

Medway Council
Meeting of Health and Wellbeing Board
Tuesday, 19 February 2019
4.05pm to 6.50pm

Record of the meeting

Subject to approval as an accurate record at the next meeting of this committee

- Present:** Dr Peter Green, Clinical Chair, NHS Medway Clinical Commissioning Group (Vice-Chairman in the Chair)
Councillor Howard Doe, Deputy Leader and Portfolio Holder for Housing and Community Services
Ann Domeney, Deputy Director, Children and Adults Services
Councillor Gary Etheridge
Eunice Lyons-Backhouse, Healthwatch Medway CIC Representative
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:** Councillor Sylvia Griffin (Substitute for Councillor Adrian Gulvin)
Stuart Jeffery, Deputy Managing Director and Chief Operating Officer, Medway CCG (Substitute for Ian Ayres)
Councillor Rupert Turpin, Portfolio Holder for Business Management (Substitute for Councillor David Brake)
- In Attendance:** Sharon Akuma, Legal Services
Gill Burns, Director of Children's Services, NELFT
Clare Ebberson, Consultant in Public Health
Lorraine Foster, Programme Lead - Partnership Commissioning
Dave Holman, Head of Mental Health Commissioning, West Kent CCG
Ann McNicholl, Interim Programme Lead, Children's Commissioning
Jade Milnes, Democratic Services Officer
Dr Caroline Rickard, Medical Secretary, Kent Local Medical Committee
Heidi Shute, Engagement Director, Medway Community Healthcare
Adam Wickings, Deputy Managing Director, West Kent CCG

815 Chairman's Announcements

In the absence of the Chairman, the Vice-Chairman, Dr Peter Green chaired the meeting.

On behalf of the Board, the Chairman expressed his condolences to Councillor David Carr's family upon his sad passing.

The Chairman welcomed Eunice Lyons-Backhouse to the Health and Wellbeing Board as the Healthwatch Medway representative and placed on record the Board's thanks to Cath Foad for her contribution to the work of the Board.

816 Apologies for absence

Apologies for absence were received from Board Members Councillors Brake (Chairman) and Gulvin, and NHS Medway Clinical Commissioning Group representatives, Ian Ayres and Dr Antonia Moore.

Apologies for absence were also received from invited attendees Martin Riley (Managing Director, Medway Community Healthcare) and Dr Mike Parks (Medical Secretary, Kent Local Medical Committee).

817 Record of meeting

The record of the meeting held on 6 November 2018 was agreed and signed by the Vice-Chairman as correct.

818 Urgent matters by reason of special circumstances

There were none.

819 Declarations of Disclosable Pecuniary Interests and Other Significant Interests

Disclosable pecuniary interests

Stuart Jeffery declared a disclosable pecuniary interest in agenda item 14 (Contribution of NHS Medway CCG to the Delivery of the Joint Health and Wellbeing Strategy), because he is employed by the NHS Medway CCG. He relied on a dispensation granted by the Monitoring Officer to enable him to participate in the discussion on the item, but he explained that he would abstain from any vote.

Dr Peter Green declared a disclosable pecuniary interest in agenda item 14 (Contribution of NHS Medway CCG to the Delivery of the Joint Health and Wellbeing Strategy), because he is employed by the NHS Medway CCG. He relied on a dispensation granted by the Monitoring Officer to enable him to participate in the discussion on the item, but he explained that he would abstain from any vote.

Other significant interests (OSIs)

There were none.

Other interests

Councillor Martin Potter declared an interest in any reference to the Kent and Medway Sustainability Partnership (STP) because he is on the Kent and Medway STP Non-Executive Director Oversight Group.

820 Kent and Medway Safeguarding Adults Board (KMSAB) Annual Report 2017-18

Discussion:

The Director of People – Children and Adults Services introduced the Kent and Medway Safeguarding Adults Board (KMSAB) annual report, set out at Appendix 1, which had been compiled in accordance with the Care Act 2014.

The report detailed how the KMSAB delivered against its priorities for April 2017 to March 2018 and the Board's attention was drawn to the key achievements of the KMSAB set out in paragraph 3.1 of the report.

It was noted that section 3 of the annual report provided an update on Safeguarding Adults Review (SAR) activity. To ensure a robust and consistent process for determining whether a case referred for a SAR met the criteria, a multiagency decision-making panel, chaired by a member of the SAR working group, was convened when a new referral was received. The KMSAB received seven new SAR applications between April 2017 and March 2018, of these:

- two cases progressed using the case audit review methodology;
- two cases did not meet the criteria and no further action was required;
- and
- two cases did not meet the criteria and were addressed through the NHS Safeguarding Management process.

