

Medway Council
Meeting of Health and Wellbeing Board
Tuesday, 15 September 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 (Chairman)
 - Councillor Howard Doe, Deputy Leader and Portfolio Holder for Housing and Community Services
 - Councillor Adrian Gulvin, Portfolio Holder for Resources
 - Councillor Anne-Claire Howard
 - Councillor Andrew Mackness, Portfolio Holder for Corporate Services
 - Councillor Mike O'Brien, Portfolio Holder for Children's Services
 - Dr Alison Barnett, Director of Public Health
 - Ian Sutherland, Deputy Director, Children and Adult Services
 - Dr Peter Green, Chief Clinical Officer, NHS Medway Clinical Commissioning Group (Vice-Chairman)
 - Cath Foad, Chair, Healthwatch Medway
 - Pennie Ford, Director of Operations and Delivery, NHS England (Kent and Medway)
- In Attendance:**
- Heidi Butcher, Manager - Healthwatch Medway
 - Lance Douglas, Interim Head of Better Care
 - Lesley Dwyer, Chief Executive, Medway NHS Foundation Trust
 - Stuart Green, Head of Communications, NHS England (South East)
 - Rosie Gunstone, Democratic Services Officer
 - Jan Guyler, Head of Legal Services/Deputy Monitoring Officer
 - Stephen Ingram, Head of Primary Care, NHS England, Kent and Medway
 - Karen MacArthur, Consultant in Public Health, Medway Council
 - Angela McNab, Chief Executive, Kent and Medway NHS and Social Care Partnership Trust
 - Kate Parkin, Director Sussex Collaborative, Lead Sussex Armed Forces Network
 - Alison Shepherd, Head of Partnership Commissioning
 - Graham Tanner, Partnership Commissioning Programme Lead
 - Shena Winning, Chair - Medway NHS Foundation Trust
 - Tim Woodhouse, Programme Manager, Public Health, Kent County Council

310 Record of meeting

The record of the meeting held on 30 June 2015 was agreed and signed by the Chairman.

311 Apologies for absence

Apologies for absence were received from Councillor Maple, Alison Burchell, NHS Medway CCG, Dr Gill Fargher, NHS Medway CCG, Dr Mike Parks, Kent Local Medical Committee and Barbara Peacock, Director of Children and Adults Services.

312 Declarations of disclosable pecuniary interests and other interests

Disclosable pecuniary interests

There were none.

Other interests

There were none.

313 Urgent matters by reason of special circumstances

The Chairman agreed that agenda item 16 (Response to latest Care Quality Commission Inspection of Medway NHS Foundation Trust) be considered, as the first item of business, by the Board as an urgent item by reason of the special circumstances set out in the report. Namely that the next meeting was not until 3 November 2015 and it was important that the Board received an immediate update on developments arising from the CQC inspection of Medway NHS Foundation Trust which took place at the end of August.

314 Chairman's announcement

The Chairman welcomed Pennie Ford, Director of Operations and Delivery, NHS England (Kent and Medway) and Cath Foad, Healthwatch Medway to their first meeting of the Board. He also welcomed Kate Parkin, Director Sussex Collaborative, Lead Sussex Armed Forces Network to the meeting.

315 Response to latest Care Quality Commission Inspection of Medway NHS Foundation Trust

Discussion:

The Chief Clinical Officer, NHS Medway Clinical Commissioning Group gave a brief introduction to the urgent report advising the Board of collaborative action being taken across the local healthcare system to support Medway NHS Foundation Trust following a Care Quality Commission (CQC) inspection of the Trust at the end of August 2015.

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Members of the Board paid tribute to the efforts of the hospital staff in responding to the CQC, and the support provided by the CCG, the Council and other partners to the hospital. Reference was also made to the need for additional investment at the hospital.

The Deputy Director, Children and Adult Services stated that the Director of Children and Adult Services had endorsed the support for Medway NHS Foundation Trust and stated that he would do everything possible to ensure speedy discharges from the hospital.

Some Members expressed their disappointment that the hospital was not being permitted to settle and proceed with their Implementation Plan. However, the Chief Clinical Officer advised that the CQC had a specific role in ensuring provider safety and had the perspective of overseeing other organisations.

Decision:

The Board noted the report together and endorsed the work already taking place to support Medway NHS Foundation Trust.

