

Medway Council
Meeting of Health and Wellbeing Board
Thursday, 3 November 2016
4.00pm to 6.35pm

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
Councillor Howard Doe, Deputy Leader and Portfolio Holder for Housing and Community Services
Councillor Gary Etheridge
Cath Foad, Chair, Healthwatch Medway
Councillor Adrian Gulvin, Portfolio Holder for Resources
Caroline Selkirk, Accountable Officer, NHS Kent and Medway Clinical Commissioning Group
- In Attendance:** Helen Greatorex, Chief Executive, Kent and Medway NHS and Social Care Partnership Trust
Martin Riley, Managing Director, Medway Community Healthcare
Kate Ako, Principal Lawyer – People
Heidi Butcher, Operations and Engagement Manager, Healthwatch Medway
Phil Cooper, Interim Senior Commissioning Officer
John Drew, Independent Chair of Medway Safeguarding Children Board
Linda Jackson, Interim Assistant Director – Adult Social Care
Simon Plummer, Business Manager, Medway Safeguarding Children Board
Claire Solley, Interim Principal Social Worker for Adults / Interim Principal Officer Adult Safeguarding
Deborah Stuart-Angus, Independent Chair of the Kent and Medway Safeguarding Adults Board
Graham Tanner, Partnership Commissioning Programme Lead
Jon Pitt, Democratic Services Officer
Michael Turner, Democratic Services Officer

403 Apologies for absence

Apologies for absence were received from Councillor Andrew Mackness (Portfolio Holder for Children's Services – Lead Member), Councillor Vince Maple (Leader of the Labour Group), Ann Domeney (Interim Deputy Director of Children and Adult Services), Lesley Dwyer (Chief Executive, Medway NHS Foundation Trust), Dr Peter Green (Vice Chairman of HWB – Clinical Chair, Medway Clinical Commissioning Group), Dr Antonia Moore (Elected Clinical Member, NHS Medway Clinical Commissioning Group) and Ian Sutherland (Interim Director of Children and Adults).

404 Record of meeting

The record of the meeting held on 13 September 2016 was approved and signed by the Chairman as an correct record.

405 Urgent matters by reason of special circumstances

There were none.

406 Declarations of disclosable pecuniary interests and other interests

Disclosable pecuniary interests

There were none.

Other interests

There were none.

407 Medway Safeguarding Children Board (MSCB) Annual Report 2015/16

Discussion:

The Independent Chair of the Medway Safeguarding Children Board (MSCB), John Drew CBE, presented the MSCB Annual Report 2015-16. The primary focus of the Independent Chair was in determining what independent evidence demonstrated about local performance in keeping children safe in Medway.

The Chair of the MSCB had concluded that child safeguarding in Medway was generally strengthening and that he had growing confidence in the local arrangements in Medway. This was with one exception, the Medway Secure Training Centre. A BBC Panorama programme aired in January 2016 covering the treatment of children at the Centre. This showed children being intimidated by the adults charged with looking after them and other unacceptable behaviour. As a result of the programme and subsequent investigation, criminal proceedings had been initiated against a number of individuals.

There were three areas that were considered to be of increasing importance. These were the recruitment and retention of an experienced workforce,

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developing services to address the issue of child sexual exploitation (CSE) and improving safeguarding in relation to Cookham Wood Young Offender Institution and Medway Secure Training Centre.

