

Medway Council
Meeting of Health and Wellbeing Board
Tuesday, 12 September 2017
4.05pm to 6.05pm

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)
Cath Foad, Chair, Healthwatch Medway
Councillor Adrian Gulvin, Portfolio Holder for Resources
Dr Antonia Moore, Elected Clinical Member, NHS Medway Clinical Commissioning Group
Councillor Martin Potter, Portfolio Holder for Educational Attainment and Improvement
James Williams, Director of Public Health

In Attendance: John Britt, Head of Adults 25+ Partnership Commissioning and Better Care Fund
Linda Jackson, Interim Assistant Director, Adult Social Care
Brid Johnson, Integrated Care Director
Helen Jones, Assistant Director – Commissioning, Business and Intelligence
Sameera Khan, Assistant Head of Legal Services
Jon Pitt, Democratic Services Officer
Heidi Shute, Corporate Director, Medway Community Healthcare
Ben Smith, Consultant Clinical Psychologist
Graham Tanner, Partnership Commissioning Programme Lead

297 Apologies for absence

Apologies for absence were received from Councillor Howard Doe, Councillor Gary Etheridge, Councillor Vince Maple, Councillor Stuart Tranter, Ann Domeney, Deputy Director of Children and Adults, Ian Sutherland, Director of Children and Adults Services, Dr Peter Green, Clinical Chair of Medway CCG and from Caroline Selkirk, Accountable Officer of Medway CCG.

298 Record of meeting

The record of the meeting held on 27 June 2017 was approved and signed by the Chairman as a correct record.

299 Urgent matters by reason of special circumstances

The Chairman advised that he had agreed to accept Appendix 1 of the Better Care Fund agenda item (item number 6) as an urgent item, because he was of the opinion that it should be considered as a matter of urgency, as permitted under section 100B of the Local Government Act 1972.

Discussion of the item would enable the Board to discuss the Better Care Fund Plan 2017-19 to enable timely feedback to be provided to NHS England.

300 Declarations of disclosable pecuniary interests and other interests

Disclosable pecuniary interests

There were none.

Other interests

There were none.

301 Chairman's Announcement

The Chairman of the Board announced that he had attended a Dementia Summit, hosted by Medway NHS Clinical Commissioning Group. This had focused on support for people living with dementia in Medway. It had been pleasing to see such a wide range of organisations, including Medway Council, health providers and voluntary sector organisations represented. It was noted that transport firm Arriva would be undertaking a travelling workshop around the Medway towns which would demonstrate how its staff were becoming dementia friendly. Emergency services were also working together as part of a dementia joint declaration of interest.

The Chairman announced that the possibility of establishing a joint Health and Wellbeing Board had been discussed with Kent County Council. It was proposed that such an arrangement would cover Medway, North and West Kent. It was noted that there was a statutory requirement for Medway to have a Health and Wellbeing Board and that the proposals for any joint arrangement were in their infancy. It was also noted that any establishment of a joint Health and Wellbeing Board would not detract from the priority focus areas in Medway, which included smoking and obesity.

302 Medway Young Persons' Wellbeing Service Mobilisation and Annual Local Transformation Plan Refresh

Discussion

The Programme Lead – Targeted Services, Children's 0-25 Commissioning Team introduced the report. Extensive consultation and market engagement work had been completed in relation to the proposed service model for the new

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Medway Young Person's Wellbeing Service. Procurement had been completed in April 2017 with the contract having been awarded to NELFT (Formerly North East London NHS Foundation Trust). Following a four month mobilisation period, NELFT had become the service provider on 1 September. The new service would be locally accountable but would also benefit from strategic links to Kent, with NELFT also providing the Kent Children and Young People's Mental Health Service and the Kent and Medway all-age Eating Disorder Service.

