

Medway Council
Meeting of Health and Wellbeing Board
Tuesday, 17 June 2014
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 Andrew Mackness
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 Adults Services
Dr Alison Barnett, Director of Public Health
David Quirke-Thornton, Deputy Director, Children and Adults Services
Dr Gill Fargher, NHS Medway Clinical Commissioning Group
Dr Peter Green, Chief Clinical Officer, NHS Medway Clinical Commissioning Group
The Very Reverend Dr Mark Beach, Healthwatch Medway
Elliott Howard-Jones, Interim Area Director NHS England (Kent and Medway)

In Attendance: Bridget Bygrave, Healthwatch Medway CIC representative
Rosie Gunstone, Democratic Services Officer
Amanda Berger-North, Locum Legal Representative
Dr Saloni Zaveri, Consultant in Public Health Medicine

38 Election of Chairman

Councillor Mackness was elected Chairman for the forthcoming year.

39 Election of Vice-Chairman

Dr Gill Fargher, NHS Medway CCG, was elected as Vice-Chairman for the forthcoming year.

40 Record of meeting

The record of the meeting held on 22 April 2014 was agreed and signed by the Chairman.

41 Apologies for absence

Apologies for absence were received from Councillors Doe and Maple and Alison Burchell, NHS Medway CCG.

42 Declarations of disclosable pecuniary interests and other interests

Disclosable pecuniary interests

There were none.

Other interests

There were none.

43 Urgent matters

The Chairman advised that a supplementary agenda had been sent out containing the draft Armed Forces Strategy on which the Board was asked to comment. This was being considered as an urgent item as the comments were due back to NHS England by 20 June 2014.

44 Items for decision

(A) Working effectively with local providers

Discussion:

The Democratic Services Officer introduced the report by reminding Members this report was deferred from the last meeting and that information setting out the governance of the Board had been emailed to Board Members and was now attached as an appendix to the report.

Discussion took place about whether the Kent Local Medical Committee, listed in paragraph 2.4 of the report, was the correct body to be invited. The conclusion was that while it was not ideal the Local Medical Committee (LMC) was probably the best body to advise on matters relating to GPs generally. It was stated that the LMC from a historical perspective were a long established group and were very much aware of issues facing GPs in the new landscape.

A question was asked as to whether the Medical Secretary was an elected or appointed position. The Chief Clinical Officer, NHS Medway CCG stated that he understood that the Secretary was either elected or appointed by GP peers and would be a working GP.

A consensus was reached in relation to the need for the nominated individual from each of the key provider invitees, as listed in paragraph 2.4, to attend in person and that no substitutes would be accepted to ensure there was consistency.

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The Healthwatch Medway representative requested that consideration be given in the future to also inviting the voluntary and community sector, and possibly a representative from a housing provider as housing was a key function in improving the health of residents.

Decision:

The HWB agreed to extend an invitation to the following key providers to attend formal meetings of the Health and Wellbeing Board (which are held in public) on a regular basis and to participate in the discussion of items of business on the agenda:

- The Chief Executive of Medway NHS Foundation Trust
- The Managing Director of Medway Community Healthcare
- The Chief Executive of Kent and Medway NHS and Social Care Partnership Trust (KMPT)
- The Medical Secretary to the Kent Local Medical Committee (LMC)

It was also agreed no substitutes to the above would be permitted.

(B) Health and Wellbeing Board: Scoping paper on Out of Hospital Care

Discussion:

The Director of Public Health gave a brief introduction to the paper and stated that following discussions with the Deputy Director, Children and Adults and the Chief Operating Officer, NHS Medway CCG it was suggested that a workshop should be held. The idea of the workshop was to provide members with background information on good practice and local services and this would be followed by a facilitated session to identify how the Board could facilitate moving forward with such proposed integrated working.

Some concern was expressed at the huge remit of the discussion on out of hospital care and the view was put forward that possibly intermediate care would be better. The Deputy Director, Adult Social Care put forward a suggestion of inviting the Institute of Public Care, Oxford Brookes University, to share with the Board its views on what good out of hospital care looks like to give some further direction.

In relation to paragraph 3.2 of the report the Director of Public Health agreed to the suggestion that all participants could be invited to attend at the same time, to enable each organisation to listen to the contribution of others, and to consider a suggestion from Healthwatch Medway (endorsed by some other Board members) to include the voluntary and community sector. Healthwatch Medway made the point that the voluntary and community sector may well be able to attract funding and that one organisation already had a 'reducing pressure in hospitals fund'. The Director of Public Health agreed to liaise with Healthwatch Medway about who was the most appropriate organisation to invite. She stated that it may well be that the voluntary and community sector

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and housing providers could be engaged in the debate at the subsequent stakeholder event in September.

