

Health and Adult Social Care Overview and Scrutiny Committee Supplementary Agenda no. 1

A meeting of the committee will be held on:

Date: Thursday, 16 March 2017

Time: 6.30pm

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

Membership: Councillors Wildey (Chairman), Purdy (Vice-Chairman), Aldous,
Bhutia, Fearn, Franklin, Hall, Howard, Steve Iles, Khan,
McDonald, Murray and Shaw

Co-opted members without voting rights:

Christine Baker (Medway Pensioners Forum), Dan Hill (Healthwatch Medway CIC)
and Paddy Powell (Healthwatch Medway CIC Representative Substitute)

Agenda

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| 6 | Medway CCG Operational Plan 2017 to 2019 | (Pages
3 - 6) |
| | This addendum report updates the Committee on the discussions in relation to the Medway CCG Operational Plan 2017 to 2019 which took place at the Health and Wellbeing Board on 14 March 2017. | |
| 9 | Dementia Task Group Report - 'How far has Medway gone in becoming a Dementia Friendly Community?' | (Pages
7 - 10) |
| | This addendum report updates the Committee on the discussions in relation to the Dementia Task Group report which took place at the Health and Wellbeing Board on 14 March 2017. | |

For further information please contact Jon Pitt, Democratic Services Officer on Telephone: 01634 332715 or Email: democratic.services@medway.gov.uk

Date: 16 March 2017



HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE 16 MARCH 2017

MEDWAY CCG OPERATIONAL PLAN 2017 TO 2019

Report from: Stuart Jeffery, Chief Operating Officer, Medway NHS Clinical Commissioning Group

Author: Jon Pitt, Democratic Services Officer

Summary

This addendum report updates the Committee on the discussions in relation to the Medway CCG Operational Plan 2017 to 2019 which took place at the Health and Wellbeing Board on 24 March 2017.

1. Background

1.1 The Medway CCG Operational Plan 2017 to 2019 was introduced by the Chief Operating Officer of Medway NHS Clinical Commissioning Group (CCG). He advised that there was a statutory duty for a CCG to produce an operational plan, with Medway NHS CCG having produced a two year plan. There were a range of strategic drivers underpinning the plan, which included the Medway Joint Strategic Needs Assessment (JSNA), the Kent and Medway Sustainability and Transformation Plan (STP), the Medway Local Plan (STP), the Local Plan and local care arrangements. The Plan, which was also influenced by national priorities, was framed around nine 'must dos' which had been set out by NHS England.

1.2 The Operational Plan included the following sections:

- Sustainability and Transformation Plan – this section was replicated in all CCG operational plans across Kent and Medway
- Finance and Quality, Innovation, Productivity and Prevention (QIPP)
- Local care – this included the Medway Model, GP Forward View, Healthy Living Centres and prevention work
- Primary care, community services, prevention, integration and coordinated care
- Urgent and emergency care
- Planned care
- Cancer
- Mental health
- Learning Disabilities: Transforming Care
- Improving Quality

- Enablers – this includes areas of work such as IT and Estates which will facilitate improved services in relation to the other areas.

1.3 The Board raised a number of points and questions as follows:

Contents of Plan – A Member of the Board said that strategic plans should contain a clearly defined roadmap setting out what had already been achieved and future plans. Operational Plans should include milestones and conditions for success. They should set out activities and budgets for the time period covered by the plan. There should also be a list of objectives, detail of the activities required to deliver these and information in relation to quality standards and staffing and resource requirements. Plans should also set out an implementation timetable. There was no clear roadmap within the Operational Plan presented and the Member also considered that details of joint working required with other organisations should be clearly set out in the Plan. In response, the Chief Operating Officer advised that the contents of the Plan were somewhat constrained by NHS England requirements. It was noted that although there was no detailed budgetary information had been included in the main Plan, there was some budgetary information in one of the appendices. The Plan did also contain some clear deliverables and timescales, planned care being one example.

