

Medway Council
Meeting of Health and Wellbeing Board
Tuesday, 2 July 2019
4.06pm to 5.45pm

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)
Ann Domeney, Deputy Director, Children and Adults Services
Councillor Gary Etheridge
Councillor Adrian Gulvin, Portfolio Holder for Resources
Eunice Lyons-Backhouse, Healthwatch Medway CIC Representative
Ian Sutherland, Director of People - Children and Adults Services
Councillor Stuart Tranter
James Williams, Director of Public Health
- Substitutes:** Stuart Jeffery, Deputy Managing Director, NHS Medway Clinical Commissioning Group (Substitute for Ian Ayres)
- In Attendance:** Sharon Akuma, Legal Services
Glynis Alexander, Director of Communications, Medway NHS Foundation Trust
Clare Ebberson, Consultant in Public Health
Jade Milnes, Democratic Services Officer
Martin Riley, Managing Director, Medway Community Healthcare

114 Election of Chairman

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

115 Election of Vice-Chairman

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

116 Chairman's Announcements

The Chairman informed the Board that a notice of resignation had been received from Sally Allum, the named substitute for NHS England on the Board. He also informed the Board that Dr Mike Parks, Medical Secretary for the Kent Local Medical Committee (LMC) had retired and confirmed that Dr Caroline Rickard would now represent the LMC as invited attendee to the Board. The

Health and Wellbeing Board, 2 July 2019

Board wished Dr Mike Parks a very happy retirement and thanked him for his longstanding efforts on the Board.

117 Apologies for absence

Apologies for absence were received from Board Members, Councillors Doe, Maple and Potter and the NHS Medway Clinical Commissioning Group representatives Ian Ayres, Dr Peter Green (Vice-Chairman) and Dr Antonia Moore.

Apologies for absence were also received from invited attendees James Devine (Chief Executive, Medway NHS Foundation Trust), Helen Greatorex (Chief Executive, Kent and Medway NHS and Social Care Partnership Trust) and Dr Caroline Rickard (Medical Secretary, Kent Local Medical Committee).

118 Record of meeting

The record of the meeting held on 16 April 2019 was agreed and signed by the Chairman as correct.

119 Urgent matters by reason of special circumstances

There were none.

120 Declarations of Disclosable Pecuniary Interests and Other Significant Interests

Disclosable pecuniary interests

In relation to agenda item 8 (Suicide Prevention Update) Ian Sutherland, the Director of People – Children's and Adults Services explained that he had a Disclosable Pecuniary Interest (DPI) in relation to the national charity Samaritans as his wife was the Chief Executive of this organisation. He explained that having taken advice, it was considered that although the Samaritans was referenced within the report, the DPI was not closely aligned to the business within the agenda item and therefore on this occasion it did not give rise to the need to take any further action.

Other significant interests (OSIs)

There were none.

Other interests

There were none.

121 Medway, North and West Kent CCGs Operating Plan 2019/2020

Discussion:

The Deputy Managing Director, NHS Medway Clinical Commissioning Group (CCG) acknowledged that there were a significant number of acronyms and technical terms included within the Operating Plan 'the Plan' and undertook to consider this when producing future Plans.

It was explained that as well as Medway, the Plan also covered the areas of Dartford, Swale and West Kent. There were three core areas within the Plan which were particularly relevant to Medway, including:

1. **System changes:** The Plan provided information on the introduction of Primary Care Networks (PCNs). There were 7 PCNs emerging in Medway which covered populations of between 30,000 to 50,000 people. These PCNs were similar to Local Care Hubs established under the Local Care Model except Strood had been split to reflect probable developments on the Peninsula. The PCNs were aligned to existing Healthy Living Centres.

With respect to the Healthy Living Centres, it was explained that 4 had already been established and another 3 were needed. The Plan also reflected the work being undertaken with partners and providers across Medway and Swale to develop the Integrated Care Partnership (ICP) which covered this footprint.

2. **Outpatient transformation:** In line with the Medway Model, the Plan anticipated that some services would be relocated to enable them to be provided at community level, closer to the home of patients. The Plan aimed to improve care pathways and increase the number of ways patients could access clinical advice and clinicians.
3. **Progressing Local Care:** The Plan also set out proposals to: embed extended access to GPs, increasing the number of appointments available to patients; embed care home support; and complete integrated local reviews.

Other areas detailed within the Plan included: developing the 111 Service to ensure clinicians such as GPs and mental health nurses were available to consult with patients calling the service; reducing waiting times for planned care; and strengthening mental health provision which included increasing physical health checks for patients with serious mental illness and learning disabilities.

A Board Member commented that as this was an annual plan, it was out of context with other NHS Plans such as the Long Term Plan, the Five Year Plan and the Sustainability and Transformation Plan. It was suggested that the Operating Plan should include narrative on how it interacts with the priorities of other NHS Plans and include timescales for implementation, budget, workforce requirements etc. Without this context it was difficult for Members to fully understand the Operating Plan.

