

**Medway Council**  
**Meeting of Health and Wellbeing Board**  
**Tuesday, 17 April 2018**  
**4.05pm to 7.00pm**  
**Record of the meeting**

**Present:** Councillor David Brake, Portfolio Holder for Adults' Services (Chairman)  
Councillor Howard Doe, Deputy Leader and Portfolio Holder for Housing and Community 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, 17 April 2018

**In Attendance:** Kate Ako, Principal Lawyer - People  
Linda Barnard, Primary Care Commissioning Assistant, NHS  
England  
John Drew, Independent Chair of Medway Safeguarding  
Children Board  
Scott Elliott, Head of Health and Wellbeing Services  
Brid Johnson, Integrated Care Director  
Chris McKenzie, Assistant Director - Adult Social Care  
Ann McNicholl, Programme Lead, Early Help  
Mark Parker, Legal Services  
Jon Pitt, Democratic Services Officer  
Heidi Shute, Corporate Director, Medway Community  
Healthcare  
Graham Tanner, Partnership Commissioning Programme Lead  
Julia Thomas, Senior Public Health Manager  
Dr David Whiting, Consultant in Public Health  
Jackie Wood, Head of Provider Services

### **931 Apologies for absence**

Apologies for absence were received from Board Member Ann Domeney, Assistant Director of Children and Adults and from invited attendee, Helen Greatorrex, Chief Executive of the Kent and Medway NHS and Social Care Partnership Trust.

### **932 Record of meeting**

The minutes of the meeting held on 20 February 2018 were agreed as a correct record.

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

There were none.

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

#### Disclosable pecuniary interests

There were none.

#### Other significant interests

There were none.

#### Other interests

There were none.

## 935 Medway Safeguarding Children Board (MSCB) Update Report

### Discussion

The report was one of two updates provided to the Health and Wellbeing Board each year on the work of the MSCB. This was in accordance with the protocol agreed by each of the boards. This mid-year update would be followed by the annual report, which was due to be considered by the Health and Wellbeing Board in November 2018.

A key issue highlighted to the Board was that of Child Sexual Exploitation (CSE). Prevalence in Medway was in line with what would be anticipated for a place of its size. National best practice was being fully utilised to address the issue. The level of CSE was impacted by a range of factors including whether there is a history of abuse, particularly sexual abuse and gang prevalence. It was considered that the local response was as effective as it could be.

A number of Serious Case Reviews (SCRs) were in progress or had been concluded. These are undertaken when it was acknowledged that there had been significant issues in relation to child safeguarding. The undertaking of reviews demonstrated an awareness of issues and was not necessarily a bad thing.

The most high profile case was in relation to the Medway Secure Training Centre. This review was still in progress so it would not be appropriate to discuss further but it was anticipated that the learning from the review would have implications across the country. This review is likely to be published by the end of September.

Two other serious case reviews were in progress with two more having recently published, each of which had common themes. The children involved had been less visible to public authorities than they should have been. Detailed case summaries, recommendations and agency responses had been published on the MSCB website. Neither of the cases were principally about actions that the Council had or had not taken. The reviews demonstrated that there was an issue with information about children moving into Medway not being passed on to local agencies quickly enough.

In line with Government legislation, the processes around children's safeguarding had to be reformed by September 2019. The reforms, which provided more local freedom in relation to safeguarding arrangements, involved three key partners. These were Medway Council, Medway Clinical Commissioning Group and Kent Police. There was considerable agreement between the partners about what the arrangements would look like. Care would be taken to consider what was being planned in other areas.

Half of cases audited in Medway were good, while one third required improvement. Approximately 10% of cases had not reached a satisfactory level. There had recently been a peer review of safeguarding in Medway.

## Health and Wellbeing Board, 17 April 2018

Plans to employ a second Council auditor in this area were welcome, as audit activity was critical to help raise standards.

Recruitment and retention of staff was challenging as Medway was in direct competition with London Boroughs, who were often able to pay more. For the last couple of months, Medway had been adding a market premium to social worker salaries to make them more competitive compared with other areas. The number of applications received had increased during this time and there had been a reduction in the number of staff leaving posts. This had also been helped by the creation of area pods and stronger supervisory arrangements.

