation.

In addition:

- We will bring forward a pledge or code model based on shared principles along the lines of the Think Local Act Personal (TLAP) Making it Real principles for learning disability providers by April 2013;
- We commit to working to significantly reduce the number of specialist hospitals in line with proposals in this concordat and working with our members to develop models that reflect the need for high quality community based approaches.\(^7\)

Care Quality Commission

We commit to take the following actions – we will:

- use existing powers to seek assurance that providers have regard to national guidance and good models of care;
- take steps now to strengthen the way we use existing powers to hold organisations to account for failures to provide quality care and report on changes to be made from Spring 2013;
- take action to ensure the model of care is included as part of inspection and registration of relevant services from 2013. CQC will set out its new regulatory model in its response to the consultation in Spring 2013;
- include reference to the model in our revised guidance about compliance. Our revised guidance about compliance will be linked to the Department of Health timetable for the

\(^5\) Includes the Adults with Learning Disability Services Forum, Association for Real Change, ECCA, Housing & Support Alliance, the Independent Healthcare Advisory Services, National Care Association, National Housing Federation, NHS Confederation, Shared Lives, Sitra and Voluntary Organisations Disability Group.

\(^6\) References to the model of care are to the model set out in the Department of Health Review: Winterbourne View Hospital Interim Report (2012)

\(^7\) Signed up to by the Housing and Support Alliance, Voluntary Organisations Disability Group, Sitra, National Housing Federation and Housing LIN.
Concordat: Programme of Action

review of the quality and safety regulations in 2013. However, we will specifically update providers about the proposed changes to our registration process about models of care for learning disability services in 2013;

• continue to make unannounced inspections of providers of learning disability and mental health services, employing people who use services and family carers as vital members of the team;

• share the information, data and details we have about prospective providers with the relevant CCGs and local authorities through our existing arrangements;

• take a differentiated approach to inspections between different sectors of care provision to ensure the inspections are appropriate to the vulnerability and risk for the different care user groups, subject to the outcome of consultation on its new strategy;

• assess whether providers are delivering care consistent with the statement of purpose made at the time of registration, in particular whether treatment being offered and length of stay is aligned to the statement of purpose. Where it is not, CQC will take the necessary action to ensure that a provider addresses discrepancies either through changes to its services or changes to its statement of purpose;

• take tough enforcement action, including prosecutions, restricting the provision of services, or closing providers down, where providers consistently fail to have a registered manager in place or where there are other breaches of registration requirements;

• also consider whether it is able to use its existing powers to carry out a fit and proper person test of Board members as part of the registration of providers;

• take enforcement action against providers that do not operate effective recruitment procedures to ensure that their staff are suitably skilled, of good character and legally entitled to do the work in question. Operating effective recruitment procedures is a legal requirement and providers must be able to demonstrate to CQC that they have adequate procedures in place;

• continue to run the CQC stakeholder group that helped to shape and define the inspection of the 150 learning disability services. This will continue to meet twice yearly and will be chaired by the CQC Chief Executive. CQC will review the role and function of the group as part of that work programme to make sure it continues to provide advice and critique on CQC’s inspection and monitoring of providers;

• meet with executives of provider organisations when there are serious concerns about quality and safety issues to discuss their governance and improvement initiatives to deliver safe and effective care;

• CQC’s strategic review, launched in September 2012, includes a review of the delivery of its responsibilities under s120 of the Mental Health Act 1983 for the general protection of patients detained under the Act. This includes wide powers for CQC to review the exercise of functions and use of safeguards under the Act and investigating complaints by any person detained under the Act.

Skills for Care and Skills for Health

We commit to driving up the competency of the workforce by promoting positive behaviours, values and attitudes and by improving the skills, the learning and the qualifications of those working with people with learning disabilities and behaviour that challenges:

• Skills for Care will develop by February 2013 a framework of guidance and support on commissioning workforce solutions to meet the needs of people with challenging behaviour;
Skills for Care and Skills for Health have been jointly commissioned by the Department of Health (DH) to develop a code of conduct and training standards that could be used by a body (or bodies) establishing a voluntary register(s) for healthcare support workers and adult social care workers in England as part of its standards for inclusion on a register from 2013.

**Professional bodies that make up the Learning Disability Professional Senate** and other professional bodies

We commit to providing clear professional leadership and support training of professionals providing care – in particular:

- to develop core principles on a statement of ethics to reflect wider responsibilities in the new health and care system by April 2013;
- to carry out a review of *Challenging Behaviour: A Unified Approach* by early 2013 to support professionals in community learning disability teams to deliver actions that provide better integrated services;
- as the Royal College of Nursing, to work with all 4 UK leads in taking forward the recommendations in *Strengthening the Commitment*, the report of the UK modernising Learning Disability Nursing Review, with a focus on workforce, leadership and education;
- as the Royal College of General Practitioners (RCGP) to commit to improving the lives and the care of people with learning disabilities and their families in their local communities and to the training of doctors to look after vulnerable groups in our society;
- as the Joint Commissioning Panel of the RCGP and the Royal College of Psychiatrists, to produce guidance on working with people with learning disabilities who also have mental health conditions by March 2013;
- as the Royal College of Psychiatrists, to issue guidance about the different types of inpatient services for people with learning disabilities, including some guidance aimed at commissioners;
- as the Royal College of Psychiatrists, the Royal Pharmaceutical Society and other professional leadership organisations, to work with ADASS and ADCS to ensure medicines are used in a safe, appropriate and proportionate way and their use optimised in the treatment of children and adults with learning disabilities. This should include a focus on the safe and appropriate use of anti-psychotics and anti-depressants;
- as the College of Social Work, working in collaboration with BASW and other professional organisations and with service user led groups, to produce key points guidance for social workers on good practice in working with people with learning disabilities who also have mental health conditions;
- as the British Psychological Society, to provide leadership to promote training in, and appropriate implementation of, Positive Behavioural Support across the full range of care settings;
- as the Royal College of Speech and Language Therapists, to produce good practice standards for commissioners and providers to promote reasonable adjustments required

