

**Medway Council**  
**Meeting of Health and Wellbeing Board**  
**Thursday, 12 March 2015**  
**4.00pm to 6.20pm**

**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  
Dr Alison Barnett, Director of Public Health  
Kim Carey, Interim Deputy Director - Children and Adults Services  
Alison Burchell, Chief Operating Officer, NHS Medway Clinical Commissioning Group  
Dr Peter Green, Chief Clinical Officer, NHS Medway Clinical Commissioning Group  
Elliot Howard-Jones, Director of Operations and Delivery, NHS England (Kent and Medway)

**In Attendance:**

Heidi Butcher, Healthwatch Manager Medway  
Lance Douglas, Interim Head of Better Care  
Dick Frak, Mental Health Social Care Commissioning Manager  
Chief Supt. Adrian Futer  
Rosie Gunstone, Democratic Services Officer  
Dave Holman, West Kent CCG  
Dr Mike Parks, Kent Local Medical Committee  
Stephen Platt, Democratic Services Officer  
Christine Wilson, Head of Legal Services  
Shena Winning, Chair - Medway NHS Foundation Trust

**833 Record of meeting**

The record of the meeting held on 21 January 2015 was agreed and signed by the Chairman as correct.

**834 Apologies for absence**

Apologies for absence were received from Councillor Doe; Dr Gill Fargher, Medway Commissioning Group; Barbara Peacock, Director of Children and Adult Services; Angela McNab, Chief Executive of KMPT and Martin Riley, Managing Director of Medway Community Healthcare.

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

Disclosable pecuniary interests

There were none.

Other interests

There were none.

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

The Chairman reported that he had agreed to the inclusion of one late item of business relating to a letter signed by five Secretaries of State on sharing information effectively for the protection of children. This had been received since the publication of the main agenda but, in view of the importance of the Board deciding how best to take this matter forward, a supplementary agenda had been published.

Referring to minute no. 676/2015, the Director of Public Health updated the Board on the expression of interest submitted by the CCG and Public Health on the development of the national diabetes prevention programme. Medway was one of seven areas selected for this initiative and the Board would be kept informed with its progress. The Board offered its congratulations to all concerned on this successful bid.

**837 Medway Council - Summary Overview of Activity to Address the 2015-2016 Key Priority Actions**

**Discussion:**

The Director of Public Health and the Interim Deputy Director of Children and Adult Services identified the planned activity of their directorates that would address the strategic themes and priority actions in the Joint Health and Wellbeing Strategy.

Councillor Brake highlighted the opportunities for community engagement that were afforded by the Council's participation in the DERiC (Developing and Empowering Resources in Communities) initiative. Councillor Maple welcomed the joining up of the Council activity but expressed regret that the community based NHS health checks programme was to be withdrawn.

**Decision:**

The Health and Wellbeing Board noted the information in the report.

**838 NHS Medway Clinical Commissioning Group Presentation**

**Discussion:**

The Chief Operating Officer, NHS Medway CCG presented the CCG's 2015/16 refresh of its two year commissioning plan, based on changes in policy and on operational and financial progress in 2014/15. It was noted that the operational plan and assurance regarding the strategic plan would be presented to the CCG Governing Body at the end of March. This would ensure that the national assurance timetable, which required that final, signed off, local plans were submitted by 10 April 2015, could be met.

A copy of the plans was circulated at the meeting. Each element of the CCG plan aligned with its corresponding Joint Health and Wellbeing Strategy priority. It also provided an update on the Five Year Forward View with regard to co-commissioning in Medway. The Chief Operating Officer, NHS Medway CCG explained that the application for joint commissioning had not been supported, however, the CCG intends to work closely with NHS England and she emphasised this would not change its focus. Following questions from the Board the Director of Operations and Delivery, NHS England (Kent and Medway) explained that NHS England had been happy with the description of how the joint commissioning would operate but not with the content. There would, however, be a further opportunity in a year to re-apply.

Discussion took place around supporting people with dementia and it was agreed that innovative ways of providing effective support should always be explored. It was noted that training in dementia support, which was available on-line, had been undertaken by around 3,000 people. The Interim Deputy Director, Children and Adults referred to a meeting held earlier in the day at the University of Kent around innovative approaches to the provision of support to people with dementia. It was hoped that this could be progressed locally.

