

Medway Council
Meeting of Health and Wellbeing Board
Tuesday, 27 June 2017
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 Adults' Services (Chairman)
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 Vince Maple, Leader of the Labour Group
Caroline Selkirk, Accountable Officer, NHS Kent and Medway Clinical Commissioning Group
Ian Sutherland, Director of Children and Adults Services
Councillor Martin Potter, Portfolio Holder for Educational Attainment and Improvement
James Williams, Director of Public Health

In Attendance: Kate Ako, Principal Lawyer - People
John Britt, Head of Adults 25+Partnership Commissioning and Better Care Fund
Phil Cooper
John Drew, Independent Chair of Medway Safeguarding Children Board
Stuart Jeffery, Chief Operating Officer, Medway CCG
Helen Jones, Assistant Director – Commissioning, Business and Intelligence
Jon Pitt, Democratic Services Officer
Martin Riley, Managing Director, Medway Community Healthcare
Dr David Whiting, Consultant in Public Health

91 Election of Chairman

Councillor Brake was elected as Chairman for the forthcoming year.

92 Election of Vice-Chairman

Dr Peter Green was elected as Vice-Chairman for the forthcoming year.

93 Apologies for absence

Apologies for absence were received from Councillors Howard Doe and Stuart Tranter. Apologies were also received from Dr Antonia Moore of NHS Medway Clinical Commissioning Group, from Helen Greatorex of Kent and Medway NHS and Social Care Partnership Trust and from Doctor Mike Parks, Medical Secretary of the Kent Local Medical Committee.

94 Chairman's Announcement

The Chairman welcomed James Williams, Director of Public Health, to his first meeting of the Board.

95 Record of meeting

The record of the meeting held on 25 April 2017 was approved and signed by the Chairman as a correct record.

It was confirmed that NHS England had responded to a letter sent to them following notification received by the Council that NHS England would no longer be attending Medway Health and Wellbeing Board meetings on a regular basis. The response had confirmed that NHS England would attend Board meetings when specifically requested to do so. It was noted that NHS England would be required to attend during discussion of the development of the Joint Strategic Needs Assessment and of the Joint Health and Wellbeing Strategy.

A Member questioned whether NHS England would attend for agenda items related to prisons and armed forces and whether NHS England had taken a similar approach to attendance at other health and wellbeing boards. The Democratic Services Officer advised that the decision made by NHS England related to all Health and Wellbeing Boards. Further discussion would take place with NHS England to understand which items they would attend for.

96 Urgent matters by reason of special circumstances

There were none.

97 Declarations of disclosable pecuniary interests and other interests

Disclosable pecuniary interests

There were none.

Other interests

There were none.

98 Kent and Medway Sustainability and Transformation Plan Update

Discussion

The update on the Kent and Medway Sustainability and Transformation Plan (STP) was introduced by the Accountable Officer of NHS Medway Clinical Commissioning Group (CCG). A presentation was given to the Board, the key points of which were as follows:

- An increasing population would increase demand for health and social care provision. Residential and nursing home provision was a challenge although provision was improving.
- Many individuals treated in hospital beds could be better cared for elsewhere if suitable provision was available.
- Health and social care was facing significant financial pressures and also had to contend with an ageing workforce and workforce shortage in key areas e.g. GPs.
- Transformation would take place around four key themes – prevention, system leadership, productivity and enablers.
- Public engagement was due to take place over the summer in relation to plans for the transformation of local care.
- Local care transformation would include increasing the emphasis on self care and enabling more people to be treated locally. There was an initial focus on the complex elderly frail as care for this group was not as good as it could be. This group represented 12% of the population but utilised 32% of resources.
- Other focus areas would be younger adults and children with complex needs.
- There were eight different local care interventions which were embedded in the Medway Model, with engagement taking place to establish how a single point of access to care in Medway could operate.
- GP practices would be encouraged to work in clusters serving between 30,000 and 50,000 people in order to improve GP availability.
- Text message appointment reminders were freeing up 800 GP appointments each month.
- Stroke services in Kent and Medway were currently too fragmented with services being delivered at too many sites for care to be delivered as effectively as possible. Less than 50% of stroke patients were currently receiving thrombolysis within 60 minutes of calling for professional help.
- A seven day consultant led specialist stroke service was due to be in place by autumn 2017. There was a need to provide services at fewer sites, to bring together different types of stroke provision and to ensure that ambulances were able to transport patients directly to stroke units. A consultation was due to take place regarding proposed changes to stroke services.
- The Medway, north and west Kent areas were working together to develop a hospital strategy.

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The Board raised a number of points and questions which were responded to as follows:

Third Party Service Provision – Providers of third party care services were commissioned by the Council. Each one had a service specification, with a range of quality control measures being utilised. It was suggested that this be discussed further following the meeting.

