

Meeting of Health and Wellbeing Board

Tuesday, 13 September 2016

4.00pm to 5.55pm

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)
Dr Andrew Burnett, Interim Director of Public Health
Ann Domeney, Interim Deputy Director, Children and Adults Services
Cath Foad, Chair, Healthwatch Medway
Dr Peter Green, Clinical Chair, NHS Medway Clinical Commissioning Group (Vice-Chairman)
Councillor Adrian Gulvin, Portfolio Holder for Resources
Councillor Andrew Mackness, Portfolio Holder for Children's Services - Lead Member (statutory responsibility, including education)
Councillor Vince Maple, Leader of the Labour Group
Caroline Selkirk, Accountable Officer, NHS Kent and Medway Clinical Commissioning Group
Ian Sutherland, Interim Director, Children and Adults Services
- Substitute:** Councillor Peter Hicks (Substitute for Councillor Gary Etheridge)
- In Attendance:** Kate Ako, Principal Lawyer - People
Tristan Godfrey, STP Workforce Programme Manager (Kent and Medway), Health Education England
Stuart Jeffery, Chief Operating Officer, Medway CCG
Helen Jones, Assistant Director, Partnership Commissioning
Stephen Platt, Democratic Services Officer
Clare Skidmore, Senior Commissioning Officer
Catherine Smith, Planning Manager, Policy
Graham Tanner, Partnership Commissioning Programme Lead

280 Tribute to Councillor Mike O'Brien

At the commencement of the meeting, the Chairman paid tribute to Councillor Mike O'Brien, a member of the Medway Health and Wellbeing Board who had recently passed away. He recalled their regular conversations about the work of the Board and said that Councillor O'Brien had been delighted to hear how well the report on research into the needs of the armed forces community in Kent and Medway had been received by the Board at its meeting on 28 June 2016. Councillor O'Brien had represented Medway Council on the Kent and Medway

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Civilian Military Board which had carried out the research and had been instrumental in bringing the report to the Health and Wellbeing Board.

The Board held a minute's silence in memory of Councillor O'Brien.

281 Apologies for absence

Apologies for absence were received from Councillor Howard Doe (Deputy Leader and Portfolio Holder for Housing and Community Services), Councillor Gary Etheridge, Pennie Ford (Director of Assurance and Delivery, NHS England), Dr Antonia Moore (Elected Clinical Member, NHS Medway Clinical Commissioning Group), Lesley Dwyer (Chief Executive, Medway NHS Foundation Trust), Helen Greatorex (Chief Executive, KMPT), Dr Mike Parks (Medical Secretary, Kent Local Medical Committee), and Martin Riley (Managing Director, Medway Community Healthcare).

282 Record of meeting

The record of the meeting held on 28 June 2016 was approved and signed by the Chairman as a correct record.

283 Urgent matters by reason of special circumstances

There were none

284 Declarations of disclosable pecuniary interests and other interests

Disclosable pecuniary interests

There were none.

Other interests

Councillor Maple declared an interest in agenda item 6 (Adult Social Care Dementia Review) because he was a trained 'dementia friend'.

285 Chairman's Announcements

The Chairman welcomed Ann Domeney, Interim Deputy Director of Children and Adults Services, Medway Council, to her first meeting as a Board member. The Chairman also congratulated Councillor Andrew Mackness on his appointment as Portfolio Holder of Children's Services.

286 Medway Local Plan Development Update

Discussion:

The Planning Manager, Policy, Medway Council, presented a report which provided an update on work in preparing a new Local Plan for Medway. The Local Plan would set out a framework for managing the area's development

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over the next 20 years. Planning Services had been working closely with Public Health colleagues to embed ambitions to improve the health of Medway's communities in the development plan and this would be reflected in new policies.

Members of the Board raised a number of issues as follows:

- 'Healthy by design' should be built into the Local Plan. This could include ensuring that as much of the public realm as possible was dementia friendly; providing community orchards; controlling the number of hot food takeaway establishments; and encouraging establishments providing healthy food options. Advice and guidance on this could be sought from the Local Government Association. The Planning Manager, Policy responded that the development of the Local Plan presented an opportunity to take forward green infrastructure planning. Also, Planners had been working corporately to assess how the Local Plan could contribute to ambitions to achieve a more dementia friendly Medway. This would include designing spaces that were more logical and easier to move through.
- The Local Plan was of great interest to local residents who wished to know, for example, what Medway Hospital would look like in 20 years time.
- The expectation that increased demand for services resulting from development could be accommodated in local areas needed to be challenged.
- Difficult choices would need to be made, such as where to build on greenfield sites.
- The Sustainability and Transformation Plan (STP) process should be informed by the Local Plan process.
- The Plan should seek to encourage more walking and cycling by residents.
- Financial contributions by way of Section 106 agreements towards improving open spaces should be sought from developers submitting major planning applications.

Decision:

The Board:

- (a) Noted the content of the report on the Issues and Options consultation they participated in.
- (b) Made comments, as above, to inform the development of the new Local Plan through identification of priorities that could effectively address health needs in the development strategy for Medway.
- (c) Advised, as above, how strategic links can be strengthened to the Local Plan, through engagement of key organisations and alignment of strategies.

