

Medway Council
Meeting of Health and Wellbeing Board
Tuesday, 6 November 2018
4.00pm 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)
Councillor Howard Doe, Deputy Leader and Portfolio Holder for Housing and Community Services
Ann Domeney, Deputy Director, Children and Adults Services
Councillor Gary Etheridge
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
Councillor Martin Potter, Portfolio Holder for Educational Attainment and Improvement
Ian Sutherland, Director of People - Children and Adults Services
Councillor Stuart Tranter
James Williams, Director of Public Health

Substitutes: Stuart Jeffery for Ian Ayres

In Attendance: Lesley Dwyer, Chief Executive, Medway NHS Foundation Trust
James Harman, Senior Public Health Manager
Victoria Harwood, Legal Assistant
Stuart Jeffery, Deputy Managing Director and Chief Operating Officer, Medway CCG
Chris McKenzie, Assistant Director - Adult Social Care
Jacquie Mowbray-Gold, Chief Operating Officer
Simon Plummer, MSCB Business Manager
Heidi Shute, Children Services Director, Medway Community Healthcare
Dr David Whiting, Consultant in Public Health

495 Apologies for absence

Apologies for absence were received from Dr Antonia Moore and Ian Ayres from Medway NHS Clinical Commissioning Group, with Stuart Jeffery substituting for the latter. Apologies were also received from Ivor Duffy, NHS England and Cath Foad, Healthwatch Medway.

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Apologies were also received from Councillor Maple, however Councillor Maple was then able to join the meeting prior to consideration of agenda item number 8.

496 Record of meeting

The record of the meeting held on 11 September 2018 was agreed and signed by the Chairman as correct.

497 Chairman's Announcement

The Chairman advised that this would be Lesley Dwyer's (Chief Executive of Medway Foundation Trust) last meeting of the Board before she returned to Australia to take up a new role. On behalf of the Board, the Chairman thanked Lesley for the significant improvement made at Medway Maritime Hospital during her tenure, her participation in the work of the Board and for the significant improvements made by the hospital during her tenure. It was noted that James Lowell, the Trust's Director of Planning and Partnerships would be attending future meetings of the Board.

498 Urgent matters by reason of special circumstances

The Chairman announced that he had agreed for one urgent matter to be added to the agenda. The urgent matter related to the response to a letter received from NHS England regarding a rurality review in Peters Village. It had been agreed that the item would be considered as a matter of urgency, as permitted under section 100B of the Local Government Act 1972. The report was considered urgent because the next meeting of the Board was scheduled to take place on 19 February 2019. Consideration at this meeting of the Board's response would be outside the 30 day time limit, from the date of the letter, for a response to be provided. The report had not been available at the time of agenda dispatch as officers needed time to consider a draft response.

499 Declarations of Disclosable Pecuniary Interests and Other Significant Interests

Disclosable pecuniary interests

There were none.

Other significant interests (OSIs)

There were none.

Other interests

There were none.

500 Medway Safeguarding Children Board (MSCB) Annual Report 2017-18

Discussion

There was a statutory requirement for all local safeguarding children boards to produce an annual report. The Annual Report for 2017-18 had been approved by the MSCB prior to having been considered by the Children and Young People Overview and Scrutiny Committee and by the Medway Community Safety Partnership. The purpose of the annual report was to provide an overview of multi-agency work in Medway during the previous year. The report included an assessment by the Independent Chair of the MSCB of the effectiveness of local safeguarding arrangements and highlighting of key areas of progress and areas for improvement over the next year.

A key area of the Board's work was the development and promotion of resources to raise awareness of particular safeguarding issues. This included production of a range of resources for professionals and volunteers working with children and families in Medway. Factsheets had been produced on child sexual exploitation, keeping children safe and on harmful sexual behaviour. The MSCB also played a key role in relation to multi-agency training for professionals. A range of training courses were provided by the MSCB, including basic/intermediate child protection and more specialist courses. In the last year, 500 people had attended a conference training session, 700 a multi-agency face-to-face session; while over 500 people had completed an e-learning course.