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8 This includes the Royal College of Psychiatrists, the Royal College of Nursing, the College of Occupational Therapists, the Royal College of General Practitioners, the College of Social Work, Chartered Society of Physiotherapy, the Royal College of Speech and Language Therapists, other professional bodies include the British Association of Social Workers and the British Psychological Society.
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to meet the speech, language and communication needs of people with learning disabilities in specialist learning disability or autism hospital and residential settings.
- To ensure that these actions are taken forward with people with learning disabilities and their families.

National Quality Board
The National Quality Board will by April 2013 set out how the new health system should operate to improve and maintain quality. This will provide clarity on the distinct roles and responsibilities of different parts of the system and how they should work together in the best interests of those using services.

The National Institute for Health and Clinical Excellence (NICE)
The National Institute for Health and Clinical Excellence (NICE) will publish Quality Standards and clinical guidelines on challenging behaviour in learning disability in Summer 2015 and on mental health and learning disability in Summer 2016.

Healthwatch
Healthwatch England will work with the Department of Health and the Local Government Association on how local Healthwatch will involve people with learning disabilities and their families, including working with Learning Disability Partnership Boards.

Health Education England
HEE commits to improving the quality of care for all patients from April 2013, including those with challenging behaviour, by identifying training needs and ensuring there is an education and training system fit to supply a highly trained and high quality workforce.

NHS Commissioning Board
In addition to the above actions, we commit to supporting changes in services that deliver improved outcomes - in particular, we will work with partners including ADASS and providers to develop practical resources for commissioners, including:
- model service specifications by March 2013;
- new NHS contract schedules for specialist learning disability services;
- models for rewarding best practice through the NHS Commissioning for Quality and Innovation (CQUIN) framework;
- a joint health and social care self-assessment framework to support local agencies to measure and benchmark progress.
In January 2013, with DH, we will set out how to embed Quality of Health Principles in the system, using NHS contracting and guidance.

Association of Directors of Adult Social Services (ADASS) and Association of Directors of Children’s Services (ADCS)
We commit to helping members to share best practice and to work with the LGA, the NHS CB and CCGs on the above actions and in addition:
Concordat: Programme of Action

- all local authorities and their local safeguarding partners, including the police and NHS organisations, should take action from now, ensuring that they have robust safeguarding boards and other arrangements in place;
- Safeguarding Adults Boards should review their arrangements and ensure they have the right information sharing processes in place across health and care to identify and deal with safeguarding alerts;
- We will produce guidance notes and simple key questions to raise awareness, ensure visibility and action at a local level and to empower members of Safeguarding Adults Boards, Health and Wellbeing Boards and Learning Disability Partnership Boards by December 2012.

Local Government Association (LGA)
- We commit to working with the NHS CB to provide leadership and support to the transformation of services locally via the development of an improvement programme. This will include supporting commissioning authorities to develop comprehensive, integrated local strategies for services for people with challenging behaviour. We will involve key partners including DH, SOLACE, ADASS, ADCS, NHS Clinical Commissioners and CQC in this work. The programme will be operating within three months with the Board and leadership arrangements being in place by the end of December 2012.

Association of Chief Police Officers (ACPO)
We recognise the importance of working together with statutory agencies, local authorities and safeguarding partners to enhance the service provided to vulnerable adults. We have reviewed the overall learning from Winterbourne View and will ensure the following:
- The one direct recommendation relating to the police regarding the early identification of trends and patterns of abuse has been fully recognised by Avon & Somerset Police. A specific workstream has been created by the force to identify a process to trigger early identification of abuse. The lessons learnt from the work undertaken will be disseminated nationally.
- All associated learning from the review will be incorporated into training and practice, including Authorised Professional Practice.

The Department of Health
We have set the strategic direction and proposals for legislation to reform health and social care. We commit to the following additional actions to provide a clear framework and improve quality, enable change to happen and to measure and monitor progress:

Children and transition
- The Department of Health (DH) and Department for Education (DfE) will work with the independent experts on the Children and Young People’s Health Outcomes Forum to consider how to prioritise improvement outcomes for children and young people with challenging behaviour and how best to support young people with complex needs in making the transition to adulthood. This will report by June 2013;
- DH will work with the DfE to introduce a new single assessment process and Education, Health and Care Plan to replace the current system of statements and learning difficulty assessments for children and young people with special educational needs; supported by joint commissioning between local partners (subject to parliamentary approval). The
Concordat: Programme of Action

process will include young people up to the age of 25, to ensure they are supported in making the transition to adulthood;