287 Adult Social Care Dementia Review

Discussion:

The Assistant Director, Partnership Commissioning, Medway Council, presented a report which provided an update on progress achieved on the Dementia Review since the previous report that had been presented to the Board in January 2016. The report set out the opportunities and challenges which had emerged during the intervening period and made a number of recommendations for next steps. Among these, the key proposal was for the development of a 'Test for Change' pilot site for integrated, improved dementia care and support, located and designed around Health and Wellbeing Centres in Medway, as part of a phased approach to achieving full service redesign and implementation across the Borough by 2020. A Members' Task Group had been launched investigating how far Medway has come in becoming a dementia friendly community.

Members of the Board raised a number of issues that were responded to as follows:

- The selection of the Rainham Health Centre as the location for the first testing phase of the new integrated, community based model was welcomed as it would be more complex to locate it in any of the other four town centres.
- The Board was advised that Public Health maintained a record of all people who had received training to be a 'dementia friend'; further information would be provided on the level of engagement with them, and also, supported by the Alzheimer's Society locally, with Dementia Champions, who received a more advanced level of training and who could themselves deliver Dementia Friends training.
- Appendix 2 to the report stated that, according to local data, the average cost of a day bed for a patient with dementia was less than for other patients. The report also noted that national research from 2009 suggested that patients with dementia were less likely to receive palliative care, palliative medication or certain other specific medical interventions, though it is not known whether this is the case in Medway. In response to a concern expressed about the level of care provided to patients with dementia, the Board was advised that this local data was being further analysed to establish a clear picture of the underlying position. For example, an alternative explanation for the local data described above may be that in Medway, people with dementia were not receiving unnecessary hospital intervention, and were instead being supported within their home. Attempts would be made to test these various hypotheses and clarify the position.
- More work was needed to extend the range of cost effective technical solutions, such as telecare, to enable people with dementia to be supported at home. This should include the provision of advice to sheltered schemes, and could build on the strong progress which had already been made by Medway's Telecare service, working with key partners locally, in this area to date.

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Decision:

The Board:

- a) agreed to support the proposal that the next steps of the Dementia Review should focus on a 'Test for Change' exercise located in Rainham Health Centre in Medway. This would represent Phase 1 of a longer planned programme of work.
- b) noted that the learning from the exercise would lead to and shape the development of a whole system recommissioning plan for Medway, enabling full redesign by 2020.
- c) noted that Members have the opportunity to influence the development of future service design via the current Task Group.
- d) noted that the comments of the Board, together with the comments of the Health and Adult Social Care Overview and Scrutiny Committee on 23 August 2016, would be provided for approval via the appropriate CCG governance arrangements.

288 Medway Young Person's Wellbeing Service Report on Consultation and Proposed Service Model

Discussion:

The Assistant Director, Partnership Commissioning referred to the Board's consideration of a Draft Service Model in March 2016 setting out the proposed delivery model for a Medway Young Person's Wellbeing Service. The new service would replace the existing Child and Adolescent Mental Health Service (CAMHS) and would be commissioned on a Medway footprint rather than Kent and Medway. She reported the key feedback and findings from a 12 week consultation and engagement process which revealed a high level of support for each of the core design principles. The report summarised the proposed key service changes and a series of further suggested refinements to the Draft Service Model in response to the consultation feedback.

The Assistant Director, Partnership Commissioning also reported that the annual refresh of the Medway Local Transformation Plan was due, in line with ongoing NHS England assurance requirements, and directed Board members to the Year 1 Delivery Plan Update appended to the report. This had been updated to reflect the significant progress that had been made. Feedback from NHS England on Medway's original LTP submission in 2015 had been very positive. The Year 1 Delivery Plan Update reflected the substantial progress made against the key actions over the last 12 months. There was no prescribed format for the annual refresh of the plan which was required to be published on the CCG/Council website by 31 October 2016. Board members were invited to comment and/or seek clarification, prior to publication.

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Members of the Board raised a number of issues which were responded to as follows:

- The supportive feedback from the consultation was welcomed and it was now important to deliver the service model in a cost effective way. The Board was advised that there had been proactive engagement with schools in the development of the new service model, including work to develop an agreed outcomes framework for services provided by schools to support pupils with emerging emotional health and wellbeing concerns. The new commissioned service would continue to provide primary mental health advice and support through established processes e.g. In School Reviews as well as informal advice on strategies and interventions to ensure pupils receive the right support at the right time.
- It was suggested that embedding social workers within schools would help the early identification of issues which would enable timely, cost effective, intervention. The Board was advised that plans to place social workers in the new pod structures were well advanced and it was expected that this would make a significant difference.
- It was recognised that many respondents to the consultation had highlighted the need to improve speed of access to support. Clinical Commissioning Group and NHS England investment had helped reduce waiting times, particularly between referral and assessment, and it was envisaged that the flexibility of the new Medway only service would lead to a further reduction in waiting times between referral, assessment and treatment.
- With reference to the practical issues set out in the report that needed to be considered prior to going out to tender, the Board was assured that, in planning for the new service, a period for mobilisation had been built into the process.
- In response to a question concerning the engagement of young people, it was reported that a Medway Young Persons Group had been formed, which included a representative of the Medway Youth Parliament. The next step would be to involve children and young people in the service evaluation process.
- The importance of seeking the views of service users was recognised and the Board was assured that consultation would continue as the new service progressed. One advantage of a Medway only model was that it could be more responsive to feedback.