316 Out of Hospital Care/ Supporting Independent Living Engagement Event

Discussion:

The Consultant in Public Health introduced a report on the Board's Engagement Event on 'Out of hospital care; supporting independent living' held on 16 June 2015 at the St George's Centre, Chatham.

She explained the emerging themes from the event with respect to key changes that needed to be made to pathways and service that support older people to stay living in the community and avoid unnecessary hospital admissions.

The following points were made:

- The role of young carers needs to be addressed to ensure that their needs are catered for. The Deputy Director, Children and Adult Services explained that the needs of young carers would be highlighted as part of the Carer's Strategy and Medway Youth Trust had a role in supporting them.
- A suggestion was made that it would be useful if the Ambulance Service could be made aware, at the point where they were dealing with a patient, whether that person was a carer in order that contingencies could be put in place. The Consultant in Public Health referred to the use of the Emergency Carers card, which gives details of an alternative carer, which was used by a number of carers in Medway.

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- The Chief Clinical Officer suggested that it might be useful if he spoke to the Public Health lead officer about alternative systems relevant to the frailty passport and the elderly annual review outside of the meeting.

Decision:

The Board noted the report and noted that further discussions would take place outside of the meeting in relation to the frailty passport and the elderly annual review.

317 Supporting People at Home - Intermediate Care and Reablement Strategy

Discussion:

The Deputy Director, Children and Adult Services introduced a report on the Intermediate Care and Reablement Strategy and responded to questions.

The following points were made:

- It would be important to determine if there was any fresh demand for sheltered housing and what that meant in terms of need for extra care
- Further clarification was needed around the figures set out on page 36 of the agenda relating to delayed transfers of care. The Chief Executive of Medway NHS Foundation Trust stated that she was grateful for the support received from social care colleagues and the Integrated Discharge Team in particular in assisting with discharges from the hospital. She stated that at present there were 20% of the beds at the hospital which were blocked.
- Why were the costs higher for placements at St Bartholomew's Hospital compared to Platters Farm and Frindsbury Hall? It was explained by the Chief Clinical Officer that this was mainly in relation to the different, more complex needs of patients going there and the intensive support needed.

Decision:

The Board noted the Intermediate Care and Reablement Strategy and noted that the Cabinet had delegated authority to the Director of Children and Adult Services, in consultation with the Portfolio Holder for Adult Services and the Chief Operating Officer of the Medway CCG to make minor amendments to the Strategy.

318 Medway Social Isolation Strategy Implementation Plan and Progress Update

Discussion:

The Consultant in Public Health introduced a report on Medway's Social Isolation Strategy Implementation Plan and progress update and responded to questions.

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The following points were made:

- It would be helpful for contact to be made, by the Consultant in Public Health, with the Director of Regeneration, Community and Culture and the Head of Sport, Leisure and Tourism to ensure that opportunities for accessing the arts, sport and learning are included in any guide/signposting produced
- The suggested pilot with Fire and Rescue targeting vulnerable people in areas of high social isolation to signpost to resources was commented on positively by the Board.

Decision:

The Board noted the report.

319 Update on the Medway Children's and Young People Emotional Wellbeing Strategy

Discussion:

The Partnership Commissioning Programme Lead – Disabilities and Mental Health gave a brief introduction to the report which was for information following its presentation to the Children and Young People's Overview and Scrutiny Committee on 21 July 2015 and Cabinet on 25 August 2015. He then responded to questions.

The Board welcomed the report and the comment was put forward that it was important for mental health to have parity with physical health as it had not previously had the prominence it deserved.

Decision:

The Board noted:

- (a) that Medway Council's Cabinet approved the Children and Young People's Emotional Wellbeing Strategy for Medway; and
- (b) that delegated authority had been given to the Director of Children and Adult Services, in consultation with the Emotional Wellbeing Task Group and Portfolio Holder for Children's Services, to finalise the Plan.

320 Child and Adolescent Mental Health Services Local Transformation Plan

Discussion:

The Partnership Commissioning Programme Lead – Disabilities and Mental Health introduced a report on the update on Medway Children's and Young People Emotional Wellbeing Strategy and responded to questions.

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During discussion the Board was notified that the Medway Youth Parliament annual conference which was planned for October would have mental health as its main topic of debate. The Portfolio Holder for Children's Services confirmed that he had been involved in the production of the Plan and had joint responsibility with the Director of Children and Adult Services and Chairman of the Health and Wellbeing Board for its formal sign off.

