Medway Council Meeting of Health and Wellbeing Board Thursday, 9 January 2014 4.00pm to 6.40pm

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 David Carr Councillor Howard Doe, Portfolio Holder for Housing and Community Services Councillor Andrew Mackness (Chairman) Councillor Vince Maple, Leader of the Labour Group Councillor Mike O'Brien, Lead Portfolio Holder for Children's Services Barbara Peacock, Director of Children and Adult Services David Quirke-Thornton, Deputy Director, Children and Adults Services Dr Alison Barnett, Director of Public Health Dr Peter Green, Chief Clinical Officer, NHS Medway Clinical Commissioning Group Felicity Cox, Director, Kent and Medway, NHS England The Very Reverend Dr Mark Beach, Healthwatch Medway
In Attendance:	Therese Finn, Planner Policy, Development Policy and Engagement Rosie Gunstone, Democratic Services Officer Hannah Langford, Senior Lawyer (Planning and Projects) Ian Robinson, Programme Manager, Children and Adults Catherine Smith, Development Policy and Engagement Manager Kerry Tappenden, Contracts Officer Dr Saloni Zaveri, Acting Consultant in Public Health Medicine

689 Record of meeting

The record of the meeting held on 22 October 2013 was agreed and signed by the Chairman.

690 Apologies for absence

Apologies for absence were received from Councillor Hicks, Dr Fargher and Alison Burchell.

691 Declarations of disclosable pecuniary interests and other interests

Disclosable pecuniary interests

There were none.

Other interests

There were none.

692 Joint Health and Wellbeing Strategy - Review of Priority Actions

Discussion:

The Acting Consultant in Public Health Medicine gave a brief introduction to the report on the review of priority actions for the Joint Health and Wellbeing Strategy and responded to Members' questions.

Councillor Doe queried the unemployment statistics referenced on page 35 of the agenda, which suggests that Medway's Health Profile indicates that long term employment is significantly worse for Medway than the national average. He felt this did not fit with information he had received about the period October to December 2013, which showed the numbers of unemployed, had reduced by 2,000 people in Medway. The Director of Public Health agreed to check this statement to ensure that the information was still current. Councillor Doe also expressed the view that maintaining physical health should be reflected more in the priority actions.

The Chief Clinical Officer, NHS Medway Clinical Commissioning Group, explained that while there would always be issues, which were high priority, the priority actions chosen for the Joint Health and Wellbeing Strategy were those items, which lent themselves to benefitting particularly from collaborative working.

Councillor Maple requested that the stakeholders involved in the engagement event at the St George's Centre be kept informed of progress and sent the table attached to the report as an update.

Dr Beach welcomed being a theme lead but suggested it would be beneficial for each theme lead to be briefed on their role.

Decision:

- (a) The Board agreed the key priority actions and theme leads for 2014/2015 with the addition of the Director, Kent and Medway Area Team, NHS England, as joint theme lead for theme 3 prevent early death and increase years of healthy life;
- (b) It was agreed that the table appended to the report would be shared with stakeholders who attended the event held at St George's Centre;

- (c) An update was requested on unemployment figures outside of the meeting;
- (d) It was agreed that there would be a briefing provided for theme leads about their role.

693 Feedback from NHS England and Medway NHS CCG on Call to Action

Discussion:

The Director, Kent and Medway Area Team, NHS England and the Chief Clinical Officer, NHS Medway CCG introduced a report setting out engagement events relating to the Call to Action debate which, it was stated, sets out the challenges facing the local NHS and calls on patients, the public, NHS staff and other key stakeholders to have an open and honest debate about the future shape of the health service.

A Pharmacy Call to Action would be held on 6 February 2014 and further events for Optometry Call to Action and Dentistry Call to Action had been planned. The Director, Kent and Medway Area Team, NHS England undertook to advise of all Call to Action events leading up to May 2014 and responding to a request, undertook to investigate how the hard to reach groups were being reached, in particular those who were not literate or IT literate. She explained that more detail would be available at the next meeting.

The Chief Clinical Officer, NHS Medway CCG referred to a local event which had taken place in July and measures which had been taken to communicate with the public, patients and stakeholders which included an advertisement in Medway Matters and Mosaic profiling to ensure that the views were representative of the whole population. He anticipated there being a strategy document by late March to encapsulate a lot of the information gleaned from the Call to Action event.

Responding to a question about difficulties accessing nurses, continuity of GPs and the use of new technology between clinical professionals, he stated:

- Plans are progressing to allow nurses in training to have placements in primary care within Medway. The hope is that they will both be able to provide some additional service provision whilst training but also be more likely to consider working in primary care in Medway in the future.
- 10 practices in Medway are involved in training doctors. As well as doctors training to be GPs there are an increasing number of doctors who as part of their general foundation training are spending time in general practice to gain experience. This can have the effect of lessening the continuity of care patients receive but should improve the quality of care that's provided in the future by having better trained doctors. Where patients particularly want to see a particular doctor most practices try to accommodate this but it may mean a slightly longer wait.