- DH will work with DfE to develop and issue statutory guidance on children in long-term residential care (s85 and s86 of the Children Act 1989) in 2013;
- DH and DfE will jointly explore the issues and opportunities for children with learning disabilities whose behaviour is described as challenging through both the SEN and Disability reform programme and the work of the Children’s Health Strategy.
- DfE is revising Working Together to Safeguard Children, statutory guidance on how organisations and individuals working with children should work together to safeguard and promote their welfare. The guidance will be published in due course. Working Together to Safeguard Children will make clear that professionals will be required to recognise and consider the differing needs of all children - babies, disabled children and older children - so that they can offer them the most appropriate help and support at the right time;
- From June 2013 Ofsted, CQC, Her Majesty’s Inspectorate of Constabulary (HMIC), Her Majesty’s Inspectorate of Probation and Her Majesty’s Inspectorate of Prisons will introduce a new joint inspection of multi-agency arrangements for the protection of children in England;
- Under the new inspection frameworks published in September 2012, Ofsted will make judgements on the overall effectiveness, outcomes for children and young people, quality of care, safeguarding as well as leadership and management.

National leadership and support for local change

- DH will provide funding to support the Local Government Association and NHSCB to establish a joint improvement programme to provide leadership and support to the transformation of services locally;
- The national market development forum within the TLAP partnership will work with DH to identify barriers to reducing the need for specialist assessment and treatment hospitals and identify solutions for providing effective local services by April 2013;
- The Developing Care Markets for Quality and Choice programme will support local authorities to identify local needs for care services and produce market position statements, including for learning disability services;
- We will work with sector leaders on co-produced resources to support health and wellbeing boards on specific aspects of Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs). As part of this work, we will explore how, in responding to the issues raised in the Winterbourne View review, we will ensure that health and wellbeing boards have support to understand the complex needs of people with challenging behaviour;
- We will work with key partners to agree by April 2013 how Quality of Life principles should be adopted in social care contracts to drive up standards;

Strengthening accountability and corporate responsibility

- DH will review the regulatory requirements in respect of criminal records checks and whether providers should routinely request a criminal record certificate on recruitment from 2013 once the impact of the new service is understood;
- DH will immediately examine how corporate bodies and their Boards of Directors and financiers can be held to account for the provision of poor care and harm, and set out proposals during Spring 2013 on strengthening the system where there are gaps;
We will consider both regulatory sanctions available to CQC and criminal sanctions. We will determine whether CQC’s current regulatory powers and its primary legislative powers need to be strengthened to hold Boards to account.

**Improving the quality and safety of care**

- We have already committed to putting Safeguarding Adults Boards on a statutory footing (subject to parliamentary approval). DH will revise statutory guidance and good practice guidance to reflect new legislation and address findings from Winterbourne View, to be completed in time for the implementation of the Care and Support Bill;
- DH will, together with CQC, consider what further action may be needed to check how providers record and monitor restraint;
- With external partners, DH will publish by the end of 2013 guidance on best practice around positive behavioural support so that physical restraint is only ever used as a last resort where the safety of individuals would otherwise be at risk and never to punish or humiliate;
- We will work with CQC to agree how best to raise awareness of and ensure compliance with the Deprivation of Liberty Safeguards (DOLS) provisions to protect individuals and their human rights and will report by Spring 2014;
- We will update the Mental Health Act Code of Practice during 2014 and this will take account of findings from this review;
- We will produce a progress report by the end of 2013 on actions to implement the recommendations in *Strengthening the Commitment*, the report of the UK Modernising Learning Disability Nursing Review;
- Through the Whistleblowing Helpline, we aim to increase awareness of whistleblowing for staff within the health and social care sectors. The helpline will advise employers on embedding best practice policy and procedure and staff on how to raise concerns and what protection they have in law when they do so;
- We will explore with the Royal College of Psychiatrists and others whether there is a need to commission an audit of use of medication for this group. As the first stage of this, DH will commission by summer 2013 a wider review of the prescribing of antipsychotic and anti-depressant medicines for people with challenging behaviour to report;
- We will work with the National Valuing Families Forum, the National Forum of People with Learning Disabilities, ADASS, LGA and the NHS to identify and promote good practice for people with learning disabilities across health, housing and social care by June 2013;
- We will work with independent advocacy organisations and other key partners to:
  - identify the key factors to take account of in commissioning advocacy for people with learning disabilities or autism in hospitals so that people in hospital get good access to information, advice and advocacy including self advocacy that supports their particular needs; and
  - drive up the quality of independent advocacy, through strengthening the Action for Advocacy Quality Performance Mark and reviewing the Code of Practice for advocates to clarify their role.
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Measuring and monitoring progress

- By March 2013, DH will commission an audit of current services for people with challenging behaviour to take a snapshot of provision, numbers of out of area placements and lengths of stay;
- The audit will be repeated one year on to enable the Learning Disability Programme Board to assess what is happening;
- We will work with the Information Centre and the NHSCB to develop measures and key performance indicators (eg on numbers of people in hospital, length of stay) to support commissioners in monitoring their progress from April 2013;
- We will develop a new learning disability minimum data set to be collected through the Information Centre from 2014/15;
- We will continue to collate a suite of information and evidence relating to people with learning disabilities and behaviour which challenges and the health inequalities they experience and report on these to the Learning Disability Programme Board;
- The cross-government Learning Disability Programme Board, chaired by the Minister of State for Care and Support will lead delivery of the programme of change by measuring progress against milestones, monitoring risks to delivery and challenging external delivery partners to deliver to plan, regularly publishing updates;
- We will work with the improvement team to monitor and report on progress nationally. We will publish a follow-up report one year on by December 2013 and again as soon as possible following 1 June 2014, to ensure that the steps set out in this Concordat are achieved.