Safeguarding children boards had a statutory duty to undertake a serious case review where a child died or was seriously injured and where neglect or abuse was suspected or known to have been a factor. These reviews aimed to learn lessons and consider how to improve safeguarding practice. The MSCB had published two serious case reviews in the year. From June 2019, the statutory requirement for each local authority area to have a children safeguarding board would be replaced. The three statutory safeguarding partners in each area, the local council, clinical commissioning group and police would be responsible for determining new arrangements. Details of these arrangements would need to be published by June 2019 and implemented by September 2019.

A number of questions were raised by the Board as follows:

Detail Contained in Report – A Board Member considered that the Annual Report was not detailed enough and did not include timescales for undertaking actions. He also requested that details be provided of actions taken to address underperformance.

The Director of People - Children and Adults Services advised that the report before the Board was an annual report and would therefore not normally contain the detailed information that would be included in a business plan. The purpose of the annual report was to provide an overview of the work of the MSCB during 2017/18. The Deputy Director of Children and Adults Services

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added that detailed action plans supported the work of the Board and that the annual report was designed to be accessible to the general public.

It was requested that the Annual Report be amended to set out that the MSCB also had a business plan and that the MSCB Business Plan and action plans be provided to the Board.

The role of other organisations – A Board Member noted the increasing role and awareness of safeguarding issues amongst other organisations. Fire and Rescue Service staff had undertaken training to help them recognise when children were being mistreated. All school staff and governing body members were required to undertake safeguarding training while the Church of England was ensuring that staff and volunteers undertook safeguarding training.

Engagement with schools – A Board Member expressed concern that only 55% of Medway schools had responded to the safeguarding audit and asked what measures were being taken to improve the response rate. It was questioned when the new audit tool would be deployed and how engagement with schools in relation to safeguarding was being strengthened. The MSCB Business Manager recognised that the response rate to the safeguarding audit had been relatively low. The audit tool had been sent to schools with the deadline for response being the start of December 2018. It was anticipated that the response rate would be much improved in view of the activity undertaken to strengthen safeguarding work with schools. The MSCB now had secondary and primary head teachers as members and the Independent chair of the Board and MSCB Business Manager had attended primary and secondary head teacher forums in order to strengthen links.

Safeguarding Assurance - It was emphasised by a Board Member how important the Council's corporate parenting role was in keeping children safe and it was asked how assurance could be provided that everything possible was being done to identify and mitigate risks. The MSCB Business Manager said that boards had a responsibility to provide assurance that the multi-agency safeguarding arrangements in place were adequate. There were a number of ways in which this could be achieved. A requirement of the MSCB was that all agencies in Medway working with children and families completed an audit to ensure that they had appropriate measures in place to ensure that children were safeguarded. Other measures to provide assurance included undertaking multi-agency case file audits and detailed case reviews.

Renaming of Serious Case Reviews – A Member was concerned that 'Serious Case Reviews' would be renamed as 'Local Safeguarding Practice Reviews' as he felt that the new name would not emphasise their importance. The MSCB Business Manager advised that the name change was a national requirement. He considered that the associated changes would give more power to local areas to determine which reviews to undertake.

Decision

The Board considered and commented on the annual report and the effectiveness of local services in keeping children safe.

501 Update on Period Poverty in Medway

Discussion

At its September 2018 meeting the Board had received a report on the issue of period poverty. This set out a number of actions to be completed within 28 days, ahead of a further report being presented to the Board.

Sixteen of the seventeen secondary schools in Medway had confirmed that they had plans in place to address the period poverty, such as offering free products to pupils and parents. The remaining school was a boys' school which had girls in its sixth form. This school had indicated that it would be happy to work with the Council in the future. The information received demonstrated that Medway schools were proactively supporting young people in their communities and taking a holistic approach to health and wellbeing. Officers had discussed development of the local offer with the Medway Food Bank to consider how products could be obtained and system sustainability increased. Due to national and local media coverage of the issue there had been an increase in the number of products donated to the Food Bank with agreement being sought to enable these products to be distributed to schools, particularly primary schools that do not operate their own scheme.

As well as directly addressing the issue of period poverty, work was also being undertaken on related issues such as education and awareness raising. Discussion had taken place with Mytrust (formally Medway Youth Trust) with there being plans to develop work in four key areas. These were identifying ways in which a more supportive system could be created for young people; the transition from teenager to adulthood; the normalising of discussions about periods, including reducing stigma and; undertaking research to improve the evidence base to enable a systematic approach to training to help young people to be more confident talking about period poverty and to know that support was available.

