

Medway Council
Meeting of Health and Wellbeing Board
Tuesday, 25 April 2017
4.00pm to 6.00pm

Record of the meeting

Subject to approval as an accurate record at the next meeting of this committee

Present:

Councillor David Brake, Portfolio Holder for Adult Services
(Chairman)
Councillor David Carr
Councillor Howard Doe, Deputy Leader and Portfolio Holder for
Housing and Community Services
Ann Domeney, Interim Deputy Director, Children and Adults
Services
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)
Caroline Selkirk, Accountable Officer, NHS Kent and Medway
Clinical Commissioning Group

In Attendance:

John Britt, Head of Adults 25+Partnership Commissioning and
Better Care Fund
Lesley Dwyer, Chief Executive, Medway NHS Foundation Trust
Helen Greatorex, Chief Executive, Kent and Medway NHS and
Social Care Partnership Trust
Dr Mike Parks, Kent Local Medical Committee
Michael Ridgwell, Sustainability and Transformation Plan
Director
Heidi Shute, Corporate Director, Medway Community
Healthcare
Jon Pitt, Democratic Services Officer
Solaru Sidikatu, Legal Advisor

915 Chairman's Announcement

The Chairman informed the Board that, following the announcement by NHS England that it would only be attending future Health and Wellbeing Board meetings on a request basis, a letter had been sent to NHS England to request clarification. This was in view of the fact that NHS England remained a permanent voting member of the Board and was required to join the HWB for the purpose of participation in the preparation of the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy. It was also noted that the 2012 Health and Social Care Act required NHS England to appoint a representative to join the HWB for consideration of any matter relating to the exercise or proposed exercise of NHS England Commissioning functions in relation to Medway.

The letter sent to NHS England had stated that it would be preferable to have a named individual from NHS England as a voting Member of the Board to secure continuity of engagement and requested that if this was not possible, for confirmation of whether NHS England had relinquished its seat as a voting member of the Board. No response to the letter had been received by the date of the Board meeting.

916 Apologies for absence

Apologies for absence were received from Dr Andrew Burnett, Interim Director of Public Health, from Ian Sutherland, Director of Children and Adults and from Dr Antonia Moore of Medway NHS Clinical Commissioning Group.

The Chairman advised the Board that the meeting would have been Andrew Burnett's last before leaving the Council. This followed the appointment of a new permanent Director of Public Health. On behalf of the Board, the Chairman noted his thanks to Andrew for his hard work and the contribution he had made to the public health agenda in Medway and to the work of the Board.

917 Record of meeting

The record of the meeting held on 14 March 2017 was approved and signed by the Chairman as a correct record.

918 Declarations of disclosable pecuniary interests and other interests

Disclosable pecuniary interests

There were none.

Other interests

There were none.

919 Urgent matters by reason of special circumstances

There were none.

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

Discussion

The update on the Kent and Medway Sustainability and Transformation Plan (STP) was introduced by its Programme Director and by the Accountable Officer of NHS Medway Clinical Commissioning Group (CCG). Medway Council's Head of Communications and Marketing was also in attendance for the item.

The Board was informed that the update provided would need to change slightly due to the purdah period for the forthcoming general election. Consequently, there would not be discussion of the presentation that had been included in the Board papers. It was proposed that this would be added to the agenda for discussion at the Board's next meeting in June 2017.

The Board was shown an information video in relation to the Medway Model. The key points included in the video were as follows:

- The Medway Model was vital to enable the NHS locally to meet demand. It was about ensuring that services were integrated and that the right care was provided in the right place to the right person.
- Collaborative working between GP practices was being piloted with digital transformation being a key aspect as part of the move towards provision of services from 8am to 8pm seven days a week. Digital transformation included the rollout of online appointment booking.
- Care Navigators would act as co-ordinators of services provided to patients. The Navigators would be part of a multi-disciplinary team. Two pilots were being planned to enable people to be proactively targeted to help them to stay well and to identify needs before they reached crisis point.
- Medway CCG was working with the Fire Service to engage with the elderly and frail who were at the most risk of falling within their home. Visits and actions were being undertaken to reduce these risks with the aim being to reduce falls and, therefore, the number of people requiring acute care.
- The CCG and Medway NHS Foundation Trust were looking at the possibility of setting up clinical hubs where the needs of frail and elderly people could be effectively managed. Six practitioners would be funded by the CCG to develop a frailty specialism.
- The Medway Time Credit initiative enabled volunteers to receive time credits that could then be redeemed against various leisure activities.

