

Medway Council
Meeting of Health and Wellbeing Board
Thursday, 2 February 2017
4.10pm to 6.15pm

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 David Carr
Councillor Howard Doe, Deputy Leader and Portfolio Holder for Housing and Community Services
Councillor Gary Etheridge
Cath Foad, Chair, Healthwatch Medway
Pennie Ford, Director of Assurance and Delivery, NHS England South (South East)
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
Dr Antonia Moore, Elected Clinical Member, NHS Medway Clinical Commissioning Group
Caroline Selkirk, Accountable Officer, NHS Kent and Medway Clinical Commissioning Group
Ian Sutherland, Interim Director, Children and Adults Services
- Substitutes:** None.
- In Attendance:** Kate Ako, Principal Lawyer - People
Phil Cooper, Interim Senior Commissioning Officer
Glen Douglas, Senior Responsible Officer for the Kent and Medway STP
Tim England, Head of Safer Communities
Stuart Jeffery, Chief Operating Officer, Medway NHS CCG
Jon Pitt, Democratic Services Officer
Michael Ridgwell, Programme Director of the Kent and Medway STP
Tracey Rouse, Programme Director, Primary Care Transformation, Medway NHS CCG

703 Apologies for absence

Apologies for absence were received from Ann Domenev, Interim Deputy Director of Children and Adults, Helen Greatorex, Chief Executive of Kent and Medway NHS and Partnership Trust and from Martin Riley, Managing Director of Medway Community Healthcare.

704 Record of meeting

The record of the meeting held on 3 November 2016 was approved and signed by the Chairman as a correct record.

705 Urgent matters by reason of special circumstances

There were none.

706 Declarations of disclosable pecuniary interests and other interests

Disclosable pecuniary interests

There were none.

Other interests

Councillor Gulvin declared an other interest in item number 10, the Strategic Assessment and Draft Community Safety Partnership 2016-2020, as he was the Chairman of the Community Safety Partnership. Councillor Gulvin remained in the room during discussion of the item and supported officers in introducing the report.

707 Sustainability And Transformation Plan - Transforming Health And Social Care In Kent And Medway

Discussion

The Senior Responsible Officer for the Kent and Medway Health and Social Care Sustainability and Transformation Plan (STP) introduced an update on it. He was supported by the Programme Director.

The close working and co-operation of all Kent and Medway health providers and local authorities was considered to be a significant achievement of the STP to date. The strategic direction of the Plan would be developed over the next few months. It was noted that Medway and Kent were currently facing difficulties in coping with the pressures that winter was putting on the health system and that a mechanism would need to be developed in order to ensure that the system was better able to cope next winter. The sharing of good practice across Medway and Kent would be key to this.

The three key aims of the STP were to reduce inequality, raise quality performance and address financial challenges. In order to achieve this,

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interventions would be targeted in four key areas, which were Care Transformation, Productivity, Enablers and System Leadership.

The STP submission made to NHS England and NHS Improvement on 21 October 2016 had represented more of a Strategic Direction of Travel than a detailed plan. A submission of more detailed proposals was required by the end of the financial year, with the aim being to launch a public Case for Change during March. This would set out why change was required.

Development of the STP was challenging as the majority of professionals working on it were also doing full time day-to-day jobs. Resources would be required in order to make the development and delivery of STPs sustainable in the long term and to help reduce the dependency on consultants.

The Committee raised a number of points and questions as follows:

Treatment Specialisms: A Board Member asked about plans for hospitals to specialise in providing particular treatments and the consequences if some hospitals may no longer provide particular treatments. The Member emphasised that there was a need for effective communication and engagement in the event that there was a future proposal to relocate services away from Medway Foundation Trust to other acute hospitals. Another Board Member said that they would want to be taken to the location that gave them the best chance of survival rather than to the place that was closest.

The Senior Responsible Officer considered that there was a cultural problem in terms of the high expectations of some people and a reluctance to take responsibility for managing their own health. This culture was contributing to the pressure on limited resources. There was a large population in the area surrounding Medway Maritime Hospital. Therefore, the case for Medway retaining services was perhaps stronger than it was in some other parts of Kent.

It was considered unlikely that there would be closures of whole hospitals, but changes in the services provided at certain hospitals was likely. There was already some specialism of services provided by acute hospitals. One example of this was that patients with major head trauma would be taken directly to Kings College Hospital rather than to a local hospital in Medway or Kent. There was an increasing need to separate between the provision of elective and acute services. This was due to beds being taken by acute patients, with the result that elective procedures were being routinely delayed.