• Technology is already being used to improve the availability of patient information and therefore patient care. Medway has both a high rate of uploading of a patients summary care record from their GP notes and a high usage of that information in out of hour care. Use of patient identifiable information can only be done with the consent of the patient and access is audited and monitored. Consideration was being given as to how this could be enhanced in the future.

Referring to page 65 of the agenda Dr Beach requested that Healthwatch Medway be involved in the engagement event plan as he felt the organisation had a strong contribution to make and would like to be involved in the delivery plan.

The Director of Children and Adults, referring to the need to reach out to all residents of Medway stated that as part of the Big Lottery Bid extensive consultation had taken place which included phone calls, knocking on doors etc as it was important to make every contact count.

The Chairman, in response to the reference to hard to reach groups, stated that the people were not hard to reach but they were people for whom services were not accessible for whatever reason.

Decision:

The Board noted the report and requested an update in April 2014.

694 NHS Medway Clinical Commissioning Group Commissioning Plan Development

Discussion:

The Chief Clinical Officer, NHS Medway CCG explained that the report contained a high level summary of the NHS Medway CCG Commissioning plan and stated that the plan would be required to be submitted to NHS England by mid February.

He stated that the intention was to work smarter, engaging with partners and service users with the aim of encouraging people to take more responsibility for their health needs in order to prevent ill-health.

The view was expressed that education around preventing ill-health was important and needed to be embedded in the system. Responding to a question, the Director of Children and Adults referred to ongoing work in secondary schools but also set out the high demands on schools in what could and could not be covered as part of the curriculum.

Dr Beach referred to the document `Transforming participation in Health and Care "The NHS belongs to us all" set out in the following link:

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http://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hcguid1.pdf

He commended the engagement cycle set out in the document. The Director of Public Health then referred to the fact the communications and engagement paper would be considered at the next meeting of the Board and it was agreed that consideration could be given to the engagement cycle then.

The Chief Clinical Officer, NHS Medway CCG responding to a question agreed to make sure that the mapping exercise referenced on page 76 of the agenda did not duplicate any of the work of the mapping exercise being undertaken by Public Health.

Decision:

The report was noted and it was acknowledged that the full commissioning plans would be considered at the next meeting of the Board.

695 Health and Social Care Better Care Fund Plan (formerly known as Integrated Transformation Fund)

Discussion:

The Deputy Director, Children and Adults gave a powerpoint presentation setting out the basic principles of the Better Care Fund Plan and the potential schemes which could be developed as a result of it. Emphasis was, however, placed on the fact that this was not new money and was set in a backdrop of pressures in the system where savings had to be made. The money would be subject to payment by results and nationally agreed performance indicators would be set with a minimal space for local indicators.

The local vision, aims and objectives were set out and the success of the prevention agenda would be crucial in reducing unnecessary hospital admissions or lengths of stay. The Chief Clinical Officer of NHS Medway CCG pointed out that having invested commissioning resources in the Better Care Fund the CCG would still be responsible for commissioning in the acute sector if the preventions did not work.

Considerable interest was shown about the monitoring of outcomes for the public and progress against indicators and the Deputy Director, Children and Adults was requested to consider how best to report this information to the board in the future.

In view of the short timescales involved in submitting a draft plan by 14 February and then the final plan by 4 April 2014 it was agreed that the first submission would be sent round electronically to all Board members allowing them 48 hours to comment. A special meeting of the Board would be held in late March to enable them to endorse the plan before final submission.

Decision:

- (a) The Board noted and supported the proposed governance journey for the delivery of the Better Care Fund Plan, with the addition of the following wording (shown in bold below) to the recommendation set out in the Cabinet papers for 14 January 2014 meeting as follows:
 - 8.3. That Cabinet agree to delegate authority for the final sign off of the plan to the Director of Children and Adults Services, in consultation with the Portfolio Holder for Adults Services following endorsement of the plan by the Health and Wellbeing Board.
- (b) It was agreed that a special meeting of the Health and Wellbeing Board should be arranged for late March to enable the Board to endorse the plans before final submission;
- (c) It was agreed that the Deputy Director, Children and Adults would advise the Board how they will be kept informed of progress against performance following that submission.

696 Feedback from three key messages

Discussion:

The Director of Public Health explained the concept of three key messages, which it was stated, would be agreed at each meeting and taken forward to the next. The intention being that each Board member would incorporate those key messages in their work between meetings and report back any issues to the next meeting.