Forums and voluntary sector organisations

*We, the undersigned who represent people who use services, self-advocates and families undertake to challenge statutory and public bodies in how they are delivering against these commitments.*
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Winterbourne View Joint Improvement Programme

Initial Stocktake of Progress against key Winterbourne View Concordat Commitment

The Winterbourne View Joint Improvement Programme is asking local areas to complete a stocktake of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.

The purpose of the stocktake is to enable local areas to assess their progress and for that to be shared nationally. The stocktake is also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted.

The sharing of good practice is also an expected outcome. Please mark on your return if you have good practice examples and attach further details.

This document follows the recent letter from Norman Lamb, Minister of State regarding the role of HWBB and the stocktake will provide a local assurance tool for your HWBB.

While this stocktake is specific to Winterbourne View, it will feed directly into the CCG Assurance requirements and the soon to be published joint Strategic Assessment Framework (SAF). Information compiled here will support that process.

This stocktake can only successfully be delivered through local partnerships. The programme is asking local authorities to lead this process given their leadership role through Health and Well Being Boards but responses need to be developed with local partners, including CCGs, and shared with Health and Wellbeing Boards.

The deadline for this completed stocktake is Friday 5 July. Any queries or final responses should be sent to Sarah.Brown@local.gov.uk

An easy read version is available on the LGA website

May 2013
<table>
<thead>
<tr>
<th>1. Models of partnership</th>
<th>Assessment of current position evidence of work and issues arising</th>
<th>Good practice example (please tick and attach)</th>
<th>Support required</th>
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<tbody>
<tr>
<td>1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).</td>
<td>Yes. A Partnership Commissioning team has been established between Medway Council and Medway Clinical Commissioning Group (CCG): The purpose of the Partnership Commissioning team is to work across children and adults, health and social care, in order that a whole systems approach to commissioning can be adopted to deliver improved outcomes, risk management and effective investment in services that meet local need. Medway Council and Medway CCG have established a Joint Commissioning Board (JCB) to oversee the partnership and commissioning activities where pooled budgets and/or other joint commissioning arrangements are in place. Medway CCG have also contracted some commissioning support from the Kent &amp; Medway Commissioning Support (KMCS) Unit to support delivery of the Winterbourne Programme. A Joint Improvement Programme Group is being formalised to take forward the Local Winterbourne Programme of Action. The group will report to the Medway JCB. Medway Council, co-terminus with Medway CCG, has a strong track record of delivery and the partnership arrangements now in place will ensure robust governance to lead this important programme of work forward. Medway</td>
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1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).

Yes. Specialist Commissioners from NHS England have been invited to engage formally with the local implementation of this programme, which will strengthen the informal current arrangements.

Housing and provider representatives are members of the Learning Disability Partnership Board and have been invited to join the Joint Improvement Programme Group. Medway Council has well established relationships with housing and provider organisations locally and their participation will help achieve delivery of key outcomes.

1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs.

Yes.

Medway Council and Medway CCG are currently developing a (joint) strategy for people with learning disabilities that will formally set out the commitment of both organisations to ensuring high quality support and local services.

1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.

The governance arrangements are for monitoring by the JCB. Progress will be reported to the Learning Disability Partnership Board and the Health and Wellbeing Board. This stocktake document will be shared with the Learning Disability Partnership Board and the Health and Wellbeing Board (post submission due to the deadline and schedule of meetings) and progress reports will be scheduled on the forward plans of these Boards.

1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.

Yes. The Health and Wellbeing Board has scheduled this item for full discussion at Board and will schedule progress reports...
1.6 Does the partnership have arrangements in place to resolve differences should they arise.

Yes.

Medway Council and Medway CCG have established a Joint Commissioning Board to oversee commissioning arrangements and to resolve differences should they need to be escalated following best efforts to resolve in the Partnership Commissioning team or the Joint Improvement Programme Group.

1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG fora, clinical partnerships & Safeguarding Boards.

Yes, accountabilities are clear. Further work is in progress to embed the accountabilities in governance arrangements following the recent NHS reforms and the establishment of the local Health and Wellbeing Board.

1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.

No.

There are no Learning Disability Hospitals / Units within Medway and so there are no issues associated with local Learning Disability Hospitals, or other in scope, Units. The four Medway people who are the responsibility of Medway Council, Medway CCG and NHS England Kent & Medway have been identified and responsibility accepted.

Any Ordinary Residence issues that arise in community services are handled by Medway Council in line with the Ordinary Residence Protocol and in a timely manner.

1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.

Yes.

Some patients currently in NHS England’s low secure services have been identified as needing bespoke community support arrangements to enable their discharge. This represents a significant cost pressure to the CCG and LA if money does not
follow the patients from secure services to the local health and social care economy and may hinder progress with developing community based support.

Neither Transforming Care nor the Winterbourne Concordat are clear on this point. Clarification could be a significant enabler in progressing this programme.

