

Medway Council
Meeting of Health and Wellbeing Board
Tuesday, 10 September 2019
3.05pm to 6.06pm

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
Councillor Gary Etheridge
Councillor Adrian Gulvin, Portfolio Holder for Resources
Eunice Lyons-Backhouse, Healthwatch Medway CIC Representative
Councillor Vince Maple, Leader of the Labour and Co-operative Group
Dr Antonia Moore, Elected Clinical Member, NHS Medway Clinical Commissioning Group
Councillor Martin Potter, Portfolio Holder for Education and Schools
Ian Sutherland, Director of People - Children and Adults Services
James Williams, Director of Public Health
- Substitutes:** Stuart Jeffery, Deputy Managing Director, NHS Medway Clinical Commissioning Group (Substitute for Ian Ayres)
- In Attendance:** Sharon Adley, Medway Task Force Manager (Kent Police)
Kate Ako, Principal Lawyer - People
Jo Friend, Senior Commissioning Officer
Neil Howlett, Community Safety Partnership Manager
James Lowell, Director of System Transformation, Medway and Swale Integrated Care Partnership
Gurjit Mahil, Deputy Chief Executive Medway NHS Foundation Trust
Jade Milnes, Democratic Services Officer
Chantelle Pink, Trainee Solicitor
Dr Caroline Rickard, Medical Secretary, Kent Local Medical Committee
Martin Riley, Managing Director, Medway Community Healthcare
Dr David Whiting, Consultant in Public Health

278 Apologies for absence

Apologies for absence were received from Board Members Councillor Tranter and the NHS Medway Clinical Commissioning Group (CCG) representatives Ian Ayres and Dr Peter Green.

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

The Chairman of the Board undertook to review and request, as appropriate, the attendance of the Kent and Medway NHS and Social Care Partnership Trust invited attendee.

279 Record of meeting

The record of the meeting held on 2 July 2019 was agreed and signed by the Chairman as correct.

280 Urgent matters by reason of special circumstances

There were none.

281 Declarations of Disclosable Pecuniary Interests and Other Significant Interests

Disclosable pecuniary interests

There were none.

Other significant interests (OSIs)

There were none.

Other interests

Councillor Adrian Gulvin declared an interest in agenda item 6 (Medway Task Force) as he was the Chairman of the Community Safety Partnership as referenced within the report.

Stuart Jeffery, Deputy Managing Director of NHS Medway CCG, disclosed that he had been selected as a prospective parliamentary candidate for Maidstone and the Weald.

282 Joint Health and Wellbeing Strategy Theme 1 Review

Discussion:

The Health and Wellbeing Board recently refreshed the Joint Health and Wellbeing Strategy (JHWS) which covered a five year period. The JHWS was based around five themes:

- Theme 1: Giving every child a good start;
- Theme 2: Enabling our older population to live independently and well;
- Theme 3: Preventing early death and increase years of healthy life;
- Theme 4: Improving physical and mental health and well-being; and
- Theme 5: Reducing health inequalities.

This report focused on the first theme 'Giving every child a good start'. Appendix 1 to the report provided a summary of information about this theme. The "future state" section contained the priorities from the Strategy rephrased to describe how these priorities would look in a successful future state. In view of these aims, Board Members were asked to consider how they could support or encourage organisations in the system to take action to improve health and wellbeing with respect to Theme 1 of the JHWS.

With reference to the Council Plan Monitoring reports, a Member commented that a number of the measures set out within Appendix 1 to the report were consistently reported as below target. Whilst it was recognised that many Local Authority maintained schools had converted to academies, the Member suggested that Local Authority appointed Governors be given the tools to spread key health messages with school leads. He expressed particular concern about childhood obesity and vaccination rates. In response to these concerns, the Director of Public Health advised the Board that childhood vaccination rates had improved, although more work was needed to advance progress. He also explained that the Council would be undertaking a deep dive into physical activity.

A Member suggested that it would be useful to have a second appendix which provided details of organisations which could help achieve the desired state set out within Appendix 1 of the report. In addition, with reference to paragraph 1.3 of agenda item 8 (Development of Single Kent and Medway Clinical Commissioning Group), a Member asked that the risks within this report be updated to reflect the core issues that the current CCG had not been able to address. The Director of Public Health undertook to review the linkages between reports going forward.

