

**Medway Council**  
**Meeting of Health and Wellbeing Board**  
**Tuesday, 14 March 2017**  
**4.00pm to 5.35pm**

**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 David Carr  
Councillor Gary Etheridge  
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)  
Dr Antonia Moore, Elected Clinical Member, NHS Medway Clinical Commissioning Group  
Caroline Selkirk, Accountable Officer, NHS Kent and Medway Clinical Commissioning Group  
Ian Sutherland, Director, Children and Adults Services

**In Attendance:** Mark Breathwick, Head of Strategic Housing  
John Britt, Head of Adults' (25+) Partnership Commissioning and Better Care Fund  
Scott Elliott, Head of Health and Wellbeing Services  
Dave Harris, Head of Planning  
Stuart Jeffery, Chief Operating Officer, Medway CCG  
Jon Pitt, Democratic Services Officer  
Sidikatu Solaru, Lawyer

**814 Chairman's Announcements**

The Chairman advised that he had agreed to cancel the informal Health and Wellbeing Board meeting due to take place on Monday 13 March. An e-mail would be circulated to Board Members to confirm this.

The Board was asked to note that NHS England had advised that they would no longer be attending the Health and Wellbeing Board on a regular basis.

## Health and Wellbeing Board, 14 March 2017

Instead, NHS England would attend where specifically requested to in relation to an item on the agenda.

A number of Board Members were extremely disappointed at the decision taken by NHS England and the fact that no consultation had been undertaken in advance. It was agreed that these concerns would be raised through the appropriate channels.

### **815 Apologies for absence**

Apologies for absence were received from Board Members Councillor Howard Doe, Councillor Vince Maple, Ann Domeney, Interim Deputy Director of Children and Adults and from Pennie Ford, NHS England.

Apologies had also been received from invited attendees Lesley Dwyer, Chief Executive of Medway Foundation Trust and from Martin Riley, Managing Director of Medway Community Healthcare.

Members of the Board expressed their disappointment that none of the four invited attendees were present and it was agreed that this would be considered further outside the meeting.

### **816 Record of meeting**

The record of the meeting held on 2 February 2017 was approved and signed by the Chairman as a correct record.

### **817 Declarations of disclosable pecuniary interests and other interests**

#### Disclosable pecuniary interests

There were none.

#### Other interests

There were none.

### **818 Urgent matters by reason of special circumstances**

There were none.

### **819 Medway CCG Operational Plan 2017 to 2019**

#### **Discussion**

The Medway CCG Operational Plan 2017 to 2019 was introduced by the Chief Operating Officer of Medway NHS Clinical Commissioning Group (CCG). He advised that there was a statutory duty for a CCG to produce an operational plan, with Medway NHS CCG having produced a two year plan. There were a range of strategic drivers underpinning the plan, which included the Medway

## Health and Wellbeing Board, 14 March 2017

Joint Strategic Needs Assessment (JSNA), the Kent and Medway Health and Social Care Sustainability and Transformation Plan (STP), the Medway Local Plan and local care arrangements. The Plan, which was also influenced by national priorities, was framed around nine 'must do's' which had been set out by NHS England.

The Operational Plan included the following sections:

- Sustainability and Transformation Plan – this section was replicated in all CCG operational plans across Kent and Medway
- Finance and Quality, Innovation, Productivity and Prevention (QIPP)
- Local care – this included the Medway Model, GP Forward View, Healthy Living Centres and prevention work
- Primary care, community services, prevention, integration and coordinated care
- Urgent and emergency care
- Planned care
- Cancer
- Mental health
- Learning Disabilities: Transforming Care
- Improving Quality
- Enablers – this includes areas of work such as IT and Estates which will facilitate improved services in relation to the other areas.

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

**Contents of Plan** – A Member of the Board said that strategic plans should contain a clearly defined roadmap setting out what had already been achieved and future plans. Operational Plans should include milestones and conditions for success. They should set out activities and budgets for the time period covered by the plan. There should also be a list of objectives, detail of the activities required to deliver these and information in relation to quality standards and staffing and resource requirements. Plans should also set out an implementation timetable. There was no clear roadmap within the Operational Plan presented and the Member also considered that details of joint working required with other organisations should be clearly set out in the Plan.

In response, the Chief Operating Officer advised that the contents of the Plan were somewhat constrained by NHS England requirements. It was noted that although no detailed budgetary information had been included in the main Plan, there was some budgetary information in one of the appendices. The Plan did also contain some clear deliverables and timescales, planned care being one example.