Caseloads for each social worker were still slightly higher than was desirable, but had fallen by 1.5 cases per worker in the last year. Along with salaries, manageable caseloads were another important factor in attracting staff to Medway.

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

**Impact of gangs** – The impact of gang culture was a growing concern. Research undertaken in London suggested that the impact of gangs had increased significantly in the last ten years. London gangs were known to be sending drug runners out into surrounding areas, with the whole of the South East being at risk, although there was no evidence to suggest that Medway was a particular target. The involvement of young children in these activities was considered to be increasing. It was acknowledged that the response to this risk needed to consider all the component parts that could lead to children becoming involved in drugs.

A Board Member advised that Home office funding had been provided for a local organisation. This had run two training sessions for people working with youngsters to help them recognise signs of involvement in gang activity. Work was also taking place in local primary schools to ascertain what children knew about gang culture. This had shown that many were fascinated by the idea, but that reassuringly few had hands on knowledge.

It was noted that Medway Council had retained a targeted youth service and that work had been undertaken in relation to gangs. A conference for foster carers had recently been held, which had explored the issues of gangs. It was noted that Looked After Children tended to be more vulnerable to becoming involved in gang activity.

**Social Workers** - A Board Member advised that Medway's Transformation Board had invested £0.5 million in social worker kits for mobile working and that there was ongoing work to reduce Council reliance on agency provided social workers.

**Serious Case Reviews** – A Member was concerned that one of the Serious Case Reviews had highlighted issues dating back 15 years in

relation to reporting and documentation. The Member felt that Medway as a place had lessons to learn and that the review highlighted a system that collectively needed to improve. Concerns were also raised about use of the word 'should' in the recommendations for one of the serious case reviews as there was concern that this may not lead to action being taken. It was requested that further information about the recommendations for the serious case reviews completed during the year and actions taken since adoption be circulated to the Board.

In relation to the 'Ellie' Serious Case Reviews, it was explained that mother and daughter had been placed in Wolverhampton due to availability of accommodation rather than due to them having a connection to the area and had subsequently been relocated to Medway, again due to availability of accommodation. There had been a lack of notification of relevant authorities in Medway and joint working between agencies had not been strong enough. There had also been a weakness in how the local GP had been made aware of the case. The housing provider in Medway had not been informed of the family needs. There was confidence that if the circumstances of the case were to be repeated there would not be the same issue.

### **Decision**

The Board:

- i) Considered the contents of the update report and provided comments as set out in the minutes.
- ii) Requested that further information be provided to the Board in relation to the actions taken following the two published Serious Case Reviews.

## **936 Medway Young Persons' Wellbeing Service Mobilisation and Transition Update**

### **Discussion**

The report followed a previous report to the Board in September 2017 at which time, the new provider NELFT had just commenced its contract for the delivery of Child and Adolescent Mental Health (CAMHS) services in Medway. These had previously been provided by the Sussex Partnership and in-house team at Medway Council. NELFT operated a similar service in Kent as well as the Kent and Medway All Age Eating Disorder Service. In relation to CAMHS services in Medway, there had been a significant amount of work to reconfigure services as well as work with staff in the service, including a staff consultation.

There was a need to get all staff working with children onto the same clinical record system, including enabling all staff to work remotely. All staff now had a laptop to facilitate this. NELFT was using Open Road for

## Health and Wellbeing Board, 17 April 2018

substance misuse services, all other services covered by the contract being were provided by an in-house team.

The new service model had gone live in April 2018 with there being significant service changes planned over the next few months. NELFT was considered to be more than a service provider. It was a strategic partner that was working with Medway NHS Clinical Commissioning Group and other agencies.

A single point of access to the service had been created to answer calls. This included a senior clinician being available to help determine whether a case required immediate treatment, urgent treatment within a week or was routine. There had been a need to use temporary staff initially but there had been little negative feedback as a result. One challenge was making people aware that they could access the service directly without first needing to get a referral from their GP.