The Consultant Clinical Psychologist from NELFT introduced a presentation on the Medway Young Persons' Wellbeing Service (YPWS), the key points of which were as follows:

- Historically there had been a clear division between Tier 2 and Tier 3 CAMHS provision with local authorities tending to provide Tier 2 services and the NHS being responsible for Tier 3 provision. This meant that service provision was not always joined up. The aim was to provide a single service, as had been successfully undertaken in Essex.
- Tier 3 CAMHS services were for the more severe and enduring mental health issues, while Tier 2 provision was for less serious cases that tended to be related to emotional wellbeing.
- It was recognised that the CAMHS workforce needed further development and that recruitment was difficult. There was also a need to better connect mental and physical health services and to improve access to emotional health and wellbeing services.
- A staff consultation was currently being undertaken with staff transferring from previous providers.
- All staff had been given a 4g enabled laptop and a mobile to enable them to work from any location.
- The service aimed to enable young people to be seen as close to home as possible.
- NELFT was keen to engage with young people. Youth ambassadors had been recruited in other areas with a similar approach being planned for Medway. Engagement with schools was also important.
- Work was being undertaken to provide services digitally. This included NELFT working with Big White Wall, an online only provider of mental health services. A young person's mental health app had been developed to signpost young people to appropriate sources of help. The use of social media was also becoming increasingly important. 'Mylife' workshop sessions with schools could be filmed and digitised for use by other young people.
- CAMHS provision did not receive enough funding at national level to enable needs to fully met using traditional service delivery models. Therefore, services would need to be delivered using different methods.
- The Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT) was a national programme to improve access to psychological therapies. A number of related training courses were available in London which staff in Medway would be able to benefit from.

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- Having a five year contract for service delivery would enable NELFT to fully embed and sustain improved service improvement.

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

Ease of access to services – A Board Member considered that it was particularly important for mental health patients to be treated as close to home as possible and that the threshold for CAMHS provision needed to be low enough to enable them to get the support they need. Representatives from NELFT said that work was being undertaken through the national New Models of Care programme to consider how inpatient services could be provided closer to a child's home. It was anticipated that some changes would be realised in 2018 and NELFT were already participating in shadow form, prior to fuller involvement when the Kent and Medway services were fully established.

Support for Schools – Members asked what support was available for schools and what engagement was planned with schools and young people, including the Children in Care Council and Medway Youth Council. Officers advised that support was commissioned in schools but that work was not always as co-ordinated as it could be. The increasing number of schools becoming academies was a challenge as the local authority had less direct influence on how these schools operated and dealt with mental health issues. Better collaborative working was required at both primary and secondary level. Working with headteacher executive groups was seen as a way of improving collaborative working as well as providing schools with access to clinical supervision and complex case training.

Support for Clinicians – A meeting attendee asked whether there was scope to develop the support available for clinicians in relation to child mental health issues. The NELFT representatives said that the main function of the Young Person's Wellbeing Service was to deliver services directly but the opportunity to help upskill clinicians to complement this work would be welcome. This would be discussed further outside the meeting.

STP alignment - The Director of Public Health emphasised the need for the Wellbeing Service to be aligned to the development of the Kent and Medway Sustainability and Transformation Programme and also to 0-19 child health services procurement and work in relation to social isolation.

Appointment timescales – A Member asked what the specified timescales would be for a service user to receive an initial appointment. It was confirmed that current timescale for patients to be seen was within 18 weeks for non-urgent cases, which was acknowledged to be too long. It was recognised that some people remained as service users for a longer period than necessary. It was anticipated that better considering the goals of each child and their family could help to reduce the length of time that some children remained in the service. This would in turn help to reduce waiting times.

Work was taking place to review current waiting lists, staff capacity and clients' needs to consider whether temporary staff were needed ahead of permanent

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recruitment being undertaken. Permanent recruitment would commence following an internal staff consultation which was due to take three months.

A single point of access to the service had been created with immediate phone advice available. A clinician would review the case upon receipt of the call to make a judgement as to whether there was a need for an appointment with the crisis team. This could typically be arranged within hours.

Health provision in schools – A Member questioned whether schools should have a specific staff member dedicated to health and wellbeing who would act as a single point of contact. The NELFT representatives agreed that this could be beneficial and advised that schools they were working with in Essex had identified an emotional wellbeing champion. Relevant school staff were also able to contact key individuals at NELFT to obtain advice directly. The Director of Public Health added that a dedicated school health team covering Medway was already in place.

Counselling provision in schools – In response to Board Member concerns that schools may stop employing their own counsellors as a result of the provision of the Young Person's Wellbeing Service, the NELFT representatives had not seen evidence of this. Any reduction in counselling provision was likely to be due to general budgetary pressures.