Members also commented as follows:

- School exclusion: given that the consequences of exclusion from school could be extremely devastating on a child, exclusion rates needed to be reduced. It was suggested this was an important statistic to monitor.
- Encouragement and participation: showing individuals how to change behaviours to positive habits by explaining the benefits was better than saying 'don't do it.'

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- Peer engagement groups: reflecting on the Board's development session and previous experience, a Member explained that programmes which foster encouragement from peers were effective and should be part of the system.
- Signposting: access to a central resource, for example a call centre, which could signpost to available services was important.
- Prevention and early intervention: focussing on prevention and early intervention would secure better outcomes and be more cost-effective.

In response to these comments, it was explained that it was a priority to build a resilient community within Medway, where the health and social care system listens and acts on people's needs. Under the health system transformation proposals, services would be more integrated which would help to reduce barriers. Moreover, by establishing the Integrated Care Partnership (ICP) there would be a long term focus to deliver outcomes based on local priorities. It was also explained that there was a social prescribing service within Medway. In relation to exclusion rates, the Board was assured that the Regional Schools Commissioner was actively engaged to reduce exclusion rates within Medway's academies.

Decision:

The Health and Wellbeing Board commented as set out within the minute how they can support or encourage organisations in the system to take action to improve health and wellbeing with respect to Theme 1 of the Joint Health and Wellbeing Strategy.

283 Medway Task Force

Discussion:

The Medway Task Force had been established in response to the Kent Police and Crime Commissioner's Violent Crime Reduction Challenge. It was intended that the Task Force would draw from the successes of the Margate Task Force and would be based at Medway Council to facilitate a co-located set up. Details of the strategic aims and objectives of the Task Force were set out in paragraph 2.4 of the report and its functions and responsibilities were outlined in paragraph 2.5 of the report.

In recognition of the need to ensure that the work of the Task Force was sustainable, the importance of the involvement of the community and key stakeholders from partner organisations, commissioned services and the voluntary and community sector was emphasised. It was noted that there would be a separate strategy document, Tactical Delivery Plan, Communications Strategy and Risk Register, all of which would be subject to performance monitoring and effectiveness evaluation. Further details of the governance arrangements were set out in paragraph 2.6 of the report.

The approach to the Task Force was welcomed, in particular the balanced way in which it was proposed to work with relevant agencies to understand the

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underlying causes of crime to drive long lasting solutions. Members highlighted that the Task Force had a clear focus on keeping Medway safe. The Director of Public Health explained that there needed to be a focus on prevention and early intervention and added that the work across the Public Health teams in Kent and Medway on violent crime reduction would complement the work of the Task Force.

In response to questions in relation to publicity of the Task Force and its Communications Strategy, it was explained that the Strategy was still under development and as not all partnership staff were in post publicity had been limited. The Board was assured that there would be further communications at the launch of the Task Force. The Communications Strategy would develop over time but it was considered important that different mediums were used and messages disseminated quickly. To that end, the team had recently undertaken training on the usage of Twitter. Communications would include good news stories. A Member suggested that the parish magazine would be a good tool to reach more rural areas. The Medway Task Force Manager (Kent Police) agreed to add this to the Communications Strategy.

It was stressed that engagement with the community, including young people was very important to the Task Force. The Medway Task Force Manager (Kent Police) gave an undertaking to engage with Medway Youth Council.

A Member also explained the importance of engaging with young carers. In response, the Medway Task Force Manager (Kent Police) advised the Board that Carers First had welcomed the opportunity to work with the Task Force and once the full team was in post, Carers First would be invited to meet with the team to provide an overview of their role.

Addressing concerns over the supply and strength of drugs within Medway's Town Centres, it was explained that the Task Force had already commenced work in Town Centres. It was noted that drugs continued to be a major driver of many crimes, not just violent crime, and so this would be a focus area for the Task Force.