### 2. Understanding the money

2.1 Are the costs of current services understood across the partnership.

- Yes.

Medway CCG and Medway Council are aware of costs of their current placements.

2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social Care.

- Yes.

Specialist Commissioning: NHS England is the responsible commissioner for specialist mental health services, as described by the Specialist Services Manual, and including secure mental health services. There are no such services within Medway. Within Kent there are 2 units for which NHS England is the responsible commissioner:
  - Tarenford, contract held by NHS Surrey & Sussex Area Team (on behalf of NHS England)
  - Cedar Lodge, Inpatient Learning Disability Forensic Service, contract held by Birmingham & Blackcountry Area Team (on behalf of NHS England).

Continuing Health Care and NHS and Social Care: Agreed processes are in place across health and social care to facilitate the assessment of individual care needs to determine funding requirements to meet assessed care needs.

The National Framework for determining eligibility for NHS continuing healthcare and for NHS-funded nursing care is adhered to across Medway.

Patients not eligible for NHS continuing healthcare are
assessed jointly by health and social care utilising the Camberwell Assessment of Need tool (CANDID / CANFOR) to understand their health and social needs and to inform decisions on shared-care funding arrangements.

<table>
<thead>
<tr>
<th>2.3 Do you currently use S75 arrangements that are sufficient &amp; robust.</th>
<th>We do not currently have Section 75 arrangements in place.</th>
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<tbody>
<tr>
<td></td>
<td>A Section 256 Agreement is in place between Medway Council and Medway CCG.</td>
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<tr>
<th>2.4 Is there a pooled budget and / or clear arrangements to share financial risk.</th>
<th>Yes.</th>
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<tr>
<td></td>
<td>Clear arrangements are in place to determine funding responsibility across health and social care as outlined in 2.2.</td>
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<tr>
<th>2.5 Have you agreed individual contributions to any pool.</th>
<th>No.</th>
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<tr>
<th>2.6 Does it include potential costs of young people in transition and of children’s services.</th>
<th>N/A.</th>
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<tr>
<th>2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.</th>
<th>Yes, and this work will develop further through the JCB.</th>
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<th>3. Case management for individuals</th>
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<td>Question</td>
<td>Answer</td>
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<tr>
<td>3.1 Do you have a joint, integrated community team.</td>
<td>No. Medway Council’s Community Learning Disability Team case manage adults with learning disabilities working closely with Medway Community Healthcare’s Adult Learning Disability Health Team. Both teams are co-located in a community health centre, undertake joint assessments and reviews as appropriate, share information as appropriate and attend each other’s case management meetings but the service is not structurally integrated as an integrated community team. For adults with learning disabilities under Mental Health Act Section, lead case management is agreed with the Medway Mental Health Social Work team to ensure the most appropriate support for the person with learning disability and their family. For people with learning disabilities in the community receiving after-care under Section 117 of the Mental Health Act, Care Programme Approach (CPA) applies and a community-based mental health learning disability nurse is allocated to co-ordinate CPA reviews. For people receiving care in secure settings it is the responsibility of the Mental Health Commissioner to ensure that the case management is led by an appropriate professional and all such cases are managed through the CPA process with attendance at CPA reviews, Mental Health Tribunals and Mental Health Manager Hearings monitored accordingly.</td>
</tr>
<tr>
<td>3.2 Is there clarity about the role and function of the local community team.</td>
<td>Yes.</td>
</tr>
<tr>
<td>3.3 Does it have capacity to deliver the review and re-provision programme.</td>
<td>Yes. There is sufficient capacity to manage the small number of people in scope of this programme locally.</td>
</tr>
<tr>
<td>3.4 Is there clarity about overall professional leadership of the review programme.</td>
<td>Yes. The Joint Improvement Programme Group will take forward the local Winterbourne Programme of Action, reporting through the established governance structures and engaging the full range of professionals and stakeholders locally who have a role to play in delivering this programme.</td>
</tr>
</tbody>
</table>
3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.

Yes.

Each in-patient on Medway CCG’s LD register has a named worker. Access to advocacy is provided.

4. Current Review Programme

4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process.

Yes.

The four Medway people who are in scope under the Winterbourne Concordat have been identified.

Medway Council’s Principal Officer for Mental Health oversees Section 117 responsibilities and there is an agreed aftercare protocol (including register) in place which includes any people (including those with learning disability and challenging behaviour) who have been detained under the Mental Health Act 1983 (Sections 3, 37, 45a, 47 & 48).

4.2 Are arrangements for review of people funded through specialist commissioning clear.

Yes.

NHS England’s Specialist Commissioning Team assumed responsibility from 1 April 2013 for the review of care and treatment for patients receiving care through services that fall under the scope of the Specialist Services Manual.

Review arrangements have been checked and confirmed.

4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.

Yes, for patients in secure settings care co-ordinators and care managers have liaised with in-patients, carers and advocates as appropriate.

4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.

Yes.

A register is maintained by KMCS, on behalf of Medway CCG, of current in-patients from Medway.
A register of people with behaviour that challenges is maintained by Medway Council’s Community Learning Disability Team. Clients on this register are identified according to risk.

Yes.

The register of in-patients from Medway is maintained by KMCS. Each patient has a named care co-ordinator / care manager.

