

Medway Council
Meeting of Health and Wellbeing Board
Tuesday, 15 March 2016
4.00pm to 7.45pm

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 Adrian Gulvin, Portfolio Holder for Resources
Councillor Anne-Claire Howard
Councillor Andrew Mackness, Portfolio Holder for Corporate Services
Councillor Vince Maple, Leader of the Labour Group
Dr Andrew Burnett, Interim Director of Public Health
Barbara Peacock, Director of Children and Adults Services
Ian Sutherland, Deputy Director, Children and Adults Services
Caroline Selkirk, Accountable Officer, NHS Kent and Medway Clinical Commissioning Group
Cath Foad, Chair, Healthwatch Medway
Pennie Ford, Director of Assurance and Delivery, NHS England South (South East)

In Attendance: James Bilsland, Assistant Head of Legal - Place
John Britt, Head of Better Care Fund
Justin Chisnall, Deputy Chief Operating Officer, Medway CCG
Joanna David, Social Care Lead, Emergency Care Improvement Partnership
Lesley Dwyer, Chief Executive, Medway NHS Foundation Trust
Nye Harries, Head of Improvement, Emergency Care Improvement Partnership
Helen Jones, Assistant Director, Partnership Commissioning
Dr Mike Parks, Kent Local Medical Committee
Graham Tanner, Partnership Commissioning Programme Lead
Shena Winning, Chair - Medway NHS Foundation Trust

847 Apologies for absence

Apologies were received from Councillor Doe, Councillor O'Brien, Dr Peter Green (Chief Clinical Officer, Medway CCG), Dr Antonia Moore (Elected Clinical Member, Medway CCG), Angela McNab (Chief Executive, Kent and Medway NHS and Social Care Partnership Trust) and Martin Riley (Managing Director, Medway Community Healthcare).

848 Record of meeting

The record of the meeting held on 4 February 2016 was agreed and signed by the Chairman as correct.

849 Declarations of disclosable pecuniary interests and other interests

Disclosable pecuniary interests

There were none.

Other interests

Councillor Mackness declared an interest in item 6, Dementia Gap Analysis and Joint Commissioning Plan, as chairman of Medway Commercial Group.

850 Urgent matters by reason of special circumstances

The Chairman confirmed that he had agreed that two agenda items be considered by the Committee as urgent items by reasons of special circumstances.

Item 9, Sustainability and Transformation Plan Update, was urgent because of the need to meet NHS England deadlines. It could not be despatched with the main agenda as discussions on the way forward were ongoing and sufficient time was needed to draft the report.

Item 13, NHS England (Kent and Medway) Commissioning Plans 2016/17, was urgent because it was timely for NHS commissioning plans to be considered alongside those of the Council and the Clinical Commissioning Group, which were also on the agenda for the meeting. It could not be despatched with the main agenda as the information needed to be supplied from separate commissioning teams across the NHS England South region and sufficient time was needed to collect this information and compile the report.

851 Chairman's Announcements

The Chairman welcomed Dr Andrew Burnett, Interim Director of Public Health at the Council to his first meeting of the Board. He also welcomed Nye Harries and Joanna David from the Emergency Care Improvement Partnership (ECIP) who were attending the meeting to present a report on the ECIP improvement support for the Medway health and social care community.

852 Proposed Service Model for Children and Young People's Mental Health and Wellbeing Services in Medway

Discussion:

The Assistant Director, Partnership Commissioning, introduced the report which advised the Board of a proposal under consideration by NHS Medway Clinical

Health and Wellbeing Board, 15 March 2016

Commissioning Group (CCG) and Medway Council to reconfigure and recommission the Child and Adolescent Mental Health Service (CAMHS) on a Medway population footprint. The support services described in the Draft Service Model would be part of a whole-system pathway designed to meet the emotional wellbeing and mental health needs of children and young people within the context of their family. It was noted that the proposed changes represented a substantial variation to healthcare and a 90 day consultation period was proposed, the results of which would be reported back to the Board.

Members of the Board raised a number of points and questions which included:

- **Building Capacity in Schools** - In response to a question about the provision of extra support for schools to enable children with mental health issues to remain in mainstream education, officers referred to the diagram within the draft service model on the proposed Medway and Emotional Health and Wellbeing Pathway. This demonstrated the open access for all children and families to universal support in universal services. It was vital that work with schools enabled the early identification of children in need of support. With regard to looked after children, engagement with other providers was ongoing.
- **Whole Family Approach** - The whole family approach, involving parents, children and young people in their care, was welcomed by Healthwatch. Officers explained that this approach would be integrated across the Council and the CCG.
- **The use of S136 of the Mental Health Act 1983** – In response to concerns raised about the use of police cells as a Place of Safety for holding children found in public places who appeared to be suffering from a mental disorder, officers advised that this practice would no longer be permitted under a change in legislation that was currently pending. As it was likely that this change would occur within the timeframe of the new service model, securing an appropriate Place of Safety would be one of the key service aspects that would need to be addressed with prospective providers.
- **Prevention and Early Intervention**– A member referred to the very strong evidence that prevention reduced mental health problems. Close working between Council directorates and the CCG was vital to ensure that early intervention was achieved to help avoid the escalation of mental health problems.