**Housing Needs** – A Member said that some good joint work had taken place in relation to estates. It was requested that more detail of joint working in relation to this be included in the Plan. There was an opportunity for the Council to facilitate the provision of new accommodation at some premises in order to help meet the need for 30,000 new homes to be built in Medway during the

## Health and Wellbeing Board, 14 March 2017

next few years. The Member suggested that the development of Extra Care accommodation could be explored and that this should be at the forefront of future development in Medway. The Chief Operating Officer acknowledged that utilising estates effectively was a significant enabler, with the Accountable Officer of the CCG agreeing that there was a significant opportunity in relation to estates. The CCG would be looking to engage with the Council in this area. Support from Councillors was particularly welcome.

**Revisions to the Plan** – In response to a Member question that asked whether it was possible for revisions to be made to the Plan, the Chief Operating Officer stated that this would be possible as the Plan had not yet been signed off by NHS England. The Accountable Officer advised that, although it would be possible to amend the Plan, it was seen as being an evolving document with the focus being on how thoughts and ideas would translate into improved health provision.

**Executive Summary of the Plan** – A Member stated that the Executive Summary of the Plan should set the theme of the main document. He considered that the Executive Summary presented did not do this effectively as children and young people were not mentioned sufficiently and the role of technology was also not mentioned. Other gaps included the need to highlight successes in relation to delayed discharge from hospital as well as including information in relation to workforce strategy and the need to promote Medway as a place where health professionals would want to work. The Member considered that there was a lack of focus in other parts of the document, although it was helpful and constructive overall. The CCG representatives agreed that additions would be made to the Executive Summary, particularly in relation to children and young people. It was also agreed that further discussion was required with regard to promoting Medway as a place.

The Interim Director of Public Health was fully supportive of the need for there to be a greater focus on children and young people in the executive summary. This was covered throughout the document. The mental health of children was particularly important as the majority of mental health issues experienced by adults started in childhood. The Interim Director also welcomed the support offered in relation to the prevention agenda and emphasised the need to prevent avoidable ill health and disability. The emphasis on cancer was also welcome in view of the fact that Medway had above average mortality rates, as was the importance placed on staff training by the CCG. The reference to the Medway and Swale Centre for Organisational Excellence (MASCOE) in the Operational Plan was also welcome.

The Chairman of the Board noted that the Operational Plan was a part of the overall Kent and Medway Sustainability and Transformation Plan. He considered that Medway was well represented in this process.

## **Decision**

The Board:

- i) Reviewed and commented on the contents of the Medway NHS CCG Operational Plan and confirmed that it considered that the commissioning intentions took account of the Medway Joint Health and Wellbeing Strategy.
- ii) Requested that information in relation to children's services and other areas identified by the Board be added to the Executive Summary of the Operational Plan and that further consideration be given to the structure of the document.
- iii) Acknowledged the importance of underutilised estates in helping to meet the housing needs of Medway.

## **820 Housing (Demand, Supply and Affordability Task Group: Progress Report**

### **Discussion**

The Head of Planning and the Head of Strategic Housing introduced an update on the progress made in relation to the recommendations made by the Housing (Demand, Supply and Affordability) Task Group in May 2016. The key points made by officers were as follows:

- It was recognised that through the Local Plan, the Council needed to comply with the objectively assessed needs of different groups of people. Without this there was likely to be increased overcrowding.
- There were between 6,000 and 7,000 planning applications for new homes in Medway that had been granted where construction had not yet taken place. There was a need to work with developers to address this.
- The Government's Housing White Paper had proposed reducing the lifespan of planning applications and allowing the success of developers in implementing previous approvals to be taken into consideration when future applications were considered. The possibility of compulsory purchases by local authorities of sites that were not being developed was also proposed.
- The White Paper also set out funding for accelerated construction of housing. The Council had submitted an expression of interest for this funding.
- The Council was working with developers to look at how the planning pre-application stage could be enhanced.
- Work was being undertaken to upskill the local workforce to increase the amount of construction that could take place. Mid Kent College and Medway University Technical College were supporting this work. A Kent and Medway Protocol had been developed.
- The Homebond scheme was supporting 125 applicants to access the private sector rental market each year. There was scope to develop this

## Health and Wellbeing Board, 14 March 2017

further, with work taking place with the Landlords' Forum to develop the scheme.

- The Council's Housing Allocation Policy prioritised enabling social housing tenants living in a house larger than they needed to move to a smaller property.
- Advice was provided to local people in relation to affordable home ownership.
- 60% of new housing in the UK was constructed by ten firms. There was a need to encourage more small and medium size builders to develop in Medway as large builders could not meet all local house building needs.
- A benchmarking exercise had been undertaken with Kent to look at private sector rented standards. This had established that Medway had mid-range staffing levels per 1,000 tenancies in the private sector compared to other areas.

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

**Accommodation for looked after children** - A Member highlighted that there was no reference to children or young people in the papers presented to the Board. He suggested that better collaboration was required between housing and children's services, partly to reduce the need for people to be housed in relatively high cost private sector accommodation. Nationally, there had been a failure to ensure appropriate accommodation for looked after children and care leavers.

