

**Medway Council**  
**Meeting of Health and Wellbeing Board**  
**Tuesday, 25 February 2014**  
**4.00pm to 5.40pm**

**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 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, Lead Portfolio Holder for Children's 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, Director, Kent and Medway, NHS England  
The Very Reverend Dr Mark Beach, Healthwatch Medway  
(\*replaced by Bridget Bygrave during discussion on Communications and Engagement Strategy)

**In Attendance:**

\*Bridget Bygrave, Healthwatch Medway CIC representative  
Rosie Gunstone, Democratic Services Officer  
Lorraine Denoris, The Public Engagement Company

**878 Record of meeting**

The record of the meeting held on 25 February 2014 was agreed and signed by the Chairman.

**879 Apologies for absence**

Apologies for absence were received from Councillor Doe and the Director of Children and Adults.

**880 Declarations of disclosable pecuniary interests and other interests**

Disclosable pecuniary interests

There were none.

Other interests

There were none.

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

There were no urgent matters but the Chairman took the opportunity to advise the Board that Councillor Wicks had replaced Councillor Carr on the Board.

**882 Items for decision**

**(A) NHS Kent and Medway Local Area Team - Commissioning Plans 2013/14 and 2015/16**

**Discussion:**

The Local Area Team Director, NHS Kent and Medway introduced the NHS England (Kent and Medway) Commissioning Plan 2014/2015 and 2015/2016 and responded to Board Members' questions.

She pointed out that commissioning for military health was being undertaken by the Area Team in Bath, Swindon, Wiltshire and Gloucester for the south of England and stated that she would welcome the Board's views on the tailoring of services locally. She also recognised the need to align the plans with the Joint Health and Wellbeing Strategy.

Referring to page 29 of the agenda it was pointed out that responsibility for the health visiting service and Family Nurse Partnership would be passed to the Council from October 2015. She also undertook to provide more detail when the plans are brought back to the Board and agreed to send round the next iteration via the Democratic Services Officer.

The Director of Public Health emphasised that the APMS practices had been commissioned to improve access to primary care in underserved areas and that this important factor in reducing health inequalities should be considered when the contracts were reviewed. The also encouraged close working between the Local Area Team and the Senior Public Health Manager in relation to the roll out of health living pharmacies and welcomed the extension of delivery of flu vaccinations in community pharmacies to help boost take up of the vaccine amongst at risk patients as uptake rates were not meeting targets. She also queried whether a Health Equity Audit had been undertaken in relation to diabetic retinal screening to inform procurement.

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The Deputy Director, Children and Adults Services suggested that there would be opportunities to collaborate across the Council and NHS to seek service user views.

Following a series of questions the Local Area Team Director, NHS Kent and Medway responded as follows:

- It was confirmed that the reference on page 34 to 'cost neutral' in relation to re-procurement of clinical element of substance misuse service did not equate to cuts to the service
- In relation to page 20 the reference to choice of GP practice and how this would work still needed to be thought through. In relation to page 21 the changes to dementia diagnosis meant that professional judgment would be applied in some instances where it was in the patient's interest not to be formally diagnosed as suffering from dementia. (The Deputy Director, Children and Adults welcomed the possibility of engaging with the views of service users in regards to the diagnosis and care for people with dementia in order that there could be shared intelligence)
- The re-procurement of the Kent Sexual Assault Referral Centre (SARC) (page 32) would be for a new service based in Kent
- The Healthwatch Medway representative welcomed the fact that the patient voice would be heard in Local Area Team's commissioning as referenced on page 18. He also said he would welcome working in partnership with the Local Area Team and also with adult social care in relation to commissioning. He also referred to developments within Healthwatch Medway to attract volunteers to a Healthwatch Academy to work in all areas of wellbeing which he undertook to report back on in the future
- With reference to page 21 it was stated that the Local Area Team would need to work with the Clinical Commissioning Group (CCG) in relation to changes to alcohol screening service as this seemed to be only relating to newly registered patients at present. The Chief Clinical Officer, NHS Medway CCG stated that an audit on retinal screening was being carried out to ensure that people were not missed
- The point was made that the commissioning plans needed to be more Medway-focussed
- In response to a request from the Chairman it was agreed that the changing face of Medway in relation to primary care should be brought to the Health and Wellbeing Board, particularly in relation to the fact that a large number of GP practices were single-handed and many coming up for retirement. The Local Area Team Director suggested that this report, when it comes forward, should be a joint one with NHS Medway CCG as there were ongoing discussions regarding merging of some practices and federations being formed

During discussion it was pointed out for clarification that the legal implications in the report should have related to Section 116B of the Local Government and Public Health Involvement Act 2007 rather than the Health and Social Care Act 2012.

**Decision:**

The Board:

- (a) noted the commissioning plans for NHS Kent and Medway Local Area Team for 2013/2014 and 2015/2016 and agreed to receive updated plans at the next meeting (with an interim update to be circulated by the Democratic Services Officer);
- (B) noted that a joint report between the Local Area Team, NHS Kent and Medway and the NHS Medway CCG would be brought to a future meeting on the changing face of Medway's primary care arrangements on a date to be agreed.

**(B) Health and Wellbeing Strategy - Public Health Activity to address the 2014/15 Key Priority Actions**

**Discussion:**

The Director of Public Health introduced a report on public health activity to address the 2014/2015 key priority actions set out in the Joint Health and Wellbeing Strategy.