Decision:

The Board reviewed the Draft Service Model attached at Appendix 1 to the report developed by commissioners in response to consultation and feedback received during the development of Medway's Children and Young People's Emotional Health and Wellbeing Strategy and Local Transformation Plan in 2015 and provided comment and feedback, as detailed above, to inform potential refinements in advance of formal consultation.

853 Dementia Gap Analysis and Joint Commissioning Plan

The Assistant Director, Partnership Commissioning, introduced a report on the dementia gap analysis and joint commissioning plan which outlined progress achieved since the publication of a Dementia Strategy for Medway in 2015. She drew the Board's attention to the agreement of the Business Support Overview and Scrutiny Committee to a Task Group review, which would examine how far Medway has progressed in developing a dementia friendly community. The review would be led by the Health and Adult Social Care Overview and Scrutiny Committee and the results would feed into the commissioning plan developed by the Council and the Clinical Commissioning Group. A Dementia Whole System Summit had been held on 25 February 2016 to start engagement on the implementation of the dementia commissioning action plan, which was attached to the report.

Members of the Board raised a number of points and questions, which were responded to by officers. These included:

- Training on the use of technical solutions – A technical pilot was examining ways to assist the safe movement of people with dementia within their homes and around their community. These included a wrist watch which could track a person's location and provide them with a means of contacting support services. Also, a falls detector which would improve safety in the home. A systems technology plan was being developed within the Integrated Care Strategy and would be aligned with the Dementia Strategy. The plan would involve partners working together to provide an integrated approach to help people to retain their independence after a period of poor mental health.
- Whole system approach – The commissioning team were commended for the progress achieved since the publication of the Dementia Strategy. A whole system approach was being adopted that aimed to deliver wrap around help and support for people living with dementia, their carers and family.
- Making Medway a dementia friendly community – members of the Health and Wellbeing Board were key to achieving the aim of making Medway a dementia friendly community. All Council services should consider how they could assist in achieving this aim and this should form part of the forthcoming Task Group review.
- Care home visits – Monthly visits to care homes were conducted by Healthwatch and focused on dementia.

Decision:

Having commented on the direction of travel, the Board noted the progress achieved since the publication of the Medway Dementia Strategy and noted the Dementia Commissioning Action Plan as set out in Appendix A to the report.

854 Update from Medway Foundation Trust

Discussion:

The Chief Executive Officer (CEO) of Medway NHS Foundation Trust presented a report updating the Board on the findings of the Care Quality Commission's (CQC) Quality Report into the Trust. The Trust had accepted the findings of the CQC report, which included a number of issues that it had already identified for action. In recognition of the support that would be required from partners, a quality summit had been held at which all participants committed to working with the Trust to bring about the required changes.

The Trust's improvement plan centred around six key activities, as set out in the report. One of these was to modernise the Emergency Department and an examination of the data had revealed that, since 5 March 2016, the department had dealt with 300 presentations and 100 ambulances a day which represented a significant increase. The Trust would be moving at pace to create a department that could cope with these pressures. Another key activity was to accelerate the Trust's recruitment drive to reduce the dependency on interims and agency staff.

Members of the Board raised a number of points and questions which were responded to by the CEO and the Chairman of the Trust. These included:

- Maternity Unit – From recent personal experience, a member paid tribute to staff in the Maternity Unit. The CEO of the Trust stated that the CQC had identified this as an area of good practice.
- Working with GP's to help reduce the pressure on the Emergency Department – In response to a question on whether GP's were advising patients to visit the Emergency Department to receive specialist treatment, the CEO advised that the Trust buddied Clinical Directors with GPs. 25% of all presentations were referred to the Trust's on-site GP service and clinics had been introduced to help ensure that patients were seen quickly by a specialist. In addition, a service had recently been introduced which provided GP's with a single phone number that they could use to seek a specialist opinion; it was anticipated that this would reduce the number of patients being referred to the Emergency Department by GP's.
- Improvement plan – The six point improvement plan was welcomed as it provided clarity on the activities that would have a positive impact.
- Finding different ways to support people – This would be necessary as the evidence showed that generally people were living longer with disease and disability and were therefore presenting at Emergency Departments with severe disease.