A Board Member said that period poverty had, earlier in the year, appeared to be a significant problem in Medway but the evidence now showed that there was lots of support available across Medway. However, the highlighting of the issue was positive as it had enabled the local offer to be strengthened. Another Board Member agreed that it had been helpful for the issue of period poverty to have been brought to the Board's attention and that it had highlighted the opportunity to strengthen local arrangements. Other Board Members stated their agreement with these comments.

Decision

The Board:

- i) Noted the updated research and feedback from schools set out at section 3 of the report.
- ii) Supported the next steps including:
 - a) Mainstreaming the provision of advice and support in relation to access to sanitary products and normalising menstruation through the development of Relationships and Sex Education (RSE) and Personal, Social, Health and Economic Education (PSHE) support for Medway's schools.
 - b) Taking a systematic, multi-agency approach to continuing and developing the good work already happening in Medway, as set out in paragraph 3.2 of the report.

502 Joint Health and Wellbeing Strategy

Discussion

The first draft of the Joint Health and Wellbeing Strategy (JHWS) had been presented to the Board in July. It had subsequently been considered by Medway NHS Clinical Commissioning Group's (CCG) Governing Body and by the Health and Adult Social Care Overview and Scrutiny Committee and had been updated based upon the feedback received. The Strategy was due to be presented to Cabinet on 20 November for final approval. The revised JHWS was a refresh of the previous Strategy and was based on the same five themes.

A number of questions were raised by the Board as follows:

Flash glucose monitoring – It was questioned whether consideration had been given to the provision in Medway of flash glucose monitoring for people with diabetes on the basis that it could be safer and more cost effective than the current system. The Director of Public Health advised that such services were commissioned by the CCG. There was not currently clear guidance from the National Institute of Care Excellence (NICE) about the efficacy of such devices. The Chief Operating Officer of Medway CCG said that there was insufficient evidence available to demonstrate that the provision of flash glucose monitoring would be cost effective but that the decision not to provide it in Medway would be reviewed when new evidence became available. Nationally, 70% of CCGs had agreed to provide funding with 30% having not done so.

Establishment of Hyper Acute Stroke Units - A Member said that while he supported the principle of establishing Hyper Acute Stroke Units (HASUs) he was strongly opposed to the preferred three site option identified as it would not

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include the provision of a HASU in Medway, which he considered would make stroke treatment worse for the local population. Concerns were raised in relation to the wording of paragraph 4.1 of the draft Strategy. After discussion, it was agreed that “A proposal to establish hyper-acute stroke units...” should be changed to “Aim to establish hyper-acute stroke units”.

The role of older people - A Member felt that older people were not encouraged to play an active role in society and that work was needed to address this. The Director of Public Health said that consideration could be given to providing training and engagement for older people who wished to volunteer, through the Medway Champions programme.

Other suggested additions to draft Strategy – It was suggested that the Strategy should reference the Council’s Cumulative Impact licensing policy and also that Medway was seeking to be reaccredited for the White Ribbon programme.

Children’s health and sport – A Member asked how well integrated work was between Public Health and the Medway sport team in view of the fact that 23.4% of reception year pupils in Medway were classed as overweight and obese. The Director of Public Health advised that work was fully integrated. Examples of joint working included the recent hosting of a multi-agency weight management summit, promotion of the “Daily Mile” and other initiatives. It was noted that the Year 6 overweight and obese figure for Medway was lower than the England average. It was agreed that information would be included in the Strategy about the work undertaken by the sport team in relation to child health.

Mental Health Considerations – A Board Member expressed concern regarding there being no acute mental health provision in Medway, while another Member said that there was a need for services to be available to help people improve their mental health, in addition to the range of services already available to help people stay physically fit.

Decision

The Board approved the final Joint Health and Wellbeing Strategy for presentation to Cabinet, subject to the amendments agreed above.

503 Update Kent and Medway Stroke Review

Discussion

Five options had previously been identified as part of the Kent and Medway Stroke Review, which was looking to develop Hyper Acute Stroke Units (HASUs) at three hospital sites in Kent and Medway. The Review had announced Option B as its preferred option. This would see the development of HASUs at Darent Valley, Maidstone and William Harvey hospitals with there being no HASU in Medway. A Decision Making Business Case (DMBC) in support of the preferred option was currently being developed by the Stroke Review team.