1.4 **Housing Needs** – A Member said that some good joint work had taken place in relation to estates. It was requested that more detail of joint working in relation to this be included in the Plan. There was an opportunity for the Council to facilitate the provision of new accommodation at some premises in order to help meet the need for 30,000 new homes to be built in Medway during the next few years. The Member suggested that the development of Extra Care accommodation could be explored and that this should be at the forefront of future development in Medway. The Chief Operating Officer acknowledged that utilising estates effectively was a significant enabler, with the Accountable Officer of the CCG agreeing that there was a significant opportunity in relation to estates. The CCG would be looking to engage with the Council in this area. Support from Councillors was particularly welcome.

1.5 **Revisions to the Plan** – In response to a Member question that asked whether it was possible for revisions to be made to the Plan, the Chief Operating Officer stated that this would be possible as the Plan had not yet been signed off by NHS England. The Accountable Officer advised that, although it would be possible to amend the Plan, it was seen as being an evolving document with the focus being on how thoughts and ideas would translate into improved health provision.

1.6 **Executive Summary of the Plan** – A Member stated that the Executive Summary of the Plan should set the theme of the main document. He considered that the Executive Summary presented did not do this effectively as children and young people were not mentioned sufficiently and the role of technology was also not mentioned. Other gaps included the need to highlight successes in relation to delayed discharge from hospital as well as including information in relation Workforce Strategy and the need to promote Medway as a place where health professionals would want to work. The Member considered that there was a lack of focus in other parts of the document, although it was helpful and constructive overall. The CCG representatives agreed that additions would be made to the Executive Summary, particularly in relation to children and young people. It was

also agreed that further discussion was required with regard to promoting Medway as a place.

1.7 The Interim Director of Public Health was fully supportive of the need for there to be a greater focus on children and young people in the executive summary. This was covered throughout the document. The mental health of children was particularly important as the majority of mental health issues experienced by adults started in childhood. The Interim Director also welcomed the support offered in relation to the prevention agenda and emphasised the need to prevent avoidable ill health and disability. The emphasis on cancer was also welcome in view of the fact that Medway had above average mortality rates, as was the importance placed on staff training by the CCG. The reference to the Medway and Swale Centre for Organisational Excellence (MASCOE) in the Operational Plan was also welcome. The Chairman of the Board noted that the Operational Plan was a part of the overall Kent and Medway Sustainability and Transformation Plan. He considered that Medway was well represented in this process.

1.8 The Board:

- i) Reviewed and commented on the contents of the Medway NHS CCG Operational Plan and confirmed that it considered that the commissioning intentions took account of the Medway Joint Health and Wellbeing Strategy.
- ii) Requested that information in relation to children's services and other areas identified by the Board be added to the Executive Summary of the Operational Plan and that further consideration be given to the structure of the document.
- iii) Acknowledged the importance of underutilised estates in helping to meet the housing needs of Medway.

2. Recommendation

2.1 That the Committee notes the comments of the Health and Wellbeing Board.

Lead officer contact

Stuart Jeffery, Chief Operating Officer, Medway NHS Clinical Commissioning Group
E-mail: stuart.jeffery@nhs.net

Appendices

None

Background Papers

None

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**HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE
16 MARCH 2017**

**DEMENTIA TASK GROUP REPORT - HOW FAR HAS
MEDWAY GONE IN BECOMING A DEMENTIA FRIENDLY
COMMUNITY?**

Report from: Richard Hicks, Director of Regeneration, Culture, Environment
and Transformation

Ian Sutherland, Director of Children and Adult Services

Author: Jon Pitt, Democratic Services Officer

Summary

This addendum report updates the Committee on the discussions in relation to the Dementia Task Group report which took place at the Health and Wellbeing Board on 24 March 2017.