Section 5 of the annual report identified the key priorities for the KMSAB for 2018 to 2019, these included: prevention, awareness and quality.

The Board was advised that 1281 safeguarding concerns were raised in 2017/18 compared to 998 concerns raised in 2016/17, which was an increase of 28%. It was considered that this was a reflection on the work undertaken to raise awareness of safeguarding. Further Medway specific data was highlighted to the Board, as set out in section 4 of the report.

Health and Wellbeing Board, 19 February 2019

In response to questions concerning the increase in safeguarding concerns raised in 2017/18, the Board was advised that:

- it was expected that the overall trend would plateau over the next one to two years;
- the data indicated that a significant number of safeguarding concerns were raised by health professionals about individuals who were currently living in care settings. There was an expectation that this would plateau as engagement with referrers and service providers became more effective and the quality of care improved. In this way, it was expected that repeat referrals would be prevented;
- a whole Council approach was needed to raise awareness around broader issues such as financial abuse, which was considered to be an area of particular concern.

Decision:

The Health and Wellbeing Board:

- a) noted the comments of the Health and Adult Social Care Overview and Scrutiny Committee set out at section 5 of the report; and
- b) noted the annual report;
- c) commented, as set out in the minute, on the annual report.

821 Kent and Medway Mental Health Crisis Care Concordat - Annual Report 2017/2018

Discussion:

Both the Deputy Managing Director, NHS West Kent CCG and the Head of Mental Health Commissioning, NHS West Kent CCG introduced the Kent and Medway Mental Health Crisis Care Concordat 2017/18 annual report, drawing the Board's attention to the key activities over the period. This included, developing a 24/7 acute Liaison Psychiatry Service, 111 service improvements, a Street Triage initiative, introduction of Crisis Cafes and a focus on supporting frequent attenders within the acute environment with holistic packages of support.

It was noted that despite initiatives across Kent and Medway there had been an increase in the number of section 136 admissions in 2017/18; this increase in activity was also reflected in the national figures which had increased over the last 5 years. As result, it was proposed a "deep dive" be undertaken as part of the Kent and Medway STP mental health urgent and emergency care programme to gain a shared and broader understanding of section 136 undertakings. This would inform strategic and policy decisions, joint working, improve outcomes for people detained and increase satisfaction between practitioners and professionals involved in the section 136 process.

Health and Wellbeing Board, 19 February 2019

It was added that in response to concerns regarding the consistency of the Concordat crisis offer and in line with the changing health landscape, a review of the Concordat was undertaken. This review recognised the successes of the Concordat, however it found that owing to emerging complex governance arrangements in health and social care, the Concordat was unable to efficiently make key decisions, particularly in relation to agreeing funding priorities. As a result, a smaller Concordat, chaired by the Police and Crime Commissioner (PCC), was proposed. The PCC Oversight Group would become the decision making arm of the Concordat and would ensure consistency across the locality in terms of the service model and offer. There would still be three geographical structures reporting into this Group which would be more operational in nature. The Board was advised that the new structures were being put in place in the next 6-8 weeks, following approval by NHS England.

Members raised a number of questions, including:

Priority areas - A Member expressed support for the priorities set out in the annual report. However, he requested that an additional priority, the separation of Crisis Resolution Home Treatment Team (CRHT) and hospital teams, be added. In response, the Board was advised that NHS Long Term Plan was strong in its ambition to continue to develop Mental Health Crisis Services which included a distinct break between CRHT and the way the crisis offer works through hospitals. Assurance was provided that this would be taken forward with Medway Foundation Trust.

Best practice models - In response to questions concerning learning from best practice, the Board was advised that there were examples of innovative best practice nationally. Examples provided included an alternative place of safety model in Manchester, a triage model in Sussex and 24 hour support model in Brighton. It was explained that no single model could be transposed to Kent and Medway but there was an opportunity for learning, through the STP. It was considered that the biggest challenge was how new models could be implemented in a consistent manner across the Kent and Medway footprint, whilst ensuring that the model was appropriate to the local area. With regards to section 136, it was added that there was not one single example of best practice, a whole system approach was needed.

Section 136 - With regards to a question concerning the percentage conversion rates of those admitted, the Board was advised that the conversion rate was circa. 20%, which was considered to be poor. It was anticipated that the “deep dive” would assist in developing a shared analysis and understanding of the cause and the way forward.

Workforce – In response to questions regarding working conditions and support for the Mental Health workforce, it was recognised that working within mental health services was challenging and importance was placed on ensuring staff felt valued. To that end, the deputy Managing Director, West Kent CCG explained that the CCG worked closely with providers to understand how they valued their staff. The Director of Children’s Services, NELFT, added that it was important that basic staff support and management systems were in

Health and Wellbeing Board, 19 February 2019

place including, but not limited to, ensuring adequate supervision, staff rotation, appraisals, ensuring staff were taking annual leave, working reasonable hours and that they understood where to access support and how to escalate problems etc.