In response to a question from the Director of Public Health the Partnership Commissioning Programme Lead – Disabilities and Mental Health confirmed that discussions had taken place between himself and the Consultant in Public Health Medicine around the best way to use the Local Transformation Plan funds allocated to Medway. He also confirmed that there would be a further opportunity for comment from the Board in November 2015.

The Board welcomed the Local Transformation Plan.

Decision:

The Board:

- (a) supported the proposal of a stand alone Medway Local Transformation Plan for Child and Adolescent Mental Health Services, reflecting Medway's unique needs and characteristics and the planned and proposed structure of supporting services. This does not prejudice any future decisions in respect of future CAMHS commissioning;
- (b) noted that the formal sign off of the Transformation Plan will be by the CCG through its governance arrangements and that the Cabinet will be asked on 29 September to delegate authority for signing off the Plan to the Director of Children and Adult Services on behalf of the Council, in consultation with the Cabinet Member for Children's Services and the Chairman of the Health and Wellbeing Board. The finalised plan will be presented to the Health and Wellbeing Board and Medway Council's Cabinet in November;
- (c) supported collaborative approaches with neighbouring CCGs in relation to the development of a Community Eating Disorder Service, in line with published commissioning guidelines and/or potential integration with other linked services e.g. substance misuse and post abuse as part of a broader Emotional Health and Wellbeing contract.

321 Kent and Medway Suicide Prevention Strategy 2015-2020

Discussion:

The Consultant in Public Health introduced the report on the Kent and Medway Suicide Prevention Strategy 2015-2020 which she stated had been largely based on the previous strategy and thanked Tim Woodhouse, Programme Manager, Public Health at Kent County Council who had chaired the group overseeing the production of the strategy.

Responding to a question she confirmed that careful analysis took place to identify any potential clusters of suicides from the available information but emphasised that numbers were small in Medway. The Chief Executive of Kent and Medway NHS and Social Care Partnership Trust informed the Board of preventative work being undertaken at the trust and pioneering approaches being taken in America. She stated that it would be important to look at the outcomes of that work.

In response to a question from the Director of Operations and Delivery, NHS England (Kent and Medway) about the number of young women presenting at Accident and Emergency due to self harm, the Chief Executive of Kent and Medway NHS and Social Care Partnership Trust also made the point that a number of the people self harming were likely to be suffering from a personality disorder and she had concerns about the pathway for their care. The Consultant in Public Health stated that the issue of self harm for children and young people would be picked up as part of the Children's Emotional and Wellbeing Strategy.

Decision:

The Board noted the report.

322 NHS England (Kent and Medway) Armed Forces Strategy

Discussion:

The Director, Sussex Collaborative, Lead Sussex Armed Forces Network introduced a report on the NHS England (Kent and Medway) Armed Forces Strategy including emotional wellbeing support to serving and ex-serving members of the armed services in Medway.

The Portfolio Holder for Children's Services stated that in his role of board member of the Kent and Medway Civilian Partnership Board he wished to extend an invitation to the Director, Sussex Collaborative, Lead Sussex Armed Forces Network to a meeting of that board. He also volunteered his services to be the link from the Health and Wellbeing Board to the future Armed Forces Network in Kent and Medway which was accepted.

A request was received from the Portfolio Holder for Resources that the needs of merchant seafarers were catered for as part of the Armed Forces Strategy as they were often forgotten but equally often had need of emotional wellbeing support.

Decision:

The Board agreed:

- (a) that the Portfolio Holder for Children's Services should be the link from the Board to the work being undertaken by the future Armed Forces Network in the Kent and Medway area; and
- (b) to note the recommendation identified in detail in Appendix 1 of the report:
 - Mainstream (mental or physical health)
 - To enable and encourage multi-disciplinary working/integration
 - To support the establishment of a Champions Network in Kent
 - To commission the secondary Mental Health providers in Kent and Medway to deliver Trauma (PTSD) and other mental health care for this community as outpatient services were possible
 - To develop Improved Access to Psychological Therapy (IAPT) services
 - Early identification and communication about the needs and future management of veterans
 - To develop clear pathways of information

323 Protocol Setting Out the Relationship Between Key Strategic Boards in Medway

Discussion:

The Deputy Director, Children and Adult Services introduced a report on an updated protocol setting out the roles and responsibilities of the different strategic partnerships working across Medway Council in relation to safeguarding. The protocol had been amended to include the Community Safety Partnership.