Crisis service provision in Medway currently accounted for a third of the total resource utilised in this area for all of Kent and Medway. This showed that demand in Medway tended to be higher than in Kent.

There had not been a permanent appointment to the post of Medway Team Manager to date. An experienced interim was currently in the role with a recruitment process being undertaken for the permanent role. The Team Manager was leading on joint working with other services, such as youth offending and early help and work was taking place with the Kent and Medway NHS and Social Care Partnership Trust (KMPT) to link to adult mental health services in order to ensure a smooth transition from adolescent to adult services. Work was also taking place with Kent Police. It was acknowledged that partnership working needed to be strengthened.

Work was being undertaken with South London and Maudsley (SLAM) NHS Trust to provide more services at Woodland House. The result of a funding bid to support the delivery of these additional services was awaited. Work to improve service delivery pathways was underway. A number of children were admitted to acute hospitals while waiting for a specialist bed to become available. This needed to be addressed as an acute hospital was not an appropriate environment for these children.

NELFT's digital offer was being reviewed. This included working with young people to look at how services could be delivered in a different way. Work was also taking place with school staff to help them identify more easily what and was not normal teenage behaviour.

In response to a Member question about how the ability to self-refer was promoted, the Board was informed that previous service users had been contacted when NELFT had taken on the contract and the Council's communications team had provided support. Promotional leaflets had been produced and there had been liaison with schools and GPs. It was

## Health and Wellbeing Board, 17 April 2018

acknowledged that further awareness raising activity was required to make all young people aware of the services available.

A Member welcomed the new service, particularly as provision had previously been poor, although he accepted that this was a national problem. The Member considered that the transition from youth to adult services was a particular challenge and asked what support was available for carers. He requested that a list of emotional support providers be circulated to the Board.

It was noted that NELFTs Medway service was now based in the Courtyard in Gillingham. As far as possible, services would be delivered in schools, homes, and in four local hubs. Measures were being taken to ensure that those who had previously accessed services did not have to start from the beginning of the process if they were to need service again in the future. A Post Discharge group was working on this. The transition from youth to adult services was a challenge, particularly as many who had received youth services were not eligible for adult services. A survey of people who had experienced the transition was being undertaken.

A Member highlighted the importance of engagement with schools and suggested that existing structures should be fully utilised. He considered that the social care pods were best to facilitate access to a range of agencies and suggested that there should be a dedicated health and wellbeing lead in schools. NELFT would utilise existing structures and help ensure that school staff working with young people at exam time knew the signs of mental health difficulties to look out for. The recent Green paper on children's mental health provision advocated stronger links between schools and mental health services and the Department for Education's proposals for its implementation were awaited.

The Director of Children and Adult Services highlighted the importance of service delivery through the four Children and Families hubs. Services needed to balance access to early help services, with demand for tier 2 and tier 3 CAMHS services. Appropriate access to early help services could prevent children from having long waits for higher tier services. There needed to be a focus on local learning action zones to ensure that children got the most appropriate support at the earliest opportunity available.

### Decision

The Health and Wellbeing Board:

- i) Noted the report and made comments, as set out in the minutes.
- ii) Noted the significant progress made in relation to the mobilisation of the Medway Young Persons' Wellbeing Service and the plans and milestones for the next 12 months.

## 937 Corporate Parenting Board Annual Report

## **Discussion**

All Members of the Council were corporate parents for Looked After Children in Medway. It was important to give LAC a good childhood and enable them to transition into adulthood. This required there to be good access to early intervention provision.

A new Looked after Children Strategy was being developed to replace the current strategy that covered 2015 to 2018. The number of LAC in Medway had remained fairly stable over the last year, with there having been a peak in October to November 2017 in the number of LAC entering or leaving the care system. There were currently 413 LAC against a target of 427, which demonstrated that interventions were working.

There were currently 29 foster carer placements and there would be a focus on creating parent and child placements, specifically where parents had a learning disability, with a recruitment campaign due to take place in June. Plans for community based fostering were due to be implemented. There is a new framework for independent fostering agencies which would help ensure children were placed with better quality fostering agencies. Maximising permanency was key to improving outcomes for LAC, whether through Special Guardianship Orders, long term fostering or connective carer arrangements.