Health and Wellbeing Board, 2 July 2019

In response to this and questions regarding the complexity of the Plan, it was explained that the Long Term Plan was published in January 2019 and was the basis for the Operating Plan. The Plan was constructed to meet the requirements and priorities mandated by NHS England, which was the target audience. A shorter, more user friendly, public facing version was being created. A Member asked that going forward the Health and Wellbeing Board and relevant Overview and Scrutiny Committee receive an informative presentation on the Plan ahead of it being discussed at the Board/Committee.

Board Members expressed concern in relation to the pace at which the Healthy Living Centres were being delivered, in addition to access to future hubs, particularly in rural areas. In response, the Deputy Managing Director, NHS Medway CCG advised that work was ongoing with the Council to find a suitable location and with NHS England and the Treasury to obtain the funding required to deliver the three outstanding Centres. It was added that rural needs around access had been assessed and the CCG was keen to locate a Healthy Living Centre on the Peninsula. Discussions in this regard had been undertaken in line with the new Local Plan. Referencing his experience on Medway's Planning Committee, a Board Member said that there was an opportunity for the CCG to take more advantage of S106 process and seek contributions from upcoming developments.

A Member raised a concern that the Plan encouraged the use of Personal Health Budgets (PHBs) but then also discouraged self-referrals. In response, the Board was advised that the expansion of PHBs was borne from a drive to ensure that patients had more control over the treatment and care they received, increasing the choice and availability of services for patients. On the other hand, work had also been undertaken to consolidate secondary care pathways. Through utilising the private sector, this had reduced waiting lists for Medway. It was noted that one provider has recently been lost and it was recognised that there was a need to ensure the Medway Hospital retained its elective portfolio and was increasingly a choice for patients going forward.

It was recognised that there was a national shortage of doctors, nurses and professionals across the wider health service. Feedback from GPs in Medway indicated that some practices had struggled to recruit doctors. However, there had been 100% sign up by GPs to work in clinics to support the extended access programme which delivered an extra 900 appointments. On this basis, in some regards Medway was doing well, although more needed to be done.

In response to questions concerning attracting health professionals to live and work in Medway, it was expected that establishing the new Medical School and developing new housing would be an attraction. The Director of Communications, Medway NHS Foundation Trust (MFT) advised that the research offer at MFT had also been a draw for clinicians and the Managing Director, Medway Community Healthcare (MCH) explained that MCH had worked with local schools and colleges to encourage young people to consider a health profession as an option. It was also explained that in moving toward

Health and Wellbeing Board, 2 July 2019

ICPs, there would be a focus on delivering care in different way, especially in light of a reduced workforce pool.

There was an emphasis on promoting Medway as a place and having a more holistic approach to promoting Medway. It was recognised that providers, commissioners and the Council needed to promote a shared narrative. The Director of Communications, MFT, explained that the Council's place branding had been promoted. It was recognised that many doctors lived in the areas surrounding Medway but chose to work in the area. In order to encourage health professionals to move to Medway, as a Director of Medway Development Company Limited (MDC), a Board Member encouraged the CCG to explore opportunities with MDC for key worker housing in upcoming Council developments. A Board Member hoped that proceeds from the sale of St Bartholomew's Hospital, Rochester, by NHS Property Services would be utilised in Medway to provide additional medical facilities and encourage people to move to the area. The Deputy Managing Director, NHS Medway CCG confirmed discussions were ongoing with MHS Property Services. A Board Member indicated that the property had been sold.

Whilst welcoming proposals for urgent and crisis care set out on page 114 of the Plan, a Board Member expressed serious concerns in relation to the lack of a section 136 facility in Medway, noting that the nearest facilities were located in Maidstone or Dartford. It was explained that the Kent Police and Crime Commissioner had taken responsibility for strategic planning around this area of work.

With respect to the national target to reduce suicides by 10%, a Board Member commented that the target should be zero and suggested that the Plan had been poorly worded in this regard. The CCG representative agreed with the sentiment and undertook to consider this when producing future plans.

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 3 of the report;
- b) commented, as set out within the minute, on the Plan set out in this report and Appendix 1; and
- c) requested that a presentation be given to the Health and Wellbeing Board and relevant Overview and Scrutiny Committee on such plans ahead of discussion at the relevant meeting(s).

122 Suicide Prevention Update

Discussion:

It was recognised that suicide was a tragic event that could have a devastating impact for family and friends of the person and on the community as whole. In Medway, as nationally, men, particularly middle aged men, were at a greater risk of suicide than women. In the year before a suicide, a third of people had contact with secondary mental health services, a third had contact with their GP and a third had no contact with health services. This suggested that there was a need to look at community interventions as well interventions relating directly to health services. In 2018, new funding was secured from the NHS for the suicide prevention across the Kent and Medway Sustainability and Transformation Partnership (STP). Kent and Medway was one of eight areas nationally to have been awarded additional funding for the programme.