1. Background

- 1.1 The Head of Adults' (25+) Partnership Commissioning and the Better Care Fund introduced the report of the Dementia Task Group. The Members of the Task Group had undertaken external visits and participated in a number of evidence sessions. The report summarised the outcomes and recommendations arising from this work.
- 1.2 The key conclusions of the Task Group included the need for the Council to lead by example to ensure that its staff and services are dementia friendly. There was also support for the Test for Change Pilot in Rainham and the development of the Council's existing Dementia Strategy. The importance of the Medway Dementia Action Alliance had also been recognised, including the need to work with the Alliance to ensure that the anticipated submission of an application for Medway to be recognised as a Dementia Friendly Community was a success. The review had also recognised the constraints on financial resources.
- 1.3 The Risk Management section of the covering report stated that there were no risks arising from the report. There had been discussions between system leaders to ensure that, in the event that there were specific changes to services, these would be incorporated within service development.

1.4 The Board raised a number of points and questions as follows:

Role of the Council in promoting a dementia friendly community: A Member considered that the Council had a key role to play in encouraging staff, Members and external organisations to be dementia friendly. It was suggested that contractors should also have a responsibility in this area and that this could be made a condition of contracts awarded by the Council. It was requested that further work be undertaken in this area.

1.5 A Board Member, who was also Chairman of the Procurement Board, said that he would ensure that the matters raised in relation to procurement were considered by the Procurement Board. He advised that Council suppliers had already been encouraged to sign up to the White Ribbon campaign that works to stop violence against women. The Board Member was also Chairman of the Transformation Board and it was suggested that how to make digital transformation work for people with dementia could be considered.

1.6 **Communications and Engagement:** A Board Member said that the report was excellent. In relation to communications and engagement, he suggested that there should be a focus on effective communication with people living with dementia as well as on communication with carers.

1.7 **Wording of Recommendation:** It was requested that the word “diagnostic” be removed from recommendation 22. This was due to the fact that dementia could not be accurately diagnosed through a scan. Scanning was part of the process used to diagnose dementia and was used to rule out other causes of particular symptoms. The revised recommendation would read as follows:

“That the Partnership Commissioning Teams should work with Medway NHS Clinical Commissioning Group and Medway NHS Foundation Trust to seek to reduce waiting times for scans.”

1.8 The Healthwatch Medway representative on the Board advised that the Citizens’ Advice Bureau and Healthwatch had secured external funding for dementia action.

1.9 The Director of Children and Adults welcomed the news that the Citizens’ Advice Bureau and Healthwatch had secured dementia funding. He acknowledged that there was a risk that the Task Group’s recommendations would not be implemented effectively by all the constituent members of the Health and Wellbeing Board. A key aspect of the Task Group’s work was the focus on the impact of dementia on the wider community, rather than solely from a health and social care perspective. There was a need to ensure that people with dementia were able to lead full and valued lives for as long as possible and were able to be included in all aspects of their local community.

1.10 One example of improving community provision was that bus operator, Arriva, the company having contributed to the Task Group, would be putting measures in place to ensure that their services became more dementia friendly.

1.11 The Chairman of the Board said that dementia provision was becoming increasingly important given that there were nearly 2,900 people living with dementia in Medway in 2015 and that this number was expected to increase in time. The Chairman

referenced the case of the Chair of the Medway Dementia Action Alliance, who was herself living with dementia. She had developed strategies to cope with having dementia which had enabled her raise dementia awareness in the local community. The Chairman considered this contribution to be inspiring.

1.12 **Decision**

The Board:

- i) Considered the recommendations of the Dementia Task Group and provided comments ahead of it being presented to the Health and Adult Social Care Overview and Scrutiny Committee, the Regeneration, Culture and Environment Overview and Scrutiny Committee and Cabinet.
- ii) Members committed to encouraging their respective organisations to ensure that they support Medway becoming a Dementia Friendly Community and subject, to approval of the Council's Cabinet, support implementation of the Task Group's recommendations.
- iii) Agreed that recommendation 22 of the Task Group report should be amended to remove the word "diagnostic".

2. **Recommendation**

2.1 That the Committee notes the comments of the Health and Wellbeing Board.

Lead officer contact

Jon Pitt, Democratic Services Officer
Telephone: 01634 332715 E-mail: jon.pitt@medway.gov.uk

Appendices

None

Background Papers:

None

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