Medway had been successful in terms of the number of children adopted with levels being above national averages. A Regional Adoption Agency was due to be formed between Medway, Bexley and Kent. The aim was to place 135 – 150 children each year. £820,000 of funding had been granted.

The Virtual School had a new Headteacher. The Virtual School's remit is being extended to improve attainment. Attainment of LAC at Key Stage 2 was similar to national figures for maths but was slightly below average for reading. Consideration was being given to how to support the virtual school to improve results. The percentage of pupils achieving at least the expected standard in English and Maths GCSE had increased in the last academic year. The rate of exclusions amongst LAC had increased slightly from 10% to 11%.

The percentage of in date health assessments for LAC for October to December 2017 was 94% and up to date dental assessments for the same period was 93%. Both of these figures met national targets but work was being undertaken to achieve 100%.

Children's Services and Safeguarding now worked in four area based pods. This and the creation of a Multi-agency Safeguarding Hub, would facilitate better joint working and increased management support for staff involved in the safeguarding of Medway's children. A First Line Leadership Programme had been introduced for managers who had responsibility for social workers.

## Health and Wellbeing Board, 17 April 2018

A multi-agency action plan had been developed to address the needs of Medway's Care leavers. An engagement event was due to take place in May to get views of partners and young people ahead of the Plan being reviewed.

A taskforce had been established to help address the issue of care leavers who were NEET (Not in Employment, Education or Training). This would include reviewing the apprenticeship offer in Medway.

It was noted that the Medway Children and Young People's Children in Care Council, attended every Corporate Parenting Board meeting to provide challenge on LAC performance. There was also extensive input from the Medway Youth Council. Areas of focus for the Corporate Parenting Board over the next year would include the LAC Strategy, NEETs, the arrangement of Local Government Association training and increasing board meetings to six per annum.

A Member highlighted a need to actively involve more Council Members in Corporate Parenting work and to clearly demonstrate what was involved and the opportunities available. Other Members agreed with this and it was requested that the role of Corporate Parents be highlighted at the Member induction following the local elections in May 2019. It was also requested that consideration be given to holding a Member seminar ahead of this to which all Members would be invited. Officers advised that they were also planning to ask for volunteers to mentor Looked After Children.

A Member said that more should be made of employment opportunities, both at the Council and in relation to day jobs of Councillors, for LAC entering employment and it was suggested that apprenticeships should be offered to LAC and also that care leavers be prioritised for housing.

### Decision

The Health and Wellbeing Board:

- i) Considered and commented on the annual report and the effectiveness of the Corporate Parenting Board, as set out in the minutes.
- ii) Requested that the role of Councillors as Corporate Parents be included in the new Member induction in 2019 and that consideration be given to holding a Member seminar ahead of this.

### 938 Maternal Smoking Strategy

#### Discussion

The proposed draft Strategy sought to reduce the smoking rate amongst pregnant women in Medway, prevalence for which was high compared to

## Health and Wellbeing Board, 17 April 2018

averages. The Strategy would be joint between the Council, Medway Foundation Trust and Medway NHS Clinical Commissioning Group (CCG). The Action Plan that supported the Strategy included a number of interventions to facilitate delivery of the Strategy.

This document would be continually updated. The Strategy would ensure that healthcare professionals had the chance to discuss with their patients, the issues around smoking during pregnancy and the support available.

Providing quality support and raising awareness of additional support available, would be key to achieving the aim of reducing the prevalence of smoking at time of delivery (SATOD) in Medway to 6% or less by 2022.

A Board Member considered that the Strategy was a good starting point but felt that it needed to go further given that the prevalence of smoking in Medway was relatively high. Achievement of a 6% reduction in SATOD would require a change in culture and education as well as sustained funding. Joint working and engagement with the CCG, Healthwatch Medway and with the general public would also be important. The Member also felt that there was not enough discussion about what a 'good' pregnancy looked like and said that there was likely to be a link between smoking in pregnancy and consumption of alcohol in pregnancy.