Another Member, who was Chairman of the Medway Property Board and Special Housing Projects Board said that work was being undertaken to address these concerns, with feedback received from looked after children suggesting that the standard of accommodation offered to them was sub-standard.

Officers acknowledged that stronger working was required between housing and children's services. There were opportunities to work with developers and within the Council to ensure that the housing provided met local needs of distinct groups, such as young people or those with learning disabilities.

It was suggested that the Board should be provided an update on looked after children. It was clarified that this should be a separate item from the Corporate Parenting Board Annual report that was due to be presented to the April meeting of the Board.

**House Building** – A Member advised that there had previously been funding available from the Housing Revenue Account to deliver new builds, with around 50 such constructions having taken place in the previous two to three years. This funding was no longer available due to a requirement for the Council to reduce rents by 1% per year. The possibility of the Council forming a property and building company to build houses was being investigated.

Opportunities for the development of underutilised sites owned by the Council were being investigated, including the potential for development of underused

## Health and Wellbeing Board, 14 March 2017

car parks. The provision of community facilities and health facilities to support house building was also being considered. The Council looked to take action where sites that it was the freeholder of became vacant. One example of this was the closure of Tesco in Chatham. The Council had found a new tenant for the site. Pod accommodation was being considered as a way to meet some of Medway's housing needs. The Council had also purchased some properties in order to provide temporary accommodation.

**Report Context** – The Clinical Chair of Medway NHS Clinical Commissioning Group said that it would have been useful for the health context to have been included in the report presented. The Head of Planning advised that the purpose of the report provided was to update the Board on implementation of the recommendations of the Housing Task Group, which was the reason for the report being in the format provided.

**Vacant Property** – A Member said that there was some property in Medway that had been vacant for a long period where no action appeared to have been taken. The Member questioned what was being done to address this. Officers advised that provisions in the Housing White Paper targeted this. Local authorities would be permitted to increase planning fees by up to 20% on condition that these fees were used to bring empty properties back into use. It was anticipated that a report would be presented to Council by May 2017 with a view to increasing the fees. This income would then be used for a Derelict Buildings Officer.

**Interim Director of Public Health comments** – The Interim Director said that the provision of good quality housing was important in order to improve health and wellbeing. The availability of appropriate housing could help patients to leave hospital sooner where there was no medical need for them to remain. Housing also needed to be affordable for the key workers providing services. The organisations represented on the Health and Wellbeing Board had a role to play in lobbying and raising awareness to support increasing the amount of appropriate housing in Medway.

### Decision

The Board:

- i) Commented on the report in the context of both its Members' clients/patients and their current and future staff and provided Individual organisational commitment to support the report's recommendations.
- ii) Agreed that an update on Looked After Children be added to the Board's Work Programme.

## 821 National Diabetes Prevention Programme

### Discussion

The Senior Public Health Manager introduced an update on the National Diabetes Prevention Programme. Medway had been given Demonstrator site status by the National Diabetes Prevention Programme. Locally, the work had been a success with Public Health Medway, NHS Clinical Commissioning Group (CCG) and primary care colleagues working together to demonstrate that Medway can be an innovator and leader in diabetes prevention. It was anticipated that targets would be exceeded in terms of both the number of people participating in the Diabetes Prevention Programme in Medway and in terms of the outcomes achieved. Public Health had been awarded a further year long contract by NHS England to continue to deliver the programme in Medway. An extra 400 people had been supported in the current year compared to the target. The aim was, over the next 12 months, to further improve the service and outcomes for those participating in the programme.

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

**Patient Outcomes** – A Member asked what action had been taken in relation to the 21% of people who had participated in the Programme for six months who had not maintained their reduced risk. The Senior Public Health Manager advised that there would always be some people who were not able to sustain a reduced risk. These people had the option to repeat the programme.

The Clinical Chair of Medway CCG considered the programme to have been a success and that it was a good example of joint working between the CCG and Public Health. Given that diabetes risk tended to increase with no intervention, achieving a 79% figure for people maintaining or improving their risk was considered to be very good. The Interim Director of Public Health said that Diabetes Prevention was important as diabetes was becoming more common, it being the commonest cause of blindness in those aged under 65 and the commonest cause of kidney failure.

**Celebrating Success** – A Board Member said that good news, such as the achievements of the Diabetes Prevention Programme in Medway, should be celebrated. He considered that this should provide confidence for more projects to be undertaken.

The Chairman agreed that the progress made had been good and congratulated colleagues on the work undertaken.

### Decision

The Board noted the progress in delivering the NDPP locally and agreed to continue to support the Project Board, in delivering the programme objectives, particularly in terms of supporting prevention (in this case, the identification of people with pre-diabetes and thus at risk of developing diabetes) through both commissioning processes and provider care pathways.