There were currently seven acute stroke units in Kent and Medway. This was not able to deliver the highest quality of care achievable and thus, work was being undertaken to look at centralising services at fewer sites. It was considered that this would result in improved care quality with better outcomes for patients. Full consultation would be undertaken ahead of any changes.

The so-called 'industrialisation' of preventative measures was about the promotion of ongoing good health on an 'industrial scale', rather simply

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supporting and dealing with ill health. Development of this area was a responsibility of all health partners.

The Chief Executive of Medway Foundation Trust considered that the STP was at a pivotal stage of development. The challenges faced included introducing new ways of working, overcoming geographical challenges and the need to join up services in order to consider the holistic needs of the individual. There were currently minimal levels of elective surgery being undertaken at Medway Hospital due to the demand for acute services, with there having been a 19% increase in the number of patients accessing acute services between November and December 2016. In relation to the provision of stroke services, staffing the current seven units in Kent and Medway was challenging as there was not a sufficient supply of workforce available locally. It was suggested that establishment of centres of excellence and a medical school in Kent and Medway to attract those entering the health and allied professions to work in the area could help to overcome this.

STP Engagement: The Healthwatch representative highlighted that Healthwatch England had been impressed by the level of local authority involvement in the development of STPs and questioned how engagement would take place with frontline staff. The Senior Responsible Officer acknowledged the need to engage with frontline staff as well as there being a need to engage with the general public. There had previously been a lack of public information sharing in relation to the STP due to national policy and it was hoped that this would change in the future.

Promotion of good health and involvement of voluntary groups: A Member asked how the transition would be made towards delivering proactive care and ensuring that support focused on improving and promoting health and wellbeing, rather than care and support that was solely reactive to ill health and disease. The Member was also concerned at the apparent lack of STP related consultation that was being undertaken with voluntary groups. In response, the Programme Director emphasised that while the ambition was to increase the focus on prevention, health services also had a duty to treat ill health. There was a need to support changed behaviours that would lead to better general health of the population and to develop alternatives to hospital admission, including the redesign of packages of care. It was noted that in Kent and Medway, there were around 1000 people in hospital at any one time who did not have a medical need to be in an acute care hospital bed and who would be better in another setting, including the patient's own home

With regards to the voluntary sector, the programme of engagement being developed would include meeting voluntary sector representatives.

Progress of the STP to date: A Board Member congratulated those involved in the STP process on the progress made to date and hoped that it would continue and result in better health provision in Kent and Medway. A considerable shift in thinking was required, particularly to encourage people to, where possible, to look after themselves.

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The Chairman of the Board thanked the Senior Responsible Officer and the Programme Director for their attendance and the update provided. He stated that the STP process had brought together a wide variety of groups already and that the Case for Change would need to be disseminated to the local community to enable people to have their say. The key message was that the STP was being developed in order to facilitate delivery of the best possible outcomes and services across Kent and Medway.

Decision

The Board:

- i) Noted the draft Kent and Medway Health and Social Care Sustainability and Transformation Plan, the progress made to date and provided comments on the Plan.
- ii) Committed to supporting the continued development of the Plan.

708 Referral from Cabinet

Discussion

The Chairman of the Board requested that questions relating to GP Services be asked after representatives from Medway NHS Clinical Commissioning Group had introduced the next item on the agenda, the General Practice Forward View. This was because the presentation was likely to cover the answers to such questions.

In relation to Street Triage, the Chief Executive of the Kent and Medway NHS and Social Care Partnership Trust (KMPT) had advised, since publication of the agenda, that Medway CCG had agreed to provide funding for Street Triage provision in Medway from April 1 2017, with KMPT funding provision until then.

The Interim Director of Children and Adult Services introduced the items referred by Cabinet in relation to GP Services and Street Triage. He noted that it was particularly pleasing to hear that the CCG had agreed to fund Street Triage. There had been some cases recently where inappropriate use had been made of section 136 powers which allowed the Police to remove a person to a place of safety, in the event that there were concerns for their mental health and wellbeing. Street Triage would help to reduce the need for these powers to be utilised. The Accountable Officer from Medway CCG highlighted that Street Triage was an example of partnership working and the aim would be to increase this in the future.

Members of the Board were pleased that funding would be provided for street triage provision in Medway but one Member was concerned that there was still no place of safety in Medway for people experiencing mental health difficulties to be taken to. This put pressure on resources, although it was acknowledged by another Member that Street Triage provision would help to relieve this pressure.