The Community Learning Disability Team register identifies the care manager as the first point of contact for everyone on the register.

Yes.

Where patients are in a secure setting access to advocacy is a requirement of NHS contracts with providers.

For people living in the community there is access to advocacy and self-advocacy. Independent Mental Capacity Advocates are available in line with the Mental Capacity Act.

In-patients from Medway: Training, support and supervision for clinicians undertaking reviews in secure settings has been provided but there has not yet been an audit of these reviews.

Community: Social Workers with substantial experience in Mental Health Act and Forensic case management have been employed by Medway Council to case manage community-supported individuals. A programme of audits is in place within Adult Social Care and supervision of these specialist case managers involves close management oversight of their work.
<table>
<thead>
<tr>
<th>4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.</th>
<th>Yes and where support plans are not explicit on this they are challenged and any gaps in provision or concerns are raised with the provider and the appropriate commissioner.</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.</td>
<td>Yes. All reviews for people in scope of this programme from Medway have been completed within the required timeframe.</td>
</tr>
<tr>
<td><strong>5. Safeguarding</strong></td>
<td></td>
</tr>
<tr>
<td>5.1 Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.</td>
<td>Yes.</td>
</tr>
<tr>
<td>5.2 How are you working with care providers (including housing) to ensure sharing of information &amp; develop risk assessments.</td>
<td>As part of our Multiagency Adult Protection Policy partner organisations including private and voluntary providers are both aware of and signed up to sharing information on a need to know basis regarding adults at risk of harm, or of causing harm to self or others. The Kent and Medway Safeguarding Adults Board has approved a structured quality assurance programme which is based on the Solihull Safeguarding Adults Audit Tool (ADASS recommended best practice). This will enable the Board to engage with care providers at a strategic level in monitoring information sharing and the management of risk in relation to adults with learning disabilities.</td>
</tr>
<tr>
<td>5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.</td>
<td>Yes. There are no Learning Disability Hospitals or Units in scope of this programme within Medway but Medway Council and Medway CCG have been briefed by NHS England Specialist Commissioners and the Care Quality Commission on Learning Disability Hospitals and Units where we place Medway people with learning disabilities. The Head of Partnership Commissioning (Adults) and Medway Council’s Principal Officer for Safeguarding Adults meet regularly with the Care Quality Commission lead</td>
</tr>
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</table>
5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.

Safeguarding Adults Board: Yes, and this programme is scheduled for further review on the forward plan. Children’s Board: No formal links established to date. A briefing has been offered to the Independent Chair for consideration of wider engagement as appropriate.

5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint.

Yes – the Chair and Vice-Chair of the Safeguarding Adults Board are also members of the Kent and Medway DoLS Board.

A Kent and Medway wide pathway is in place with respect to DoLS practice. Medway fully comply with this pathway.

Medway Council DoLS Managers are actively visiting care settings in Medway and are checking that managing authorities are fully conversant with DoLS legislation. Where clients are resident outside Medway then Best Interest Assessors (BIAs) travel to that location as required and/or that areas Local Authority DoLS team are asked to support clients on Medway’s behalf with regular detailed reports being provided to Medway DoLS Managers.

Where there are DoLS authorisations in place, the DoLS team check that the conditions are being followed. The DoLS office sends reminders when DoLS authorisations are due for review and best interest assessors visit to check that a DoLS authorisation can safely be ended or will otherwise recommend that a new Standard Authorisation is requested. The DoLS office follows up where managing authorities are not compliant and notifies CQC as a matter of course.

Medway’s Partnership Commissioning team support a regular Medway Provider Forum. The Forum is open to all providers
across Medway, including those who work with and support people with Learning Disabilities. The Forum is structured so that providers are given information and updates on specific areas of policy, legislation etc that is relevant to high quality service delivery. This is includes DoLS, Mental Capacity Act, Safeguarding, CQC etc. The Provider Forum is very well attended. A presentation was given to providers in May 2013 regarding the importance of DoLS and the legal requirement for managing authorities to apply for DoLS authorisations.

As part of DoLS team visits to local care settings, DoLS Managers and BIAs check for the lawful use of restraint as this is part of Mental Capacity Act monitoring. As a matter of interest we are also checking that there are no blanket policies about DNACPR (Do Not Attempt Cardio-Pulmonary Resuscitation). We check that documentation relating to this and to DoLS is in order. Any discovery of unlawful restraint is immediately reported to the DoLS office (working on behalf of the supervisory body) and a Safeguarding Alert raised.

Medway Council BIAs, Authorisers for DoLS, S12 Mental Health Approved Doctors and Independent Mental Capacity Advocates attend annual refresher days. BIAs and DoLS Managers have attended the National BIA conference for the last 2 years.