Decision:

The Health and Wellbeing Board:

- a) noted the progress towards establishing the Medway Task Force; and
- b) noted the governance model set out at paragraph 2.6 of the report.

284 Social Isolation Task Group: The Impact of Social Isolation in Medway - Progress Report

Discussion:

The Task Group had made 23 recommendations which were agreed by the Cabinet in January 2019, they spanned a range of areas and were set out in

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Appendix 1 to the report, along with the progress made in last six months. The major achievements to date included:

- Developing and launching a local campaign to reduce social isolation and loneliness in Medway called “A Better Medway - Together”. The campaign encouraged local people to make a pledge to reduce isolation by connecting with others in their community. The Director of Public Health asked the Board to consider making their own pledge.
- Establishing a Medway social prescribing network and securing European funding to further expand social prescribing in Medway. It was anticipated this would support an additional 1,000 people in Medway.
- Launching a Medway ‘Connect Well’ website, which was a searchable online database of organisations and activities in Medway, administered by Medway Voluntary Action (MVA).
- Building capacity and capability within the health system through the development of new social isolation training, which had been delivered to over thirty newly recruited social isolation champions.

Concerning capacity of the Voluntary and Community Sector (VCS) and its role in reducing social isolation, the Board was advised that at the last Business Support Overview and Scrutiny Committee meeting, the Committee agreed to set up a cross party working party relating to the VCS in Medway.

In response to some additional suggestions to further enhance the social isolation work in Medway, the Director of Public Health undertook to liaise with the Member outside of the meeting. The suggestions included engaging Medway Norse to host a Chatty Café given the number of cafés they manage in Medway and reviewing the potential to increase the weighting of social components within Council’s procurement process.

Decision:

The Health and Wellbeing Board noted the progress made against the Task Group recommendations.

285 Development of Single Kent and Medway Clinical Commissioning Group

Discussion:

The Board was provided with a detailed presentation on new ways of organising health and care services in Kent and Medway. This included further details on Primary Care Networks (PCNs), Integrated Care Partnerships (ICPs) and the System Commissioner which would form the Integrated Care System (ICS).

A Member expressed the view that retaining coterminosity with the unitary authority was his preference. He noted that the Health and Wellbeing Board

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covered the footprint of Medway which he attributed to its success. With respect to the Medway and Swale ICP, it was explained that Swale had been included to reflect clinical and social care flows to Medway. To support the integration of social care services across the proposed footprint, the Director of People – Children and Adults Services explained to the Board that he was pursuing further discussions with Director of Adult Services at Kent County Council regarding the possibility of delegating social care functions to the Partnership.

With reference to the recent decision in relation to the provision of stroke services in Kent and Medway, some Members expressed concerns in relation to the voice of Medway, allocation of funding for Medway and more generally whether Medway would lose out under the new arrangements. The Board was advised that the ICP comprised of Medway and Swale commissioners and providers, which included Medway Council. Decisions on the strategic development of services at ICP level would be undertaken with Medway as an equal stakeholder. It was also explained that funding for each locality was set at a national level by the Department for Health utilising a funding formula. The ICP would be awarded most of this funding and the spending decisions would be made by the partners. However, the amount of funding for Medway would be comparable to current arrangements.

The representative of the Local Medical Committee further assured the Board that with respect to primary care, funding and the services provided as part of the core contracts would remain the same, with the contracts remaining outside of the ICP. It was anticipated that the PCNs would deliver additional benefits in terms of funding and enhancing services.

A Member expressed concern that there was no certainty on the improvement of services. Local issues of concern included the shortage of GPs and waiting times to access GP services. In response, an assurance was given that the CCG was working hard to improve access to GPs. It was recognised that nationally there was a shortage of GPs. In Medway, as demonstrated in the latest GP access report, progress had been made, however it was recognised that more needed to be done. Improvements had been made primarily as a result of the improved access clinics and the walk-in centre provided by Medway Community Healthcare.

The senior sponsor for the Medway and Swale ICP recognised the concerns raised. He considered that the ICP would enable more streamlined commissioning, delivering more local care. At present there were ongoing discussions in relation to the governance and assurance processes and a case was being made for more decisions to be delegated locally. He considered that under the new model, the Medway and Swale ICP would have a greater voice being one of four ICPs.