The Interim Area Director, NHS England (Kent and Medway) put forward the suggestion that the urgent care pathway was perhaps a more manageable area and stated that consideration could be given to looking at short term issues to address and also longer term measures which could involve housing and education. The Chief Clinical Officer, NHS Medway CCG made the point that it was important not to stray into operational issues during the workshop as this would make discussion difficult bearing in mind that the contributors were all service providers.

Decision:

- (a) The HWB agreed to the delivery of the workshop on Out of Hospital Care in September 2014;
- (b) The HWB agreed that the Board development programme is used to assist the Board develop its approach to Out of Hospital Care (it was noted that the title of the workshop may need to be changed)
- (C) The Director of Public Health undertook to discuss with Healthwatch Medway who would be the most appropriate representative from the Voluntary and Community Sector to invite to the workshop. It was noted that all contributors would be invited to attend the event at the same time.

(C) Maintenance, development and governance of Medway's Joint Strategic Needs Assessment (JSNA)

Discussion:

The Director of Public Health gave an introduction to the report on the Joint Strategic Needs Assessment (JSNA) and responded to questions.

The Deputy Director, Adult Services welcomed the recommendations in the report in particular the opportunity for the Medway Safeguarding Children's Board to input to the JSNA which he felt would strengthen the assessment.

Following a request from the Medway Healthwatch representative, it was agreed that the deadline in the final bullet point recommendation should be amended to 'at least seven calendar days' rather than five suggested.

Decision:

The HWB confirmed the following arrangements to be dealt with by the Joint Commissioning Management Group, with regular updates to the Board:

- **There should be a review and update of the JSNA summary section every quarter.**

- A cycle of review and updates of the background chapters should be established, spreading the work over one year. (Currently two to three chapters would need to be reviewed and updated each month. Chapters should be reviewed by the primary author(s) of the background chapter).
- A plan should be developed for producing new JSNA content, which will be referred for final agreement by the HWB. (Responsibility for the production of the new content to be determined according to the subject matter)
- Once a year the Joint Commissioning Management Group should review the contents of the JSNA and propose sections that should be archived for agreement by the Health and Wellbeing Board
- A three-year plan should be made for the development of new ways of presenting JSNA information.
- To engage partners in the development of specific chapters as relevant and the implementation of the Board's Communication and Engagement Strategy to enable wider intelligence gathering.
- The Medway Safeguarding Children's Board will have input to JSNA sections relevant to safeguarding children. Consideration will be given to how input can be gained from adult safeguarding and other partnership boards.
- The Joint Commissioning Management Group approves new or updated content before it is uploaded to the JSNA website. New or updated content will be sent electronically to the members of the HWB at least seven calendar days before the scheduled upload date to allow the opportunity for all board members to comment. Updated content will be marked using tracked changes. This process will be independent of the HWB meeting schedule.

(D) Armed Forces Strategy consultation

Discussion:

The Acting Area Director, NHS England, Kent and Medway, gave a brief introduction to the report on the Armed Forces Strategy consultation which had been declared as urgent to enable comments to be given to NHS England, Kent and Medway by its extended deadline of 20 June 2014.

He explained that the Bath, Gloucestershire, Swindon and Wiltshire Area Team commissioned armed forces health on behalf of the south and said he would welcome the Board's views on the draft Armed Forces Strategy.

The following comments and suggestions were put forward:

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- Healthwatch Medway comments are as circulated prior to the meeting
- Comments from the Kent and Medway Military Partnership Board, relayed at the Health and Wellbeing Board meeting, were as follows:

The K&M Military Partnership Board would like NHS England to take into account the following specific issues as part of the strategy, particular concern was the wellbeing of veterans and their families/carers:

1. **Prosthetics** (as highlighted in the Murrison report) which is the responsibility of NHS England and over which there is little local influence
2. **Mental health** – the main issues for veterans are around alcohol and drug misuse and low level depression associated with difficulties in transition from military to civilian life. Work is still needed to ensure excellent access to services provided by the local substance misuse providers
3. **Access to GPs** (many veterans do not register with GPs) as part of the transition to civilian life people need to be encouraged to register with GPs. Access to other parts of the NHS also can be an issue for families of serving personnel who move to Kent from elsewhere and find themselves at the bottom of the waiting list again. A system is needed that fast-tracks people, where appropriate, in order to ensure the Covenant principle of 'no detriment' for families of serving personnel is followed. (Please note: the reference to the Covenant refers to the Armed Forces Covenant signed by the Council and partners – also attached).
4. **Reservists** – Due to strategic changes in the armed forces towards much greater use of reservists this could impact on demands for services. It is suggested that reservists were more likely to suffer from Post Traumatic Stress Disorder for example. It is important that trends are monitored closely to ensure sufficient support is put in place.