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From a Medway perspective, it was important to ensure that the people of Medway had good access to services. There was a strong case for a HASU being located in Medway in view of cardio vascular mortality rates locally being higher than the English average, Medway having one of the highest rates of admissions for stroke amongst the under 75 age group and local health inequalities. The next stage in the process would be for the Stroke Review Joint Health Overview and Scrutiny Committee to review and comment on the DMBC and proposal to develop option B. It was noted that the NHS Clinical Senate had recently provided its assessment of the proposal to the Stroke Review team. The Clinical Senate's findings and input from NHS England would then be considered by the Joint Committee of Clinical Commissioning Groups, which was due to make a final decision in January 2019.

A number of Board Members expressed their support for the principle of developing HASUs and recognised that while it may sometimes be in the interests of Medway patients for services to be located outside Medway, this was not the case for the provision of acute stroke services in view of local health inequalities and incidence of stroke. A Board Member said that the Council was at the start of its journey to challenge the preferred Option B. The Member also noted that the Council had needed to submit a Freedom of Information Request in order to obtain key information in relation to the stroke review and that this request was being followed up.

A Board Member said that the evidence presented in the Stroke Review consultation document had suggested that option D would be the overall best option for the people of Kent and Medway. He emphasised the strength of feeling in support of a HASU being located in Medway and that people were understandably concerned about the future of Medway Hospital if services such as stroke were removed from it.

The Clinical Chair of Medway CCG advised that the Joint Committee of CCGs was formed of representatives of all the Kent and Medway CCGs as well as Bexley and one East Sussex CCG. The Committee was responsible for determining the best location of the three HASUs for the benefit of all of Kent and Medway. Two Medway Councillors had attended the Evaluation Workshop held on 13 September, where Option B had been identified as the preferred option. He stated that the Councillors had participated in the discussion, although they had observer status. Other Board Members said that these Councillors had been dissatisfied with the outcome of the workshop and noted that the Freedom of Information request subsequently submitted by the Council had been made as the Councillors had not been allowed to take the papers with them when they left the meeting.

A Board Member noted that East Sussex and Bexley had only been invited to join the Stroke Review Health Overview and Scrutiny Committee six months previously, although it appeared that these areas had actually been involved in discussions since the early stages of the project. The Member felt that Medway CCGs position was particularly disappointing given that a meeting held

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following the establishment of CCGs had agreed that Medway CCG would be supportive of the best interests of Medway.

Following discussion, it was agreed to change the wording of the recommendations set out in the report. This was to make clear that the preferred option B identified was the preferred option of the NHS and not of the Health and Wellbeing Board and also to make clear the Board's preference for the development of Option D, which would include provision of a HASU in Medway.

The Chief Operating Officer of Medway NHS Clinical Commissioning Group (CCG) advised that he would not be able to support the recommendation before the Board to oppose option B as the CCG was of the opinion that the correct process had been followed, that the correct evidence had been obtained and assessed and that the development of Option B would provide a better service for the people of Kent and Medway.

It was moved that the recommendation set out in report, subject to the changes set out above, be agreed by the Board.

The recommendation was put to the vote and was carried.

Decision

The Board:

- i) Noted that Option B had been published by the NHS in Kent and Medway as the preferred option of the NHS for the location of three Hyper Acute Stroke Units (HASUs) across Kent and Medway at Darent Valley Hospital in Dartford, Maidstone Hospital and William Harvey Hospital in Ashford;
- ii) Considered the potential risks to the population of Medway as a result of the proposed option that would not award HASU status to Medway Maritime Hospital;
- iii) Supported the position of Medway Council in opposing the proposed option (B) and strongly supported continuing to press for its own preferred option D.

504 Medway Adult Mental Health Strategy 2018 to 2023

Discussion

The draft Adult Mental Health Strategy had been jointly developed by Medway NHS Clinical Commissioning Group and Medway Council. The development of the Strategy was important in view of the prevalence of mental health issues amongst the local population, the increasing population and an increasing severity of need. The Strategy set out the case for change based on a needs analysis undertaken by the Council and feedback from stakeholders. A key

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focus of the Strategy was on the strengthening of preventative services. This included providing high quality responsive services to support people in crisis and supporting people to live well and manage their conditions. The Strategy highlighted the importance of developing mental health services as part of the development of the Medway Model and ensuring that mental health is given the same priority as physical health services as part of development of local care services. The draft Strategy had previously been presented to the Medway NHS Clinical Commissioning Group's (CCG) Commissioning Committee and to the Health and Adult Social Care Overview and Scrutiny Committee.