Concerning questions in relation to recruitment and retention, the Board was advised that work was ongoing at an STP level to improve this. It was considered that there was a need for commissioners and providers to work in partnership to derive appropriate solutions for the local area. It was anticipated that the new Integrated Care Partnerships (ICPs) would help facilitate this approach.

Self-management and self-care – Referring to advances in helping individuals to manage their own physical health, a Member asked whether there was an opportunity to advance this in relation to mental health. In response, the Board was advised that there was an opportunity to help individuals manage their mental health as part of the Local Care and Prevention agenda. The Deputy Managing Director for NHS Medway CCG provided the Board with some examples of recent commissioned services, including; investment in primary care mental health workers; commissioning of a care navigation service to support people with a range of issues including mental health issues; and provision of support to a range of charities which in turn support patients to improve their own mental health. It was added, the GP lead for Mental Health in Medway had led the Manage Your Mind Service, for which she had recently been awarded an MBE for the results achieved. Nonetheless, it was explained to the Board that a significant cultural shift was required when considering self-management and self-care in Medway.

Mental health statistics – In relation to questions regarding the well-known statistic that approximately 1 in 4 people in the UK experience a mental health problem each year, it was explained that there were wider societal factors, such as worries about money, employment etc. which influenced the overall number of people reporting that they had suffered with a mental health problem and affecting their ability to cope. The NHS Long Term Plan recognised that this was a national problem and committed to additional mental health investment. At a local level, it was recognised that there was a need to work together in partnership arrangements to respond to and meet the needs and demands of people experiencing mental health issues. With this in mind, it was suggested that the Board receive an update on the “deep dive” at which time the Board could consider in more detail what the greater system and the Local Authority could do in collaboration to provide support for mental health services in Medway.

Health and Wellbeing Board, 19 February 2019

Decision:

The Health and Wellbeing Board:

- a) noted the progress made in 2017/18 in delivering the Mental Health Crisis Care Concordat (MHCCC);
- b) supported planned work across agencies set out in section 13 of the report; and
- c) requested that an update be provided to the Board on the outcome of the section 136 “deep dive” with a date to be determined.

822 Transforming Care Plan Update

Discussion:

The Programme Lead, Partnership Commissioning provided an update on the Transforming Care Programme (TCP). The Board was reminded that the aim of this programme was to improve services for people with learning disabilities and autism who display behaviour that challenges, including those with a mental health condition. The TCPs overarching aim had been to reduce hospital admissions and support more people in the community whenever possible. The Board’s attention was drawn to three main areas:

1. **The achievements of the TCP** (set out in section 3 of the report), which included:
 - securing additional funding for a programme of Positive Behaviour Support Training. A specialist virtual Positive Behaviour Support Team was also being piloted from January 2019;
 - putting in place specific services to support individuals with autism, including the Kent and Medway Community Autism Service;
 - establishing a new Kent and Medway Operational Group to ensure accelerated delivery and oversight of the Programme and to support the delivery of the NHSE Children’s Accelerator Programme; and
 - securing several NHS England grants of £10k and £15k to support named individuals on discharge.
2. **The remaining challenges** (set out in section 4 of the report). It was explained that Medway’s inpatient numbers had declined from a high of 20 in November 2016. This was partly due to preventing repeat admissions through the use of Care and Treatment Reviews (CTRs) and Care, Education and Treatment Reviews (CETRs). It was explained that as part of the review, Multi-Disciplinary Teams (MDTs) had been convened within 24/48 hours of an individual being identified as at risk to consider the best intervention to prevent them from being admitted to hospital. However, outside the control of the TCP, in the last 12 months, owing to additional patients from within the criminal justice system and challenges with supporting child and adolescent discharges, inpatient

Health and Wellbeing Board, 19 February 2019

numbers in Medway had remained static at 16. Another difficulty was the reclassification of Mental Health (MH) patients in hospital (i.e. patients who are admitted to a MH bed but have a diagnosis of LD or autism when they are in hospital).

3. **Key future actions** (set out in section 6 of the report) included the development of an “At Risk of Admission” register to enable proactive steps to be taken to identify who might need support and provide it as soon as possible. It was explained that this was very complex and that further work was needed to develop the criteria to determine what individuals would be added to the register, how individuals would be removed from it and what consents from the individual would be required. Additional actions arising from the NHS 10 Year Plan were also summarised.