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

- **Recruitment and retention** – Social workers had been reorganised into smaller ‘clusters’, which facilitated work loads being shared more easily. It was important that staff were retained so that they had the time to foster supportive relationships with the young people who they worked with. The Council’s Chief Executive had met with a number of organisations to promote the image of Medway as a good place to work. Work was also undertaken with voluntary sector organisations to promote opportunities available.
- **Child Sexual Exploitation** – Services to counter the threat of Child Sexual Exploitation (CSE) needed to be further developed in Medway, although a significant amount of progress had been made against this priority. The need to further develop services was also true of the majority of the country. Approximately 85% of CSE affected girls. One particular challenge was ensuring that schools were able to teach about the types of behaviour that were appropriate. A variety of partnership working took place with regard to CSE. There was also a need to ensure that support provided to victims demonstrated appropriate sensitivity and that they were provided with the longer term support to help them to come to terms with their experiences. It was acknowledged that the counselling and support services available needed improvement, with the Children in Care Council being recognised as an important avenue of support. A further challenge was that young people often did not appreciate that what was happening to them amounted to abuse. There was also stigma attached, with young people sometimes fearing that they would be taken into care if they reported their concerns. A Member said that there was a lack of voluntary organisations that dealt specifically with CSE in relation to girls and asked if there was anything that the Board could do to facilitate this. It was agreed that this should be investigated further.
- **The needs of children in Youth Custody** – An assessment was undertaken of all children entering custody. The needs of some of these children were well understood, but this was not always the case. These children often had complex needs, especially as on average, a child entering custody would not have attended school for two years. The average length of time that a child spent in custody was 82 days, which limited the influence that professionals, such as psychologists, could have on their development. It was noted that a review of the youth custody system was being undertaken by former head teacher, Charlie Taylor.
- **Geographic location of Looked After Children (LAC)** – A number of LAC moved into Medway from the Kent local authority area and from London Boroughs. Children were placed according to their needs and

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the availability of suitable placements. There were also a number of asylum seeking children within Kent's total LAC population. The Chairman stated that the Council's adopted position was that the cost of finding placements for unaccompanied children seeking asylum should be provided by the Government. It was agreed that officers would provide further data in relation to Looked After Children from outside Medway.

The Health and Wellbeing Board thanked the Chairman of the MSCB and officers for the report presented to the Board and their work in relation to child safeguarding.

Decision:

The Board:

- a) Noted and commented on the annual report and the effectiveness of local services in keeping children safe and considered the implications for the Health and Wellbeing Board.
- b) Requested that officers provide data in relation to Looked After Children living in Medway who originated from outside Medway.
- c) Requested that officers investigate how the voluntary sector can be more involved in work to combat CSE.

408 Kent and Medway Safeguarding Adult Board (KMSAB) Annual Report 2015/16

Discussion:

The Independent Chair of the Kent and Medway Safeguarding Adults Board (KMSAB), Deborah Stuart-Angus, presented the KMSAB Annual Report 2015-16. The Care Act 2014 had made the safeguarding of adults a statutory requirement and required local authorities to establish a Safeguarding Adults Board for their areas.

Achievements of the Board's Sub-Groups during the year had included development of a performance dashboard, a revised self assessment framework, production of an Annual Plan, creating easy to read meeting documents, creating safeguarding personal workshops, creating easy read meeting documents, review and updating of multi-agency protocol, creating a self-neglect policy and delivery of a multi-agency training programme.

Work was being undertaken to ensure a more robust approach to decision making and to improve governance. Other key areas of focus for 2016-17 would include reviewing the 2014-15 Safeguarding Adults Strategy to inform the development of a new strategic plan and undertaking further work to engage services users and carers in the work of the Board. A review of training provision would also be undertaken as well as agreeing and reviewing multi agency policies and procedures.

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There had been a total of 4,174 safeguarding enquiries received in 2015-16. This represented an 18.7% increase across Kent and Medway compared to the previous year. The increase was 19.3% for Kent and 9.8% for Medway. Overall, 60% of alleged victims were female. It was believed that the increase was due to there being increasing awareness and reporting of safeguarding issues. 39% of alleged abuse took place in a care home setting, while 34% took place in a private home. Alleged cases of physical abuse and neglect were increasing.