Decision:

The Board:

- (a) Noted the report and appended findings from the Children and Young People's Emotional Wellbeing survey 2016 and made observations prior to the final service model being reported to Children and Young People Overview and Scrutiny Committee and Medway Council's Cabinet. It was noted that detailed service specifications and tender documentation would be based on this model.

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- (b) Noted the Year 1 Delivery Plan Update for the Medway Local Transformation Plan, prior to publication of the final version on the Council and Clinical Commissioning Group websites in October 2016.

289 Workforce Action Board

Discussion:

The Sustainability and Transformation (STP) Workforce Programme Manager (Kent and Medway), Health Education England, presented a report setting out how the organisation would support and enable the delivery of the STP through a corresponding Local Workforce Action Board. This Board was currently under development and built on the work of a Kent Health and Wellbeing Board Task and Finish Group review.

Members of the Board raised a number of issues to as follows:

- The models of care referred to in the Task and Finish Group report were explained as follows:
 - The Buurtzorg model related to the empowering of groups of nurses to treat patients without the constraints of bureaucratic processes.
 - The Esther model related to the development of a culture of person centred care.
- Recruitment and retention was a critical part of the STP. There was a need to train staff so that they were skilled and confident to deliver high quality care in a different way.
- Primary care would be very different in five years time and, as services were redesigned, staff would need to be supported to perform different duties. Without this support, to enable staff to develop the skills they required, transformation of service provision would not be achieved.
- With reference to the recommendations of the Task and Finish Group's report, which had been presented to the Kent Health and Wellbeing Board on 25 May 2016, it was suggested that the developing action plan should recognise the importance of the Medway and Swale Centre for Organisational Excellence (MaSCOE) and the impact that it could have in identifying best practice.
- Medway CCG had recently commissioned Carnall Farrar Ltd, management consultants, who would support the governance of the STP.

Decision:

The Board:

- (a) Noted the report

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- (b) Commented, as set out above, on what is needed locally to best meet workforce requirements to inform the development of the Workforce Action Board

290 Emergency Care Improvement Programme - Primary and Community Care Initiatives

Discussion:

The Chief Operating Officer, Medway CCG, presented a report summarising the initiatives that were being developed within primary and community care settings to improve provision of urgent and emergency care services and reduce demand on the Emergency Department (ED) at Medway NHS Foundation Trust (MFT). The aims were to improve the signposting of services to patients, to reduce the number going to ED; to improve the flow of patients through the hospital; and improve the health of those using the services.

Members of the Board raised a number of issues which were responded to as follows:

- Access to GPs needed to be improved as patients often presented themselves to ED if they could not get a GP appointment. There was a concern that GPs were not being replaced when they retired. In response, the Chief Operating Officer said that primary care services would look very different in five years time and would seek to provide quick access to a range of healthcare professionals, not just GPs.
- The Board was advised that the initiative to reduce the number of frequent service users extended beyond those on care plans.
- With regard to the aim of the Medway End of Life Strategy to reach the national preference rate of 70% of patients being able to die in their normal place of residence, the Board was advised that the current figure was around 40%.
- It was suggested that behavioural issues be examined to ensure that staff within all services displayed a professional attitude and approach towards patients.

Decision:

The Board, having reviewed the range of initiatives being undertaken within the primary and community care setting, confirmed that it is assured that these initiatives will achieve their aim to reduce demand on Medway Foundation Trust's Emergency Department.

291 Medway Clinical Commissioning Group - Kent and Medway Sustainability and Transformation Plan Update

Discussion:

The Accountable Officer, Medway CCG, reported the latest developments of the Kent and Medway Sustainability and Transformation Plan. She advised the

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Board that the appointment of Carnall Farrar Ltd as consultants would ensure that the rationale behind the Kent and Medway STP model was challenged and tested. Ruth Carnall had been invited to be the independent chair of the STP Steering Group. Carnall Farrar was conducting a rapid review of all STP information and would provide a compelling narrative for the mobilisation stage. It was suggested that this should reflect Medway's advanced position in integrated commissioning.

The Board was advised that a single clinical strategy would be developed over the next quarter.

Decision:

The Board noted the future direction of the developing Sustainability and Transformation Plan.

292 Work Programme

Discussion:

The Board reviewed the current work programme.

Decision:

The Board noted the current work programme and agreed to include a review of the Mental Health Workshop to be held on 12 October 2016 as an item for the next Board meeting on 3 November 2016.

Chairman

Date:

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