Stop smoking messages needed to be carefully targeted and included as part of a wider public health discussion in order to avoid the perception that people were being told what to do. The average age of a woman giving birth for the first time had increased to the early 30's. The Member considered that the increasing average age of new mothers needed to be taken into account as those who had been smoking for a lengthy period could find it harder to quit and may need to be targeted in a different way to younger mothers. Officers agreed that stop smoking messages needed to be communicated as part of wider healthy lifestyle messaging, but that it was also important that healthcare professionals had the confidence to engage with pregnant women and also with their families, the latter which a Member had raised as being an important consideration.

In response to Member concern that those who were smoking were often those least able to afford the financial cost, The Director of Public Health acknowledged that more disadvantaged people were more likely to smoke, and have more difficulty stopping. Midwives needed to be supported so that they had the confidence to have conversations about healthy lifestyles. The Director was due to be attending a Directors of Finance CCG meeting with representatives of the Medway and Kent CCGs. This meeting was due to discuss smoking cessation and the making available of additional NHS resources over and above existing Public Health funding.

A Board Member highlighted that Medway Maritime Hospital was now a smoke free site. An Action Group had been established, based at the hospital, to look at the issue of smoking during pregnancy. The group had initially been chaired by the Member before being taken forward directly by

midwives, with engagement having taken place with pregnant women. The Chief Executive of Public Health England had recently visited Medway and considered it to be an excellent example of engagement in relation to smoking during pregnancy.

### **Decision**

The Board reviewed and supported the Maternal Smoking Strategy and committed to supporting the Maternal Stop Smoking Strategy Group over the next four years.

## **939 Pharmaceutical Needs Assessment**

### **Discussion**

The Pharmaceutical Needs Assessment (PNA) had previously been considered by the Board in November 2017, before the start of the 60 day public consultation on the draft PNA. It had also been considered by the Health and Adult Social Care Overview and Scrutiny Committee in March 2018.

The PNA had been circulated to the Board for comment ahead of it being published on the Council website on 28 March 2018. This fulfilled the statutory requirement to publish the PNA by the end of March 2018.

Recent changes to legislation allowed the consolidation of existing pharmacies to be proposed. NHS England would notify the Health and Wellbeing Board of any proposed consolidations and there was then a statutory requirement for the Board to make a representation to NHS England within 45 days, stating whether or not it considered that the consolidation would create a gap in pharmaceutical services provision. The PNA Steering group had agreed they would provide the technical support to the Board to help in the response to such requests.

There had been a good response to the PNA consultation. Around half of the responses were from regular service users and it was therefore considered that the responses were representative of this group.

Three key concerns had been identified from the consultation feedback. Concerns had been raised about a GP practice on the Hoo Peninsula, which had stopped dispensing, with regards to the provision of services in the Cuxton and Halling area, in view of new development; and in relation to whether the planned London Resort theme park could lead to increased demand for pharmaceutical services.

In relation to the London Resort, it was not anticipated that this would lead to increased demand for pharmaceutical services during the next three years (the life of the PNA). Cuxton and Halling had been determined by NHS England to have the characteristics of a rural area and was a controlled locality which meant that there were limitations on pharmacies

## Health and Wellbeing Board, 17 April 2018

moving into the area. If this status were to change, it would be possible for a new pharmacy to be established. In relation to the Hoo Peninsula, one dispensing practice, which had 3,000 patients, had stopped dispensing. A delivery service was being provided by three pharmacies in Hoo St Werburgh to mitigate the closure. Consequently, it would be recommended to the Health and Wellbeing Board that provision on the Hoo Peninsula and in Cuxton and Halling be kept under close scrutiny over the next three years and recommendations made to NHS England to change the PNA if there were significant changes in those areas during the next three years.

A number of concerns had been raised by the Health and Adult Social Care Overview and Scrutiny Committee (HASC). The first of these was whether Cuxton and Halling should continue to be classed as a rural area in view of local developments. It was confirmed that NHS England was responsible for determining whether an area was rural for the purposes of the provision of pharmaceutical services. Once an area had been assessed as being rural, it would not be reassessed for five years unless there was evidence of change during that period.