A local steering group meets regularly with MCA/DoLS leads for Medway CCG, Medway Maritime Hospital, Mental Health and Medway Community Healthcare. This group was established to support the transfer of responsibility for all DoLS from the NHS to Local Authorities from April 2013 and ensured this process followed recommendations of the Social Care Institute for Excellence (Report Number 62: Managing the Transfer of Responsibility under DoLS Safeguards: A resource for Local Authorities and Healthcare Commissioners of Adult Services).
<table>
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<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>5.6 Are there agreed multi-agency programmes that support staff in all</td>
<td>Medway has arrangements in place for in-patients of Learning Disability</td>
</tr>
<tr>
<td>settings to share information and good practice regarding people with</td>
<td>Hospitals and Units. Additionally, people with learning disabilities</td>
</tr>
<tr>
<td>learning disability and behaviour that challenges who are currently placed</td>
<td>going into the local Acute Trust (Medway NHS Foundation Trust) have</td>
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<td>in hospital settings.</td>
<td>access to the Learning Disability passport programme that was</td>
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<td></td>
<td>introduced 3-4 years ago. The Medway Learning Disability Partnership</td>
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<td></td>
<td>Board have recently decided to review the effectiveness of this and</td>
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<td></td>
<td>have scheduled this on the forward plan – contact has been made with</td>
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<td></td>
<td>the hospital to engage with them regarding this.</td>
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<tr>
<td>5.7 Is your Community Safety Partnership considering any of the issues</td>
<td>The CSP Community Safety Plan for 2013-2016 includes priorities for</td>
</tr>
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<td>that might impact on people with learning disability living in less</td>
<td>tackling anti-social behaviour and reducing domestic abuse, this</td>
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<tr>
<td>restrictive environments.</td>
<td>includes working with vulnerable people including people with</td>
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<td>learning disabilities. In September 2013, as part of the work in</td>
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<td>reducing the risks for vulnerable victims of anti-social behaviour,</td>
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<td>the CSP will be considering the findings and recommendations from the</td>
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<td>local 'Living in Fear' research project (<a href="http://www.mcch.org.uk/living-">http://www.mcch.org.uk/living-</a></td>
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<tr>
<td></td>
<td>in-fear/index.aspx) in order to incorporate these within the current</td>
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<td></td>
<td>CSP Plan.</td>
</tr>
<tr>
<td>5.8 Has your Safeguarding Board got working links between CQC, contracts</td>
<td>Yes. Medway Council escalates alerts and safeguarding concerns. A</td>
</tr>
<tr>
<td>management, safeguarding staff and care/case managers to maintain</td>
<td>Serious Case Review protocol is in place.</td>
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<td>alertness to concerns.</td>
<td>Quarterly meetings are held with the Care Quality Commission where</td>
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<td></td>
<td>commissioning, safeguarding and DoLs leads attend from Medway Council</td>
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<tr>
<td></td>
<td>and Medway CCG.</td>
</tr>
<tr>
<td>6. Commissioning arrangements</td>
<td>Yes.</td>
</tr>
<tr>
<td>6.1 Are you completing an initial assessment of commissioning requirements</td>
<td>Yes.</td>
</tr>
<tr>
<td>to support peoples’ move from assessment and treatment/in-patient</td>
<td>Yes.</td>
</tr>
<tr>
<td>settings.</td>
<td>Yes.</td>
</tr>
<tr>
<td>6.2 Are these being jointly reviewed, developed and delivered.</td>
<td>Yes.</td>
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<tr>
<td>Question</td>
<td>Answer</td>
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<tr>
<td>6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services.</td>
<td>Yes, there is clear information on each placement.</td>
</tr>
<tr>
<td>6.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people.</td>
<td>Yes and fully developed commissioning plans will embed these commissioning intentions.</td>
</tr>
<tr>
<td>6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.</td>
<td>No.</td>
</tr>
<tr>
<td>6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.</td>
<td>No – clarification on transfer of funding from de-commissioned services to develop and enhance local community services is awaited.</td>
</tr>
<tr>
<td>6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.</td>
<td>Yes. Advocacy support is sufficient for the number of people that are involved.</td>
</tr>
<tr>
<td>6.8 Is your local delivery plan in the process of being developed, resourced and agreed.</td>
<td>Yes, the Medway Partnership Commissioning Team is developing the plan.</td>
</tr>
<tr>
<td>6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).</td>
<td>This is subject to on-going discussion and agreement with NHS England Specialist Commissioners as they fund the placements in question.</td>
</tr>
<tr>
<td>6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).</td>
<td>Clarity on transfer of funding from de-commissioned services to develop and enhance local community services is awaited.</td>
</tr>
</tbody>
</table>

**7. Developing local teams and services**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 Are you completing an initial assessment of commissioning requirements to support peoples’ move from assessment and treatment/in-patient settings.</td>
<td>Yes. Advocacy services commissioned by Medway Council are all performance monitored and reviewed to ensure that delivered services reflect stipulations of the relevant contract and service specification, triangulated with service user feedback.</td>
</tr>
<tr>
<td>7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.</td>
<td>Yes.</td>
</tr>
<tr>
<td>Question</td>
<td>Response</td>
</tr>
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</tr>
<tr>
<td>7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.</td>
<td>Yes. Medway Best Interests Assessors are all current Adult Social Care practitioners – there is sufficient capacity.</td>
</tr>
<tr>
<td>8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies</td>
<td>8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally. Yes and this will be incorporated in the (joint) strategy for people with learning disabilities.</td>
</tr>
<tr>
<td></td>
<td>8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.) Yes. With regard to DoLS, were there to be a case of unlawful detention the capacity is available locally to consider the case through Mental Health Services for an assessment under the Mental Health Act, 1983 (as amended). Medway Approved Mental Health Practitioner’s would be involved. This is a particular strength of Medway’s DoLS service being attached to Mental Health management. Sometimes a DoLS authorisation will clearly identify that the person is in the wrong place which is unable to meet the person’s needs. The DoLS service always looks for the least restrictive option for the person’s right to freedom and liberty. Directing a case towards a mental health ward admission is very rare indeed in Medway. Keeping the person safe where they are for a very short duration maintains stability but (as above) the DoLS services does not condone undue delay and this is understood and respected locally. The new (joint) strategy for people with learning disabilities will also include proposals to avoid admission by improving local services and to develop and commission crisis responses. An intensive support service also forms part of the commissioning strategy for children’s services.</td>
</tr>
<tr>
<td>8.3 Do commissioning intentions include a workforce and skills assessment development.</td>
<td>Yes. There is recognition of the importance of undertaking a workforce and skills assessment to ensure that the right skills</td>
</tr>
</tbody>
</table>
### 9. Understanding the population who need/receive services