There was also a discussion on support for people living with cancer. Late presentation of symptoms was an issue in Medway and all national campaigns were supported to raise awareness.

In response to a question on the provision of high quality intermediate care facilities for Medway residents, the Chief Operating Officer, NHS Medway CCG reported that this would form part of the joint CCG and Council intermediate care strategy, which was central to the Better Care Fund plans and was due to move forward later in the year. The Chairman requested that further details of the strategy are brought to the Board.

**Decision:**

The Health and Wellbeing Board noted the content of the presentation and confirmed that the CCG intentions reflected the local priorities in the Joint Health and Wellbeing Strategy agreed by the Board.

**839 NHS England (Kent and Medway) Commissioning Plans**

**Discussion:**

The Director of Operations and Delivery, NHS England (Kent and Medway), introduced a report which informed the Board of the Kent and Medway Direct Commissioning Strategy and Two Year Operational Plan for 2014 - 2016 which had been updated to take account of changing national priorities and revisions to the financial context. The report also informed the Board of an addendum to this document which had been prepared to take account of the 2015 -2016 planning requirements.

There was a discussion around the primary care funding statistics quoted in the documents which it was suggested contradicted the government's data available at [www.hscic.gov.uk/catalogue/PUB16847](http://www.hscic.gov.uk/catalogue/PUB16847). The Chairman stressed the importance of identifying an accurate figure for Medway, Kent and nationally and requested a report to a future meeting.

With reference to section 7 of the strategy document, concern was expressed about the lack of detail on armed forces health care. The importance of early intervention was stressed so that issues, particularly in relation to mental health, were tackled whilst personnel were still in service rather than after leaving the service. It was suggested that more detailed information on support for the armed services was required and the Director of Operations and Delivery, NHS England (Kent and Medway) offered to produce a report on the Armed Force Strategy for a future meeting.

It was suggested that there needed to be better identification of the number of ex-service personnel that served time in prison, particularly for offences such as assault, in order that better support could be provided to integrate offenders back into the community.

In response to a question on the level of transition of dentistry services into primary care, the Director of Operations and Delivery, NHS England (Kent and Medway) said there was limited scope to progress this further due to the need to be compliant with clinical standards relating to dental anaesthesia.

The Director of Public Health requested that NHS England take account of the issue of transfer of medical care for people leaving prison. This did not always work well and it was important for continuity of care that handover was made to GPs and specialist services.

**Decision:**

The Health and Wellbeing Board:

- a) noted the report and agreed that the NHS England (Kent and Medway) commissioning intentions reflected the local priorities agreed by the Board;
- b) requested a report from the Director of Operations and Delivery, NHS England (Kent and Medway) and Clinical Director, NHS Medway CCG providing clarity on primary care funding levels, comparing Medway with Kent and the national position;
- c) requested a report from the Director of Operations and Delivery, NHS England (Kent and Medway) giving details of the emotional wellbeing support provided to the armed services in Medway and recommending further action;
- d) requested the Director of Operations and Delivery, NHS England (Kent and Medway) to take account, in future commissioning of prison health services, the importance of putting in place an effective discharge process to ensure continuity of health care services after release from prison.

**840 Medway Pharmaceutical Needs Assessment**

**Discussion:**

The Director of Public Health introduced a report on the statutory duty of the Health and Wellbeing Board to produce a Pharmaceutical Needs Assessment (PNA) by 1 April 2015, as required by Regulation 5 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Following the Board's consideration of the draft PNA at its meeting on 21 October 2014, statutory consultation had been carried out between 25 November 2014 and 23 January 2015. Board members were directed to the results of the consultation at Appendix D to the agenda report.

The Board noted the key findings and recommendations in the PNA, which included a recommendation with regard to the Board's responsibility for publishing supplementary statements when the pharmaceutical need and services to an area changed significantly. It was proposed that these supplementary statements were issued every 6 months by NHS England as they held all the relevant data. They would be published on the Council website alongside the PNA.

Board members discussed a number of issues including:

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- The provision of dispensing practices to the rural population such as Peninsula ward.
- The impact of major housing developments on pharmaceutical need, such as those in Cuxton and Halling, which were currently not large enough to require the provision of additional services.
- The ageing GP population.

### **Decision:**

The Health and Wellbeing Board accepted the key findings and recommendations in the Pharmaceutical Needs Assessment and approved it for publication.