Health and Wellbeing Board, 15 March 2016

- Administrative issues – In response to a question on whether improvements would be put in place to reduce administrative errors in relation to clinic appointments etc, the CEO advised that a sequential approach to improvements was being adopted. Once the clinical model was fully functional, work would commence on redesigning administrative systems.
- The Trust's financial position – In response to a question about the Trust's ability to deliver improvements with an increasing budget deficit, the CEO said that the Trust would continue to invest in key areas. One of these was recruitment and reducing the reliance on agency staff would have a significant positive impact on the budget. A financial recovery plan would be put in place as a sub-plan of the improvement plan.

Decision:

The Board noted the report.

855 Emergency Care Improvement Partnership (ECIP) Improvement Support for the Medway Health and Social Care Community

Discussion:

The Head of Improvement for the Emergency Care Improvement Partnership (ECIP) introduced a report on the background, arrangements and priorities for the ECIP support to the Medway health and social care system. He explained the role of the ECIP, the support it provided to the 28 most challenged Trusts, and the specific work undertaken in Medway including the key themes for sustained improvement, as set out in the report. The ECIP Social Care Lead spoke of the need for improved patient flow; the whole system approach; and stressed the important leadership role of the Health and Wellbeing Board.

Members of the Board very much welcomed the support provided by ECIP and the identification of areas that required improvement. A member referred to the value of the prolonged inpatient stay review, which had audited 250 inpatient stays over 7 days. This had revealed that 50% of patients should not have been in hospital and had enabled the identification of a cluster of factors to be addressed. Lessons had been learned that would continue to be applied after the ECIP had concluded its visit to Medway.

The Chairman thanked all involved for the support that had been provided, which had helped to identify ways forward and he expressed the hope that this would be maintained.

Decision:

The Board noted the report.

856 Sustainability and Transformation Plan Update

The Deputy Chief Operating Officer of the CCG introduced a report updating the Board on the development of the Sustainability and Transformation Plan (STP). The STP plans had been submitted to NHS England on 29 February and included one at a Kent and Medway level and a sub plan for North East Kent (Medway and Swale CCGs). Members were referred to the Initiation Document appended to the report, which set out how STPs would be built up from local plans.

Members of the Board raised a number of concerns about the STP concept and structure. In response to concerns about additional layers of governance infrastructure, the Board was advised that the Senior Responsible Officer role was not a new role but had been assigned to an existing CCG staff member. It was emphasised that the development and delivery of the STP required shared leadership from across health and social care organisations. Some members raised strong concerns about NHS England's 'top down' approach to the development of STPs. In this regard it was felt that local authorities were not being adequately consulted and that there was a lack of recognition of their contribution and expertise. It was considered that the proposed governance arrangements did not allow for sufficient influence by Medway Council. It was also felt that the role of Health and Wellbeing Boards in working together to support the delivery of local systems was not adequately recognised within the Initiation Document. Board members from the CCG and NHS England South (South East) referred to the establishment of a senior leadership team incorporating key stakeholders from across health and social care and stressed that, while some planning was required at a wider level, the STP was not intended to replace local planning.

Concern was expressed that, as shown in the Initiation Document, the plan was not sufficiently local. It was felt that a joint Kent and Medway STP failed to fully recognise Medway's responsibilities as a unitary authority and could potentially lead to a reduction in resources for Medway. The prevailing view of a majority of Health and Wellbeing Board members was that the STP was not acceptable in its current proposed form. It was suggested that the Board's views be expressed to the Local Government Association. The Chairman noted that there was a meeting of the Kent Health and Wellbeing Board on 16 March and he proposed that he seek the views of its Chairman.

Decision:

The Board:

- (a) noted the report; and
- (b) agreed that the Chairman would consult the Chairman of the Kent Health and Wellbeing Board and write to the Local Government Association to express the concerns of the Medway Health and Wellbeing Board regarding the Initiation Document on the Development of the Kent and Medway Sustainability and Transformation Plan.

857 Better Care Fund 2016/17

Discussion:

The Assistant Director, Partnership Commissioning, presented a report which updated the Board on the progress of the Better Care Fund and outlined the plan for 2016/17. With reference to the administration of the pooled budget in accordance with a Section 75 agreement between the Clinical Commissioning Group and the Council, she advised that this had initially been for a one year period. As the future of the Better Care Fund had been confirmed, work was in progress to extend the agreement beyond 21 March 2016.

During the discussion members welcomed the continued development of the Better Care Fund which was a good example of joint working.

Decision:

The Board noted the report and that further reporting of progress would follow.