Decision

The Board considered and commented on the matters referred to the Board by Cabinet, which were as follows:

- i) The risk that falling GP numbers will present to Medway residents and the implications for Adult Social Care.
- ii) The importance of street triage in view of the Cabinet decision to emphasise its importance to the Kent Police and Crime Commissioner.

709 General Practice Forward View

Discussion

The General Practice Forward View was introduced by the Programme Director of Primary Care Transformation at Medway NHS Clinical Commissioning Group.

A national General Practice Forward View document had been published in July 2016. All Clinical Commissioning Groups had been asked to respond to NHS England to set out plans for local implementation in relation to general practice. This had included details of how the plans would align with the General Practice Forward View and with Sustainability and Transformation Plans. Medway CCG had made its submission to NHS England in December 2016.

At a national level, Primary Care had been in decline, with there being particular difficulty in recruiting and retaining GPs. There were 51 practices in Medway, with the majority of these being either single handed practices or practices where GPs were approaching retirement age. The General Practice Forward View was directly linked to the STP and to the Medway model. In order to increase resilience, consideration was being given with regard to how GP practices could work collaboratively to cover populations of around 30,000, or even up to 100,000.

There were three key elements to the Forward View:

1. Rollout of the ten high Impact Changes – These are evidence based and nationally proven. Some local GP practices have already started implementing and sharing changes. A key aim is to promote self-care and reduce impact on other services, particularly acute services.
2. Extended access – The intention was to start piloting extended access to GP Services in Medway, with the move to services being provided 8am to 8pm seven days a week. This would be piloted in one area in the first year, with the aim being to cover 50% of Medway after two years and 100% after three years.
3. Workforce – Work was being undertaken to recruit and retain GPs. In order to achieve this, General Practice needed to be vibrant, modern and forward thinking. Newly qualified GPs tend to be drawn towards

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larger practices that had extended services rather than to smaller surgeries.

Two estates enabling programmes would facilitate the effective use of GP estates locally. Funding had been provided by the Central Estates Transformation Fund to enable the possibility to be explored of creating two additional GP hubs in Chatham and Strood. Expanding the use of IT would also be important. This would include collaboration between practices and interaction with patients.

Work was taking place to implement the Forward View with small collaborative working groups having been established. These would be developed further.

The Committee raised a number of points and questions as follows:

Difficulty obtaining GP appointments: A Board Member spoke of their personal difficulty in getting a GP appointment, which they had been told would be a three week wait. They had also had difficulty in obtaining a consultation for a family member. However, the care itself had been of particularly good quality. A Member of the Board, who was also a GP said that patients booking appointments and not turning up was an issue that resulted in a time equivalent to the work of one GP being lost each month. It was noted that the CCG now had a policy in place to address the issue. The need to make use of multi-disciplinary teams in order to increase the capacity of General Practice was highlighted. This would enable some patients to be seen by alternative professionals, such as pharmacists. The Accountable Officer of the Medway CCG said that there was a need to make general practice more attractive. A single point of access to services was needed for existing patients to enable their care to be effectively managed. There were currently 15 single points of access in Medway. A single point of access would enable patients, practitioners and social workers to contact a single place to access services. There was also a need to work with the voluntary sector to empower local communities.

Another Member of the Board had not personally experienced difficulty in getting a GP appointment but was a Councillor for a ward that contained many residents who had. He felt that Medway had a lot to offer and that more needed to be done to promote the area as a place to work. There was also a need to challenge the trivial reasons for which some people visited their GP or hospital.

Housing Demand: According to figures contained in General Practice Forward View document, 3,370 houses were planned to be built in Medway over the next five years. However, the figure contained in the Local Plan was 1,200 a year. In response to Member concerns that demand for services would therefore be higher than the assumptions that the Forward Plan had been based upon, the Chairman of the Board said that the reason for the discrepancy was likely to be that the figure used in the Forward View would be the number of dwellings that planning consent had already been provided for.

General Comments on the Forward View: A Member considered that the Health and Wellbeing Board provided a useful mechanism through which key information messages could be disseminated to partner organisations and via

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these organisations to the public. Key challenges to be addressed included making the best possible use of estates, including ensuring that facilities were fit for purpose and the different challenges faced by urban and rural parts of Medway. The linkages between the General Practice Forward View, the STP and the Local Plan were also important considerations. There was a general need to ensure that facilities were fit for purpose. The Member also asked what work was being undertaken to ensure that Healthy Living Centres were being utilised effectively.