Incontinence – The ‘I can’t wait card’ did not have any official status but it would be useful for awareness of it to be promoted. The Clinical Chair, Medway NHS CCG undertook to find out how people could obtain the card and how many people currently had one.

Use of out of area mental health beds – In response to a Board Member who had seen a news report stating that Medway was the worst performing local authority area in the country for placing mental health patients in out of area beds, the CCG Chief Operating Officer said that a significant number of patients had been placed outside Medway in the previous year but that this had now been virtually eliminated. A Member said that mental health provision for Medway residents should be provided within Medway.

Work was taking place on the development of a Medway Mental Health Strategy and it was anticipated that this would be presented to the Board at the September 2017 meeting.

A range of care professionals provided mental health care with communication between these professionals being important. Specialist geriatricians and care co-ordinators had a role to play in improving patient care. The CCG had invested to support the rollout of the EMIS information system to all local GP practices. This facilitated the sharing of patient records between practices. The healthy living centres would provide access to a range of professionals in a single place, with it being anticipated that specialist dementia staff would be available in the future.

GP appointments/Local Care Model – A Board Member said that the reductions in the number of missed GP appointments achieved through the text messaging reminder service was a good achievement and that this should be promoted to raise awareness of the issue. The Member also considered that the local care model outlined in the presentation could lead to some people being provided with either too little or too much support. The CCG Accountable Officer emphasised the need for medical professionals to work together in extended practices and said that system change was needed regardless of the STP process.

Decision

The Board noted the update provided on the Kent and Medway Health and Social Care Sustainability and Transformation Plan and commented on the presentation given at the meeting.

99 Medway Safeguarding Children Board (MSCB) Update Report

Discussion

The update was introduced by the MSCB Independent Chairperson. It was noted that this was one of two reports presented to the Board each year with the Board's Annual Report being due to be presented to the Board in November 2017. The report currently under consideration was similar to the paper that had recently been presented to the Children and Young People Overview and Scrutiny Committee.

The MSCB had agreed its priorities for the next three years. Some of these were as follows:

- Looking at how safeguarding worked with schools. Engagement could be more challenging as the majority of schools were now academies rather than being under control of the local authority.
- Promoting multi-agency working, including multi-agency training programmes.
- Using the new Graded Care Profiles to improve the quality of case assessments and improving dialogue between different agencies.
- Child Sexual Exploitation (CSE) – implementation of an effective strategy and work with Kent police work to raise priority of CSE.
- Development of the multi agency safeguarding hub bringing professionals together to share knowledge held about a child.

The MSCB had commissioned three Serious Case Reviews (SCR) that were currently underway. The first two of these were expected to be published in July 2017. The third SCR was in relation to alleged abuse of children at Medway Secure Training Centre. This review would take place following the conclusion of a criminal trial with it being anticipated that the review would report its findings in April 2018.

The Board was informed that the Children and Social Work Act 2017 provided the Council, police and the CCG with greater power to co-ordinate the work of agencies with regards to child safeguarding. A meeting had taken place with the Council Chief Executive to progress this work.

The Board raised a number of points and questions which were responded to as follows:

Domestic abuse – Communication between agencies was key to tackling domestic abuse, particularly helping children to understand what constituted a good relationship. This was particularly important where children were not exposed to stable relationships in their home environment. The MSCB Independent Chairperson was working with the Department for Education to create guidance regarding domestic abuse. This would be issued to local authorities.

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Volunteer Training – In response to a Board Member who asked what training was available for volunteers who had limited involvement with children, it was confirmed that this issue was being considered by Medway Voluntary Action. Taster sessions were available to volunteers which provided them with a general awareness of safeguarding issues. The MSCB would be re-designing its website for use as a promotional tool.

Engagement - It was agreed that the Primary Headteachers Association provided a good mechanism for engagement in relation to safeguarding. The Board was advised that the MSCB had two headteacher representatives, one primary and one secondary.

Kent Police – Kent Police was considered to be an invaluable local partner that took children's issues seriously, although it was suggested by a Member that political correctness could be a problem with regards to tackling Child Sexual Exploitation. The MSCB Independent Chairperson said that CSE was a challenge as victims of it were not always aware that they had been victims and there could be a hostile reaction to intervention. Ignorance of the law was also a problem.

Parenting Skills – In response to a Board Member who considered that parents who had limited parenting skills was an issue, it was stated that a role of the MSCB was to challenge partners in relation to this issue and that available support would be promoted via schools.

Decision

The Board considered the contents of the update report and provided comments.

100 Better Care Fund

Discussion

The update was introduced by Head of Adults' (25+) Partnership Commissioning and the Better Care Fund. The Board was advised that the Better Care Fund Plan was a live document jointly developed by the Council and NHS Medway Clinical Commissioning Group, with Medway Foundation Trust as a key stakeholder. There was close working between the Council and CCG, which was not the case in some other areas.