Decision

The Board:

- i) Noted the report and the significant progress made in relation to the procurement and mobilisation of the Medway Young Persons' Wellbeing Service.
- ii) Provided comment and feedback on the refreshed Local Transformation Plan for Children and Young People's Mental Health and Wellbeing, prior to publication and submission to NHS England for assurance purposes.
- iii) Agreed that NELFT be invited to present a progress update to the April 2018 meeting.

303 Better Care Fund

Discussion

The Head of Adults' (25+) Partnership Commissioning and the Better Care Fund (BCF) introduced the report. The Narrative Plan Template (Appendix 1 of the supplementary agenda) set out the detail of the Better Care Fund (BCF) Plan 2017-19. There were four national conditions that the BCF Plan must meet including the requirement for it to be jointly agreed between Medway Council and NHS Medway CCG and endorsed by the Health and Wellbeing Board. Risk management was an integral part of the Plan.

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The Narrative Plan template had already been submitted to NHS England as the submission deadline for this was 11 September. Confirmation of whether NHS England had assured the Plan was due in early October with the Association of Directors of Adult Social Services supporting the assurance process. The Plan also set out additional iBCF funding allocated to local authorities.

The five priority areas set out within the Plan were local models of care; rationalisation of estates, including the co-location of frontline and back office staff; joint commissioning; digital road map and; communications and engagement.

Future plans included further work on the community discharge process with a focus on reducing Delays to Transfer of Care (DToC), the move to the provision of 7 day services and the introduction of trusted assessments as part of the discharge process.

The Assistant Director of Commissioning, Business and Intelligence informed the Board that the Narrative Plan Template had been provided late because of the significant delay in NHS England providing the information to enable its completion. The Plan had been due to be presented to the Board in advance of submission to NHS England but this had not been possible due to the delay. NHS England had therefore been advised that confirmation of whether the Board had supported the Plan would be provided separately.

A Board Member asked what the Three Conversation Approach was. The Interim Assistant Director of Adult Social Care advised that this was an evidence based approach that focused on what service users could do rather than on what they could not. The first conversation considered how the person could be supported to maintain a good quality of life. The second conversation was for those in crisis to enable urgent matters to be dealt with until they became stable again. The third conversation was for those with ongoing support needs. A 13 week pilot had been undertaken and the outcomes of this had been positive.

A Member considered the development of the Plan to be a good piece of work. They were concerned about long term financial stability and asked whether Medway's monetary contribution was funded by Government grant.

Officers advised that before the introduction of iBCF, all funding was from existing budgets. The iBCF funding announced in the Budget was additional funding that had been included in the overall budget of the BCF.

A Member expressed concern that GPs appeared to be being moved from Balmoral Healthy Living Centre to Medway Hospital and that this impacted on the Medway Model that had been included in the BCF papers. Officers advised that their understanding was that urgent care provision was being relocated to the front door of A&E and that the overall model of six Integrated Care and Wellbeing hubs would not change. Officers would seek clarification for the Chairman from the CCG. The concerns would also be raised at a forthcoming

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meeting of the Primary Care Commissioning Committee. Officers also advised that the Medway Model diagram included within the BCF was not linked to the funding and that the diagram could be removed.

Decision

The Board noted the report and supported Medway's BCF plan for 2017-19, subject to confirmation being provided by NHS Medway CCG in relation to the changes at the Balmoral Healthy Living Centre.

304 DERiC (Developing and Empowering Resources in Communities)

Discussion

The Head of Adults' (25+) Partnership Commissioning and the Better Care Fund (BCF) and the Interim Director of Adult Social Care introduced the report. There were two DERiC areas, Walderslade (WALT) and Hoo (WhooCares), which were both now fully operational. It was proposed that a further report be presented to the Board in February 2018. This would provide examples of what the programme had delivered. It was also proposed that the Directors of each organisation would be asked to attend the meeting.

£150,000 of Council funding had been given to WALT and WhooCares for a six year period. The organisations were encouraged to identify alternative sources of funding to enable them to become self-sustainable. In total, 80 people had been supported encompassing 1464 volunteer hours. The activities undertaken aimed to prevent people from requiring traditional Adult Social Care provision.