Members raised a number of comments, including:

Multi-Disciplinary Teams (MDTs) - Concerning a question regarding MDTs, the Board was advised that these Teams were considered to be effective. There were some areas for improvement, for example it was explained that engaging with education had been challenging. The Board was advised that 100% of children were known to education before crisis, but were not necessarily known to health or social care. It was noted that a children’s lead had been identified. The Programme Lead for Partnership Commissioning would be meeting with secondary school head teachers to understand what schools could do to support the TCP and how the TCP could support schools, including signposting to further information.

Diagnosis and referral - With reference to a question about diagnosis and referral, it was explained that CTRs were carried out by a panel of people. This included an independent expert by experience and a clinical expert. The experts were able to challenge the system to ensure the right decision on intervention was made. If further clinical investigation was deemed to be required, this would be instructed.

Treatment pathways - Concerning a question in relation to treatment pathways in Medway, the Board was advised that with respect to neurological conditions, such as Attention Deficit Hyperactivity Disorder (ADHD) and Autism, there were clear pathways to specialist support via GP services. However, for other conditions more work was needed on pathways for care. The TCP specialises in providing support for people with a learning disability and/or Autism who display behaviour that challenges, including those with a mental health condition, individuals with a diagnosis outside this remit would be signposted to relevant services but their treatment would not be followed up by the TCP.

Medway Community Healthcare (MCH), Child Health Service contract transition – A Member expressed concern on behalf of headteachers in relation to this Service, in particular waiting times for assessment and he requested an update on how previous concerns that had been raised were

Health and Wellbeing Board, 19 February 2019

being progressed. The Director of Public Health undertook to provide Members with a briefing note addressing the concerns raised.

The Board was advised that the TCP had predominantly engaged with secondary school aged children or above and only one younger child had come into contact with the Programme. From a clinical perspective, the Director of Children's Services at NELFT explained that children and adolescents who had neurodevelopmental conditions would experience peaks and troughs throughout their childhood, adolescence and adulthood which was considered difficult for clinicians to convey to families. Through the CETR process, the system works very hard to put in place the best interventions for the individual to prevent escalation to the hospital environment. But, sometimes it was considered that there was a system wide lack of understanding of the presentation of neurodevelopmental conditions.

“At Risk of Admission” register - In response to a question on this register, the Board was advised that a project officer was currently being recruited to develop an options appraisal that would be presented to Kent and Medway Transforming Care Executive Board. This appraisal would consider how this register could be developed and delivered, keeping in mind the complexities raised.

Decision:

The Health and Wellbeing Board:

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

823 Medway Local Transformation Plan for Young People's Emotional Health and Wellbeing 2018/19

Discussion:

The Interim Programme Lead, Partnership Commissioning introduced the refreshed Medway Local Transformation Plan (LTP) for Young People's Emotional Health and Wellbeing 2018/19, which was set out at Appendix A to the report. This updated Plan provided details on progress to date from commencement of the Plan in 2015.

The Board was advised that the LTP covered all aspects of children and young people's emotional and mental health, with a focus on the transformation. Key to this transformation had been the recommissioning of the Child and Adolescent Mental Health Service (CAMHS) which was now provided by NELFT. The Board's attention was drawn to the achievements and challenges

Health and Wellbeing Board, 19 February 2019

of the new Medway Young Persons' Wellbeing Service, as set out in section 3 of the report. In general, progress had been made improving the quality and management of the service. It was focussed on young people and aimed to ensure a system wide approach, with particular improvements being made in engaging with schools. It was noted that the Service was also IAPT compliant.

The Director of Children's Services, NELFT, provided an update on the new Service. She set out the key areas of work following the implementation of the contract on 1 April 2018, these included:

- creating a new Medway specific team by disaggregating a previously integrated team (across Medway and Swale) and incorporating Medway Council's own Tier 2 (CAMHS) Service;
- offering evidence based National Institute for Health and Care Excellence (NICE) concordant treatment;
- developing and training the workforce to these standards;
- developing care pathway models to deliver treatment;
- verifying data to ensure that accurate performance can be measured and presented;
- moving all staff to one electronic patient system; and
- increasing contacts with patients, reducing waitlists and where appropriate discharging patients.

The Board was advised that the recently published NHS 10 Year Plan and Green Paper had set ambitious targets for children's mental health. This included: providing support for schools by improving connections between them and mental health services, ensuring schools were better informed and supported in accessing the right services, including specialist services; reducing crisis presentations; and reducing the waiting time standard for children and young people referred for mental health treatment to four weeks. Future areas of focus were highlighted to the Board as set out in paragraph 3.3 of the report.

