

**Medway Council**  
**Meeting of Health and Wellbeing Board**  
**Tuesday, 20 February 2018**  
**4.05pm to 7.00pm**

**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 Adults' Services (Chairman)  
Councillor Howard Doe, Deputy Leader and Portfolio Holder for Housing and Community Services  
Ann Domeney, 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  
Dr Antonia Moore, Elected Clinical Member, NHS Medway Clinical Commissioning Group  
Ian Sutherland, Director of Children and Adults Services  
Councillor Martin Potter, Portfolio Holder for Educational Attainment and Improvement  
Councillor Stuart Tranter  
James Williams, Director of Public Health

**Substitutes:** None

## Health and Wellbeing Board, 20 February 2018

**In Attendance:** Christine Chetwood, Manager, WHoo Cares  
Lesley Dwyer, Chief Executive, Medway NHS Foundation Trust  
Helen Greatorex, Chief Executive, Kent and Medway NHS and Social Care Partnership Trust  
Rachael Horner, Partnership Commissioning Programme Lead for Looked After Children  
Neil Howlett, Community Safety Partnership Manager  
Stuart Jeffery, Chief Operating Officer, Medway CCG  
Julie Keith, Head of Democratic Services  
Sameera Khan, Assistant Head of Legal Services  
Lucy Kirk, Environmental Protection Team Leader  
Chris McKenzie, Assistant Director - Adult Social Care  
Su Ormes, Public Health Programme Manager  
Jon Pitt, Democratic Services Officer  
Patricia Reilly, CEO, WALT  
Martin Riley, Managing Director, Medway Community Healthcare  
Stuart Steed, Environmental Protection Officer  
Dr David Whiting, Consultant in Public Health  
Jackie Wood, Head of Provider Services  
Carla Van Zyl, Programme Lead - Combining Personalisation with Community Empowerment

### **768 Apologies for absence**

Apologies for absence were received from Caroline Selkirk of Medway NHS Clinical Commissioning Group.

### **769 Record of meeting**

The minutes of the meeting held on 7 November 2017 were agreed as a correct record.

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

There were none.

### **771 Declarations of Disclosable Pecuniary Interests and Other Significant Interests**

#### Disclosable pecuniary interests

There were none.

#### Other significant interests

There were none.

## Health and Wellbeing Board, 20 February 2018

### Other interests

Ian Sutherland declared an interest in agenda item 5 as he was a member of the national executive for the DERiC charity. Cllr Gulvin declared an interest in agenda item number 7 as he was chair of the Community Safety Partnership, Cllr Maple declared an interest in agenda item number 7 as he was a member of Medway Community Safety Partnership.

## **772 Developing and Empowering Resources in Communities (DERiC)**

### **Discussion**

The Board was advised that Developing and Empowering Resources in Communities (DERiC) was a nationwide Community Interest Company (CIC) working in partnership with Medway Council. Two DERiC CICs had been established in Medway, wHoo Cares on the Hoo peninsular and WALT in Walderslade. The available data and case studies suggested that the service model was having a positive impact but that work is needed to ensure sustainability. Both CICs were working on business plans with the aim to generate further discussions on how to support sustainability in line with priorities set by health and social care as well as other local initiatives.

wHoo Cares had supported 74 people and had 54 active partners were being supported by the programme. 39 people had been trained as volunteers, all of whom lived locally. Support provided included transporting people to local activities and to medical appointments. The average person supported was 75 years old and had a variety of health conditions, although some people supported were significantly younger. People supported had a range of physical and mental health challenges. wHoo assessed each person supported and allocated them a wellbeing score. In one case, the support provided had helped to increase the wellbeing score of an individual from 8% to 56%.

WALT adopted a person centred approach in relation to volunteers and therefore assessed what each volunteer could offer rather than trying to fit them into a pre-determined position. The national average for the number of hours each volunteer provided each month was 11.5 hours. WALT was well above this with some volunteers exceeding this in a week. A total of 1,595 hours of time had been volunteered with there currently being 18 trained volunteers with the number increasing. Volunteers tended to be older people with a number being themselves disabled or on low incomes. Some former clients had become volunteers.