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

- **'At Risk of Going Missing' pack:** The Chairman of KMSAB confirmed that the pack was available in key police stations and it was requested that the pack be circulated to the relevant Member of the Board.
- **Safeguarding alert forms:** In response to a Member of the Board who said that the involvement of persons who had previously raised safeguarding concerns appeared to be secondary to the process, it was stated that this was now central.
- **Key challenges:** A Member suggested that the key challenges in relation to adult safeguarding should be included in a road map and requested that an update be provided on the challenges. The Independent Chair commented that the road map was working well and included a risk register.
- **Data analysis:** In relation to Member concerns that limited data analysis was being undertaken, the Interim Principal Officer for Adult Safeguarding advised that much of the data related to a specific computer system, which had not been particularly user friendly. This system had been rebuilt in order to facilitate data analysis being undertaken more easily. The data being input into the system would also be reviewed and managers and practitioners were being trained to enable them to extract data from the system.

The Health and Wellbeing Board thanked the Chairman of KMSAB and officers for the report presented to the Board and the insight provided.

Decision:

The Board:

- a) Noted the Annual Report, made the comments above and considered the implications for the Health and Wellbeing Board.
- b) Requested that the Chair of KMSAB arrange for the 'At Risk of Going Missing' pack to be sent to the Member of the Board who had requested this.

409 Transforming Care Plan Update

Discussion:

The Partnership Commissioning Programme Lead, Graham Tanner, introduced an update on the Transforming Care Plan (TCP). The Plan related to the development of services for people with a learning disability and/or autism who displayed challenging behaviour.

The Kent and Medway Transforming Care Partnership was one of 48 partnerships covering England. Each partnership covered an area with a population of greater than one million people. The Kent and Medway Transformation Care Plan (2016-19) had been submitted to NHS England in May 2016. This included separate Kent and Medway delivery plans.

Kent and Medway were required to prioritise the reduction of inpatient numbers, due to current trajectories falling outside of the planning assumptions contained within the Transforming Care National Plan.

At the start of September 2016, there were a total of 86 TCP inpatients, with 11 of these being located in Medway. There were 12 out of area patients. However, even maintaining these numbers depended upon there being no new admissions. NHS England expected that the inpatient bed figure for Kent and Medway should fall within the 45 to 59 range at any one time. A refresh of the TCP would be required to outline how the figure would be reduced to fall within this range by April 2019.

It was noted that patients who had been in hospital for more than five years were eligible for a 'dowry' to fund the cost of their inpatient bed.

Medway had received extra funding for a Complex Case Coordinator to work across health and social care. Funding had also been awarded for post-diagnostic support in relation to autism. Some Child and Adolescent Mental Health Services (CAMHS) funding would be available to provide short term safe accommodation in order to prevent hospital admission. The TCP had also been awarded funding for forensic outreach work.

Officers advised that an update on the TCP would be provided at the next Health and Wellbeing Board in February 2017.

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

- **Update on Transforming Care Plan at next meeting:** It was questioned whether the update to be brought to the next meeting of the Board would include how service provision pathways between services could become more 'joined up' and how gaps identified in the system of the system of support across the wider TCP area would be addressed. Officers advised that the update would include this information and also an update on the planned review and restructure of adult social care.

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Work would be undertaken to map local provision against the National Plan.

- **Consultation:** Consultation in relation to learning disability and autism services in Medway was due to commence during November and would last 12 weeks.
- **Location of patients:** Concerns were raised that vulnerable people were being cared for away from their home area. The need to create a complete package of care and ensure that this provided the best care possible for patients was also highlighted.

Decision:

The Board:

- a) Noted the report and ongoing progress to ensure that the principles of the national Transforming Care programme and Building the Right Support were realised locally.
- b) Agreed a quarterly reporting cycle for updates on Transforming Care, with a further report to be considered in February 2017, which would set out in more detail the financial plans and proposals outlined in this report.

410 Review of Joint Strategic Needs Assessment and Joint Health and Wellbeing Indicators for Commissioning Cycle 2017/18

Discussion:

The Interim Director of Public Health, Dr Andrew Burnett, introduced an update on the Review of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy indicators for Commissioning Cycle 2017-2018.

An annual review of the outcomes indicators which contributed to the Joint Health and Wellbeing Strategy (JHWS) and a review of updates to the Joint Strategic Needs Assessment (JSNA) was required to inform annual partnership commissioning plans.