It was also stated that the Big Lottery Bid had involved engagement in a large scale and there had also been engagement in relation to the mapping exercise, which would be considered later in the meeting.

The three key messages to be taken forward were handed out at the meeting and can be accessed on the following link:

http://democracy.medway.gov.uk/mgConvert2Pdf.aspx?ID=7532&T=9

Decision:

The three key messages handed out at the meeting were noted.

697 Hot Food Take-aways in Medway - A guidance note

Discussion:

The Development Policy and Engagement Manager, assisted by the Planner (Policy) introduced the guidance note that had been devised to form a material

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consideration in the determination of planning applications for hot food takeaways and responded to Board Members' questions.

Board Members welcomed the guidance and the point was made that now Public Health were embedded into the local authority more guidance should follow to create an environment which supports people to make healthy lifestyle choices.

Responding to a question, the Development Policy and Engagement Manager undertook to share with the Board the key timetable around the consultation on this guidance.

Following further questions it was agreed that consultation should be undertaken with schools and faith communities and that the research, which supports the view that preventing such outlets close to schools actually improves healthy eating, should be shared with the Board.

Board Members felt that the co-operation of schools would be important in getting the messages about healthy eating across. Reference was made to the Member Task Group on Healthy Eating and its impact.

Councillor Carr expressed caution at the guidance on the basis that the Planning Inspectorate may not be supportive of it and would be likely to overturn any decision made by the local authority following any appeal.

Decision:

Officers were thanked for their report and the Board gave support to the consultation process and suggested that schools are invited to be involved in the application of the guidance.

698 Mapping Local Assets to Support a Community-Wide Approach to Improve Physical and Mental Health and Wellbeing

Discussion:

The Acting Consultant in Public Health Medicine gave a short introduction to a report updating the Board on progress with mapping local assets. She referred to the work of the Steering Group and stated that there was a robust quality assurance process in place and further assets would be identified by late March. Phase 1 was on target for completion at the end of May 2014, following which Phase 2 would be planned.

Decision:

The update was noted.

699 Keogh Update

Discussion:

The Director, Kent and Medway Area Team, NHS England gave a verbal update on the Keogh review at Medway Maritime Hospital and stated that Medway NHS Foundation Trust were making a strenuous effort to implement the action plan but some of these efforts had been hampered by the recent floods and evacuation of vulnerable people and the unannounced inspection of the Accident and Emergency department on 31 December 2013. A report on that inspection should be received within a few days.

The Chairman referred to the Member briefing conducted by the Chief Executive of Medway NHS Foundation Trust and referred to a second briefing, which had yet to be scheduled. He agreed to forward details from the earlier briefing to all Members of the Board.

In response to a question the Director, Kent and Medway Area Team, NHS England confirmed that a Healthwatch Medway representative had been present at the review meetings at the hospital.

Decision:

The verbal report was noted and it was agreed that there would be a more detailed update to the next meeting from Kent and Medway Area Team, NHS England and NHS Medway CCG.

700 Annual Public Health Report

Discussion:

The Director of Public Health gave a brief introduction to her report, which focussed on the health of school-aged children. Board members commended the Director of Public Health and her staff on the usefulness of the report and expressed the view that it contained a wealth of information.

Decision:

The Board noted the report.

701 Work programme

Discussion:

The Democratic Services Officer referred to a supplementary paper circulated at the meeting, shown on the following link:

http://democracy.medway.gov.uk/mgConvert2Pdf.aspx?ID=7525&T=9

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This set out a request from Health and Adult Social Care Overview and Scrutiny Committee for the Board to ask NHS England to write to the General Medical Council to conclude their hearing for Dr Oshinusi before the Care Quality Commission conduct their appeal into the practice registration in March 2014.

She also pointed out a request made at the pre-planning meeting for the Board for a presentation on pharmaceutical contracting at a future meeting.

The Chairman requested that the 25 February meeting be moved to 4pm. As this presented a problem for some Board Members the Democratic Services Officer was requested to look at options outside of the meeting.

In relation to the appearance of the Board at Health and Adult Social Care Overview and Scrutiny Committee in April 2014, it was stated that this would be dealt with in a similar way to scrutiny of the Community Safety Partnership and it was suggested that each group represented on the Board could attend. In advance of the meeting a written update from the Director of Public Health would be submitted updating on progress so far with a forward look also included.

Decision:

- (a) It was agreed that Kent and Medway, NHS England be asked to write to the General Medical Council as set out above;
- (b) The Board agreed to have a presentation on pharmaceutical contracting at a future meeting, with a date to be agreed;
- (c) It was noted that an invitation to the Board to attend Health and Adult Social Care Overview and Scrutiny Committee on 18 April 2014 had been received. Nominations would be put forward closer to the time of the meeting;

Chairman

Date:

Rosie Gunstone, Democratic Services Officer

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