The organisation was able to actively engage with a number of people who would not otherwise be engaged with social services or health services. Up to December 2017 there had been around 100 referrals to WALT from health and social care as well as self referrals from the local community.

A Member of the Board asked how WALT and wHoo Cares ensured compliance with the data protection, how the forthcoming changes in data protection legislation were being addressed and how much interaction took

## Health and Wellbeing Board, 20 February 2018

place with other organisations. The Board was advised that the two companies were clear what their obligations were in relation to data protection with staff and volunteers being fully trained. This included working with Medway Council and utilising a safeguarding professional in Adult Social Care. It was agreed that further information would be provided following the meeting.

A Board Member said the work to date had been good and that consideration should be given to rolling the model out across Medway. Another Board Member supported the expansion of DERiC programmes in Medway and noted that a number of local schools, particularly Greenacre had been involved in their support.

Another Member, whilst being supportive of expanding the programme, was concerned that part of the reason for the success of WALT and wHoo Cares lay in its small geographic focus. The Member also asked whether there were any Kent residents using the services provided by WALT and how a handover to partner organisations was made when there was a need for other services to become involved in supporting an individual. The Board was advised that WALT had been involved in a safeguarding referral and in a multi-agency referral in the last four months and that the professionalism of the organisation had been commended by social services and by the Police. It was not uncommon for engagement to take place with several different organisations in order for an individual to be supported effectively. A full handover would take place where the CIC was no longer able to help an individual directly, but in the majority of cases they would continue to be involved as the involvement of other organisations increased.

It was requested that details of how cost and benefit calculations are carried out in relation to DERiC programmes be provided to the Board.

### **Decision**

The Board noted the progress of WALT and wHoo Cares to date and considered the further opportunities to build on the range of support offered.

### **773 Air Quality Update**

The Board were advised that evidence from a recent study estimated that poor air quality was responsible for more than 50,000 deaths in the UK each year. Particulate air pollution had been estimated to reduce life expectancy of each person by an average of seven to eight months. Deaths from poor air quality, were more than the number attributable to passive smoking, road traffic accidents or obesity. The costs to the UK economy of air pollution were estimated at £20 billion per year. 125 Medway residents aged over 25 are believed to die each year as a result of air pollution.

The Environmental Protection Team monitored air quality across Medway. There is a specific Medway air quality Action Plan in place. The Action Plan promotes the use of public transport, less driving of private cars, car sharing as well as sustainable development. The Safer Journey team was working to

## Health and Wellbeing Board, 20 February 2018

encourage walking and cycling to and from Medway schools. The Council was required to provide DEFRA with an annual update on air quality in Medway. An Air Quality Steering Group had been set up by the Environmental Protection team to oversee implementation of action plan

A new Air Quality Management area had been declared in October 2017 at Four Elms Hill due to levels of Nitrogen Dioxide. This required the development of a new Air Quality Action Plan within 12 months

The Environmental Protection Team worked closely with the Council's planning function to ensure that the new Local Plan would include an air quality policy.

Use of public transport was increasing. There has been a rise in the number of bus passengers. Public Health had engaged the National Social Marketing Centre to develop an air quality communications strategy to promote a change in behaviours. The adoption of a traffic management tool locally was helping to improve traffic flows across the Medway road network.

Due to improvements to air quality in other parts of Medway, Defra had recommended reviewing the status of all air quality management areas in Medway. Feedback from Defra had acknowledged progress in some key areas. However, a significant number of measures remained inactive. Some of the measures not progressed in 2016 had seen further development in 2017 e.g. the production of a communications strategy. Progress had also been made in relation to emissions of the local bus fleet. A key measure to be progressed in next financial year included taxi emissions with the Energy Savings Trust having been engaged to support the work.

In relation to the Pier Road Air Quality Management Area (AQMA), progress had been made since 2012. Continued progress would enable the AQMA to be revoked but it was considered prudent for regeneration of the area to be completed and the new Local Plan adopted before a decision was made to change the status of the Pier Road AQMA.