The Programme Director advised that work was being undertaken with landlords to review use of Healthy Living Centres to ensure that assets were being used effectively. A range of GP services and community services could be encouraged to relocate to healthy living centres to maximise the use of estate. The Accountable Officer said that work to encourage use of Healthy Living Centres needed the support of the Council and local Councillors in order to be effective.

Role of Healthwatch: The Healthwatch representative advised that Healthwatch Medway was familiar with local General Practice developments and that a group of Healthwatch Members were undertaking enter and view visits to doctor surgeries.

Number of GPs over Retirement Age: In response to a Member question, the Chair of Medway CCG advised that 38% of the 136 Whole Time Equivalent GPs in Medway were over 60 years of age.

Decision

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

710 Re-Commissioning of Medway Child Health Services

Discussion

The Interim Director of Public Health introduced the report to update the Board on the recommissioning of Child Health Services in Medway. These services were split into two groups. Lot 1 included services commissioned by the Council, while Lot 2 included services funded by Medway NHS Clinical Commissioning Group but commissioned as part of partnership arrangements. The Council and the CCG had combined the two lots to provide a single framework to set out how services would be approached. Commissioning could take place to enable services in both lots to be delivered by the same provider or alternatively, each lot could be delivered by a separate provider.

The proposed approach to the recommissioning had been approved by the Council's Cabinet and by the CCG Governing body and had gone out to public consultation.

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The report was being presented to the Board to raise awareness, provide an opportunity for the Board to comment and to seek the Board's endorsement.

A Member of the Board emphasised his support for the proposed approach, while stating that the recommissioning of these services should be joined with Child and Adolescent Mental Health Services (CAMHS) recommissioning.

Decision

- i) The Board agreed the direction of travel and intentions relating to the commissioning work.
- ii) Board Members and colleagues from their respective organizations agreed to participate in the public consultation and to promote it to their own service users as appropriate.

711 Transforming Care Plan Update

Discussion

The Interim Senior Commissioning Officer introduced the report to update the Board on the Transforming Care Plan, following the previous update provided to the Board in November 2016. Transforming Care Plans set out how people with learning disabilities or autism could be moved from of inpatient beds, which were often located outside Medway, into community based provision. At the start of January 2016 there had been 16 Medway inpatients, including two young people.

The resources made available through this change could be used to improve provision and therefore avoid further admissions to out-of-area hospital beds. Careful financial planning was crucial with the Kent and Medway Transforming Care Partnership being required to submit a joint Finance Plan as well as a Business Case. The Finance Plan had been submitted on 18 January 2017, with the Business Case currently being under development. A sub-group had been established to oversee development of the Business Case and Finance Plan and to provide financial governance. This was led by the Chief Finance Officer (CFO) of West Kent CCG and would include the CFOs of all partner organisations. The first meeting of the sub-group was due to take place in February.

It was noted that the Transforming Care programme was overseen by NHS England, with Kent and Medway the only Transforming Care Partnership in the South East to have submitted a detailed Finance Plan so far. Feedback had just been received from NHS England, which as anticipated, was mixed. A second draft was due to be submitted by the end of March.

Close working was being undertaken with Sussex and Surrey, who were South East Transforming Care Partners, in order to identify needs as a region as this was likely to be more cost effective than individual procurement of provision.

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The Committee raised a number of points and questions as follows:

Role of the Discharge Planning Group - The Discharge Planning Group was responsible for overseeing Care and Treatment Reviews (CTR), which were provided to patients who were ready for discharge. The CTR would make specific recommendations in relation to each discharge, with the review being undertaken up to six months ahead of a planned discharge, in order to ensure that appropriate provision was in place. There had sometimes been delays in this process. A multi-disciplinary group had been established in order to ensure co-ordination between partners and reduce delays. In response to Member concerns that there needed to be better co-ordination of the delivery of Disabled Facilities Grants and that the time between grant application and award was too long, officers advised that better co-ordination was one of the reasons for the establishment of the Discharge Planning Group. In addition to Disabled Facilities Grants, a Repatriation Fund was also available for patients who had been in hospital for a long period. The fund enabled bids to be made for grants of up to £15,000 that could help adaptations.

