

Medway Council
Meeting of Health and Wellbeing Board
Tuesday, 3 July 2018
4.10pm to 6.30pm

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)
Ivor Duffy, Director of Assurance and Delivery - NHS England
Councillor Gary Etheridge
Cath Foad, Chair, Healthwatch Medway
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 Stuart Tranter
James Williams, Director of Public Health

In Attendance: Sharon Akuma, Legal Services
Clare Ebberson, Consultant in Public Health
Lorraine Foster, Programme Lead - Partnership Commissioning
Justine Henderson, The Interim Head of Adults' (25+), Partnership Commissioning and Better Care Fund
Lauretta Kavanagh, STP / KMPT Mental Health Programme Director
Chris McKenzie, Assistant Director - Adult Social Care
Jade Milnes, Democratic Services Officer
Heidi Shute, Children Services Director, Medway Community Healthcare
Mr Brian Wiltshire
Dr David Whiting, Consultant in Public Health

127 Election of Chairman

Councillor David Brake was elected as Chairman for the forthcoming year.

128 Election of Vice-Chairman

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

129 Apologies for absence

Apologies for absence were received from Board Members Councillors Doe and Potter, Ian Ayres (Managing Director for Dartford, Gravesham and Swanley, Medway, Swale and West Kent Clinical Commissioning Groups), Ann Domeney (Deputy Director, Children and Adult Services) and Dr Peter Green (Clinical Chair, NHS Medway Clinical Commissioning Group).

Apologies for absence were also received from invited attendees Lesley Dwyer (Chief Executive, Medway NHS Foundation Trust), Helen Greatorex (Chief Executive, Kent and Medway NHS and Social Care Partnership Trust), Martin Riley (Managing Director, Medway Community Healthcare) and Dr Mike Parks (Medical Secretary, Kent Local Medical Committee).

130 Record of meeting

The minutes of the meeting held on 17 April 2018 were agreed as a correct record.

131 Urgent matters by reason of special circumstances

There were none.

132 Declarations of Disclosable Pecuniary Interests and Other Significant Interests

Disclosable pecuniary interests

Ian Sutherland, Director of Children and Adults Services declared a disclosable pecuniary interest in agenda item 10 (Suicide Prevention Update) because his wife is Chief Executive of the charitable organisation Samaritans. He left the meeting during consideration of this item.

Other significant interests (OSIs)

There were none.

Other interests

There were none.

133 Draft Joint Health and Wellbeing Strategy

Discussion

The Director of Public Health introduced Mr Wiltshire, a local resident and service user who gave an account of his experience using healthcare services in Medway. The Board was advised that Mr Wiltshire's testimony linked to a range of key themes within the draft Joint Health and Wellbeing Strategy (JHWS), set out at Appendix A of the report.

Health and Wellbeing Board, 3 July 2018

Mr Wiltshire drew particular attention to the stop smoking service. He explained that the service had given him the tools and support to stop smoking and he expressed his thanks to the Public Health team and the clinical professionals involved.

It was explained to the Board that the previous Health and Wellbeing Strategy (2010-2015) had been reviewed in light of the Joint Strategic Needs Assessment (JSNA) and additional evidence obtained from partners, key stakeholders and local people during a series of engagement events. As a result of this process, it was considered that the themes within the previous strategy remained important and relevant. The themes of the draft JHWS were:

1. giving every child a good start;
2. enable our older population to live independently and well;
3. prevent early death and increase years of life;
4. improve mental physical health and wellbeing; and
5. reduce Health inequalities.

It was added that three strategic initiatives had also shaped the draft Strategy. These included the Local Plan, the Council Plan and the Kent and Medway Sustainability and Transformation Partnership (STP). The Board was advised that in turn the Strategy would influence these strategic initiatives.

Drawing reference to the Council Plan priority “maximising regeneration and economic growth”, which recognised that employment was an important factor in health and wellbeing, a Member asked a question about employment in Medway. The Board was advised that a Skills Board (Members and Officers Board) had been established which focussed on skills development and access to universities, colleges and training providers. It was also noted that a Skills Plan for Medway had been drafted which encouraged organisations to establish businesses in the Medway area. The Director of Public Health undertook to provide the Board with further information on the Skills Board.