## **841 Mental Health Crisis Care Concordat**

### **Discussion:**

The Chairman welcomed Chief Supt Adrian Futers and Dave Holman, the Co Chairs of the Mental Health Crisis Care Concordat Steering Group, who were attending the meeting for this item.

The Commissioning Manager, Mental Health Social Care, introduced the report which updated the Board on the Concordat and its implementation for Medway.

The Co Chairs of the Mental Health Crisis Care Concordat Steering Group highlighted the use of Section 136 of the 1983 Mental Health Act which had led to the creation of the Concordat. This had enabled multi agency working and the creation of a single point of access. A reporting mechanism to the Health and Wellbeing Board was proposed to ensure information sharing takes place.

Councillor Brake suggested that the Concordat be reported to the Health and Adult Social Care Overview and Scrutiny Committee particularly in the light of the issues faced by the Police as a result of the lack of acute mental health beds in Medway.

Board members welcomed the discussion on mental health issues and agreed that the focus needed to be on early access to support to prevent the crisis point being reached. The difficult role of the Police in dealing with people with mental health issues was acknowledged and it was recognised that more needed to be done to ensure that the right services were commissioned in the right places.

### **Decision:**

The Health and Wellbeing Board:

- a) agreed to support the Kent and Medway Mental Health Crisis Care Concordat;

- b) invited the Co Chairs of the Mental Health Crisis Care Concordat Steering Group to attend meetings of the Board on a 6 monthly basis to provide further reports on the work of the Steering Group.

**842 Representation by the HWB on the NHS Medway CCG Primary Care Commissioning Committee**

This item was withdrawn.

**843 Out of Hospital Care**

**Discussion:**

The Director of Public Health introduced a report which gave a brief overview of the Board's workshop on Out of Hospital Care on 12 February 2015. Arising from the workshop was a proposal to hold further engagement events.

**Decision:**

The Health and Wellbeing Board agreed that further engagement events be held with partners and agreed to contribute to the design of these events.

**844 Update on the Better Care Fund**

**Discussion:**

The Interim Head of Better Care introduced a report on the latest position regarding the Better Care Fund. It was noted that the partnership plan had been approved with the highest possible rating. The Section 75 agreement between the CCG and Medway Council on the pooled budget was nearing completion. As directed by NHS England, the non-elective admission target had been reduced from 3.5% to 2.5%, and subsequently to 0.8%; similar reductions had been made nationally.

The Board asked the Director of Operations and Delivery, NHS England (Kent and Medway) to report the Board's regret that the more realistic target of 0.8 % non-elective admission target was not initially set as the target.

**Decision:**

The Health and Wellbeing Board noted the report and note that regular reporting of progress under the Better Care Fund would follow.

**845 Sharing information effectively for the protection of children**

**Discussion:**

Councillor O'Brien, as Lead Portfolio Holder for Children's Services, introduced a report which advised the Board of a letter recently received from 5 Secretaries of State on a joint commitment to share information effectively for

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the protection of children. The issue had been brought into sharp focus by recent failures in Rotherham and Oxford. It was noted that the Council was working on an information sharing protocol and it was proposed that this be brought to the Board in 6 months time. The protocol had already been shared with the Safeguarding Board and members were asked to ensure that their organisations acted within the spirit of the Secretaries of States' letter.

It was recognised that, due to the extensive partnership working in Medway, there was already a high level of information sharing.

### **Decision:**

The Health and Wellbeing Board agreed that an update report be provided by the Council in 6 months time on how the Council was responding to the request set out in the letter.

## **846 Work Programme**

### **Discussion:**

The Board considered the latest version of its work programme and proposed a number of amendments, in addition to the future reports already agreed earlier in the meeting.

### **Discussion:**

The Health and Wellbeing Board agreed that:

- (a) the NHS Five Year Forward View be removed from the work programme as it had been incorporated into the presentation of the NHS Medway Clinical Commissioning Group plans at this meeting;
- (b) the Full CCG Commissioning Plans item be removed from the work programme for the meeting on 30 June 2015 as the plans had been dealt with at this meeting.

**Chairman**

**Date:**

**Steve Platt, Democratic Services Officer**

Telephone: 01634 332011

Email: [democratic.services@medway.gov.uk](mailto:democratic.services@medway.gov.uk)