The following additional comments were made during the meeting:

- The CCG representatives at the meeting endorsed the issue relating to access to GPs and suggested that more needed to be done to encourage GPs to find out which of their patients were members or former members of the armed forces
- Consideration should be given to including within the strategy a reflection of the fact that some former service personnel get involved in violent crime and are imprisoned due to mental health issues so preventative support should be made available to avoid this
- Connected with the above, reference was made to the need to have a holistic approach to addressing mental health issues for armed service personnel to avoid safeguarding concerns and domestic abuse

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- In support of the submission by Healthwatch Medway it was acknowledged by other Board members that it would be helpful to reduce the jargon within the strategy to make it more easily accessible
- Concern was expressed about the step down from specialist services provided in Birmingham, which were world class, to more local services, which were often inconsistent. It was felt that more should be done to increase the quality and level of support outside of that specialist service
- Support for partners of service personnel, and their children and carers was crucial
- It was felt that an opportunity for working more seamlessly had been missed as the strategy focussed solely on health provision for the armed forces. It was felt that the strategy could have been a much stronger document if it had been possible to demonstrate a close link with social care, (including the support that can be found in the voluntary sector), particularly in relation to after care (section 117 cases). This could have clarified who was responsible at each stage of care/support. This contribution could have been enhanced by discussing the issue with the Association of Social Services, particularly regarding mental health services, and was an opportunity to make clear who could provide support in the most acceptable way. It was suggested that if this were to be added the strategy would have a more rounded and comprehensive approach.
- The Director of Public Health stated that it was unclear how NHS England would engage with the Council to ensure a joined up approach to health improvement, as she was not linked to the armed forces network. (The Interim Area Director, NHS England, Kent and Medway suggested that she could discuss this matter with colleagues in the West Country who are the commissioners. The Director of Public Health, however, felt that this would not be very helpful as it did not address the need for specific local information).

The general comment was made at the end of the discussion that it would have been very helpful if the strategy had been shared with the Health and Wellbeing Board at a much earlier stage as the deadline for comments was unrealistic and required the report to be circulated as a late item for the agenda.

Decision:

The HWB requested the Democratic Services Officer to share the above comments with all Board members following which the HWB agreed the above comments should be submitted to NHS England, Kent and Medway.

45 Items for information

(A) Pharmaceutical Needs Assessment - Background and Commissioning of Pharmacy Services

Discussion:

The Interim Area Manager, NHS England, Kent and Medway gave an overview of the pharmaceutical needs assessment and explained that since 2005, NHS England had controlled market entry to pharmacy applications by examining the pharmaceutical needs assessment and deciding whether the application was reasonable or not.

Discussion took place about locally commissioned services and the Director of Public Health confirmed that the responsibility for needle and syringe exchange was with the local authority but some pharmacists opted to provide the service.

In relation to requests for more detail the Director of Public Health stated that there was a Kent and Medway Steering Group working on the PNA and it was hoped a report would come to the Board at the October meeting with comments from the consultation coming back in January 2015.

Decision:

The report was noted.

(B) Update on Better Care Fund

Discussion:

The Director of Children and Adults and Deputy Director, Adult Services introduced the update on the Better Care Fund and responded to questions.

The Director of Children and Adults explained that while there had not been final feedback on the plans the initial feedback was that Medway was one of the strongest plans nationally and was being held up as an exemplar of good practice.

The Deputy Director, Adult Services welcomed NHS England, Kent and Medway's support for Medway's Better Care Fund plans and informed the Board that the initial discrepancies in baseline data referred to on page 37 of the agenda, paragraph 3.4, had been resolved. He also stated that since the submission of the plan, national figures had been released which showed the percentage range of people living independently at home as being between 60.8% and 95.2%. Medway was achieving 92.5% so was second in the country as far as performance on this measure was concerned.

The Interim Area Director, NHS England, Kent and Medway queried the predictions set out in paragraph 7.2 of the report and undertook to discuss the figures outside of the meeting with the Director of Children and Adults. The Chairman requested that the outcome of that discussion should be relayed to the Board the following day.