In response to a concern in relation to private providers such as Virgin Care, the Board was advised that Virgin Care were one of a number of providers within the ICP. Underpinned by the Joint Strategic Needs Assessment, all of the providers were engaged within the ICP to consider how best to design and

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deliver services to best meet the needs of the population over the next five to ten years. It was considered that by carefully defining the desired population outcomes, utilising certain providers ought not to be a risk as all providers would be part of the solution.

Recognising the challenges on the Peninsula, a Member considered that opportunities might be borne from the inclusion of the Isle of Sheppey within the Medway and Swale ICP. In addition, there was general support for PCNs.

It was confirmed that upon the outcome of the vote among GP Members of the eight CCGs, if, for example, one CCG voted against the proposal to form a single CCG, it was likely that NHS England would intervene.

With respect to which level of the system the armed forces and criminal justice provision would be commissioned, it was confirmed that these services were currently commissioned at a regional level. Subject to agreement of the proposed health system changes, there would be a future discussion on whether this would be changed. In relation to the criminal justice provision, it was noted that regardless of who the commissioner or provider was, under the ICP arrangements there was already a discussion taking place about meeting the needs of the local population, including individuals within the criminal justice system.

It was added that the Director of People – Children and Adults Services and the Director of Public Health had raised the issues of criminal justice provision with the NHS Medway CCG Chief Nurse, who undertook to confirm arrangements with NHS England. The initial view was that it would remain a specialist commissioning function rather than something that would sit locally.

Decision:

The Health and Wellbeing Board:

- a) noted the comments of the Health and Adult Social Care Overview and Scrutiny Committee;
- b) noted and commented as set out within the minute on the update; and
- c) requested a workshop with Board Members to further discuss health system transformation.

286 Food Justice

Discussion:

This report set out the initial findings of the review to determine the extent of food poverty within Medway. In accordance with the Department of Health's definition of food poverty, it was explained that food poverty was a multi-faceted and complex issue which encompassed the inability to access or afford good quality food. Reference was made to the baseline data set out in section 3 of

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the report as well as existing local activity to address food poverty set out in section 4 of the report. It was concluded that the data available suggested that levels of food poverty in Medway were comparable to other areas with a similar profile but more work needed to be done to address the issue. As such, it was recommended that a detailed action plan be developed.

Members expressed concern at the high number of clients accessing the Medway Food Bank and noted that there were other more informal voluntary and charitable arrangements within Medway which also provided residents with food. Examples included informal food banks established by faith based groups and the Medway Street Angels. A Member requested that the action plan recognised the role of the Council and its partners, including Healthwatch which, as representative of service users, had a key role to signpost to local services. It was also asked that the action plan be developed at pace and be brought forward to the Board in November.

Board Members recognised that food poverty was a complicated issue and there was a need to address the root causes such as lifestyle factors, levels of deprivation and accessibility. It was suggested that there was a need to understand in detail the circumstances of the clients accessing Medway's Food Bank, including whether the situation was permanent or temporary and the causes of people's difficulties. A Member commented that past conversations with the Trussell Trust had revealed that delays in receiving Universal Credit payments was the main reason individuals needed to utilise the Food Bank's services.

In relation to the enhancement of the Tri Cookery programme as detailed in paragraph 4.5 of the report, it was requested that, subject to resourcing within existing budgets, this be pursued.

Concern was expressed that the Public Health team were unable to replicate the Holiday Kitchen – Cook, Eat and Play programme which had previously supported 750 families during the school holidays. In response, the Board was assured that, nationally, funding had been provided to schools to deliver their own school holiday food programmes. With respect to state-funded nursery and primary schools, a Member commented that increasing the number of pupils claiming free school meals that were eligible was challenging. He was interested to understand the picture in secondary schools.

In view of the comments made, the Director of Public Health undertook to complete a mapping exercise to inform the action plan and provide an update to the Board at their meeting in November. He would also establish whether there was a resource to deliver the enhanced Tri Cookery Programme. He explained that owing to the timescale, further work might be needed to complete the action plan. He was also mindful that a new National Food Strategy would be published in 2020 which might not fully align with the action plan. A Member expressed the view that in completing the review and action plan ahead of the Strategy publication, Medway would be in a good position.

