Medway Council Meeting of Health and Wellbeing Board Wednesday, 2 April 2014 3.00pm to 4.05pm

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 Andrew Mackness (Chairman)

Councillor Vince Maple, Leader of the Labour Group

Councillor Mike O'Brien, Lead Portfolio Holder for Children's

Services

Councillor Kelly Tolhurst, Portfolio Holder for Educational

Improvement

Councillor Les Wicks

Barbara Peacock, Director of Children and Adult 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

Substitutes: Bridget Bygrave, Healthwatch Medway CIC representative

(Substitute for The Very Reverend Dr Mark Beach)

In Attendance: Rosie Gunstone, Democratic Services Officer

Ian Robinson, Programme Manager, Children and Adults

1 Apologies for absence

Apologies for absence were received from Councillor Doe, Dr Beach and David Quirkethornton.

The Chairman welcomed Councillors Tolhurst and Wicks to their first meeting of the Board.

2 Declarations of disclosable pecuniary interests and other interests

Disclosable pecuniary interests

There were none.

Other interests

There were none.

3 Items for decision

(A) Better Care Fund

Discussion:

The Interim Programme Manager introduced the update on the Better Care Fund and explained that, in response to questions, that the plans did involve a radical transformation in that they were ambitious but nevertheless realistic.

He reassured the Board that there was ongoing dialogue with all the provider trusts and that they all appeared to be supportive of the plans. He also agreed that more detail would be available when the plans are brought back to the Board. The importance of pace was emphasised by the Chief Operating Officer, NHS Medway CCG, and it was stated that decisions had needed to be taken to serve notices now about re-specification of services to bring about the necessary changes next year.

The Board were supportive of the plans and commended the aims but the Director, Kent and Medway NHS England emphasised that the template for finance and outcome metrics gave limited detail and would need to be further developed. The Programme Manager gave assurance that this was being addressed for the final submission. The Chairman stated that this was an iterative piece of work and required close partnership working to deliver the necessary changes described in the plan.

The Director of Children and Adults referred to extensive consultation, which had taken place with local people to ensure that their voices were listened to in the development of the plans.

The Interim Programme Manager gave an example of work being developed as part of the Better Care Fund, which was around producing a single contract for community equipment, and stated that that type of procurement normally took nine months from start to finish.

Decision:

The Health and Wellbeing Board:

- (a) noted and supported the direction of travel for the delivery of the Better Care Fund Plan;
- (b) noted that the plan is an iterative process that will continue to be developed as more work is carried out to ensure that the impact on

existing services is minimised and new community preventative services are worked up;

- (c) endorsed the plan and noted that Cabinet agreed a delegated authority be given to the Director of Children and Adults in consultation with the Portfolio Holder for Adults Services to finally sign off the plan, following this Board's endorsement;
- (D) requested a further report on progress at its meeting on 17 June 2013.

(B) NHS England (Kent and Medway)'s commissioning plans for 2014/2015 and 2015/2016

Discussion:

The Director, Kent and Medway, NHS England introduced the updated commissioning plans for NHS England, Kent and Medway and drew the Board's attention to the revisions since the previous meeting.

She stated that some Local Area Teams had received revised allocations from NHS England but that Kent and Medway had yet to hear further details. As such the commissioning plans had not as yet been signed off by NHS England.

Following questioning she stated that finance had been allocated to the Family Nurse Partnership and she hoped to give further details on the budget allocation in a supplementary paper to the 17 June meeting of the Board.

Discussion took place about military health and offender health and the Democratic Services Officer was requested to forward to the Director details of the motion agreed at Council to enhance the Armed Forces Covenant to support those people affected by exposure to radiation or asbestos. Some Board Members requested advice as to how these local aims could be fed to the relevant commissioning organisation and the Director undertook to investigate this request.

In relation to offender health it was explained that the budget for offender health was dealt with nationally. The representative of Healthwatch Medway asked whether there was any opportunity to work as a whole system around people leaving the armed forces to help them adjust to civilian life, organise housing etc. She also asked whether there was any opportunity for occupational health and interpreting services to be commissioned across Medway to bring about some efficiencies. The Director undertook to look into the suggestions made.

The Director, Kent and Medway, NHS England agreed to a discussion with NHS Medway CCG and the Director of Children and Adults in connection with health checks for people with learning disabilities in a bid to raise awareness.

In response to a query from the Director of Public Health it was stated that armed forces public health is commissioned by NHS England (Bath, Gloucestershire, Swindon and Wiltshire).

A request was made for more detail at the June meeting of the Board of the numbers of service personnel leaving the forces and encountering difficulties and the amount of support being put in place for them in order that the Board could understand the issues they face. A question was asked as to the numbers of service personnel in Medway who end up in the criminal justice system but it was stated that this information would need to be sought from the Prison Service. The Chief Operating Officer, NHS Medway CCG stated that it would be of interest to see how other Health and Wellbeing Boards dealt with common issues and information collection.

Decision:

- (a) The Health and Wellbeing Board confirmed that the Local Area Team (Kent and Medway) 2 year operational plan reflects the local priorities agreed by the Health and Wellbeing Board accepting that more work needs to be done on the plan;
- (B) The Director, Kent and Medway, NHS England was requested to respond to the issues raised during the meeting and produce an update to the 17 June 2014 meeting.

(C) NHS Medway CCG Commissioning plans

Discussion:

The Chief Operating Officer, NHS Medway CCG introduced the revised commissioning plan for NHS Medway Clinical Commissioning Group and the 2 year operational plan with their alignment to the Joint Health and Wellbeing Strategy and priority actions for 2014/2015.

She explained that in addition to requesting the Board's approval to the plan endorsement of the approach for the proposed increase for reporting of medication errors and for the selection of the patient experience measure was asked for along with the agreement to the Local Quality Premium target.

The Chief Clinical Officer explained the rationale behind the selection of the local quality premium focused on Chronic Obstructive Pulmonary Disease (COPD). It was also note that the area of patient experience for inclusion as part of the quality premium being 'patient experience of hospital care' as this was a particular area of focus for 2014/2015.

Discussion took place around the topic of mental health and reservations expressed by some of the elected Members on the Board in connection with the reconfiguration plans for acute mental health inpatient beds, which those Board Members did support. The Board was reminded that following a recent Council meeting the Chief Executive of Medway Council had written to the

Secretary of State expressing disappointment at the plans. The elected Members requested that these comments were noted.

Decision:

The Health and Wellbeing Board:

- (a) confirmed that the CCG 2 year operational plan reflects the local priorities agreed by the Health and Wellbeing Board;
- (b) agreed the Local Quality Premium target;
- (c) endorsed the approach for the proposed increase for reporting of medication errors;
- (D) endorsed the selection of the patient experience measure.
- (D) Joint Health and Wellbeing Strategy Children and Adults Service summary overview of activity to address the 2014/2015 Key Priority Actions

Discussion:

The Director of Children and Adults introduced the report on the Children and Adults Service which she explained would overlap with other commissioning plans because the Joint Commissioning team with the CCG was part of her directorate.

Councillor Maple requested more detail in the plans for next year, particularly around health inequalities. The Director of Children and Adults explained that some of the detail did appear under the Better Care Fund. She also stated that the Early Years Lottery bid and the work for the Better Care Fund had involved extensive work for her directorate and would make a major contribution to the work of the Health and Wellbeing Board. Both these strands of work signalled a significant system change and had been developed with other partners.

Decision:

The Health and Wellbeing Board confirmed that the commissioning plans for the Children and Adults matched with priorities identified in the Joint Health and Wellbeing Strategy for Medway.

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Date:

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