Proposed revisions to the business plans of the two organisations would look at four main focus areas. These were prevention; carers and support for carers; how to maximise income and make the best use of direct payments and; long term care.

A Member asked whether there was yet sufficient evidence available to support the development of similar arrangement across Medway. Officers advised that it should be possible to determine this by the end of the financial year. It was noted that the existing initiatives had prevented Adult Social Care costs being incurred of approximately £22,000 to date.

Decision

The Board noted the update provided and noted that a more detailed report would be presented to the Board at the February 2018 meeting.

305 Medway Mental Health Strategy

Discussion

The update was introduced by the Head of Mental Health Commissioning at NHS Medway CCG. Work on development of the Medway Mental Strategy was

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on-going. An advisory group had been set up which was meeting every four weeks. Stakeholder analysis was being undertaken and the current mental health provision in Medway mapped. The Public Health Team at Medway Council was due to be providing a refreshed Joint Strategic Needs Assessment (JSNA) chapter on mental health. This had originally been due in July. The Council's Director of Public Health advised that, following the recent National Mental Health Concordat there were new data requirements. These needed to be reviewed ahead of completion of the JSNA chapter.

A Board Member was concerned about Section 136 provision. Section 136 of the Mental Health Act enables Police to take a person to a place of safety where the person is believed to be suffering from a mental illness and is in immediate need of treatment or care. The Member was concerned that within Medway there was no alternative to accommodating people in Police cells and sought reassurance that this would be addressed as part of the Strategy. The Board was informed that a Kent and Medway wide steering group had been established as part of the Mental Health Concordat and that a North Kent Concordat group had been established. This would be looking at places of safety. There were already five safe suites for people to be taken to in Kent, although the nearest one to Medway was in Dartford. It was hoped that the use of Street Triage in Medway, which saw a mental health nurse going out on patrol with a Police Officer, would help to reduce the need for Section 136 powers to be used.

In response to a question about how the Children's Wellbeing Service (a separate item on the agenda) would link to the Mental Health Strategy, officers advised that the Children's Wellbeing Service had been re-procured and that it had not yet been determined whether the Strategy would cover children and young people. There was a need to link to existing CAMHS provision and to help ensure effective transition from children's to adult services. Tackling health issues was increasingly about prevention and promoting wellness rather than simply dealing with illness.

It was clarified that Red Zebra was a company that undertook communications and engagement for NHS Medway Clinical Commissioning Group.

A Member considered the report to be informative and that the work being undertaken was looking to keep people well and to reduce the need for admission to acute care facilities. However, the fact that Medway had lost its acute mental health facility was wrong and he was keen to see provision of an acute facility in Medway once again. The Member considered that the needs of families had not been considered and that promised transport provision for family members to see their relatives at out of area facilities had not materialised. The Member was also concerned that the Street Triage provision was only for three nights a week.

Decision

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The Board noted the update provided and noted that it was anticipated that the draft Medway Mental Health Strategy would be presented the Board at the February 2018 meeting.

306 Work Programme

Discussion

The Democratic Services Officer introduced the report. Since the last meeting, NHS England had confirmed that their decision to only attend meetings when specifically requested to do so applied to all Health and Wellbeing Boards. NHS England will still be required to participate in the development of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy and have also indicated that they would be prepared to attend in relation to other items where specifically requested.

At the June 2017 Board meeting it had been discussed whether a report on the activity of NHS Medway CCG Primary Care Commissioning Committee should be presented to the Board. It had been agreed at the Board's pre-agenda meeting that this should be widened to include the CCG's wider operating plan and that this would be presented to the February 2018 meeting.

Since the pre-agenda meeting it had been requested that the Better Births Implementation Plan be presented to the November meeting as well as an item on a Time Credits scheme.

It was requested that an update on air quality would be added to the work programme for the February 2018 meeting and for this to include update on Four Elms Hill and the A2 corridor.

Decision

The Board agreed the work programme, subject to the changes noted in the report and agreed during the meeting and further agreed that an update on air quality would be added to the Work Programme for the February 2018 meeting.

Chairman

Date:

Jon Pitt, Democratic Services Officer

Telephone: 01634 332715

Email: democratic.services@medway.gov.uk

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