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

**Traffic congestion, cycling programme and emission target fines – A** Board Member was concerned by the increasing amount of slow moving traffic on the A2 and that it appeared to have got significantly worse in a short period of time. The Member also highlighted the Council's £2.5m cycling programme and that the Council was working to ensure that all new developments had access to the cycling network. He highlighted that there was a risk of the UK facing a fine from the European Union for breaching emission targets for levels of Nitrogen Dioxide and that if this happened it was likely that every local authority would have to contribute.

Another Board Member raised the issue of pollution caused by lorries passing through Rainham and suggested that many of these could be routed via the M2

## Health and Wellbeing Board, 20 February 2018

instead. The Member also raised concern that the bus priority system on Chatham Hill was causing problems with traffic flow. Officers advised that the pollution caused by lorries was reducing significantly and that the most significant problems were caused by older diesel cars. The issue raised in relation to the Chatham Hill bus priority system would be discussed with integrated transport.

Officers stated that the Council was consulted on development close to the Medway boundary so there was the opportunity to object to developments that could have a negative impact on Medway. New planning guidance included the requirement for developers to take air quality mitigation measures to offset likely impacts. Prior to the new guidance, it had been difficult to secure appropriate levels of mitigation. There were now new developments that included vehicle charging points and cycle links as well as work to incentivise people to buy bikes. Appropriate planning measures were being put in place but it was acknowledged that the cumulative impact of development in Medway could be significant.

**Wouldham development** – A Board Member raised concerns about the pressure that new development in the Wouldham area put on the local road network and questioned whether this had been investigated. Officers advised that if definitive information on increased traffic volumes compared to baselined data was available then the issue could be considered. The issue had not been raised previously but could be looked at if further detail was to be provided.

**Electric Vehicles, charging points and emission targets** - Planning guidance encouraged the provision of charging points at new developments. There was no strategy currently in place for existing development but a working group would look at this issue. The aim was to achieve emission levels that were as low as possible.

A Member voiced concern that the UK current power supply infrastructure would not be able to cope with a significant increase in the number of electric vehicles and also that increased power generation required could cancel out the environmental benefit of reduced emissions from vehicles. The Member also noted that Medway now had the opportunity to store energy generated from wind turbines.

**Bus and fleet emissions and emissions reduction / monitoring** – An update on work to reduce bus emissions would be included in the annual status report that would be published in June. Two freight operators had made significant investment in cleaner vehicles during the year without there being a need for formal intervention. Discussions were taking place with operators about future targets. Two projects were being delivered to reduce taxi emissions, although a Member raised the issue of there being an increasing number of taxis operating in the area that were registered outside Medway, which would be difficult for Medway to tackle. The Member was also concerned that bus fares were too high for people to use them rather than drive. Consideration would also be given to how the Council's vehicle fleet could be

## Health and Wellbeing Board, 20 February 2018

made greener with electric vehicles also having the potential to deliver significant cost savings. There were two fixed air quality monitoring stations in Medway with data being collected in real time. Monitoring devices could be attached to lampposts for a month at a time. Equipment could not be moved easily. Some mobile monitoring equipment was in use but this was not as accurate as the fixed equipment. Evidence in relation to catalytic paint coating reducing particulate pollution was mixed. It was considered more important to target the source of pollution, particularly to ensure that diesel emissions were reduced. Street design, including increasing levels of green planting was also important.

**Budget for street tree planting** – A Member raised concerns that a lot of street trees had been lost and that these could not be replaced from within normal Council budgets. Officers advised that some mitigation could be achieved through tree planting and it was suggested that work could be undertaken with the Greenspaces team for wider improvements to be realised.

**Productivity** – A Member considered that poor productivity was a contributory factor to pollution and that therefore this needed to be addressed. It was requested that this issue be fully investigated, including the identification of what motivates stakeholders to change.

**Location of Kent and Medway** – A Board Member said that Medway and Kent differed from the rest of the country as they were the gateway to the UK for the vast majority of traffic arriving from continental Europe and therefore would be more affected by traffic than other parts of the country. The Member also noted that while Medway needed to take action where it could, the issue of air pollution was a worldwide problem and suggested that consideration could be given to encouraging people to replace older, more polluting cars.