The second concern raised was that there was currently no 24-hour dispensing pharmacy in Medway or in Kent. The Board was advised that there were eight, 100 hour services operating. These provided pharmaceutical services for 16 hours each day, Monday to Saturday. Outside these hours, services were commissioned from the local out-of-hours provider, Medway on Call Care (MedOCC).

A third concern raised by HASC had been in relation to a patient, who was registered with a dispensing GP practice in Cuxton, not being allowed to obtain a prescription from their GP. This was due to nationally determined pharmaceutical regulations specifying that patients could not use the pharmacy provision of a dispensing GP if they lived within 1.6 kilometres of a pharmacy and they also lived in a rural area. There was an exemption to this where a GP practice had less than 2,750 patients. Members of HASC had also raised concerns in relation to pharmaceutical provision on the Hoo Peninsula, as detailed in the consultation feedback above.

A Board Member asked how a patient would know that they needed to contact MedOCC for out of hours pharmacy provision and what they could do to get an out of hours GP prescription fulfilled. The Member also considered it to be unacceptable that there was no 24/7 pharmacy operating in Medway or Kent. He also asked how emergency deliveries were arranged for people who were housebound.

The Board was informed that GP answering phones should be advising who to contact for out of hours care as should NHS 111. Out of hours GPs were able to issue a small supply of a prescription drug to a patient out-of-hours, for urgent conditions. In relation to a case where a Medway resident had travelled to London to access an out-of-hours pharmacy service, it was acknowledged that this should not have been necessary as MedOCC or 111 should have been able to direct the patient to a local service..

## Health and Wellbeing Board, 17 April 2018

Although there was no 24 hour pharmacy, there were pharmacists on call who would be able to fulfil an out-of-hours prescription. In relation to deliveries, there was no requirement for pharmacies to provide a delivery service. This was at the discretion of the individual pharmacy.

The Director of Public Health advised that the paper being considered by the Board was specifically in relation to the Pharmaceutical Needs Assessment and the provision of pharmaceutical services rather than being about pharmaceutical services more generally, including how they were advertised.

The Board Member felt that the issues were linked and should therefore be considered together. After further discussion, during which other Members felt that there was an issue in relation to how details of available services were communicated, the Board Member said that he would raise the issue for further consideration during the work programme agenda item.

Another Board Member asked about the impact of internet pharmacies and whether there was a risk that their existence could make some smaller pharmacies unviable. The Board was advised that many pharmacies already offered a collection and delivery service whereby they would collect prescriptions from GP practices then fulfil and deliver them.

A Member noted the issues raised in relation to pharmaceutical provision in Halling and on the Hoo Peninsular. He agreed that the proposed London Resort would have no impact during the three year period covered by the PNA. The Member was concerned that locating out-of-hours pharmacy services at hospitals made work to persuade people to use our community health services, rather than attending A&E unnecessarily, more challenging.

### Decision

The Health and Wellbeing Board:

- i) Noted that the PNA has been updated and had been published before the end of March 2018.
- ii) Agreed to monitor the situation in Cuxton and Halling to determine if the need in the area changes significantly over the next three years (the life of the PNA).
- iii) Agreed to monitor the situation on the Hoo Peninsula to explore whether wHoo Cares or other voluntary organisations could help to support access to pharmacies where public transport links are weak.
- iv) Noted that NHS England is expected to liaise with the local providers and voluntary organisations, such as wHoo Cares, to achieve an innovative, financially viable solution to the current situation in the Hoo Peninsula.

- v) Noted that there were concerns in relation to how details of out-of-hours pharmacy provision in Medway were shared with patients.

#### **940 Cabinet Response to the Consultation - 'Improving Urgent Stroke Services in Kent and Medway'**

##### **Discussion**

A report to Cabinet had requested a Cabinet response to the public consultation on the proposed reconfiguration of Kent and Medway Hyper acute and acute stroke services. The proposals were currently out to public consultation, with the deadline for responses having recently been extended from 13 to 20 April. This had provided the Health and Wellbeing Board with the opportunity to formally respond to the consultation.