Medway Challenging Behaviour Service grant bid – The possibility of making a bid for funding for a Medway Challenging Behaviour Service had been investigated but it had been decided not to submit a bid. This was due to NHS England having advised that the proposals did not match the criteria for the funding available. A successful bid would still present challenges as funding would only be allocated for one year and ongoing match funding would be required. It was noted that the Lenehan Review into the Care of Children with Learning Disabilities had just been published. This had made a number of recommendations in relation to the ownership of the health of children and engagement between partners. Medway would be establishing a young person's Transforming Care working group in February in recognition that ownership of outcomes for children was required in addition to engagement with this group.

Extra Care Housing – A Member raised concerns that not enough housing was being provided, particularly Extra Care housing, in view of the shift towards people remaining in their own homes longer and then moving into Extra Care provision at the end of their life. In response, the Interim Senior Commissioning Officer said that there was a need to ensure that discharges were sustained and that they did not result in unnecessary readmissions. There were some grants available that could be bid for to support this work. The Discharge Planning Group would seek the views of the Council's Housing Service as part of its work. The Interim Director of Children and Adults advised that there was a group of children and adults with specific needs. Improvement work was being undertaken as part of the Adult Social Care Getting Better Together Strategy and joint working was taking place with Housing on the development of an accommodation strategy. It was suggested that it would be beneficial for officers to meet with the Portfolio Holders for Adult Services, Housing and Community Services and Children's Services in relation to the needs of young people.

Use of Technology – A Member of the Board highlighted the increasing importance of technology in relation to the facilitation of hospital discharge and

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the need to ensure the education of clinicians in this area. Good work had taken place in Medway and a challenge under the Sustainability and Transformation Plan process would to encourage some areas in Kent to advance work in this area. It was noted that there was no reference to use of technology in the Transforming Care Plan update provided. The Interim Senior Commissioning Officer acknowledged that technology had not been a consideration in the Transforming Care Plan to date. The Interim Director of Children and Adults provided reassurance that work was taking place with colleagues at Medway Commercial Group and that a range of technology was used that was specifically designed for adults with a learning disability. However, the use of technology would need to be considered as part of the development of Transforming Care Plans. It was agreed that a meeting would be arranged between relevant Members and officers in order to further discuss the issue.

Involvement of the Health and Wellbeing Board – In response to a Member question that asked what support was being sought from the Board, the Interim Senior Commissioning Officer advised that the Board had a role to play in overseeing joint working and it was suggested and agreed that a further update would be presented to the Board in three months time once the Finance Plans and Business Case had been agreed.

Decision

The Board:

- i) Considered how the Health and Wellbeing Board could promote and engage with the Transforming Care Plan agenda going forward and offered support, feedback and leadership to ensure the successful implementation of the Medway Transforming Care Plan.
- ii) Agreed for a progress report to be presented to the Board in three months, including an update on the Finance Report and Business Case.

712 Strategic Assessment and Draft Community Safety Plan 2016 - 2020

Discussion

The Head of Safer Communities introduced the report, supported by the Chairman of the Community Safety Partnership. It was noted that the Community Safety Partnership was a statutory body comprised of a number of organisations, including Medway NHS Clinical Commissioning Group and the Council's Public Health directorate.

The Partnership was required to undertake an annual Strategic Assessment of crime and disorder in Medway, with an annual Community Safety Plan being informed by the evidence presented in the Strategic Assessment.

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There was also a requirement for the Community Safety Partnership to be scrutinised by a statutory body each year. Accordingly, this had taken place at the Regeneration, Culture and Environment Overview and Scrutiny Committee in December 2016. A protocol covered the sharing of updates with the Health and Wellbeing Board and safeguarding boards.

The Chairman of the Partnership advised that an impact study was being undertaken in order to identify problems caused locally by excessive alcohol consumption. A report was due to be presented to the Council's Licensing Committee in March to propose a way forward. Close work was being undertaken between the Council and the Police to ensure that documented proof of the issue was obtained, with a view to some restrictions being placed on the sale of cheap alcohol locally.

A Board Member, who was also a Member of the Community Safety Partnership, felt that the Annual Community Safety Partnership conference had been a very useful event that had provided a useful engagement mechanism in relation to the Community Safety Plan and its priorities. It was requested that Health and Wellbeing Board Members be invited to attend future events.

Members of the Board stated that they felt that the report was a good, comprehensive report.

Decision

The Board:

- i) Noted the strategic assessment and made comments and recommendations to the Partnership.
- ii) Noted that as a Policy Framework document, the Community Safety Plan was adopted by Full Council on 21 July 2016.