### Decision

The Board noted and accepted the report as an update from the Environmental Protection and Public Health teams in relation to the current status of the air quality in Medway.

## 774 Strategic Assessment and Draft Community Safety Plan 2016 to 2020

### Discussion

Community Safety Partnerships had been established since 1998. The Council was one of five responsible authorities for the Medway Community Safety Partnership, the others being Kent Police, Kent Fire and Rescue, Kent, Sussex and Surrey Community Rehabilitation Company and Medway NHS Clinical Commissioning Group. The Crime and Disorder Act required the preparation of a Community Safety Plan and the undertaking of an Annual Strategic Assessment with the aim being to reduce crime and disorder, tackle substance misuse and reduce reoffending. The Plan covered the period 2016 to 2020. The Annual Strategic Assessment considered a wide variety of data in addition to Police data. The Community Safety Plan contained an action plan which could



## Health and Wellbeing Board, 20 February 2018

be updated on an annual basis in order to cover emerging themes. Following presentation of the Annual Strategic Assessment to Overview and Scrutiny in December 2017, it was recommended that the Community Safety Plan and priorities should remain unchanged for 2018/19. The Action Plan would be updated for publication on April 1 2018.

A Safety Awareness Week had been held for primary school leavers which had covered issues such as road and water safety, drugs and alcohol. Following the tragic deaths of some young people who had fallen into the River Medway, the Community Safety Partnership (CSP) had worked with Kent search and rescue to patrol river banks over the Christmas period, with two people having been prevented from entering the water. The CSP had agreed to pay for search lights. A Water Safety Working Group had been established to work to make the river safer and reduce number of people going into water. Evaluation of the work being undertaken in relation to water safety education and the provision of lifesaving equipment was being undertaken.

A successful bid for £12,000 had been made to fund youth diversionary work with a range of activities being planned for the next year. This was particularly important with gang activity in Medway being on the increase. There was also a particular risk of Child Sexual Exploitation associated with gang culture.

The CSP annual engagement event held in the previous week had been used to highlight the issue of rough sleeping at look at how it could be reduced. A leaflet had been produced for rough sleepers to list the sources of help available and a focus group in Rochester was looking at the issue.

A Board Members felt that partnership working had improved, including work with voluntary groups. Residents and traders were becoming involved in dealing with the issue of rough sleeping and there was now a better understanding.

Another Board Member stated that there needed to be a greater focus on the issue of mental health and emphasised the need for engagement with neighbouring community safety partnerships.

Officers advised that mental health would be included in more detail within the action plan for the next year and that this cut across all five of the Community Safety Plan priorities. Regular meetings took place between Medway representatives and those representing other community safety partnerships.

A Board Member considered that alcohol was responsible for more crime and violence than illicit drugs and noted an example where a licence for a further off licence in a part of Medway had been refused due to the number of similar premises already operating in the area

Board Members thanked the community safety team for the work undertaken, with one Member highlighting work undertaken with the Housing team, which he felt had made a tangible difference.



**Decision**

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

**775 Care Leavers Offer and Supported Accommodation**

**Discussion**

The Board was informed that changes in national policy and legislation required the Council to reassess services for care leavers. The Children and Social Work Act 2017 called for innovative and effective services to be developed for care leavers. This required the provision of a stronger offer and for work to take place with care leavers to co-design services. A draft Care Leavers Offer had been developed. Engagement work would now take place with young people to make it user friendly and accessible.

There were 370 care leavers in Medway. Details of needs of care leavers were included in the report. It had been nationally recognised that care leavers were a vulnerable group of young people who had poorer outcomes than their peers and struggled to make the transition to independent living.

It was noted that the age limit for provision of services to care leavers had increased to 25. It had previously been 21, unless the individual was in education or was disabled. Key outcomes of the offer would need to address how to support people to live independently and how to provide holistic support and ensure access to education and training, including apprenticeships. The offer would also look to provide care leavers with stability, security, improved access to health support and financial stability. There was a need to make the needs of care leavers themselves central to this offer and to ensure that the offer was updated to reflect this.