She referred to the recommendation from the in-depth task group review into mental health services for school nurses to be trained to raise awareness of mental health issues in schools and to the usefulness of Health Equity Audits, which enabled public health services to be adapted to more appropriately meet needs. Responding to a question she agreed that it was important to make adaptations to services and in some cases to make them more dynamic to ensure that they are appropriate to the level of need across wards.

Following a reminder, it was stated that the training for lead members for the themes on the Joint Health and Wellbeing Strategy on their responsibilities and role would still be given in the near future.

In response to a suggestion, the Director of Public Health stated that in future it would be easier if commissioning plans could be presented in a standard way which allowed cross referencing against the Strategy.

**Decision:**

The Board noted the report.

**(C) Development of the Communications and Engagement Strategy**

**Discussion:**

(Note: During consideration of this item The Very Reverend Dr Mark Beach, Healthwatch Medway left the meeting and his substitute, Bridget Bygrave replaced him).

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Lorraine Denoris from the Public Engagement Agency introduced the report on the development of the Communications and Engagement Strategy and responded to Board Members' questions.

She referred to the changing landscape in the NHS and in particular the local changes and challenges and stated that the Strategy would continue to need to be developed to respond to these. She also mentioned a certain amount of confusion in the system about the role of the Health and Wellbeing Board and the duties of the various partners on the Board in relation to engagement with the public. Her review had identified that there were gaps in the engagement skills locally and that engagement was not co-ordinated or systematic. However there was an appreciation of the benefits of organisations working together more closely on this agenda.

Discussion took place around the merits of a health summit to avoid duplication around engagement although there was some concern that there would still need to be consultation from individual components of the Health and Wellbeing Board. Lorraine suggested that by using different tools/techniques and methods of engagement it was possible to have more successful engagement generally to attract a wider audience. Reference was made to the value of raw data from the public, in particular if they are interviewed as they leave hospital about their experience for example.

The Chief Clinical Officer from NHS Medway CCG referred to the importance of every Member of the Board taking collective responsibility so that there are no "not us" answers for the public as they navigate the system of health and social care. He referred to concerns about what was missing from the Strategy. Lorraine Denoris mentioned the need to ensure feedback was given at all stages of the commissioning cycle and that the system should respond and look to work together more effectively.

The Healthwatch Medway representative requested an interim item be included in the work programme on engagement from Healthwatch Medway.

In relation to the prospect of a 'simulation exercise' the Local Area Team Director, NHS Kent and Medway asked what topic might be useful if this was to be taken forward, and suggested that integration might be a helpful topic. The Director of Public Health felt that the implications of the Better Care Fund would be a useful topic.

The Deputy Director emphasised the need to adapt services following feedback and made reference to the valuable feedback on the homecare service, which was triangulated with views from staff.

Reference was made to the need for the Board to do a sense check with what other Health and Wellbeing Boards were doing across the country in relation to communications and engagement to see what works well and what does not. The view was expressed that by having a smaller Health and Wellbeing Board it was easier to work together in a very focussed way, and that larger Health and Wellbeing Boards were not conducive to this.

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In relation to recommendation 6 on page 54 of the agenda the Director of Public Health suggested that it might be possible to build this into the Joint Strategic Needs Assessment to allow people to access the information more easily.

### **Decision:**

The Board noted the report and agreed to prioritise recommendations 1,2, 3, 7 and 11 as set out on pages 53 and 54 of the agenda.

## **(D) 2013/14 Health Funding for Adult Social Care**

### **Discussion:**

The Deputy Director, Children and Adults introduced his report on the transfer and allocation of the 2013/2014 health funding for adult social care and responded to Board Members' comments.

He set out the governance journey for the transfer of funding and stated that Cabinet would consider it on 11 March 2014 and that colleagues at NHS England now had a copy of the completed template.

### **Decision:**

The Board:

- (a) noted the transfer and allocation of the 2013/2014 Health Funding for Adult Social Care;
- (b) noted the proposed governance journey for the transfer of health funds from NHS England to the Council;
- (c) approved the report and forwarded it to the Cabinet for formal agreement.

## **(E) Work programme**

### **Discussion:**

The Democratic Services Officer stated that the request from Healthwatch Medway to add an item to the work programme on an interim report on engagement would be taken forward.

The Local Area Team Director, NHS Kent and Medway also requested that the final commissioning plans for the Local Area Team be added to the work programme for 2 April 2014 meeting.

### **Decision:**

It was agreed that the above items be added to the work programme.

**883 Items for information**

**(A) Verbal update on Medway NHS Foundation Trust**

**Discussion:**

The Local Area Team Director, NHS Kent and Medway gave a verbal update to the Board on the current situation at Medway NHS Foundation Trust. She stated that an interim Chief Executive and a new Chairman had been appointed by Monitor. She, and the NHS Medway CCG, had already met the interim Chief Executive who had stated that he was keen to meet key partners in Medway and would welcome an approach from the Council in this regard. The Chairman stated that there would be a briefing of Members by the Medway NHS Foundation Trust the next day and it would then be determined whether a further update was necessary. The Portfolio Holder for Adult Services stated that as the Council's appointed governor on the hospital Governing Body he would extend an invitation to the interim Chief Executive to meet Medway Members.

One of the first tasks of the interim Chief Executive would be to examine the transformation plans for the hospital, which he felt needed to be more ambitious.

**Decision:**

The verbal update was noted.

**Chairman**

**Date:**

**Rosie Gunstone, Democratic Services Officer**

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