713 Medway Policy to Enable Care and Treatments to be Safer and More Effective Through Encouraging Smokers to Quit - "Quit Smoking for Better, Safer Care"

Discussion

The Interim Director of Public Health introduced the report. The Health and Wellbeing Board had, in April 2016, unanimously supported the development of an initiative to encourage people to give up smoking. A policy had been developed, with the focus being on improving the safety and effectiveness of care. The Policy had been formally approved by both Medway Hospital NHS Foundation Trust and by Medway NHS Clinical Commissioning Group. Support would also be sought from the local community health and mental health trusts. Swale CCG had also indicated its intention to adopt the Policy and the Clinical Board of the Kent and Medway Sustainability and Transformation Plan had expressed interest in its adoption across the whole of Kent.

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The Policy aimed to provide support and made a request to clinicians of all types and in all settings, to raise the subject of smoking cessation with patients and to refer them to stop smoking services. It was anticipated that the clinicians would discuss with patients the risks of continuing to smoke and the benefits of stopping smoking in the context of their clinical circumstances, whether the patient had a long term condition or was due for elective surgery. There was scope for surgery to be delayed, where clinically appropriate, pending the patient having attempted to give up smoking in order to reduce the considerable risks of being a smoker at the time of surgery. There would be the option for the patient to refuse to try giving up, to opt out during the process or, should they fail in an attempt to give up, to continue with their treatment. The patient would then in effect be giving informed consent to receiving treatment with this increased risk. The Policy also set out quantified risks of smoking and benefits of quitting. It was noted that many of the benefits of stopping smoking were realised quite quickly.

The Health and Wellbeing Board was invited to comment on and support the Policy.

The Committee raised a number of points and questions as follows:

Medway Foundation Trust (MFT) Smoke Free Policy – A Member of the Board asked if lessons had been learned from the introduction of a smoke free policy at Medway Maritime Hospital. The Chief Executive of MFT said that support and guidance had been received from the Council's Public Health Directorate. In general, it had proved harder to obtain the co-operation of staff than it had been of patients. The subject had been approached gently with the emphasis at this stage being on encouragement and support. The hospital has been presented as an exemplar for other NHS organisations to follow. It was considered that the partnership working involved in the introduction of the smoke free policy had helped to make it a success. In relation to the Medway Quit Smoking Policy under consideration, it had already been endorsed by the MFT Board and was due to be submitted to the Clinical Council in order for it to be adopted as clinical policy.

Promotion of Policy to the public – In response to a Member question that queried how the information contained in the policy would be promoted and made accessible to general public, the Interim Director of Public Health advised that work was taking place in relation to this with the Smoking Cessation Team and with Corporate Communications. The information would be made more accessible to smokers and relatives of smokers. It was anticipated that information leaflets would also be developed.

Members of the Board congratulated the Chief Executive of MFT on the introduction of the hospital's smoke free policy and congratulated the Interim Director of Public Health and the Public Health Team on the development of the Medway Quit Smoking Policy. A Member felt that development of the Policy highlighted the value of the Health and Wellbeing Board. He also considered that effective use had been made of social media to encourage people to give up smoking.

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It was suggested that the Quit Smoking Policy could be discussed further at meetings of Directors of Public Health.

The Chairman of the Board endorsed the thanks to the Public Health Team made by other Members of the Board. He noted that during Summer 2016, a seminar had taken place to discuss smoking during pregnancy. This had involved maternity, midwifery staff and a number of partner organisations, including Council representation. An Action Group had been established to help address this issue, with three meetings having taken place so far. The Chairman of the Board had become Chair of this group.

Decision

- i) The Board supported the Medway wide implementation of the policy to enable more people, in all circumstances, to quit smoking.
- ii) Board members committed to working within their own organisations to ensure that this policy can be effectively and sustainably applied so that front-line clinicians of all types can systematically encourage and enable a much higher proportion of current smokers to quit smoking.

714 Work Programme

Discussion

The Democratic Services Officer introduced the Work Programme report. It was requested that an update on the Sustainability and Transformation Programme be added to the existing Work Programme in order to align with when an update was next due to be presented to the Health and Adult Social Care Overview and Scrutiny Committee.

Decision

The Board agreed the work programme attached at Appendix 1 and agreed an addition to the Work Programme of an update on the Kent and Medway Sustainability and Transformation Programme.

Chairman

Date:

Jon Pitt, Democratic Services Officer

Telephone: 01634 332011

Email: democratic.services@medway.gov.uk