The Board was provided with an overview of the Case for Change document. There were three stages to the Case for Change process. The first stage was

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the rationale for change (included in the agenda pack) which outlined why changes needed to be made to services. This was intended to detail what changes would be required. The second stage would set out the service models of the proposed changes while the third stage would present more detailed service configuration options ahead of consultation being undertaken. The Case for Change document had been compiled following extensive engagement between a variety of health bodies, the Council and other partners. A detailed technical document had been produced following this engagement. The document being presented to the Board was a summary of the more detailed document. The Board was invited to comment on the Case for Change and the proposals outlined.

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

Technology enabled houses and Medway Credits: A Member said that the video shown to the Board had not recognised the importance of technology enabled houses and it was disappointing that conversation in relation to this did not appear to be moving forward. In relation to Medway Credits, the Member was concerned that the geographic area in which the trial was taking place was quite small and that development of the scheme had been relatively slow.

The CCG Accountable Officer said she did not have significant concerns in relation to the development of Medway Credits and that work was ongoing to develop the scheme. With regard to technology enabled homes, it was acknowledged that the video had not covered this areas but there were limitations on what could be covered in a short video. Work was being undertaken with the Council and Medway Commercial Group in this area. The STP Programme Director said that promotional videos were also being produced at a Kent and Medway level and noted that there was a digital / technology workstream within the STP. There were four digital roadmap footprints across Kent and Medway that aimed to promote the effective use of technology.

Engagement Activity: In response to a Board Member who asked about STP engagement plans, the CCG Accountable Officer confirmed that listening events were being planned to take place across Kent and Medway. A series of events would be developed and although the events would not be able to take place until after the general election, plans were currently under development. Another Board Member said that engagement activity needed to make clear the benefits of the changes being proposed. A further Member of the Board emphasised that it was important that the STP was not oversold as this could lead to people having false expectations about service improvements.

GP shortages and careers in the medical profession: A Member commented that GP shortages were caused in part by the difficulty that potential GPs experienced in accessing training. Although this was a national problem, it was particularly significant locally due to the existing shortage of GPs and the number of current GPs who were approaching retirement. Engagement with housing and education services was important.

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The Programme Director said that Kent and Medway was one of the largest areas in the country with no medical school. The creation of such a school had a role to play in addressing GP shortages. The provision of collective GP services within a given area and other pooling of GP resources also had a role to play. A number of GP practices were starting to work together in federations or extended primary care teams serving populations of 30,000 to 40,000 with community services and community personnel starting to be based at practices. This would help to free up clinical time. There could be opportunities for these teams to work together to start to take on commissioning budgets.

The Medical Secretary of the Kent Local Medical Committee considered that working in partnership with patients and promoting self care was key to alleviating demand on GP time along with spreading workloads amongst a wider range of care professionals and the establishment of a local medical school. The very notion of a medical school was providing benefit as people were interested and engaged in the idea. This would improve staff morale. Although it would take several years for a medical school to produce its first GPs, there would be other benefits realised more immediately. It was proposed and agreed by the Board that the Dean of Health at the University of Kent, Peter Nicholls, would be invited to a future meeting of the Board to talk about the development of the medical school proposals.

Another Board Member said that given the workforce challenges, the risk rating should be higher than that contained within the report. The Programme Director acknowledged that workforce was a significant challenge facing all local STPs. Supply of staff was an issue which also affected acute providers and ancillary staff as well as General Practice. The Deputy Director of Children and Adults confirmed that discussion would take place about upgrading the workforce risk rating.