Existing methods used to provide accommodation were considered to be outdated and therefore the framework needed to be updated. This would include a robust consultation and engagement process. A re-procurement process was due to commence after March 5, subject to agreement at Cabinet. Specifications would be presented to a market engagement event.

A Board Member said that a number of Councils were offering council tax relief to care leavers and asked whether this could be considered in Medway. The Member also noted that a number of types of accommodation were in short supply locally and questioned whether sufficient accommodation would be built up until 2035, the period covered by the Local Plan

## Health and Wellbeing Board, 20 February 2018

Officers advised that discretionary relief for care leavers' council tax would be applied over the next 12 months on a case by case basis for relief to be provided where genuinely required. Consideration would then be given to whether this relief should be included in the council tax exemption scheme. Consideration was also been given to increasing the use of shared accommodation. Any such use would be based on individual need.

In response to a Board Member who asked what handover process was in place if a care leaver moved to another local authority area, officers advised that personal advisors would continue to support care leavers. Where this was not possible, the Council's care leaving team would liaise with the care leaving team from another local authority. This was dependent on the care leaver keeping in touch and letting the Council know where they were moving to.

### Decision

The Board:

- i) Noted the development of the Offer to Care Leavers and commented on ideas and initiatives that could contribute towards developing a robust and comprehensive Offer from all partners, as described in the report.
- ii) Noted the imminent re-procurement of the semi-independent Supported Accommodation service and upcoming engagement with the Market.
- iii) Noted and considered its contribution to the development of apprenticeships for young people who have or are in the process of leaving care.

### 776 Development of Medway Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

#### Discussion

The current Joint Health and Wellbeing Strategy (JHWS) had been adopted in 2012. It was based upon evidence in the joint strategic needs assessment and on community views. The Strategy also included a five year action plan. National guidance did not specify the time period that the Strategy should cover or how frequently it should be updated. The Strategy linked to a number of other strategies and plans, including the Council Plan.

The JSNA was based upon five key themes, Giving every child a good start; Enable our older population to live independently and well; Prevent early death and increase years of healthy life; Improve physical and mental health and well-being and Reduce health inequalities.

The five key themes were still considered to be very relevant and it had therefore been decided to retain these themes and update the existing strategy. A meeting was due to take place with key stakeholders to explore key linkages to other areas of work to identify any gaps and identify opportunities for further

## Health and Wellbeing Board, 20 February 2018

work. Consideration also needed to be given to the evolving work associated with the Kent and Medway Sustainability and Transformation Plan. The views of the local community were being sought via a series of listening events. Following this engagement process, new priorities would be identified for the five themes of the JHWS and an updated JHWS published.

A Board Member agreed with the overall approach being proposed, including the planned community engagement. It was requested that ward councillors be made aware of the timetable for community engagement to ensure good attendance and good promotion. It was requested that at least two listening events were held on the Peninsula.

Another Board Member congratulated Medway hospital on their work to make the hospital smoke free and their work to reduce smoking amongst new mothers at time of delivery as well as work by the Council in relation to obesity. The Member also noted that the Council had introduced planning guidance three years ago that no new fast food outlets be allowed to open within 400 metres of school premises.

### **Decision**

The Board agreed the planned approach to update the Medway JHWS.

## **777 Medway Clinical Commissioning Group Operational Plan**

### **Discussion**

The Board was provided with an update on the first ten months of delivery of the CCG Operational Plan. The Plan set out nine must dos that CCGs were required to deliver by central Government. Key highlights of activities undertaken in the period included progress on the development of local care, the roll out of Pace Clinics (support for older adults), work with Kent Fire and Rescue Service on assessing the risk factors related to falling in older people and development of primary care services, to deliver the NHS GP 5 Year Forward View programme. There were currently four healthy living centres in Medway with a further two being required. Minor illness clinics had been established in Rochester and Rainham and would be rolled out across Medway. Care Navigation services were also being developed. Significant work had been undertaken in relation to urgent and emergency care. Front door screening had been started with Medway Community healthcare and Medway Foundation Trust, to identify patients who could be dealt with in primary care.