A number of questions were raised by the Board as follows:

Service roadmap – It was requested that a roadmap of services be created to enable Councillors to effectively signpost residents to mental health services. It was also requested that a briefing be arranged for Members once a roadmap had been created. The CCG Head of Mental Health Commissioning agreed that a roadmap of services would be helpful. Some work had already been undertaken to map services but it was difficult to keep such lists up to date. Imago had won the contract for the provision of Care Navigators in Medway. These Navigators would play a key part in helping people to navigate services.

Medway Community Mental Health Team (CMHT) – The Strategy recognised that this Team was under pressure, was experiencing high caseloads and that GP and patient experience of the service needed to improve. The Member considered that investment in this area could effectively be a saving as it would help to prevent mental health issues from escalating. The Head of Mental Health Commissioning advised that the Kent and Medway NHS and Social Care Partnership Trust (KMPT) was working to improve the CMHT. KMPT was implementing a new Choice and Partnership Approach (CAPA) model and a new service manager was in place. The CCG would be working closely with KMPT to address the challenges. It was noted that CMHT provided secondary mental health services rather than provision for people in acute need.

Section 136 facilities – Medway did not have its own specialist facilities to accommodate people detained under section 136 of the Mental Health Act. This was particularly concerning as this situation has persisted for several years, resulting in a strain on Police services and people with mental health difficulties being inappropriately detained in Police cells. A Board Member said that there was a clear need for the provision of a section 136 suite locally, preferably in Medway. It was requested that timescales for addressing this issue be provided to the Board. The Head of Mental Health Commissioning said that it was not currently possible to provide timescales due to the complexity of the work required across Kent and Medway. She agreed that Section 136 provision locally was a concern, particularly as Medway had the highest number of Section 136 detentions in Kent and Medway. KMPT had already submitted a bid for funding for the establishment of a central suite in Maidstone. The Managing Director at Dartford, Gravesham and Swanley; Swale; Medway and West Kent CCGs was the Chair of the Kent & Medway Mental Health Crisis Care Concordat Steering Group. The Group was considering how it could work with the Police to address the challenges relating

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to Section 136 with an Action Plan having been developed. One current issue was that Police Officers often did not phone the specialist advice line that offered advice prior to a person being sectioned and therefore the Officer would not be able to follow this advice.

It was agreed that the Managing Director would be invited to present a report to the next meeting of the Board on the work to address the Section 136 concerns. It was requested that this should set out what an effective system would look like, what type of provision would be most effective and if this could not be achieved, what would be the alternative. The report would also include details of timescales and actions required to facilitate delivery. It was suggested that this could be included as part of the Mental Health Crisis Care Concordat report that was also due to be presented to the Board at its next meeting.

Mental Health Funding – The Managing Director of KMPT said that, in view of the Government announcement of increased funding for mental health provision, there was an opportunity for Medway to consider the services required locally and how to ensure that it could access the maximum level of funding possible. The development of the NHS 111 service and access to advice and guidance for people experiencing mental health difficulties were suggested as particular areas of opportunity for development as well as work with schools on prevention to help avoid mental health difficulties becoming more problematic as children and young people get older.

Out of area placements – Very few patients needed to be placed outside Kent and Medway, the one exception being female psychiatric intensive care patients as there was no facility for this group in Kent and Medway. Some Board Members emphasised that they considered an out of area placement to be any patient who was placed outside Medway, rather than outside Kent and Medway. As the majority of provision for Medway residents was currently in Maidstone or Dartford, the Members considered that all these placements were out of area.

Transition from child to adult mental health services – A Board Member asked whether it was known which areas were good at managing the transition from child to adult mental health services and whether Medway could learn from them. It was requested that reference be included in the Strategy to say that learning from best practice would be undertaken over the next five years and embedded in the Medway model.

Consideration of the Hoo Peninsula – A Member felt that there was not enough recognition in the draft Strategy of the specific issues affecting the Hoo Peninsula in view of the fact that it had 25,000 residents and was growing. Recognition was needed of the difficulty Peninsula residents faced in accessing services in Chatham, Gillingham, Rochester or Rainham.