Role of Care Navigators: In response to a question about the role of Care Navigators and whether they were signposting to other providers, such as the third sector, the CCG Accountable Officer advised that there were three types of Care Navigator. The most basic type would support people with one or two medical conditions and would help signpost the individual through the healthcare system. The second level of Care Navigator was for people with more complex needs for which the Navigator would require a health and social care background. This would be funded by the Better Care Fund. The third type of Care Navigator would be Complex Case Managers for people with complex care packages and needs.

Role of Voluntary and Charitable Organisations: A Member requested clarification of the role envisaged of charitable organisations in future healthcare provision and asked how these organisations would be identified. The Programme Director anticipated discussion with the Council around this. It was recognised that the third sector was not currently being fully utilised. This was something that would be considered further by the Kent and Medway Partnership Board. The CCG Accountable Officer added that the Involving Medway project had brought together voluntary sector providers. Voluntary Action had updated a directory of voluntary organisations to ensure that

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providers were aware of the various services available. A video would be produced to highlight the role of volunteers.

Mental Health Provision: The Chief Executive of Kent and Medway Partnership Trust responded to a question about proposed mental health provision. She said that there was a need to provide mental health services in a different way and that they needed to be provided in a whole system context that also considered physical needs. The aim was to bring together services and provide them locally, although it was recognised that not all services would be provided in Medway.

Prevention Spending – A Member of the Board expressed concern that only 2% of total health and social care funding was spent on preventing people becoming ill and asked how this figure could be increased. The Programme Director said that counting prevention spending separately was not necessarily helpful as it could mask that the prevention agenda should be important for everyone. Encouraging increased preventative work was also challenging given the length of time it could take for the benefit of such work to be realised. The CCG Accountable Officer highlighted the preventative work being undertaken by the Fire Service, as mentioned in the video shown earlier in the meeting. There were opportunities for the Council and voluntary sector to work together further in relation to the prevention agenda, including issues such as smoking cessation, alcohol and substance misuse and promoting the importance of exercise. It was noted that the 2% figure for expenditure on prevention was misleading as much work in this area would not be paid for from a specific prevention budget.

The Chairman of the Board reflected that all the Members of the Health and Wellbeing Board were partners in the STP process. The statistics contained within the Case for Change document were for the whole of Kent and Medway. The Chairman was keen to see the relevant statistics specifically for Medway. There was a need to promote the Medway offer more widely. One example would be encouraging providers who were looking to establish care facilities in Medway to use local telecare solutions rather than bringing in their own providers and equipment.

A number of Board Members agreed that the Case for Change was a well presented and clear document.

Decision

The Board:

- i) Noted the update provided on the Kent and Medway Health and Social Care Sustainability and Transformation Plan and commented on the Case for Change document and the emerging service plans.
- ii) Agreed that an update on the STP should be brought to the next meeting of the Board in June 2017.

921 Better Care Fund 2017-19

Discussion

The Head of Adults' (25+) Partnership Commissioning and the Better Care Fund introduced an update on the development of the Better Care Fund (BCF) Plan for 2017-2019. Finalisation of the Plan had been delayed as the planning guidance had not yet been provided by NHS England. Consequently, the Plan was currently in outline form. It was not currently known when the guidance would be received. A detailed Plan would be presented to the Board following receipt of the guidance. It was noted that this might be later than the Board's next meeting in June.

The Better Care Fund Plan had previously been produced annually but the next Plan would cover the two year period from 2017 to 2019. The outline funding allocations for the period were contained within the report.

In response to a Member question about personal care budgets, the Board was advised that there was a general move across health and social care services to increase the use of personal budgets and to ascertain how people qualifying for a personal care budget could best use it. This linked to the Three Conversations Model, part of the Adult Social Care Improvement Programme, that had previously been presented to the Board. The aim would be to move towards allocated personal budgets for those able to access them.