This was an evidenced based programme which through the Suicide Prevention Steering Group engaged with a wide range of partners, including transport and education providers, the voluntary sector and had representation from families who had been bereaved by suicide. The programme delivered over the last year had consisted of nine strands of work set out in detail in Table 2 of the report. Four areas were highlighted in particular, as follows:

1. The 'Release the Pressure' social media campaign. This campaign had been extended significantly over the last year to reach more men and encourage them to seek help. The campaign signposted them to a 24 hour / 7 day a week helpline staffed by trained counsellors. 4,500 calls from Medway residents had been made to the helpline during the previous year.
2. The 'Saving Lives Innovation Fund' was launched which provided grants to community organisations to undertake innovative projects to prevent suicides. 29 such projects had been undertaken in the year, with over 1,000 people benefitting from these. An example project was a mentoring programme to support men going through family breakdown.
3. Suicide prevention training for professionals and the public. One programme had trained over 100 adults. E-learning had also been launched.
4. The Kent and Medway NHS and Social Care Partnership Trust (KMPT) had also developed a Zero Suicide Plan.

Each suicide prevention workstream was assessed for impact, for example data on the number of calls to the helpline had been collected. The programme had also been externally evaluated, although this data was not yet available. Qualitative data was set out at paragraph 3.6 of the report. Feedback from the national team responsible for funding the programme suggested that work in Medway was well advanced compared to the other seven areas awarded funding.

Health and Wellbeing Board, 2 July 2019

Funding had also been secured for 2019/20 to further develop the programme. Table 3 of the report outlined the plans for the forthcoming year. This included a new workstream on system leadership which would focus on reviewing care pathways. The Kent and Medway Suicide Prevention Strategy would also be refreshed for 2020.

A Board Member said tackling suicide had to be holistic and could not be achieved by one individual or organisation on their own. Young people in education settings faced particular challenges and it was explained that a lot of work had been undertaken to support students in crisis. This included a 'Suicide Safer Universities' project, in which universities had introduced policies and training for staff to help support students, established tea and talk sessions and undertaken awareness raising about where to seek help. This was targeted around particular pressures students were likely to have, for example exam and relationship pressures.

A Board Member commended the suicide prevention projects for children and young people. He explained that in Medway, the Rivermead Trust coordinated a programme which provided an educational bridge for children and young people who had been in a mental health unit for a period of time to return to education locally. He asked that the Suicide Prevention Programme undertook targeted work for children and young people who had been in Tier 4 Child and Adolescent Mental Health Services (CAMHS) including working with the programme mentioned and within pupil referral units.

In response to a question concerning future funding for this programme, the Public Health Consultant said that the Suicide Prevention Steering Group met quarterly and would continue to do so post funding in 2019/20. In addition, the Suicide Prevention Strategy would be refreshed over the forthcoming year. The work set out in the Strategy would also continue beyond funding obtained for 2019/20. The 2019/20 funding was granted specifically to deliver the new workstream, however the Steering Group would be reviewing the sustainability of the programme, for example by seeking to embed programmes where possible and developing e-learning.

A Board Member asked whether officers had contacted the police to obtain data on the number of individuals they had contact with who had experienced a mental health issue but were not known to other organisations. The Public Health Consultant explained that the partnership worked closely with the police, sharing information and obtaining data from the coroner with respect to suicides.

A Board Member asked how it had been established that a third of people who commit suicide were not known to health services. The Public Health Consultant explained that this proportion was derived from robust audit data which reviewed the records of individuals who had completed suicide.

With respect to a question concerning the measurement of outcomes from the 4,500 individuals who had called the helpline promoted by the 'Release the Pressure' campaign, the Public Health Consultant explained that where

Health and Wellbeing Board, 2 July 2019

appropriate, individuals would be asked about their wellbeing at the beginning and the end of the call. This information would be recorded to determine whether their wellbeing had improved.

A Board Member asked whether difficulties in accessing GP appointments contributed to individuals reaching crisis without seeking further help from health services. The Public Health Consultant advised that evidence suggested that where people had not had any contact with health services this was because of the stigma surrounding help seeking. Asked whether stigma had reduced as a result of campaigns to increase help seeking, the Board was advised that attitudes to mental health were changing but further progress was needed. It was recognised that the other initiatives to reduce stigma associated with mental health should be promoted.

With reference to mental health in the workplace, the Board was advised that the Council had signed up to the Time to Change Pledge. The Managing Director, Medway Community Healthcare (MCH) added that providers within the emerging Integrated Care Partnership (ICP) had committed to join the Zero Suicide Alliance. In addition, at the next Transformation Board, members would receive a presentation on the Zero Suicide Plan developed by KMPT.