Other issues - In relation to the piloting of services in Medway, a Board Member considered that more needed to be done to make clear that a pilot project was trial of a service rather than necessarily being permanent provision.

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In relation to problem gambling, while upper tier local authorities provided services to support people who misused alcohol or drugs, the Member was not aware of any authorities that provided similar support for people with gambling addiction. It was requested that reference be made in the Strategy that the need for this provision had been nationally recognised.

It was also noted that the Medway Ethnic Minority Forum was now the Medway Diversity Forum and that the reference to this in the draft strategy would need to be amended.

Decision

The Board commented on the draft Mental Health Strategy prior to its presentation to Cabinet for approval.

505 Work Programme

Discussion

In addition to the changes highlighted in the report, it was requested that reports on the Mental Health Crisis Care Concordat and the Social Isolation Task Group be added to the Board's Work Programme for the February 2019 meeting.

It was also requested that delegated authority be granted to enable a response to be sent on behalf of the Board to a survey that had recently been received from the Care Quality Commission.

A Board Member said that concerns had been raised to them in relation to the Kent and Medway Wheelchair Service and asked whether the matter should be considered further by either the Board or by the Health and Adult Social Care Overview and Scrutiny Committee (HASC). It was confirmed that a briefing note on the matter had been requested by HASC.

Decision

The Board:

- i) Delegated authority to the Director of Public Health to, in consultation with the Chairman of the Board, to respond to the survey received from the Care Quality Commission, to respond to future surveys received asking for a response from the Board and for details of surveys responded to under the delegation be reported to future Board meetings.
- ii) Agreed the work programme attached at Appendix 1, subject to the following changes:
 - a) Reports on the Mental Health Crisis Care Concordat and the Social Isolation Task Group to be added to the Work Programme for the February 2019 meeting.

- b) A report on Pharmaceutical Needs in Medway, previously listed on the Work Programme as date to be confirmed, to be presented to the April 2019 meeting of the Board.

506 Response to NHS England Regarding Rurality Review in Peters Village

Discussion

The Board was advised that pharmaceutical regulations described areas as either being controlled or non-controlled localities. In non-controlled localities, a new pharmacy could open where NHS England agreed that this would be appropriate. A controlled locality was a rural area containing a dispensing GP practice. GP practices in these areas are able to dispense pharmaceuticals to patients who live more than 1.6km (1 mile) as the crow flies from their nearest pharmacy. The process of determining whether an area should be controlled was called a rurality review. NHS England undertook these on a periodic basis or when a particular need was identified.

A letter had been received from NHS England advising that a rurality review would be undertaken of the Peters Village development near Wouldham in Kent. This followed the receipt of an application to open a pharmacy in the area. Were NHS England to determine that the Peter's village area was no longer a rural area it would determine that there area was no longer a controlled locality and the application for a new pharmacy to open would be approved. However, this would have the result that the existing dispensing GP practice in Halling in Medway would no longer be able to dispense to any of its patients who lived within 1.6km of the new pharmacy in Peters Village. In view of the large number of patients that would be affected, the result could be that it would become unsustainable for the practice in Halling to dispense to any patients.

The Board was asked to comment on whether it considered the Peters Village area to still be rural in nature and to agree an appropriate response for submission to NHS England. The draft response presented to the Board stated that the area should be considered rural.

Two Board Members said that it was clear that the Peters Village area should be considered to be rural and expressed their support for the draft letter. It was requested that consultation with local ward Councillors be added to the proposed delegation set out in the report to enable the Director of Public Health, to in consultation with the Board Chairman, to be able to respond to future similar requests.

It was noted that the exact location of the proposed pharmacy was not known and that, therefore, it could not yet be determined exactly which areas would be affected in the event that NHS England determined Peters Village not to be a rural area. Officers advised that the centre of the village had been used for their analysis and that it was considered likely that the new pharmacy would be located in this area.

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Decision

The Board:

- i) Delegated authority to the Director of Public Health to, in consultation with the Chairman of the Health and Wellbeing Board and local ward Councilors, as appropriate, to respond to requests from NHS England regarding matters relating to rurality reviews and consolidation of pharmaceutical services.
- ii) Approved the proposed response to NHS England regarding the rurality review of Peter's Village.

Chairman

Date:

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