A Member commented that the draft JHWS signified an opportunity to match available resources to Medway’s needs and stated that he would welcome aligning the Council Plan Key Performance Indicators (KPIs) with the JHWS when the Council Plan was next refreshed.

Clarification was sought on the content of and completion date for the Carers Strategy referenced within the draft JHWS. The Board was advised that the Partnership Commissioning team were leading on this area of work and the Consultant in Public Health undertook to update the Member on progress.

With reference to the Local Plan, it was recognised that the design of cities helped shape the health of the population, for example changing parking standards might influence a shift towards healthier modes of transport such as walking or cycling. The Board was advised that the draft Strategy had taken account of the emerging Local Plan and had influenced its development with the inclusion of objectives related to health and wellbeing.

Health and Wellbeing Board, 3 July 2018

The Director of Public Health also advised the Board that a member of the Public Health team was embedded within the Planning Policy team.

The JHWS was described as a “live” document and it was reiterated that the JHWS was both shaped by and would influence other plans and strategies in an iterative manner.

A Member requested that consideration be given to the inclusion of the following matters within the Strategy:

- smoking prevention;
- information and signposts to health and wellbeing services within the criminal justice system and armed forces;
- a reference to the work of White Ribbon Campaign within domestic abuse support services in Medway; and
- a reference to potential changes to the future funding of Public Health services (noting that the draft Strategy extends to 2023).

With regards to the theme “preventing early death and increasing years of healthy life” and the associated priorities set out at paragraph 5.2 of Appendix A, a request was made by the STP / Kent and Medway NHS and Social Care Partnership Trust (KMPT) Mental Health Programme Director for consideration to be given to prioritising two particularly vulnerable cohorts. This included individuals with a learning disability and individuals with mental illnesses. It was explained that prioritisation ought to be given to these cohorts because these individuals on average had a significantly lower life expectancy when compared to the general population. In response, the Director of Public Health explained this would typically be addressed when considering health inequalities, nonetheless he undertook to draw this out within the Strategy.

Concerning the theme “improving mental and physical health and wellbeing,” it was requested that consideration be given to including a priority on improving mental wellbeing. Specifically, supporting people with a mostly good mental wellbeing to consciously maintain a good mental health.

Particular support was expressed by the STP / KMPT Mental Health Programme Director for the theme “enabling our older population to live independently and well,” principally the priority to “support work to identify and support those who are socially isolated.” It was explained to the Board that this was because people who were lonely tended to be at greater risk of experiencing cognitive decline and more prone to suffering with depression.

With reference to examples of the experience of local residents, a Member expressed concern that information had not been transferred from hospital Accident and Emergency (A&E) services to General Practitioners (GPs) following treatment of patients. The Elected Clinical Member, NHS Medway Clinical Commissioning Group, recognised that this was an important issue and an experience that she had shared and challenged. She advised the Board that in her experience, GPs had generally received data about attendances to A&E,

Health and Wellbeing Board, 3 July 2018

though often the information was incomplete. The Elected Clinical Member, NHS Medway Clinical Commissioning Group undertook to investigate further.

With reference to the JHWS being a live document, a Member welcomed an opportunity for further information and current data to be accessed through the JHWS if it were to be hosted on an online facility that could support this functionality.

Members stressed the importance of championing the health agenda in wider aspects of Council business. Examples included the work of the Community Safety Partnership (CSP) to reduce the availability of inexpensive alcohol.

Decision

The Health and Wellbeing Board thanked Mr Wilshire for his account and:

- a) considered and commented on the draft Joint Health and Wellbeing Strategy and its priorities as set out in Appendix A to the report; and
- b) agreed that consideration of the final Joint Health and Wellbeing Strategy be scheduled on the Board's work programme for 6 November 2018.