The Chief Executive of Medway NHS Foundation Trust (MFT) suggested that consideration could be given to MFT also becoming a signatory.

Decision:

The Board noted the revised and amended protocol and agreed for the Chairman to sign it to evidence acceptance.

324 Co-commissioning of General Practice Services

Discussion:

The Chief Clinical Officer, NHS Medway CCG introduced a report setting out the intentions of NHS Medway CCG in relation to applying to NHS England for co-commissioning of general practice services and responded to Board Members' questions.

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Responding to a query about how this application differed from the last, he explained that this was a clearer process and had the support of 93.5% of the GP member practices in Medway.

The Director of Operations and Delivery, NHS England (Kent and Medway) suggested it may be helpful for Medway CCG to look at how some of the other CCGs who had been successful in their application for co-commissioning were progressing. The Chief Clinical Officer, NHS Medway CCG confirmed that he had already had conversations with Eastbourne CCG and others to learn from them.

It was emphasised that the governance and structure of the CCG, if successful in its bid for co-commissioning and some reservations were expressed by the Board that no additional funding or resource would be given to the CCG to take on their new powers. While supporting the bid in principle, the Board wished to bring to the attention of NHS England the real concerns that there were no additional funds or resources to accompany this delegation. An assurance was requested about the measures that would be put in place to counteract this.

The Director of Operations and Delivery, NHS England (Kent and Medway) undertook to take these concerns back to the primary care commissioning team at NHS England.

The Chief Clinical Officer acknowledged the challenges presented by the lack of additional funding and resources but it was a case of balancing risks against benefits. In his opinion the benefits were clear.

A request was made for further consideration to be given to the details of the bid at the 3 November 2015 meeting of the Board.

Decision:

The Board:

- (a) noted the intention of the CCG to apply for delegated commissioning by 6 November 2015 and the engagement of member practices who had supported this direction of travel and
- (b) requested a further report on details of the bid to the Board meeting scheduled for 3 November 2015.

325 NHS England South (South East) Primary Care Budgets

The Head of Primary Care, NHS England South introduced a report on primary care budgets and explained the complexities of the different types of contracts held by GPs across the country and specifically for Medway. He stated that Medway CCG was very unusual in that it had only 1 practice that held a Primary Medical Services (PMS) contract. Across England the number of practices holding PMS contracts is around 40%. In addition to this he

explained that Medway CCG had a relatively large number of practices holding Alternative Provider Medical Services (APMS) contracts. On this basis the budget underpinning the value of GP contracts held in Medway was very much a reflection of historic commissioning and contracting decisions.

Questions were put forward about the level of funding allocated to Medway which some Board members considered to be inadequate bearing in mind the challenges facing Medway. A request was made that this view should be shared with the Director of Commissioning Operations South (South East).

The Head of Primary Care, NHS England South explained that there was a needs based formula used in the allocation procedure. This formula was being reviewed but was unlikely to impact greatly on the amounts allocated bearing in mind the current financial climate.

A request was made for further detail of the way in which the formula had been applied to other areas of Kent in order that the Board could. The Head of Primary Care, NHS England South undertook to investigate what further he could provide in the way of benchmarking data.

The Chief Clinical Officer, NHS Medway CCG stated that there were equally high levels of deprivation in parts of Kent and suggested that lobbying central government may be a way forward. The Chairman of the Board agreed that this could be a possibility and stated that the Board would want to be assured that Medway was receiving the best deal possible for its residents.

The Head of Primary Care, NHS England South stated that significant investments in GP practices took place as a result of bidding for capital investment. In his view it would be a fairer process if that funding was allocated on the basis of need so this could be more appropriately targeted.

Decision:

The Board agreed to keep the matter of primary care budgets under regular review.

326 Work Programme

Discussion:

The Director of Public Health stated that the Community Safety Partnership (CSP) reports needed to be moved from 3 November 2015 to 4 February 2016. She also mentioned that the informal meeting of the Board scheduled for 29 October would be used for consideration of the Local Plan – housing needs of the local population and would be lead by Planning department.

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Decision:

The Board agreed the following changes to the work programme:

- To add a report to 3 November 2015 on further detail in relation to co-commissioning of GP Services
- To move the items relating to the CSP from 3 November 2015 to the meeting on 4 February 2016.
- To note that the 29 October 2015 informal meeting would be used for consideration of the Local Plan –and would be lead by the Council's Planning department.

Chairman

Date:

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