**822 Dementia Task Group Report - 'How far has Medway gone in becoming a Dementia Friendly Community'**

**Discussion**

The Head of Adults' (25+) Partnership Commissioning and the Better Care Fund introduced the report of the Dementia Task Group. The Councillor Members of the Task Group had undertaken external visits and participated in a number of evidence sessions. The report summarised the outcomes and recommendations arising from this work.

The key conclusions of the Task Group included the need for the Council to lead by example to ensure that its staff and services are dementia friendly. There was also support for the Test for Change Pilot in Rainham and the development of the Council's existing Dementia Strategy. The importance of the Medway Dementia Action Alliance had also been recognised, including the need to work with the Alliance to ensure that the anticipated submission of an application for Medway to be recognised as a Dementia Friendly Community was a success. The review had also recognised the constraints on financial resources.

The Risk Management section of the covering report stated that there were no risks arising from the report. There had been discussions between system leaders to ensure that, in the event that there were specific changes to services, these would be incorporated within service development.

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

**Role of the Council in promoting a dementia friendly community:** A

Member considered that the Council had a key role to play in encouraging staff, Members and external organisations to be dementia friendly. It was suggested that contractors should also have a responsibility in this area and that this could be made a condition of contracts awarded by the Council. It was requested that further work be undertaken in this area.

A Board Member, who was also Chairman of the Procurement Board, said that he would ensure that the matters raised in relation to procurement were considered by the Procurement Board. He advised that Council suppliers had already been encouraged to sign up to the White Ribbon campaign that worked to stop violence against women. The Board Member was also Chairman of the Transformation Board and it was suggested that how to make digital transformation work for people with dementia could be considered.

**Communications and Engagement:** A Board Member said that the report was excellent. In relation to communications and engagement, he suggested that there should be a focus on effective communication with people living with dementia as well as on communication with carers.

## Health and Wellbeing Board, 14 March 2017

**Wording of Recommendation:** It was requested that the word “diagnostic” be removed from recommendation 22. This was due to the fact that dementia could not be accurately diagnosed through a scan. Scanning was part of the process used to diagnose dementia and was used to rule out other causes of particular symptoms. The revised recommendation would read as follows:

“That the Partnership Commissioning Teams should work with Medway NHS Clinical Commissioning Group and Medway NHS Foundation Trust to seek to reduce waiting times for scans.”

The Healthwatch Medway representative on the Board advised that the Citizens’ Advice Bureau and Healthwatch had secured external funding for dementia action.

The Director of Children and Adults welcomed the news that the Citizens’ Advice Bureau and Healthwatch had secured dementia funding. He acknowledged that there was a risk that the Task Group’s recommendations would not be implemented effectively by all the constituent members of the Health and Wellbeing Board. A key aspect of the Task Group’s work was the focus on the impact of dementia on the wider community, rather than solely from a health and social care perspective. There was a need to ensure that people with dementia were able to lead full and valued lives for as long as possible and that they were able to be included in all aspects of their local community. One example of improving community provision was that bus operator, Arriva, the company having contributed to the Task Group, would be putting measures in place to ensure that their services became more dementia friendly.

The Chairman of the Board said that dementia provision was becoming increasingly important given that there were nearly 2,900 people living with dementia in Medway in 2015 and that this number was expected to increase in time. The Chairman referenced the case of the Chair of the Medway Dementia Action Alliance, who was herself living with dementia. She had developed strategies to cope with having dementia which had enabled her raise dementia awareness in the local community. The Chairman considered this contribution to be inspiring.

### **Decision**

The Board:

- i) Considered the recommendations of the Dementia Task Group and provided comments ahead of it being presented to the Health and Adult Social Care Overview and Scrutiny Committee, the Regeneration, Culture and Environment Overview and Scrutiny Committee and Cabinet.
- ii) Members committed to encouraging their respective organisations to ensure that they support Medway becoming a Dementia Friendly

## **Health and Wellbeing Board, 14 March 2017**

Community and subject, to approval of the Council's Cabinet, support implementation of the Task Group's recommendations.

- iii) Recommend that recommendation 22 of the Task Group report should be amended to remove the word "diagnostic".

### **823 Work Programme**

#### **Discussion**

The Board reviewed the current work programme. A Member noted the importance of the Protocol Setting Out the Relationship Between Key Strategic Boards in Medway, a review of which was due to be presented to the April 2017 meeting of the Board.

#### **Decision**

The Board noted the current work programme and agreed to add an update on Looked After Children.

**Chairman**

**Date:**

**Jon Pitt, Democratic Services Officer**

Telephone: 01634 332715

Email: [democratic.services@medway.gov.uk](mailto:democratic.services@medway.gov.uk)

This page is intentionally left blank