The Care Navigation service worked with people with clinical needs who also had clear social needs. Work was taking place within primary care to look at how social needs could be addressed when patients were discharged from hospital. Similar work was also taking place with Proactive Assessment Clinics for the Elderly (PACE) and with the Integrated Discharge team at Medway Foundation Trust.

Delayed Transfers of Care (DToc) in Medway due to social care issues were significantly below the national average.

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The Home First programme was supporting hospital discharge for patients with reablement potential through assessment at home or in a community setting, where the patient required additional support. An integrated discharge hub was being developed to facilitate effective assessment away from hospital.

The 2017-19 BCF planning template had still not been provided by NHS England. Medway's plan was being developed ahead of this with the aim being to present it to the Board in September.

The Director of Children and Adults Services said that although the detailed planning framework was not yet available, previous correspondence received had been clear with regard to the priorities that should be targeted in the development of the BCF Plan. These included stabilising the health and social care market, working with key partners to ensure effective discharge from hospital and working to alleviate pressures facing Adult Social Care.

A Board Member said that a family member's experience of Home First and the overall care received had been very good. There had, however, been a significant delay in the hospital pharmacy providing medication ahead of discharge. The Assistant Director of Partnership Commissioning advised that commissioners were aware of local issues in relation to pharmacy and would be working to address this as part of the discharge hub work. Home First involved partnership working between the Council, CCG and providers.

Decision

The Board noted the report and noted that a draft BCF plan for 2017-19 would be presented to the September 2017 Health and Wellbeing Board meeting for the Board to endorse.

101 Transforming Care Plan Update

Discussion

The update was introduced by the Assistant Director Commissioning, Business and Intelligence. The Interim Senior Commissioning Officer was also in attendance.

Transforming Care Partnerships aimed to develop community services to enable the closure of inpatient facilities for people with learning disabilities or autism, who displayed challenging behaviour and were accessing community services and provision. The work also aimed to prevent admission into mental health beds.

A relatively high number of patients from Kent and Medway remained in specialist inpatient facilities. The figure for Medway had previously been 22 and had now reduced to 18. The aim was to achieve a significantly lower figure with the Council and NHS Medway Clinical Commissioning Group working together to identify best provision. Historically, community provision in Medway had

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been fragmented with gaps in service provision for forensic outreach and comprehensive care response. Work was taking place with Kent County Council colleagues to enable Medway patients' access to forensic outreach services. The Council and the CCG were working to get a commissioning strategy in place.

A Partnership Board had been created that covered Kent and Medway, although Medway specific provision would still be developed. Service development was likely to present a budgetary pressure to the Council and CCG with work taking place locally and nationally to mitigate this.

A Board Member said that it would be helpful to have comparator data for somewhere such as Brighton. Another Member requested that comparator data be provided for Medway's statistical neighbours. Comparator data would enable the Board to take a more informed view of local progress. The Interim Senior Commissioning Officer advised that progress should be considered against the targets set by NHS England, which the Kent and Medway Partnership was expected to deliver by March 2019. The target figure for inpatients in Medway was 10. There were currently 18 in Medway and it was anticipated that the target would be met. It was agreed that comparator data would be included in the next update.

A Member questioned whether the current system was effectively supporting the needs of child and young person patients and their families. The Assistant Director Commissioning, Business and Intelligence advised that progress had been made in relation to Child and Adolescent Mental Health Services (CAMHS) provision. Investment by the CCG had resulted in child assessment and treatment waiting lists being reduced with the waiting list for looked after children having been reduced to zero. It was noted that tendering had brought together what was previously a fragmented system, but it was acknowledged that there was a need for overall support for families to be considered further.

In response to Member comments that levels of learning disability and autism in Medway had historically been high compared to other areas, the Director of Children and Adults Services explained that the CCG had been undertaking a review in relation to diagnostic rates which could be shared with the Board. Partnership Commissioning would also be developing an Autism Commissioning Strategy.

Decision

The Health and Wellbeing Board:

- i) Considered how the Board could promote and engage with this important agenda going forward, offered support, feedback and leadership to ensure the successful implementation of the Medway Transforming Care Plan and supported the Council and CCG to comply with statutory duties.

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- ii) Agreed for a progress report to be presented to the Board in 3 months' time.

102 Maternity Services Transformation

Discussion

The update was introduced by the Assistant Director Commissioning, Business and Intelligence. This provided the Board with an overview of maternity services transformation work across Kent and Medway, including development of a Kent and Medway local maternity system. Following publication of a national maternity review, Better Births, there was a requirement to submit a "Better Births" Implementation Plan by October 2017. This would set out how providers and commissioners would work together to implement required changes to the maternity system. It was proposed that the Plan be presented to the Board at a subsequent meeting.