134 Transforming Care Plan Update

Discussion

The Programme Lead, Partnership Commissioning presented an update to the Board on the progress of the Kent and Medway Transforming Care Programme and set out the challenges faced by the Programme over the next year. The Board was also reminded that the aim of the Transforming Care Programme was to discharge individuals with a learning disability, autism or challenging behaviour from inpatient secure hospitals.

It was highlighted to the Board that the programme had recently entered its third year and over the duration of the Programme, eleven patients had been discharged and three admissions avoided. In addition, it was emphasised that in conjunction with colleagues in Kent, work had begun on a series of housing (accommodation) and support projects, supported by capital funding from NHS England and match funded from the Programme. It was noted that this stream of work would facilitate individuals in inpatient care to return to their community with the appropriate support.

In the context of this work, it was stated that a financial framework had been developed with partners in Kent to facilitate the transfer of funding from central government. However, the Board was advised that it was not clear whether there would be any additional funding at the end of the Programme in March 2019. It was added that the Government had revised its position on the proposed funding model several times.

Health and Wellbeing Board, 3 July 2018

The Programme Lead, Partnership Commissioning, also drew the Board's attention to a series of other challenges affecting inpatient numbers, noting that a target had been agreed with NHS England to reduce the inpatient total across Kent and Medway to 57 or below by March 2019. The factors outlined to the Board which had impacted the inpatient total included an increase in the number of individuals being transferred from prison to a secure inpatient provision and volatile child inpatient activity.

With regards to children, the Board was advised that more robust support for children, families and their network of care was needed. The most current inpatient total was seventeen, of which four patients were children. It was noted that Kent and Medway had been identified by NHS England as an accelerator site for children and young people in the Transforming Care cohort and as a result additional funding was being made available.

Whilst noting that it was appropriate to focus on individuals, a Member sought clarification on the statutory responsibilities to support the families of children and young people in secure inpatient services and examples of good practice elsewhere in the country. The Board was advised that Children's Services continued to provide a range of family support that included support for this complex cohort. It was also stated that national and international research recognised positive behaviour support as a model to train families and carers to develop the tools and techniques to support and respond to an individual appropriately. It was added that currently a training provider was being sought to provide positive behaviour support training for parents, carers and providers. It was suggested that feasibility work was also underway to determine whether it would be possible to pilot a Positive Behaviour Support Specialist team, which would include psychology specialists that would support the trained parents, carers and providers.

In response to a question about access to training for charitable organisations, the Board was advised that a working group had been established which included a number of stakeholders including local charities and voluntary organisations who would have access to the training programme. It was added that the training would be advertised in the Transforming Care newsletter which was widely distributed to residential services, supported living services and supported accommodation services in addition to Medway Voluntary Action.

Whilst a Member was reassured that positive behaviour support was being considered, referring to examples of family experience and emotions when a child or young person was placed into a secure inpatient facility, for example relief and guilt, a Member expressed concerns that further action was needed. In response, it was explained that the NHS England Sustainability and Improvement team had produced a report following engagement with service users and their support networks which set out their experiences. This report had been utilised by the Transforming Care Programme to map against the nine principles detailed in the national service model "Building the Right Support," which aimed to ensure that appropriate support was available to individuals and families to maintain the person locally. The Board was referred

Health and Wellbeing Board, 3 July 2018

to the case study set out at Appendix 2 of the report, which demonstrated one family experience.

In response to a concern expressed by a Member in relation to the support provided to individuals within the criminal justice system, the Board was assured that support was provided to individuals. Support extended to helping individuals with comprehension when attending court.

The STP / KMPT Mental Health Programme Director drew the Boards attention to an opportunity for the Transforming Care Programme to link to a new programme of work, encompassing prisoners, to identify new care models for adult secure mental health services. An offer was extended to discuss relevant specialist commissioning and adult mental health secure services.

Further clarification was sought in relation to support for individuals participating in the engagement activity and consultation set out in section 5 of the report. It was explained that in liaison with the Medway NHS Clinical Commissioning Group, an engagement programme was being developed. This would ensure that individuals with learning difficulties, autism or challenging behaviour were engaged.