The key points in relation to future service commissioning were highlighted as follows:

- More needed to be done to make the prevention of avoidable diseases a key element of service commissioning and to empower those providing frontline services to effectively promote prevention.
- The number of people affected by a single disease or condition e.g. heart disease was relatively small. Service provision needed to reflect that people tended to be afflicted by multiple physical and / or mental conditions.
- Medway continued to experience relatively high cancer death rates. This was particularly the case for cancer deaths amongst those aged under 75. One year survival rates tended to reflect how early the disease was

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detected, while five year survival rates depended upon the effectiveness of treatment.

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

- **Smoking rates:** Encouraging people to give up smoking would always be a particular challenge due to it being an addiction, with the majority of smokers starting smoking during childhood. A variety of services were already available to help people to quit. Smoking during pregnancy was a particular concern due to the impact that this could have on an unborn baby. An update on work undertaken to support people to give up smoking would be included in future JSNA updates provided to the Board. It was noted that a working group had been established to support this work.
- **Asthma rates:** Concerns were raised that the increase in the rates of asthma in Medway had been significantly above the England average for the past two years. It was not known what the precise reasons were behind the increase in the rates of asthma in Medway or nationally, although it was believed that an element of the increase was due to there being greater awareness of the condition. Although the rise in Medway was a concern, it was not considered that there was any particular issue affecting the numbers locally.
- **Support for health conditions:** Medway was in the bottom 25% nationally in terms of how supported people felt to be able to look after themselves effectively. There was a need to give people confidence to live as normally as possible
- **Vehicle contracts:** A Member advised that a contract for the provision of refuse vehicles was coming up for renewal. It was requested that Public Health be given the opportunity to comment on the health impacts of the vehicles being proposed.
- **Infant mortality:** Medway was above the English average for infant mortality. This was partly attributed to Medway having a number of relatively deprived areas and the prevalence of smoking during pregnancy. It was acknowledged that work was required in this area. The promotion of breastfeeding was also important as this could have a positive impact on the health of a baby.
- **Housing:** The quality of housing had an impact on health and there was a need for Housing services and Public Health to work together to minimise the resulting health impacts.
- **Emotional wellbeing of looked after children:** The emotional wellbeing of looked after children in Medway was well below the national average. It was anticipated that an Emotional Wellbeing Strategy for children and young people would help to address this. Children's Services would be asked to comment further in relation to this.
- **Early diagnosis:** Public Health encouraged routine screening for certain illnesses. One example of this was a bowel cancer screening programme for those aged over 50. However, encouraging those eligible to participate was a challenge, with uptake in the region of 50%. Those experiencing symptoms associated with particular illnesses were

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encouraged to visit their GP to seek an early diagnosis, although it was acknowledged that further work was required in this area.

- **Physical and mental health issues:** Those with mental health issues tended to die sooner than the rest of the population, although this was not generally as a direct result of the mental health issue. Work was being undertaken with health providers to improve services for persons with multiple health issues.

The Chairman thanked all those involved in the work highlighted by the Interim Director of Public Health.

Decision:

The Board agreed the report presented and agreed to ensure that relevant partner organisations use the information and recommendations in it to inform the next commissioning cycle.

411 Healthwatch Medway Annual Report 2015/16

Discussion:

The Operations and Engagement Manager of Healthwatch Medway, Heidi Butcher, introduced a presentation to update the Board on Healthwatch Medway's Annual Report and its wider work. Key points raised included the following:

- Healthwatch was a statutory body that provided residents a voice in connection with health and social care services. It aimed to listen to residents, empower local people and take the voices of local people to those who can make changes.
- Healthwatch Medway's priorities for 2015/16 were in relation to the local acute hospital, access to and the quality of general practitioner services, access to and quality of social care services, mental health provision and the building of relationships with service commissioners.
- Work undertaken by Healthwatch Medway during 2015/16 had included:
 - The Dementia Care Homes Enter and View programme.
 - Close working with the Medway Dementia Action Alliance.
 - Helping to empower families to make informed decisions.
 - Promoting healthy living at engagement events.
 - Training Healthwatch ambassadors to promote healthy living.
 - Working with community groups to promote healthy living.
 - Focusing on different issues, dependent upon location.
 - Targeting GP 'Enter and View' visits at areas with the lowest patient satisfaction.
 - Working with local community groups to identify local issues.
- The future priorities of Healthwatch Medway included the following:
 - Continue to work with the local acute hospital.
 - Progress the 'Enter and View' programme.
 - Develop relationships with GPs to improve patient accessibility to services.

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- Support improvements to mental health provision.
- Generate income through engagement and consultancy activities.
- People living in Rainham tended to be more satisfied with local health provision compared to people living in Gillingham, Rochester or Strood.
- One of the most significant concerns in Medway was in relation to mental health provision and the difficulties faced by people in accessing community and inpatient mental health provision.
- Information provided to patients admitted to hospital, who had dementia and their families was a cause for concern. There could be a lack of information about the support and services available following discharge.
- Healthwatch Medway considered that it had a unique, trusting relationship with local service users and that it made a strong contribution to the Health and Wellbeing Board.

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

- **Engagement events:** It was requested that Councillors be kept informed about local engagement events. The Operations and Engagement Manager of Healthwatch Medway advised that local ward Councillors would be informed about events taking place in their area.
- **GP Appointments:** Concerns were raised that it was already difficult to get a GP appointment due to shortages of GPs and surgery closures. It was questioned why patients in Rainham generally had a positive experience of primary care provision when this was not the case elsewhere in Medway. The Medway Clinical Commissioning Group Responsible Officer advised that the Primary Care Development Plan, which was due to be submitted by Christmas, would set out future plans in relation to GP services and it was suggested that this should be included on a future Health and Wellbeing Board agenda.

Decision:

The Board:

- a) Noted and commented on the content of the Healthwatch Medway Annual Report and commented on the actions undertaken by Healthwatch Medway and its plans for the future.
- b) Agreed that the Primary Care Development Plan be presented to the Board at the next meeting.

412 Medway Mental Health Strategy Workshop Outcomes and Next Steps

Discussion:

The Interim Assistant Director for Adult Social Care, Linda Jackson, introduced an update on the Whole System Mental Health Workshop that had taken place on 12 October 2016. This had been attended by a wide range of Council representatives and other partners as well as service users and carers.

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The Workshop had considered how to facilitate the provision of mental health services where they were most needed and had highlighted the need for 'wrap around' services. A number of strengths and opportunities had been identified, along with a number of enablers, which included a flexible workforce.

A Mental Health Strategy would be developed following the workshop. This would be presented to the Health and Wellbeing Board at a future meeting for consideration. It was anticipated that the Strategy would be ready for final sign off by September 2017.

Members of the Board raised issues as follows:

- **Awareness of mental health issues:** It was suggested that there was a low awareness of mental health issues amongst the general public and that Healthwatch could have a role to play in helping to address this. Officers advised that the Mental Health Strategy would focus on prevention and recovery at a local level.
- **Location of patients:** It was noted that every patient from Medway who was currently in need of an acute bed had been provided with a bed outside it. The Chairman stated that he objected strongly to the previous closure of this provision in Medway and considered that the Kent and Medway Joint Health Overview and Scrutiny Committee had not helped to prevent this.

Decision:

The Board:

- a) Noted the outcomes of the Mental Health Strategy Workshop and endorsed the next steps of the project.
- b) Agreed that the draft Mental Health Strategy would be presented to the Board for consideration at a future meeting.

413 Health and Wellbeing Board Development Session Outputs

Discussion:

The Interim Director for Public Health, Dr Andrew Burnett, introduced a paper that summarised the key outputs from a development workshop for the Health and Wellbeing Board that had been held in September 2016.