The Chief Executive of Medway NHS Foundation Trust (MFT) said that there was an expectation that funding would reduce pressures on acute providers. There would need to be agreement between the Council, Medway NHS CCG and MFT with regard to how funding would be allocated. The local Accident and Emergency Delivery Board would be required to give approval ahead of sign off by the Council. This would be a separate pot of funding from the main Better Care Fund.

In response to a Member question about performance monitoring, the Chief Executive of MFT said that performance would need to be jointly monitored and metrics developed to support this. It was hoped that performance would improve against the target for seeing all accident and emergency patients within four hours. Another key measure against which improvement was anticipated was the reduction of hospital Delayed Transfers of Care (DToC) to 3.5%.

Decision

The Board:

- i) Noted how past successes could be built upon to enhance the Better Care Fund and to inform the draft Better Care Fund (BCF) Plan for 2017-19.

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- ii) Noted that a draft BCF plan for 2017-19 would be presented in June 2017 for endorsement by the Health and Wellbeing Board, subject to planning guidance having been received from NHS England to facilitate this.

922 Protocol Setting Out the Relationship Between Key Strategic Boards in Medway

Discussion

The Interim Deputy Director of Children and Adults introduced the proposed revised Protocol Setting Out the Relationship Between Key Strategic Boards in Medway. This was a refresh of the Protocol that had originally been presented to the Board in November 2014. The Protocol had been introduced as part of improvements to strategic overview and safeguarding arrangements ahead of an Ofsted inspection.

The Protocol set out a framework for joint working between the following boards in relation to the safeguarding of both children and adults:

- Medway Health and Wellbeing Board (HWBB)
- Medway Safeguarding Children Board (MSCB)
- Medway Council Corporate Parenting Board (CPB)
- Kent and Medway Safeguarding Adult Board (KMSAB)
- Medway Community Safety Partnership (CSP)

The Protocol set out:

- The distinct roles and responsibilities of the boards.
- The inter-relationships between the boards in terms of safeguarding and wellbeing.
- The means by which we will secure effective co-ordination and coherence between the boards.

The Protocol also summarised the opportunities presented by the formal working relationships between the Boards it covered and specified timescales for each board to present their annual report and other key documents to the other boards.

A Member highlighted that the Protocol had originally been established following criticism from the Improvement Board that there was then no protocol in place to cover the relationship between the various boards. The Member also emphasised that it was important to provide challenge around the effectiveness of each board and how the different boards challenged one another. The Medway Children's Safeguarding Board currently faced a challenging environment due to national legislation. The Member also requested that the Children's Transformation and Improvement Board should be added to the Protocol and that, as was the case for the other Boards covered by the Protocol, the chair of each board would be required to present an annual report to the Health and Wellbeing Board and vice-versa. Another Member said that

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further consideration needed to be given to how work was co-ordinated between the different boards.

The Board raised concerns that the refreshed Protocol had not yet been shared with other Cabinet Portfolio Holders. The Interim Deputy Director of Children and Adults said that the Protocol had not yet been shared with all the other boards or Portfolio Holders due to meeting timescales. She also suggested that each Board should identify their top safeguarding priorities that could then be amalgamated into a combined action plan. This request was agreed by the Board.

Decision

The Board noted and reviewed the Protocol and agreed that the Chairman would sign to evidence acceptance, subject to the Protocol receiving appropriate agreement from the other relevant Boards and the addition to the Protocol of the Children's Transformation and Improvement Board.

923 Corporate Parenting Board Annual Report

Discussion

The Interim Deputy Director of Children and Adults introduced the 2016-17 Annual Report of the Corporate Parenting Board (CPB). This covered the period from April 2016 to March 2017. It was acknowledged that much had changed since the report had been produced. The Board had agreed new Terms of Reference on 19 April. The CPB had three sub-groups, Education; Health of Children and Young People and; 16+ and Care Leavers. The latter of these had recently been established (February 2017). It covered a range of issues including accommodation, homelessness, employment and education.