In response to a question regarding the location of secure inpatient facilities, the Board was advised that before an individual was discharged, inpatient teams, receiving placement teams and parent and carers would discuss an appropriate placement with the individual. As part of this process, work around life planning would be undertaken. It was clarified that there was not one single facility in Medway and that principally, the Transforming Care Programme aimed to support individuals to move back into the community and support them there. It was further clarified that if an individual was identified as at risk, they might be placed at a facility based within hospital grounds, which would enable individuals to live independently with clinical support nearby.

Support was expressed for the inclusion of a dedicated complex care resource within the Transforming Care Programme and in response to a question about the recruitment of the Learning Disabilities Commissioner/ Transforming Care Lead, the Board was advised that this post had now been recruited to.

The Director of Assurance and Delivery, NHS England reassured the Board that NHS England supported the work of Kent and Medway and recognised the challenges. He added that a focus area should be early help and prevention. This was echoed by the Director the Director of Children and Adults Services who also stressed the importance of this workstream and outlined the need to ensure local care and improved support for families.

A view was expressed that central government should be lobbied to support the continuation and funding of the Transforming Care Programme. The Chairman cautioned the need to use appropriate channels to do this and the Board was advised that the Association of Directors of Adult Social Services had made representations to central government and the Director of Children and Adults Services undertook to provide Members with a copy of a letter.

Health and Wellbeing Board, 3 July 2018

A Member commended the actions undertaken to achieve positive outcomes for individuals.

Decision

The Health and Wellbeing Board:

- a) considered how the Board could promote and engage with this important agenda going forward, offered support, feedback and leadership to ensure the successful implementation of the Medway Transforming Care Plan and supported the Council and CCG to comply with statutory duties; and
- b) agreed for a progress report to be presented to the Board in 6 months' time.

135 Better Care Fund Update

Discussion

The Interim Head of Adults' (25+), Partnership Commissioning and Better Care Fund presented an update to the Board on Medway's Better Care Fund.

The Board's attention was drawn to the highlights of 2017/18, set out at paragraph 3.1.1 of the report. Particular emphasis was given to the programmes initiated through the Better Care Fund to streamline discharge pathways and improve patient flow out of hospital. This included commissioning a range of intermediate care beds and the introduction of the Home First model. The Board was advised that there were now four discharge pathways, which was a reduction from nine and that the Home First model was successfully discharging 35 patients per week.

It was added that Medway was one of the best areas for reducing Delayed Transfers of Care (DToC), this reduction had been particularly noticeable since February 2017 and in April 2018 the average delayed discharge was 1.4 days. It was recognised that as a result of this achievement, other Local Authorities had approached Medway Council for advice on practice to improve DToC. The Director for Assurance and Delivery, NHS England, commended the outcomes under the Better Care Fund and stated that the DToC figure before Christmas was zero which was unprecedented. However, it was explained that improvement and support needed to continue as the DToC figure had since risen.

The Board's attention was also drawn to the 2018/19 projects outlined in paragraph 4.2.2 of the report. It was explained that these programmes aimed to prevent admissions to hospital and support patients, where appropriate, to return home from hospital with a package of homecare support at the earliest opportunity.

Health and Wellbeing Board, 3 July 2018

With regards to learning from good practice, the Board was advised that the Better Care Fund team were part of the Better Care Fund network where good practice from other Local Authorities was shared. Examples of good practice presented to the Board included the Leeds Better Care Fund programme, here 500 patients were on integrated discharge care plans. It was explained to the Board that the Medway team were investigating ways to move towards greater integration and joint care planning. Gloucestershire, Lincoln and Nottinghamshire also provided good examples of the use of joint health and social assessments and care plans.

A member expressed a number of concerns regarding private care providers. Concerns included a lack of continuity of carers, missing or late arrivals to appointments and insufficient time spent with patients over the course of their care. The Interim Head of Adults' (25+), Partnership Commissioning and Better Care Fund advised the Board that under current commissioning arrangements the Local Authority spot purchased care from seventeen homecare providers. It was explained that many private clients would access the same providers. However, as part of service recommissioning the Board was advised that providers would be given greater certainty regarding the number of care hours and support that would be commissioned annually. This would enable providers to create more salaried posts for carers as opposed to retaining them on zero hours contracts which encouraged a high staff turnover. It was added that salaried staff would also benefit from training and development. In this context and utilising fewer providers it was hoped that better and consistent relationships would be developed with patients and clients who needed domiciliary care. It was added that the home care providers would be encouraged to offer the same model of care to private clients.