The consultation proposed five possible options for the location of three stroke units in Kent and Medway. Cabinet had agreed to support option D, which would see units located at Tunbridge Wells, Medway Maritime and William Harvey hospitals. The Board was asked to note the Cabinet response and consider whether it wished to formally support the Cabinet response or to provide additional comments.

A Board Member said that they were happy to support the recommendations and that they would strongly favour option D. The Member noted that a number of Members had spoken in support of this option. The need to have centres of excellence in order to improve care was well recognised and it had been evidenced that these centres would lead to better outcomes for patients across Kent and Medway.

A Member expressed their support for the proposed three centres of excellence. There was a clear case for Medway to host one of the three centres as Medway had the largest urban area in the south east outside London. The health needs and demographics of the Medway population also made them at more risk of stroke than those in some other parts of Kent. In addition, Medway Hospital already hosted stroke services. Option D would maximise the number of patients in Kent and Medway living within 30 minutes of one of the three proposed hyper acute stroke units.

Another Member agreed with the principle of creating centres of excellence and said that option D would provide good outcomes for Medway residents. The challenge would be persuading the public that this was the best approach. The Member also felt the consultation process had been good and that the consultation document was clear.

It was confirmed that following public engagement, Healthwatch Medway would be supporting option D.

The Clinical Chair of Medway Clinical Commissioning Group (CCG) explained that Medway CCG, along with other CCGs across Kent, Medway and Bexley were due to hold a joint meeting that would make a decision on

## Health and Wellbeing Board, 17 April 2018

which option to support. This would subsequently be presented to the Kent, Medway, Bexley and East Sussex Joint Health Overview and Scrutiny Committee. As Medway CCG was directly involved in the decision making process and had not yet seen any of the consultation responses, it would not be able to support any one option at this stage.

### Decision

The Health and Wellbeing Board:

- i) Noted the Cabinet response to the public consultation on the proposed reconfiguration of the Kent and Medway Hyper Acute and Acute Stroke Services.
- ii) Formally supported the Cabinet response to the consultation, which had supported consultation option D (Tunbridge Wells, Medway Maritime and William Harvey hospitals), with the exception of the Medway Clinical Commissioning Group Member of the Board present, who was unable to express support for any option at this stage.
- iii) Agreed to delegate authority to the Director of Children and Adults Services, in consultation with the Chairman of the Board, to submit the Board's response to the consultation.
- iv) Agreed to advise the Joint Health Overview and Scrutiny Committee comprising membership of Kent County Council, Medway Council, East Sussex County Council and the London Borough of Bexley of its response to the consultation.

## 941 Work Programme

### Discussion

A Board Member requested that an item on pharmaceutical needs in Medway be added to the work programme. It was requested that this include discussion of out of hours provision, including communications with the public, emergency deliveries and how to prevent unnecessary hospital visits.

The Director of Public Health advised that engagement would be needed with NHS England, which was responsible for the commissioning of pharmaceutical services. The Clinical Chair of NHS Medway Clinical Commissioning Group suggested that relevant Council Members and officers should meet with NHS England and the local Pharmaceutical Committee to discuss the issues raised and that this meeting should take place ahead of a report being presented to the Board. It was agreed that the Director of Public Health would work with Members to plan and make arrangements for this meeting to take place.

## **Health and Wellbeing Board, 17 April 2018**

It was also agreed that a written briefing would be provided to Board Members in advance of the meeting. It was requested that this briefing include key statistics and baseline data to evidence how Medway compared to other areas.

### **Decision**

The Board agreed the work programme attached at Appendix 1 of the report, subject to the following additions:

- i) An item on Pharmaceutical Needs in Medway be added to the work programme to be presented to a future Board meeting, subject to a meeting having first taken place with NHS England to discuss the issues raised.
- ii) An item setting out the outcomes of the Kent and Medway consultation on Improving Urgent Stroke Services in Kent and Medway be added to the work programme for the November 2018 meeting.

**Chairman**

**Date:**

**Jon Pitt, Democratic Services Officer**

Telephone: 01634 332715

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