Members raised a number of questions, including:

Balancing delivering core clinical care and working within the system -

With respect to a question concerning the workforce resource and whether technology had been considered to support practitioners in their work, the Board was advised that a number of innovations had been implemented, including:

- Provision of a dedicated telephone consultation line, available to all local schools and social services, whereby qualified practitioners could be contacted if there was uncertainty about referring an individual. This service had received positive feedback from social care colleagues in that, very often, it had prevented the need for a referral through the provision of further guidance and advice.
- Creation of a MindFresh App which provided a range of self-help tools aimed at children and young people. It was noted that this App was interoperable with electronic patient records.

Health and Wellbeing Board, 19 February 2019

- It was also noted that NELFT's Digital Strategist was also, currently, reviewing whether briefing videos, for example Mental Health First Aid could be provided to schools.

The Interim Programme Lead, Partnership Commissioning explained that there was a wide provision of support in Medway which was provided not only by NELFT but other external organisations, as well as, Medway Council's Public Health Team. She undertook to provide Members with a briefing note on the support and services available.

Four-week waiting time standard for children and young people referred for mental health treatment - A Member expressed concern regarding this target and sought assurances that this was achievable. It was explained to the Board that within the NELFT contract the target was 18 weeks, this was a national standard. The four-week target was related to the national trailblazer (pilot) sites, which were not located in Medway. With respect to waiting times in Medway, overall, these had reduced and were close to 18 weeks, in line with the contract Key Performance Indicators (KPIs). However, it was explained that Medway was currently experiencing a very high level of referrals, some of which were very complex, which could increase waiting times.

ASD (Autism Spectrum Disorder) and ADHD - In relation to questions concerning sharing best practice and diagnosis and treatment, particularly in respect of neurodevelopmental conditions, the Board was advised that there was a need for further work to: reduce waiting times; improve screening and diagnosis care pathways, which might include varying traditional care models; and support the education sector. More generally, it was explained to the Board that a system wide approach to managing neurodevelopmental demands was needed.

It was particularly important that NICE guidelines for the diagnosis and management of these conditions were implemented. The Director of People – Children and Adults Services advised the Board that a NICE compliant ASD pathway had been put place in Medway, in collaboration with NELFT and Medway Community Healthcare (MCH) as required following the recent SEND Ofsted inspection. This service supported children transitioning through the age spectrum to access the same pathway. It was noted that NELFT provided a specialist neurodevelopmental service which, in Kent and Medway, was experiencing high rates of referral. In the first 8 months of the contract, NELFT had secured additional resources which had reduced the number of individuals on the waitlist by circa. 500 individuals.

Engagement of schools - With reference to paragraph 2.6 of the report, a Member asked whether schools could be challenged with regards to the level and consistency of support, including counselling, they provide to their pupils. In response, it was recognised that there was a lot of variation within schools on the breadth and quality of support provided. The Board was advised that the Public Health Team in conjunction with NELFT had liaised, and would continue to liaise, with schools to determine how best they could support them to commission the best interventions for pupils. The Public Health Team had

Health and Wellbeing Board, 19 February 2019

shared good practice and held conferences and workshops on child health, with a view to support schools further. It was noted that schools did not have the resources to undertake the necessary needs analysis but it was considered that following evaluation of the trailblazer sites, the results would help to demonstrate what interventions had worked best at schools and therefore, this would help other schools determine where to focus their investment. In addition, the Public Health Team and NELFT could utilise population level data, including SEN registers as a proxy to suggest interventions which were likely to be effective. A view was expressed that all Medway schools should be challenged to provide high quality support for their pupils. Clarification was sought on what influence, if any, NELFT could have in this regard and a request was made for a briefing note to provide an update on what actions could be taken to ensure a coordinated approach to achieve this objective.

Decision:

The Health and Wellbeing Board:

- a) noted Medway's LTP for 2018/19 and the wider update on embedding the Medway Young Persons' Wellbeing Service.
- b) requested a briefing note on:
 - i. services available to support children and young people's emotional and mental health; and
 - ii. actions which could be taken to challenge schools to ensure they provide high quality support for their pupils.

824 Proposed Safeguarding Partnership Arrangements

Discussion:

The Director People - Children and Adults Services presented the report which set out details of the proposed safeguarding partnership arrangements which were required as a consequence of the Children and Social Work Act 2017. This Act placed an equal and joint responsibility on the Local Authority, the Chief Officer of Police and the Clinical Commissioning Group (CCG) to make arrangements for safeguarding and promoting the welfare of children in the area. The arrangements would replace the current Local Safeguarding Children Board (LSCB) and it was proposed that it would be called the Medway Safeguarding Children Partnership (MSCP).