A Member sought clarification on where customer satisfaction information on each of the Better Care Fund programmes could be found. The Board was advised that each individual programme collated customer feedback and satisfaction surveys. The Interim Head of Adults' (25+), Partnership Commissioning and Better Care Fund undertook to provide a briefing note to the Board on Better Care Fund programme outcomes and customer feedback.

Decision

The Health and Wellbeing Board:

- a) noted the update on the Better Care Fund set out within the report; and
- b) requested a briefing note on the Better Care Fund programme outcomes and customer feedback.

136 Suicide Prevention Update

Discussion

The consultant in Public Health outlined to the Board that £667,978 had been secured for suicide prevention work across the Kent and Medway STP for 2018/19. This work would build on the suicide prevention strategy and existing

Health and Wellbeing Board, 3 July 2018

programmes delivered by the Public Health team, such as Mental Wellbeing Training and the Men in Sheds programme, set out at section 3 of the report.

The Board was advised that across both male and female cohorts the rate of suicide in Medway was similar to the rate nationally. Generally males were at a higher risk of suicide and within the male cohort, young and middle aged males had particularly high suicide rates. The Board was also advised that there was a national target to reduce the number of suicides by 10% by 2020/21, which roughly translated to 14 fewer deaths across Kent and Medway.

It was noted that the majority of the funding would be used for community based prevention and early intervention programmes which would be overseen by a multi-agency Suicide Prevention Steering Group. It was explained to the Board that there would be eight categories of intervention programmes and these were set out at paragraph 4.2 of the report.

A Member expressed a view that suicide was interrelated with mental health and funding might be more usefully spent on mental health care. It was explained to the Board that mental health was a risk factor for suicide but that there were a number of other different risk factors, for example unemployment and high levels of isolation.

Clarification was sought on the breakdown of funding across the eight categories of intervention programmes and the rationale for the distribution and prioritisation of funds. A view was expressed that owing to the amount of money available it might be spread thinly across all eight areas and it was suggested that it might be better to focus funding on key programmes. The Board was advised that the Steering Group had a good understanding of risk factors for suicide and based on the evaluation of evidence on effective intervention identified the eight categories of interventions. It was noted that one of the high risk groups were those who had contact with specialist mental health services and as a result circa £120,000 of the available funding would be spent on specialist mental health services in Kent and Medway to develop and implement a Zero-Suicide Action Plan. It was added that on 24 July 2018 Kent and Medway colleagues would be meeting with the national team who had expertise in suicide prevention and the intention was to work with them to ensure the prioritisation was correct. Whilst the breakdown of the funding was not available for the Board at the meeting, the Consultant in Public Health undertook to provide the Board with this additional information.

A Member commented that the Men in Sheds project based in Gillingham was very successful. However, concern was expressed that it was not accessible to residents in more rural areas of Medway, including the Peninsula. It was requested that the parish councils be involved in the innovation fund in order to gain an understanding of matters affecting their localities.

In response to a question concerning training for support groups and charitable organisations, the Board was advised that the Steering Group would develop a training plan which would include the voluntary sector.

Health and Wellbeing Board, 3 July 2018

In response to a question concerning the mechanisms in place to monitor the use of the funding and measure the outcomes of the Suicide Prevention Programme, it was explained to the Board that each of the eight categories of intervention programmes would be subject to individually designed evaluation methods and that there would be a national evaluation of programme outcomes which would be undertaken by central government. Asked whether this evaluation could be presented to the Board, the Consultant in Public Health undertook to liaise with the Steering Group to identify suitable timescales for presenting this to the Board.

A Member expressed concern over the 10% national target to reduce suicides and stated that a target rate of zero suicides was more appropriate.