It was proposed that the workings of the Board should be strengthened to ensure that the Board was able to perform its role to the best of its ability and in order to support the developing Sustainability and Transformation process. It was also proposed that the Board's Terms of Reference would be reviewed as part of this process, while acknowledging that much of what was laid out in the Terms of Reference was required to ensure that the Board fulfilled its statutory obligations. These changes would look to add to what was required by the legislation to better enable system leaders to work together.

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Members of the Board raised the following issue:

- **Engagement:** A Member said that work was required in order for the public to recognise the changes required. The Council and health providers needed to ensure that people were able to make informed choices with regards to their health, but ultimately it was individuals who made these choices. The Accountable Officer for Medway CCG questioned whether the empowerment of local people could be referenced in the Board's Terms of Reference.

Decision:

The Board:

- a) Reviewed and commented on the outputs from the development workshop and suggested ways in which the workings of the Board could be strengthened to better enable local people to have improved health and reduced health inequalities.
- b) Agreed that Council officers would review the Board's current Terms of Reference and propose any appropriate changes for consideration through the appropriate governance process and for the proposed Terms of Reference to be considered at a future Board meeting.

414 Attendance by a Representative of the HWB at Meetings of NHS Medway Primary Care Commissioning Committee

Discussion:

The Democratic Services Officer advised that the Council had been invited to appoint a representative of the Health and Wellbeing Board to attend a Medway Clinical Commissioning Group Primary Care Commissioning Committee in a non-voting capacity.

NHS England had given CCGs the chance to assume greater power and influence over the commissioning of primary medical care, with each CCG being able to choose between three models of co-commissioning.

Medway CCG had not yet taken on co-commissioning in one of the model forms but was establishing the Primary Care Commissioning Committee as a demonstration of commitment to openness and transparency.

It was proposed that the Board agreed a request for a member of the Health and Wellbeing Board to attend meetings of the new Committee on a non-voting basis and it was suggested that this representative should be the Director of Children and Adults. It was further proposed that an annual report should be brought to the Board on the activities of the Primary Care Commissioning Committee.

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Decision:

The Board:

- a) Agreed the request for a representative of the Medway HWB to be appointed to attend meetings of the NHS Medway CCG Primary Care Commissioning Committee on a non-voting basis.
- b) Agreed that the HWB representative nominated to attend meetings of the Committee should be the Director of Children and Adult Services and requested that the Chief Executive arrange this appointment under his delegated authority to appoint officers to represent the Council at meetings of outside bodies.
- c) Requested that an annual report be provided to the Board on the activities and decisions of the Primary Care Commissioning Committee to ensure that appropriate lines of accountability between the Committee and the HWB representative were in place.

415 Work Programme

Discussion:

The Democratic Services Officer, Jon Pitt, introduced the Work Programme report, noting that it had been agreed at the pre-agenda meeting held on 17 October that the Corporate Parenting Board Annual Report, which had originally been scheduled to be presented to the Board at the current meeting, should instead be presented in April 2017. This would enable it to be presented at the same time as the Corporate Parenting Board Action Plan. This change would require that the Protocol Between Boards be amended and brought to the March 2017 meeting for agreement.

Due to the number of items currently scheduled to be considered at the February 2017 meeting, it was requested that the Board give consideration to rescheduling some of the proposed items to the March 2017 meeting.

The following items were added to the Committee's work programme or were agreed by the Board for them to be considered at a different meeting to that previously scheduled.

- Mental Health Strategy Update.
- Kent and Medway Sustainability and Transformation Plan Update.
- Primary Care Development Plan.
- Joint Health and Wellbeing Strategy Monitoring Report – moved to February 2017 (previously scheduled for March 2017).

Decision:

The Board

- a) Agreed the Work Programme, attached as Appendix 1 of the report, subject to the additional items agreed at the meeting and noted above.

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- b) Agreed that the Chairman would meet with the Interim Director of Public Health and Democratic Services to discuss the future work programme of the Board.

Chairman

Date:

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