Representatives from the Children in Care Council attended every CPB meeting. The Lead Member for Children's Services, the Director of Children and Adults, the Interim Deputy Director of Children and Adults, the Head of Provider Services, the Head of Safeguarding and the Head of the Virtual School attended Children in Care Council meetings. Membership of the CPB had been reviewed with two foster carers an adoptive parent and a housing representative having been added to the membership. The Head of the Virtual School reported directly to the CPB. This role had recently moved from educational services to children's services, which provided an increased opportunity for integration with the work of the Board.

The Looked After Children Strategy, published in 2015, set out the general areas of work that the Corporate Parenting Board would cover. The Strategy contained eight objectives. A draft Corporate Parenting Board Action Plan had been produced which would be discussed at the next CPB meeting.

A key focus area for the CPB was the accommodation available for care leavers. Feedback received from young people highlighted that there was limited choice. There was also concern about the emotional wellbeing of care

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leavers. There were plans to look at the possibility of group living for some care leavers. This work would be undertaken with the Portfolio Holder for Children's Services and with the 16+ and Care Leaver Sub-Group.

An increasing percentage of Looked After Children (LAC) were being placed in foster placements, which was positive. The percentage of Medway Looked After Children in foster placements increased from 67.9% in March 2016 to 70.8% in March 2017. A priority work area was to increase the range of skilled foster placements available. There had also been a decrease in residential placements over the same period, from 8.8% to 8.2% of all looked after children in Medway.

Following Cabinet agreement in November 2016, Medway had entered into discussions with Bexley and Kent local authorities with regard to the establishment of a Regional Adoption Agency. It was noted that all local authorities were required to have entered into an arrangement by 2020.

A Board Member emphasised the importance of the Corporate Parenting Board making a difference to the lives of looked after children. He said that the Children in Care Council had been asked to establish what actions looked after children would like to see taken by Children's Services. A survey had been undertaken with a number of suggestions having been made as a result. The Corporate Parenting Board was supportive of the suggestions made. The Member said that, as a whole, the country was currently failing looked after children. The CPB and the Council were committed to ensuring that Looked After Children in Medway had the best possible life chances and outcomes. The Member also gave thanks for the support given to the CPB by Housing. He considered that there was a need to consider strategic solutions for young people leaving care and ensuring that foster care provided good quality care. The CPB had produced a DVD to show the stigma associated with being a Looked After Child. It was requested and agreed that this video would be screened at a future meeting of the Board.

In relation to the establishment of a Regional Adoption Agency, a Member asked when the benefit of the newly appointed project manager would be realised. The Deputy Director of Children and Adults anticipated that this would be within the next couple of months. A Board Member noted that some of the partnership working associated with the proposals had been challenging.

Another Board Member commented that Kent had an external provider for adoption while Medway did not and questioned how this would be dealt with during the establishment of a Regional Adoption Agency (RAA). She also asked whether the move away from adoption towards Special Guardianship Orders was in part due to the granting of Special Guardianship Orders being a more straightforward process than adoption. The Deputy Director of Children and Adults said it was anticipated that the RAA would be able to manage a variety of service delivery models. The use of Special Guardianship Orders was a national issue. In the majority of cases, the Deputy Director made the decision whether adoption was in the child's best interest and did not consider that Medway was using Special Guardianship Orders as an easy option. It was

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also noted that the courts could overturn adoption decisions made by the local authority.

Decision

The Board considered and commented on the annual report and the effectiveness of the Corporate Parenting Board.

924 Work Programme

Discussion

The Board reviewed the current work programme.

Decision

The Board noted the current work programme and agreed the following additions:

- i) To add an update on the Kent and Medway Sustainability and Transformation Plan to the Work Programme for June 2017.
- ii) To add an item on Air Quality to the Work Programme for a future meeting.

Chairman

Date:

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