A Kent and Medway Local Maternity System had been established in December 2016, well in advance of the NHSE deadline of 31 March 2017.

Members of the Board recognised that good work had already been undertaken and that the benchmark for improvement to be measured against was therefore quite high.

It was questioned whether there would be consultation with service users in relation to the Plan and, also, what the impact would be of possible changes to the provision of Children's Centres in Medway. It was agreed that officers would respond to these points after the meeting.

A Member said that an Action Group had been established, based at Medway Maritime Hospital, to look at the issue of smoking during pregnancy. The group had held a number of meetings.

Decision

The Board:

- i) Noted the national agenda in relation to transformation of maternity services.
- ii) Offered support to the transformation of maternity services in Medway, within the context of the Kent and Medway Local Maternity System.

103 Joint Health and Wellbeing Strategy: Monitoring Report

Discussion

The Director of Public Health introduced the update. The Consultant in Public Health was also present to assist in responding to questions from the Board.

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The paper set out an overview of key health indicators. There had been very positive developments in some areas since the last report. This included a downward trend in the number of people in Medway dying from cancer aged under 75 and an increase in the number of people using green spaces and being more physically active.

Smoking prevalence in Medway amongst persons aged 16 and over had fallen from 25.5% in 2013 to 22.3% in 2015 to 19% 2016. Smoking at time of delivery had fallen from 19.8% in 2011 to 17.9% in 2015 to 16.7% in 2016/17. Smoking prevalence levels remained higher than the English average for both groups but were falling faster. The Director of Public Health had recently met NHS England and Public Health England to discuss concerns with regards to the uptake of child immunisation against infectious diseases. A Recovery Programme had been put in place and would be monitored.

Reducing incidence of non-communicable disease would form part of the prevention workstream within the Kent and Medway Sustainability and Transformation Plan with there needing to be an 'industrialisation' of prevention in order for the number of people living with long term conditions to be significantly reduced.

A Board Member asked whether there were any known health risks associated with the smoking of e-cigarettes and asked whether figures were available for its prevalence. He also questioned why the appendix of the report contained no figures for after 2013 in relation to breastfeeding initiation continuation and whether health data was available for a smaller geographic area than ward level.

Officers advised that a statement from Public Health England said that no health risks had been identified in relation to e-cigarettes so far but that there was a possibility of risks being identified in the future. Figures would be obtained for the number of people smoking e-cigarettes for circulation to the Board. In relation to breastfeeding continuation statistics, NHS Digital required that 95% or more of births in an area had data for this metric in order for figures to be reported. The figure for Medway was currently 76%. It was confirmed that local data would be included in the next report to Board even if no comparator data was available. Lower Layer Super Output Area (LLSOA) data, which covered a smaller geographic area than a ward was being developed and it was agreed that an example would be circulated to the Board.

A Board Member cautioned that people using green spaces for exercise tended to fluctuate by season. They also advised that the Council had purchased a number of properties over the last few months in order to provide temporary accommodation. Figures for young people who were NEET (not in education, employment or training) were consistently high. One possible way to help address this was through the use of the Council's procurement process to encourage employers to employ people within this group.

Decision

The Board considered and commented on the indicator update.

104 Work Programme

Discussion

It was noted that an update on activity of the NHS Medway CCG Primary Care Commissioning Committee was listed on the Board's work programme for the November 2017 meeting. It was suggested that it would be unusual for the Board to receive such an update and that it might be more appropriate for the Board to instead receive an update on the Five Year Forward View. Further consideration would be given to this point.

A Board Member requested that, given increasing reliance on the voluntary sector to provide services, the viability of this should be investigated. There was a discussion in relation to the most appropriate committee for this to be considered at. Another Member said that discussions were already being undertaken elsewhere and that it was not an appropriate time for the issue to be discussed at committee. This would be discussed further outside the meeting.

In response to the question of what had happened to the Kent Care Crisis Concordat, the Director of Children and Adults Services said that this would be discussed as part of the Medway Mental Health Strategy item that was due to be presented to the Board in September 2017.

A Member questioned whether any fire risks had been identified associated with cladding used on buildings in Medway. The Director of Children and Adults Services said his understanding was that no cladding risks had been identified in relation to housing in Medway and that an assessment in relation to schools had also identified no risks. Guidance was due to be issued to nursing and residential homes. Another Board Member advised that a Fire Safety Risk Safety Assessment was being undertaken for all Council buildings.

Decision

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

- i) An update on the Transforming Care Plan would be added to the work programme for the September 2017 meeting.
- ii) The "Better Births" Implementation Plan would be presented to a future Board meeting.

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Chairman

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