The significant changes between the current arrangements and the new requirements were highlighted to the Board and were set out at paragraph 3.3 of the report and the proposed arrangements, as set out in section 5 of the report, were outlined in detail. In particular, it was explained to the Board that there would be separate arrangements for both Medway and Kent. However, where it was considered appropriate there would be some joint sub groups covering both Kent and Medway. The Board was advised that the MSCP would report into the Children and Young Peoples Strategic Transformation Board

Health and Wellbeing Board, 19 February 2019

which was well positioned to align the work of the MSCP with other strategic initiatives, such as the Children and Young People's Plan.

It was explained the three safeguarding partners had until 29 June 2019 to publish their arrangements and notify the Secretary of State for Education when they have done so. The arrangements then needed to be implemented by 29 September 2019.

In respect of the joint sub group on exploitation and in response to a request from a Member, the Director of People – Children and Adults undertook to reference Child Sexual Exploitation (CSE) and County Lines.

Clarification was sought regarding the role of the Children and Young People's Overview and Scrutiny Committee. It was confirmed that the existing protocols between Committees and key strategic boards in Medway would continue to exist. In addition, there would still be a requirement to produce an annual report which would be presented to the Overview and Scrutiny Committee as it had done under the existing arrangements.

Decision:

The Health and Wellbeing Board:

- a) commented, as set out within the minute, on the proposed safeguarding partnership arrangements for children in Medway set out within the report; and
- b) noted the proposed timeline for consultation and approval set out at paragraph 7.2 of the report.

825 Draft Medway Children and Young People's Plan 2019-2024

Discussion:

The Deputy Director, Children and Adults Services introduced the report which presented, at Appendix 1, the draft Children and Young People's Plan (CYPP) 2019 to 2024. She explained to the Board that the Plan was considered to be a vehicle to maintain Medway's momentum in promoting good practice and ensuring a child focused future for Medway. The Plan focussed on three key outcomes for children and young people, these were: "Thriving in our Community", "A Healthy Start" and "Learning Well". More generally, the Plan took account of the current national picture and evolving local challenges and was split broadly into two sections, namely "what is driving us" and "where we want to be".

The Deputy Director, Children and Adults Services drew the Board's attention to paragraph 4.2 of the report, which set out the proposed reporting lines to the Cabinet and the Children and Young People Overview and Scrutiny Committee, in addition to the Children and Young People's Strategic Transformation Board, which would champion the Plan.

Health and Wellbeing Board, 19 February 2019

A Member expressed his support for the Plan and in particular the key themes set out in the section on education. The Member highlighted a series of points for consideration, as follows:

- Referring to page 259 of the agenda (page 25 of the Plan), it was highlighted that the objective “Increase the uptake of high quality early education” was not supported by a specific success factor.
- Referring to page 260 of the agenda (page 26 of the Plan), it was noted that the success factor “Progress 8 score at key stage 4” was a measure of value added by the secondary schools but not a measure of achievement of the education sector.

On this basis, the Deputy Director, Children and Adults Services undertook to review the success factors.

Decision:

The Health and Wellbeing Board:

- a) commented, as set out within the minute, on the draft Medway Children and Young People’s Plan set out at Appendix 1 to the report;
- b) noted the planned consultation with children and young people and other stakeholders as outlined in section 5 of the report; and
- c) agreed to add consideration of the final Medway Children and Young People’s Plan, post consultation, to the Board’s work programme for 2 July 2019.

826 Update on Medway Clinical Commissioning Group Primary Care Commissioning Committee

Discussion:

The Chief Operating Officer, NHS Medway Clinical Commissioning Group (CCG) provided the Board with an update on the work of the CCG Primary Care Commissioning Committee. The key functions of the Committee and a summary of key decisions over the last year were set out in Appendix 1 to the report. In particular, the Board was advised that an Improved Access Service to extend out of hours provision in Primary Care had been commissioned. This had resulted in an additional 600 appointments a week at Medway’s Healthy Living Centres. In addition, it was noted that approval, by the Committee, of additional investment in a number of services, such as a GP led Care Homes Service and a locum employment software, had enhanced GP cover and improved access for patients.

In response to concerns expressed in relation to the shortage of GPs in Medway, the Board was advised that the NHS Medway CCG had taken a number actions, including:

Health and Wellbeing Board, 19 February 2019

- improving access for patients, ensuring that they could attend the increased number of appointments in place across Medway;
- strengthening the walk in centre at Medway Hospital as part of the CCG's work within Urgent Care, which was now treating circa. 100 patients a day, with much shorter waiting times; and
- working with practices around the locum position to maximise capacity within the system.

A Member commented that a comprehensive plan detailing what services were available and how to access them was required.