There had been much positive partnership working to reduce Delayed Transfers of Care of patients fit for discharge from the hospital to the community. This had included one week in December where no patients had been delayed. There had been a significant reduction in the number of patients waiting over four hours to be seen in Accident and Emergency due to joint working undertaken with MFT. There had also been a reduction in the number of patients waiting for procedures. Medway Maritime Hospital had the only Accident and Emergency Department in Kent and Medway that had a 24 hour

## Health and Wellbeing Board, 20 February 2018

liaison psychiatry service. A number of specific services had been recommissioned during the previous 12 months.

A Board Member said that there were currently no 24/7 pharmacies in Kent and Medway and requested that work be undertaken to identify pharmacies in the area that had applied for a 24/7 licence but were not fulfilling this. It was confirmed that pharmacy services were commissioned by NHS England rather than by the CCG. Arrangements were made with local pharmacies for 24/7 availability of a pharmacist. Therefore, the case highlighted by the Member of an out of county journey having to be made to obtain drugs for a terminally ill patient should not have occurred. The CCG would look at this issue if further details could be provided regarding the specific circumstances.

In response to a Board Member who asked whether a serious issue raised in relation to a GP surgery was an isolated incident, the CCG representatives considered that it was indeed an isolated incident but that if other concerns were raised these would be investigated

Officers highlighted the strength of partnership working in Medway. The Board had previously raised concern about a lack of visibility of children's safeguarding. Work was taking place in relation to this and the recent Special Educational Needs and Disability (SEND) inspection outcomes.

### **Decision**

The Board noted the progress on the delivery of the Operational Plan.

### **778 Update on Medway Clinical Commissioning Group Primary Care Commissioning Committee**

#### **Discussion**

The CCG had taken over delegated responsibility for commissioning of primary care at the beginning of April 2017. A Primary Care Commissioning Committee had been established six months in advance of this date to oversee the work. The role of the Committee had previously been discussed at the Health and Wellbeing Board, with the Board having asked for an update on the work of the Committee.

The committee was responsible for contracting primary care including approval of mergers closures and changes to contracts. It was supported by an operational group to deliver the GP 5 Year Forward View. The Operational Group was responsible for undertaking activity required by the committee. It was noted that the majority of variations to primary care contracts had been requested by the GP practices themselves.

A Board Member asked whether the CCG was responsible for the overall system to ensure that there were enough GPs in place. The Board was advised that the CCG had overall responsibility. This included developing a workforce plan which included looking at how clinicians could be trained and developed to

## Health and Wellbeing Board, 20 February 2018

enable them to better support GPs and looking at how to attract GPs to Medway. The CCG worked closely with the Council's planning function to ensure that future developments took into account GP provision. Traditional GP services would not necessarily be provided by GPs in the future with some services likely to be provided by other healthcare professionals as the local population increased.

A Member highlighted an issue in relation to a local GP practice that had been looking to close one of its surgeries. Some patients had not wanted to travel to Gillingham but had then experienced difficulty in registering at a practice in Rainham. The Member felt that the process could have been better managed. The CCG representatives advised that none of the GP practices in Rainham had closed their lists to new patients but that some were concerned about capacity and were therefore trying to manage their lists. Where a patient was unable to find GP the CCG was able to ask a practice to register the patient. This had taken place for some patients in Rainham. A minor illness clinic was being piloted in Rochester. This would bring all local practices together to provide on the day appointments for patients with certain health conditions. A second minor illness clinic was due to open in Rainham. GPs and other health professionals would be recruited to run sessions

In response to Board Member questions, it was confirmed that meetings of the Primary Care Commissioning Committee were held in public and the minutes were publically available. In response to a separate question it was confirmed that the CCG had approached the Kent and Medway STP for funding in relation to proposals regarding the Clover Street Clinic and that the application had gone through to a second funding round. The CCG was hopeful that this would be successful.

### **Decision**

The Board noted and commented on the update provided.

## **779 Establishment of a New Kent and Medway Joint Health And Wellbeing Board**

### **Discussion**

At the September meeting of the Medway Health and Wellbeing Board there had been a brief discussion about the possibility of establishing joint health and wellbeing arrangements with the Kent Health and Wellbeing Board in order to secure a collaborative approach across the two boards in relation to the Kent and Medway Sustainability and Transformation Plan. Since then there had been the announcement of the establishment of a single strategic commissioner for health in Kent and Medway and the creation of two integrated care systems to cover the Kent and Medway geography.