9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges.

Yes.

Sufficient supply has historically not always reliably available. Our commissioning strategy will address this situation by increasing supply, developing a move-on culture and encouraging outreach from more specialist providers.

Medway Council is working with the Institute for Public Care at Oxford Brookes University to produce a market position statement, which will include people with complex learning disabilities and people with behaviour that challenges.

9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.

Yes.

A Person Centred approach is being taken in the planning of future support arrangements.

### 10. Children and adults – transition planning

10.1 Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults.

Yes, there is a central transition database that is utilised by both adult and children’s services.

10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.

Yes, however this is largely based on extrapolation - requires engagement with young people and their families and further analysis to assist with future planning.

### 11. Current and future market requirements and capacity

11.1 Is an assessment of local market capacity in progress.

Yes, as outlined in 9.1.

11.2 Does this include an updated gap analysis.

Yes.

11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local fora to share/learn and develop best practice.

Yes.

Insightful and important learning from bespoke commissioning
in Medway is informing commissioning intentions going forward and will embed our local commitment to working with people with learning disabilities with complex needs and/or challenging behaviour and their carers. This will include personal budgets and direct payments, in trusts wherever appropriate, to ensure access to choice and control.

Please send questions, queries or completed stocktake to Sarah.brown@local.gov.uk by 5th July 2013

This document has been completed by

Name: Nick Haslem, Partnership Commissioning Manager

Organisation: Medway Council and Medway CCG

Contact: nick.haslem@medway.gov.uk

Signed by:

Chair HWB: Cllr Andrew Mackness

LA Chief Executive: Neil Davies

CCG rep (Chief Operating Officer): Alison Burchell
HEALTH AND WELLBEING BOARD

22 OCTOBER 2013

WORK PROGRAMME

Report from: Neil Davies, Chief Executive
Author: Rosie Gunstone, Democratic Services Officer

Summary

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

1. Budget and Policy Framework

1.1. The Health and Social Care Act 2012 places a duty on local authorities to establish a Health and Wellbeing Board for its area.

1.2. On 25 April 2013 the Council established the Board and agreed its terms of reference.

2. Background

2.1. Appendix 1 to this report sets out the existing work programme based on activity over the shadow year. 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.

3. Risk implications

3.1. There are no specific risk implications connected with this report.

4. Health Inequalities Task Group

4.1. A cross-party Member task group of Health and Adult Social Care Overview and Scrutiny Committee Members has now been set up to take forward an in-depth scrutiny review into health inequalities across Medway wards and how to direct investment to where it is most needed.

4.2. The task group will be Councillors Wildey, Purdy, Adrian Gulvin, Shaw and Smith and a scoping meeting is due to take place on 15 October 2013.
5. **Financial and legal implications**

5.1. There are no specific financial or legal implications connected with this report. In the event of there being any recommendations relating to commissioning these will need to be referred to the Council’s Cabinet and/or NHS Medway Clinical Commissioning Group.

6. **Recommendation**

6.1. The Board is asked to consider whether any changes need to be made to the work programme.

**Lead officer contact**
Rosie Gunstone, Democratic Services Officer
Telephone: 01634 332715      Email: rosie.gunstone@medway.gov.uk

**Background papers** - none
# Medway Health and Wellbeing Board (HWB) work programme

Unless otherwise stated, meetings will be held at Gun Wharf, Chatham.

<table>
<thead>
<tr>
<th>Date of meeting</th>
<th>Time</th>
<th>Items of business</th>
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<tbody>
<tr>
<td>Thursday 9 January 2014</td>
<td>4pm</td>
<td>- Approve priority action plans JHWBS 2014/2015</td>
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<tr>
<td></td>
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<td>- Update on dashboard</td>
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<td>- Keogh update</td>
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<td>- Engagement update</td>
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<tr>
<td></td>
<td></td>
<td>- Role of Health Protection Committee</td>
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<td>- Feedback from NHS England from GP Call to Action</td>
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<tr>
<td>Tuesday 22 April 2014</td>
<td>4pm</td>
<td>- Final progress report – priority actions 2013/204</td>
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<td>- Review of commissioning plans</td>
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<td>- Local Authority</td>
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<td>- Clinical Commissioning Group</td>
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<td>- NHS England</td>
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<td>- Pharmaceutical Needs Assessment</td>
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**Items to be added at a future date:**

- Integrated Transformation Fund
- Mental Health
- Monitoring and review of JHWBS (ongoing)
- Housing and health
- Health inequalities Task group report
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