858 Joint Health and Wellbeing Strategy - Medway Council - Summary Overview of Activity to Address the Key Themes in 2016/217

Discussion:

The Interim Director of Public Health presented a report which outlined how the Council's Directorates would address the five strategic themes of the Joint Health and Wellbeing Strategy 2012-2017.

Decision:

The Board considered and noted the information in the report.

859 NHS Clinical Commissioning Group Commissioning Plans 2016/17

The Accountable Officer, Medway Clinical Commissioning Group (CCG), gave a presentation setting out the CCG five year plan and the 2016/17 commissioning intentions. This described how they aligned with the priorities contained in the Joint Health and Wellbeing Strategy and the Five Year Forward View. It was noted that the CCG was working to the national assurance timetable and final, signed off, local plans would be submitted by 4 April 2016.

Members of the Board welcomed the presentation of the CCG's plans in diagrammatic form, which aided better understanding. They raised a number of points and questions which were responded to. These included:

- Shared use of buildings - The potential for increased shared use of buildings by partner organisations would benefit both the organisations

Health and Wellbeing Board, 15 March 2016

and local people. All opportunities for co-location needed to be explored, one example being within the Frailty Pathway project.

- Support for GPs – Members were advised that there had been no reduction in the level of support for vulnerable GP practices. The development of local hubs would not only benefit the public but also GPs who would be able to come together for mutual support. A member suggested that a focused piece of work was required to explore flexible ways of attracting GPs to Medway.
- Sustainability and Transformation Plan – Some members of the Board confirmed that they could not support the CCG's commissioning intentions in respect of the Sustainability and Transformation Plan.
- Mental health - There was concern that the CCG intentions did not fully reflect the Joint Health and Wellbeing Strategy with regard to mental health and the amount spent by Kent and Medway Partnership Trust on out of area acute mental health care was highlighted. It was noted that Lord Crisp's report into mental health recommended that people should not be sent long distances from home beyond 2017. In response, members were advised that the CCG was addressing this issue and had put £1.3m into the mental health budget this year to enable new initiatives within the mental health strategy.
- Financial transparency – A member expressed a wish to see a greater degree of financial transparency within the CCG's plan

Decision:

The Board:

- (a) noted the content of the presentation and provided comments; and
- (b) confirmed support for the CCG's commissioning intentions, which reflected the local priorities in the Joint Health and Wellbeing Strategy, with the following observations:
 - (i) the Sustainability and Transformation Plan, as detailed in the CCG's five year plan, was not supported by all members of the Board; and
 - (ii) mental health was identified as an area requiring greater priority to fully reflect the Joint Health and Wellbeing Strategy.

860 NHS England (Kent and Medway) Commissioning Plans 2016/17

Discussion:

The Director of Assurance and Delivery, NHS England South (South East) presented a report that summarised NHS England commissioning intentions for

Health and Wellbeing Board, 15 March 2016

2016/17 for health services for the armed forces; health and justice healthcare services; specialised services; and public health and primary care services.

Members of the Board raised a number of points including:

- Armed forces provision – The recognition of issues that arose for army families that were required to regularly move to different locations was welcomed. However, there needed to be better recognition of the support required for people making the transition from the armed forces to civilian life.
- Residential development – Planning considerations needed to take account of the location of proposed residential developments as different primary health care issues would arise in different locations.
- Cookham Wood Young Offenders Institute (YOI) - More support was required in view of the growing issues at this YOI.
- Children and adolescent mental health – It was vital that partners worked together to ensure that there was early intervention.
- Procurement – The financial summary of the operational plan 2016/17 referred to procurement opportunities and it was suggested that the services offered by Medway Council's procurement team be explored.

Decision:

The Board noted the report and agreed that the NHS commissioning intentions reflected the local priorities agreed by the Board.

861 Work Programme

Discussion:

A member of the Board suggested that a further report on the development of the Sustainability and Transformation Plan be presented to next meeting of the Board on 28 April 2016, prior to consideration of the final plan on 28 June 2016.

Further to consideration of the Clinical Commissioning Group's five year plan and commissioning intentions, a member suggested that the Board receive a financial report on the CCG at the meeting on 28 April 2016.

Decision:

The Board:

- (a) agreed that the work programme be amended to add items on the Sustainability and Transformation Plan and the CCG's finances to the work programme for the meeting on 28 April 2016; and

Health and Wellbeing Board, 15 March 2016

- (b) agreed that the Chairman review the Board's work programme and amend it as necessary to ensure the business for the meeting on 28 April 2016 was manageable.

Chairman

Date:

Stephen Platt, Democratic Services Officer

Telephone: 01634 332011

Email: democratic.services@medway.gov.uk

This page is intentionally left blank