It was noted that recruitment and retention of GPs was a national issue and was not limited to GPs but also the wider Primary Care workforce, including nurses. It was recognised that in comparison to the national picture, Medway had a below average number of GPs per population and with regards to expenditure on Primary Care, whilst equitable to the national average across the whole of Kent and Medway, it was explained that within the area there was some variation.

In order to address the workforce issues, it was explained that the Kent and Medway Sustainability and Transformation Partnership (STP) were developing proactive solutions to workforce issues. In addition, it was anticipated that the development of the medical school would draw prospective GPs to the area and improve retention. In the interim, Medway NHS CCG were already working with local universities to enable students to experience working in Primary Care as part of their training, which historically they would not have received. It was also anticipated that the new GP contract would bring more resource and allied health professionals which should improve retention.

In response to a question in relation to whether GPs were drawn to more affluent areas, the Board was advised that there was some evidence to support this. However, it was noted that the proximity of Kent and Medway to London was also a contributory factor in the shortage of local GPs. It was explained that Kent and Medway had not managed to attract funding from the national schemes because trainee posts in the locality were filled with relative ease, but often, the trainees had come from London where the trainee posts were full and these GPs would work in London once their studies were completed, thereby skewing the overall picture.

Owing to the insight and support elected Members could provide, clarification was sought on whether Councillors were able to be appointed as members of the CCG Primary Care Committee. In response, it was explained that Councillors were disqualified from holding any seat on the Committee by law. However, it was explained that the Committee meets in public for discussions on general practice and subsequent decisions in order to ensure transparency. It was added that the Health and Wellbeing Board and the Health and Adult Social Care Overview and Scrutiny Committee offered a forum for discussion and scrutiny on these matters.

Health and Wellbeing Board, 19 February 2019

Members commented that the Council had undertaken a lot of work to promote Medway and increase its offer and welcomed the opportunity to engage with the NHS Medway CCG further to understand the drivers preventing GPs, and others, from locating in Medway and to provide practical assistance where possible. A request was also made to involve Councillors in decision making at early stage.

The need to work collaboratively was recognised and it was suggested that a development session be held to:

- provide a briefing on the NHS Long Term Plan and specifically the components related to Primary Care, as well as, the new 5 year GP Contract and understand what could be expected from the system;
- provide further information on the complexities of commissioning Primary Care Services. It was noted that pharmacy contracts were still contracted through NHS England directly.
- consider how partners can work together to join up work to deliver the NHS Long Term Plan.

It was suggested that Members of the CCG Governing Body be invited to attend.

Decision:

The Health and Wellbeing Board:

- a) noted the update provided; and
- b) requested that a development session be held to consider how partners jointly work together to deliver the ambitions of the NHS England Long Term Plan in the context of Medway.

827 Referral From Kent and Medway Joint Health and Wellbeing Board: Joint Strategic Needs Assessment

Discussion:

The Director of Public Health introduced the report which recommended further discussion by the Health and Wellbeing Boards of Kent County Council and Medway Council on a proposal that the Case for Change for the Kent and Medway Sustainability and Transformation Partnership be developed to incorporate the Joint Strategic Needs Assessments (JSNAs) for Kent and Medway in the longer term. It was explained that in the context of a changing health landscape and following the publication of the NHS Long Term Plan, the Case for Change would need to be refreshed and as the Case Change would drive NHS commissioned services, a strategic JSNA would provide greater clarity on the needs of Medway's population with Medway specific data.

A Member commented that as part of the transformation of the NHS, Integrated Care Partnerships would be established across defined geographical areas. These partnerships would be comprised of providers across the health sector

Health and Wellbeing Board, 19 February 2019

who would need to work collaboratively and collectively provide the required care in response to specified outcomes. This could be further explored as part of the development session.

Decision:

The Health and Wellbeing Board

- a) noted the comments of the Kent and Medway Joint Health and Wellbeing Board, set out at section 4 of the report; and
- b) supported the proposal that the Case for Change for the STP be developed to incorporate the JSNAs for Kent and Medway in the longer term.

828 Task Group Report: The Impact of Social Isolation in Medway

Discussion:

The Consultant in Public Health introduced the report which presented, at Appendix A, the Task Group Report on the impact of social isolation in Medway. The Task Group report had been considered by both the Health and Adult Social Care Overview and Scrutiny Committee and the Cabinet on 13 December 2018 and 15 January 2019 respectively. It was noted that following the recommendation of the Health and Adult Social Care Overview and Scrutiny Committee, the Cabinet agreed the recommendations made by the Social Isolation Task Group as presented within the report.