Decision

The Health and Wellbeing Board:

- a) noted the update on arrangements to utilise the new funding to prevent and reduce suicides in Kent and Medway; and
- b) noted that the Consultant in Public Health would liaise with the Suicide Prevention Steering Group to identify a suitable timescale to revert back to the Board with a report which presents the evaluation of the Suicide Prevention Programme.

137 Director of Public Health Annual Report 2017-18

Discussion

The Director of Public Health presented the Director of Public Health's Annual Report for 2017-18 and explained to the Board the theme of this year's report was health protection. It was noted that the report was a retrospective evaluation of the previous year and that the report addressed nine key areas of health protection, which were:

1. Infectious diseases and food-borne illness;
2. Seasonal influenza;
3. Screening;
4. Emergency preparedness;
5. Sexual health and blood-borne viruses;
6. Health care associated infections;
7. Air quality;
8. Tuberculosis; and
9. Vaccinations.

It was added that these issues had a significant impact on the population and were areas where action was required to address future challenges to Medway's health.

The Board's attention was drawn to the case studies within the report which illustrated good practice and the recommendations for system wide

Health and Wellbeing Board, 3 July 2018

improvement and ideas on what people in Medway could do to protect their health.

In response to a comment about the different emphases of the recommendations i.e. to continue good practice versus stating something must or should happen, it was recognised by the Director of Public Health that wording of the recommendations had varied. He stated that the report was an amalgam of activity from a range of partners and that some areas of work had progressed well and further improvement should be encouraged to continue. He added that the report included Specific, Measurable, Achievable, Relevant and Time-bound (SMART) targets. He undertook to provide the Member with more detailed action plans in relation to the targets.

A Member expressed the view that the recommendations should be more positive in nature, for example the recommendation should actively encourage a specified action.

Clarification was sought regarding actions parents and schools should take when a child contracted norovirus, particular reference was made to schools requesting children visit their GP to obtain a sick note. In response, it was explained to the Board that the Public Health team had previously issued schools with guidance on the topic. This guidance advised schools that they should not request a sick note from a child absent from school as a result of norovirus, as it was recommended that the child does not visit their GP. The guidance also signposted schools to the School Health team which could offer further support. The elected Clinical Member, NHS Medway Clinical Commissioning Group added that there was a drive to promote self-care for self limiting illnesses and to encourage individuals to manage common illness in the home. In preparation for this year, the Director of Public Health undertook to issue further guidance to schools and at the request of a Member, he agreed to include this guidance within Medway Matters.

A member commended the 2017/18 Annual Report, principally the emphasis on health protection as this suggested health was the responsibility of Medway as a whole. The view was reiterated that Medway needed to be healthier by design and health and wellbeing embedded into strategic thinking.

In response to questions concerning how the Council could promote healthy choices, including hydration, the Board was advised that at the most recent Kent and Medway STP prevention workstream meeting, the issue of promoting healthier options in vending machines was discussed. The Board was also advised that Medway Council's Communications team were undertaking a project to increase access to water in local venues. It was suggested that Members of the Board might like to make a pledge towards a particular healthy choice.

In response to a question seeking an understanding of the true percentage of the Medway population taking up the offer of HIV testing i.e. comparing the rate of individuals requesting testing in Medway to national data, the Director of Public Health undertook to provide the benchmarked data to the Member.

Health and Wellbeing Board, 3 July 2018

At the request of the Member, the Director of Public Health undertook to liaise with Healthwatch Medway to present more widely the key information within the Annual Report.

Decision

The Health and Wellbeing Board noted this report, findings and recommendations.

138 Work Programme

Discussion

The Democratic Services Officer introduced the work programme report and advised the Board that following the pre-agenda meeting, the Director of Public Health had advised that the Joint Health and Wellbeing Strategy Monitoring Report, which is on the work programme with a date to be confirmed, could be scheduled for the meeting of the Board on 16 April 2019.

Decision

The Health and Wellbeing Board agreed the work programme attached at Appendix 1.

Chairman

Date:

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