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Following a question from Healthwatch Medway, the Deputy Director, Adult Services stated that the benchmarking for improved satisfaction of people's experiences of the health and social care system were measured nationally. In relation to the measurement for more resilient communities and a new relationship between urgent care and community services this would be picked up through surveys.

The Chief Clinical Officer referred to the challenge of the different types of data collection across the health and social care system. With this data currency being different it was not always easy to measure benefits sufficiently effectively in order to encourage partners to have the confidence to buy in to changes in commissioning practice. This was something to be addressed in future planning.

During discussion Councillor O'Brien updated the Board on the Big Lottery Bid and said that Medway had not been selected to receive the lottery funding. He thanked all who had taken part in the bid and those partners who had supported it and referred to the fact that funding had been found for the perinatal support process for new mothers with low level depression and stated that the time spent on the bid had not been wasted.

Decision:

- (a) The Health and Wellbeing Board noted the ongoing progress of the Better Care Fund and its impact on the health and social care economy in Medway;
- (B) The Director of Children and Adults was requested to update Board Members following the meeting of discussions with NHS England, Kent and Medway relating to the future value of the fund.

(C) Update on Healthwatch Medway

Discussion:

The Healthwatch Medway representative introduced the update on progress at Healthwatch Medway and paid tribute to the Interim Operations Manager whom he stated would be returning to her original role at Sunlight Development Trust. Healthwatch Medway would now be actively recruiting the post. He also referred to a meeting with the Deputy Director, Adult Social Care that had taken place recently.

Other Board Members joined the Healthwatch Medway representative in thanking the Interim Operations Manager for all she had done to set up Healthwatch Medway and wished her well for the future.

Reference was made to some delays in Healthwatch Medway becoming operational but the Deputy Director, Adult Services explained that this was in part due to complications with commissioning of the organisation. The Interim Operations Manager stated that the final sequence of sorting the funding

should be completed shortly. In response to a question from the Vice-Chairman she stated that there was dialogue with Healthwatch England who provided regular briefings, media briefings and hot issues such as those relating to ongoing Care Quality Commission inspections. The Healthwatch Medway representative stated that he had been to a Day Conference organised by Healthwatch England and would be going to its full Conference shortly.

The Deputy Director, Adult Social Care commended the work Healthwatch Medway had done in relation to the Quality Surveillance group and other valuable contributions made by Healthwatch Medway. The Chief Clinical Officer also commended Healthwatch Medway and said there were clearer signs now of meaningful contributions being made and he was hopeful of continued support over the next year.

Decision:

The update on Healthwatch Medway was noted.

(D) Interface between key strategic boards

Discussion:

The Director of Children and Adults introduced the report and stated that the next report would contain more detail. She referred to the peer review of children's safeguarding and requested that it be noted she had not asked the peer review to look at the Health and Wellbeing Board but that it was important for there to be evidence that front line workers and middle managers were clear about relationships between the various Boards and the Health and Wellbeing Board.

Decision:

The Health and Wellbeing Board noted the report and that a draft paper with more details on a proposal around the interface between key boards is brought for discussion at the next meeting.

(E) Joint Health and Wellbeing Strategy monitoring report

Discussion:

The Consultant in Public Health introduced the Joint Health and Wellbeing Strategy Monitoring report and responded to questions.

Councillor Brake commended progress so far and updated the Board on his attendance at a breastfeeding seminar and obesity summit. The Consultant in Public Health explained that most lead officers and theme leads had been in contact with each other and was requested to check those who had not and remind them to get in touch.

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The Healthwatch Medway representative stated that he and Councillor Doe had met with their lead officer and found the meeting very helpful.

Decision:

The HWB noted the progress updates and successful implementation of the priority action delivery plans.

(F) Work Programme

Discussion:

The Democratic Services Officer introduced the work programme and reminded the Board that during the meeting a number of items had been added to the work programme. These were in relation to the report to the next meeting on the interface between key strategic boards and the PNA. It was hoped there would be an update on the results of the consultation on the PNA process in January.

In response to a query from Healthwatch Medway it was agreed that the Board would be advised about the purdah process as soon as this information was made public.

Decision:

- (a) The HWB programmed the following reports:
 - Health inequalities report – in relation to this Board – 21 October 2014
 - Consultation on PNA – 21 October 2014 and tentative date of reporting back – 21 January 2015
 - Interface between key strategic boards – 21 October 2014
- (b) The HWB agreed to note that no further action was proposed in relation to the reference from Employment Matters Committee concerning the smoke free policy;
- (C) A briefing on the purdah process would be included in the work programme at the appropriate time ahead of the election next year

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Chairman

Date:

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