The Board was advised that the aims of the Task Group had included reviewing existing provision aimed at reducing Social Isolation, both within the remit of the Council and amongst partner organisations and the community and voluntary sector. The Task Group also considered national best practice guidance and how Medway could learn from it to further reduce isolation for residents. Evidence had been gathered from a wide range of people at evidence gathering sessions and the Task Group had met with the then Minister for Loneliness to discuss the national perspective on social isolation.

It was explained that the Task Group had found that significant work was already taking place across a range of organisations in Medway to reduce Social Isolation. However, 23 recommendations were made by the Task Group recognising that more could be done. Particular areas for improvement were highlighted and included:

- the need to raise awareness in a coordinated manner. A recommendation was made relating to how awareness raising could be improved, while another recommendation was to undertake a public communications campaign; and
- the need to identify people in Medway who were isolated. A recommendation was made to train more frontline staff to enable them to effectively signpost to sources of information and support.

Health and Wellbeing Board, 19 February 2019

The Task Group's findings had also recognised the importance of social prescribing in reducing social isolation.

The Board was advised that an action plan had been created and the Board's attention was drawn to recommended role of the Health and Wellbeing Board in monitoring implementation of the recommendations of the Task Group.

A Member commented that the Council was undertaking a lot of work to reduce social isolation in Medway. Examples included activity within adult education, libraries, social care and commissioned services. It was explained that these services brought people together within the community on a regular basis. The Member recognised the need for a joined up approach across the health sector. It was also recognised that work to reduce social isolation would need to be continuous.

Decision:

The Health and Wellbeing Board:

- a) noted the comments of the Health and Adult Social Care Overview and Scrutiny Committee, set out in section 7 of the report and the decision of the Cabinet, set out in section 8 of the report;
- b) noted the Task Group report and recommendations set out at Appendix A and make any comments it wishes in relation to implementation of the recommendations; and
- c) agreed to receive an update report on implementation of the recommendations of the Task Group, due to be presented to the Health and Adult Social Care Overview and Scrutiny Committee in Summer 2019, and for this to be added to the Board's Work Programme.

829 Contribution of NHS Medway CCG to the Delivery of the Joint Health and Wellbeing Strategy

Discussion

The Director of Public Health introduced a report, which set out, at Appendix 1, a proposed response from the Health and Wellbeing Board to NHS England's request for the Board to provide their views on the contribution of NHS Medway Clinical Commissioning Group (CCG) to the delivery of the Board's Joint Health and Wellbeing Strategy (JHWS). He explained that the proposed response was framed around the five themes within the JHWS and drew the Board's attention to some key areas of work where the CCG had made a positive contribution.

Members raised a number of points, including:

- A suggestion was made that it would be appropriate for the response to refer to the services that Medway had lost, for example

Health and Wellbeing Board, 19 February 2019

Neurorehabilitation and Stroke Services. It was considered that the loss of such services was extremely disappointing.

- Concern was expressed that the response did not highlight some of the problems within Medway and it was suggested that the response should raise issues such as health inequalities in Medway and the local shortage of GPs.
- Whilst it was noted that the CCG had been successful in a number of areas, a Member reiterated the importance of raising to the attention of NHS England two key issues for Medway. These were, the need to attract GPs and the loss of Stroke Services. With regards to the latter, the Member echoed his disappointment in the outcome of the Kent and Medway Stroke Service reconfiguration and noted that the decision was also being addressed in other forums.

It was explained to the Board that some of the comments made during discussion of the item fell outside of the scope of NHS England's question which focused on the capacity, and capability of primary care to deliver against the outcomes within the JHWS. However, on the basis of the points raised by Members, the Director of Public Health undertook to revise the drafted response, set out at Appendix 1 to the report and submit an accompanying letter setting out the wider concerns raised. A member requested that the correspondence voiced in the strongest possible terms the concerns raised at the meeting.

Decision:

The Health and Wellbeing Board agreed to delegate authority to the Director of Public Health, in consultation with the Chairman of the Health and Wellbeing Board, Councillor David Brake, to finalise and submit the response on behalf of the Health and Wellbeing Board to NHS England, taking account of the comments of the Board and including an accompanying letter as set out in the minute.

830 Work Programme

Discussion:

The Democratic Services Officer introduced the work programme report and drew the Board's attention to the recommended amendments to the work programme set out at paragraphs 2.2 and 2.3 of the report.

Decision:

The Health and Wellbeing Board:

- a) agreed the work programme attached at Appendix 1; and
- b) agreed to the deferral of the report from the Community Safety Partnership setting out the Strategic Assessment and Community Safety Plan to the next meeting of the Board, on 16 April 2019.

Health and Wellbeing Board, 19 February 2019

Chairman

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