Asked what support was provided to the voluntary sector to in turn support their clients who might be at risk, the Public Health Consultant explained that suicide prevention training could be accessed by these organisations. Different training programme focussed on supporting adults and children and young people and included face to face training sessions as well as e-learning, so there would be an option to suit each organisation and meet the need of the client base. Organisations forming the voluntary sector were also welcome to attend the Suicide Prevention Steering Group. An undertaking was given to ensure the Medway Voluntary Action Group was on the mailing list for the Steering Group.

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;
- b) noted the update on the suicide prevention programme; and
- c) requested that officers contact the police to obtain data on the number of individuals they have had contact with who have experienced a mental health issue but are not known to other organisations and share this with Board Members.

123 Health and Wellbeing Board Approach to Communications and Engagement

Discussion:

This report provided a summary of the existing communications and engagement activities relating to the Health and Wellbeing Board, including those relating to the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS). These were set out in detail at paragraphs 3.6 to 3.10 of the report. Having evaluated existing arrangements and following liaison with communications representatives from Medway Council and Medway NHS Clinical Commissioning Group (as two of the key partners on the Health and Wellbeing Board), the Consultant in Public Health proposed areas of further action as set out in paragraphs 3.12 to 3.18 of the report. The proposed recommendations would increase awareness of the Board and further develop the Board's understanding of and engagement with local people on health and wellbeing topics.

Board Members expressed support for the proposals set out within the report and welcomed this as a starting point. A number of further suggestions were made, including:

- publishing information on the Health and Wellbeing Board, including contact points and its work programme within the 'Medway Matters' magazine at least twice a year. It was noted that this could be shared with local schools and universities to include within their own publications.
- seeking information on health and wellbeing topics from key target groups by for example consulting with organisations such as the Medway Parents and Carers Forum who represent the views of parents of children with disabilities and Medway's Children and Young People Council who represent the views of young people in care and care leavers; and
- with respect to the upcoming formation of Integrated Care Partnerships (ICPs), developing a single engagement plan across providers to work in parallel with the proposals within the report.

In response to the latter point, the Director of Communications, Medway NHS Foundation Trust explained that there were already good communication networks among providers and these would be built in to the ICP going forward.

Decision:

The Health and Wellbeing Board agreed to:

- a) nominate a named communications lead for the Health and Wellbeing Board and request the lead to explore ways of promoting the role of the Board to the public, e.g. using partners' websites and e-bulletins;

Health and Wellbeing Board, 2 July 2019

- b) add an update on the “Involving Medway” programme to the Board’s Work Programme;
- c) add an update on the work of the Patient Experience and Public and Patient Engagement (PEPPE) group to the Board’s Work Programme;
- d) consider if there are any health and wellbeing topics which the Board would like to ask the PEPPE group to consider engaging with the public about;
- e) delegate authority to the Director of Public Health in consultation with the Chairman of the Health and Wellbeing Board to review patient experience case studies developed by the PEPPE and include them in the JSNA as appropriate;
- f) request that the citizens’ panel is used to gather information about health and wellbeing topics, and receive an update on this and the results of the health and wellbeing survey when it is complete in 2019/20;
- g) request that community groups and partnership organisations are used to gather information about health and wellbeing topics from key target groups; and
- h) share information on the Health and Wellbeing Board with Medway’s schools and colleges.

124 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 to 2.5.1 of the report. These amendments had been reflected in the work programme set out at Appendix 1 of the report.

It was explained that following the pre-agenda meeting, officers had proposed a scope for the research in relation to food justice, set out at paragraph 2.5.2 of the report and had recommended that the report be presented to the Board at their meeting on 10 September 2019.

Having reviewed the items listed on the work programme with dates to be determined, a Member expressed a view that the reports regarding the evaluation of the Suicide Prevention Programme and the update on the outcome of the section 136 ‘deep dive’ should be prioritised. The Democratic Services Officer undertook to review with officers how soon these reports could be brought forward and schedule them accordingly.

The Board considered the start time of their meetings and it was proposed that start time be brought forward to 3pm.

Health and Wellbeing Board, 2 July 2019

Decision:

The Health and Wellbeing Board:

- a) noted the comments and actions regarding prioritisation set out within the minute and agreed the work programme attached at Appendix 1 to the report, subject to adding the Reference from Full Council – Food Justice report to the agenda for 10 September 2019.
- b) agreed the scope of the Reference from Full Council – Food Justice report set out paragraphs 2.5.2 of the report; and
- c) agreed to bring forward the start time for Health and Wellbeing Board meetings to 3pm, subject to the clinical representatives of NHS Medway Clinical Commissioning Group (CCG) being able to attend.

Chairman

Date:

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