It was now being proposed to establish an advisory joint sub-committee between the Medway and Kent Boards. Both Boards would continue to discharge their statutory responsibilities separately. It was anticipated that the

## Health and Wellbeing Board, 20 February 2018

joint sub-committee would focus on discussion of shared issues in relation to public health, social care and local health and wellbeing priorities.

The Medway Health and Wellbeing Board was being asked to agree to the establishment of the new advisory sub-committee for an initial period of two years. This would then need to be agreed by the Kent Board. Regular updates on the work of the sub-committee would be provided to each Board

Members agreed to the principal and importance of establishing joint arrangement while also noting the importance of Medway maintaining its own Health and Wellbeing Board.

A Board Member was concerned that the joint arrangements may need to expand further in the future to include other areas as was happening in relation to the Kent and Medway Joint HOSC in relation to discussion of the Kent and Medway Stroke review. The JHOSC was being expanded to include Bexley and East Sussex. It was confirmed that these discussion were specific to the stroke services consultation because of current arrangements and geographic considerations. There may be some work that involved other areas but this would need to be determined on a case by case basis.

A Board Member was pleased that the joint sub-committee would have parity of membership between Kent and Medway and noted that the new Joint HOSC involving Medway, Kent, Bexley and East Sussex would also have parity of membership with Kent as would the existing Kent and Medway joint HOSC going forward.

A consultation was currently being held in relation to the reconfiguration of stroke services in Kent and Medway. Consultation respondents were being asked to choose from five possible three site options for the future location of stroke services. The options were as follows:

- A. Darent Valley, Medway, William Harvey
- B. Darent Valley, Maidstone, William Harvey
- C. Maidstone, Medway, William Harvey
- D. Tunbridge Wells, Medway, William Harvey
- E. Darent Valley, Tunbridge Wells, William Harvey

The Member said that his first preference would be option D followed by the other options that included Medway. The Director of Public Health said that analysis undertaken suggested that option D would be preferred as it maximised the number of patients living within specified journey times of their nearest site.

It was also noted that two listening events would take place in Medway in Rochester on 5 March and Gillingham on 20 March.



## Health and Wellbeing Board, 20 February 2018

### Decision

The Health and Wellbeing Board agreed:

- (i) The establishment of a new Kent and Medway Joint Health and Wellbeing Board (KAMJHWP) constituted as an Advisory Sub Committee, with Terms of Reference and procedure rules as set out in Appendix 1 to the report.
- (ii) That the membership of the Sub Committee should be as set out in paragraph 5 of Appendix 1 to this report.
- (iii) That the role and continuation of the KAMJHWP should be reviewed after two years.
- (iv) That the Monitoring Officer should add a reference to the Sub Committee and include its Terms of Reference in the Council's Constitution under his delegation to make minor changes to the Constitution.

### 780 Work Programme

#### Discussion

The Board was advised that further work was required on the draft Medway Mental Health Strategy and that it would, therefore, be presented to a future Board meeting.

A Board Member asked what the brief and scope was for the Pharmaceutical Needs Assessment and whether it identified the number and location of any 24/7 pharmacies. Officers advised that every local authority had to produce a PNA every three years. The previous one had been published, therefore a new one was due for publication in 2018. The PNA would assess the need for pharmaceutical services in Medway. A draft had been published and a 60 day consultation undertaken between December 2017 and February 2018. The document was now being finalised based on feedback received. The PNA assessed objective need and identified areas where need was unfulfilled. NHS England would then use the document to assess applications for new pharmaceutical services within Medway. The PNA identified services by 40 hour and 100 hour per week services. Officers would clarify whether there was any 24 hour service. It was noted that the NHS choices website listed the opening times of all pharmacies.

#### Decision

The Board agreed the work programme attached at Appendix 1.



**Health and Wellbeing Board, 20 February 2018**

**Chairman**

**Date:**

**Jon Pitt, Democratic Services Officer**

Telephone: 01634 332715

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