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Decision:

The Health and Wellbeing Board:

- a) noted the information included within this report and discussed as set out within the minute how the Board and individual member organisations could continue to support the food justice agenda, identifying priority actions which included the enhanced Tri Cookery programme set out in paragraph 4.5 of the report;
- b) requested the Director of Public Health take into account the comments of the Board and develop an action plan to tackle food poverty which aims to ensure children in low income families have appropriate access to food 365 days per year and all Medway residents are able to gain physical access to foods that promote physical and emotional health and wellbeing;
- c) requested that in compiling the action plan, budget requirements be assessed; and
- d) requested that an update be provided to the Board on 5 November 2019.

287 Better Care Fund

Discussion:

The Better Care Fund (BCF) was a joint fund between NHS Medway CCG and Medway Council, with Medway NHS Foundation Trust (MFT) as a key stakeholder. It was explained that a number of innovative programmes had been initiated through the Medway BCF, these were set out in detail at paragraph 2.2 of the report.

The BCF 19/20 Plan was presented to the Health and Wellbeing Board ahead of submission for regional and national approval on 27 September 2019. Owing to a delay in the publication of the guidance for 19/20 and the deadline for submission, the Cabinet had agreed to delegate authority for the development and delivery of Medway's Better Care Fund programme to the Director of People - Children and Adults Services, in consultation with the Medway NHS Clinical Commissioning Group Deputy Managing Director, Chief Legal Officer and the Portfolio Holder for Adults' Services.

In response to questions concerning the future of Medway's Better Care Fund should the proposed health system changes be approved by NHS England, the Board was assured that Medway's BCF was considered to be progressive and innovative and there was no desire to disrupt the existing good work. The arrangements set out within the report related solely to Medway and the current legal framework did not allow money to be spent elsewhere. Whilst it was still to be understood where the future fund would be held, the government had expressed their commitment for future adult social care funding.

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A Member requested that at the end of the 19/20 funding round, an update be provided to give an overall picture of innovation, savings made and outcomes achieved.

Decision:

The Health and Wellbeing Board:

- a) considered this report and supported Medway's Better Care Fund Plan in 2019/20; and
- b) requested a further report on the 19/20 Better Care Fund at the end of the financial year.

288 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 2.7 of the report. It was explained that since publication of the agenda, officers had requested that a the annual refresh of the Local Transformation Plan for Children and Young People's Mental Health and Wellbeing be added to the Board's work programme for 5 November 2019.

A Member noted that purdah implications might arise should a request be received to defer the the Section 136 'deep dive' to April 2020. If such an occasion should arise, it was suggested that the item be considered following the Police and Crime Commissioner election.

With respect to the workshop requested under agenda item 8 (Development of Single Kent and Medway Clinical Commissioning Group), it was suggested that the date be considered at the next pre-agenda meeting.

Decision:

The Health and Wellbeing Board:

- a) agreed the work programme attached at Appendix 1 to the report, subject to:
 - i. the addition of an item to consider the advancement of a theme of the Joint Health and Wellbeing Strategy (JHWS) to each meeting of the Board as follows:
 - 'Enabling our older population to live independently and well' (5 November 2019);
 - 'Preventing early death and increase years of healthy life' (18 February 2020);

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- 'Improving physical and mental health and well-being' (14 April 2020); and
 - 'Reducing health inequalities' (2020 TBC).
- ii) the addition of a briefing on the Prevention Green Paper to 5 November 2019 meeting of the Board;
- iii) the addition of annual refresh of Local Transformation Plan for Children and Young People's Mental Health and Wellbeing to 5 November 2019 meeting of the Board;
- iv) the provisional addition of the Draft Medway Children and Young People's Plan 2019-2024 to 5 November 2019 meeting of the Board;
- v) the addition of the update on the outcome of the Section 136 'deep dive' to 18 February 2020 meeting of the Board; and
- vi) the deferral of the Transforming Care Update to 18 February 2020.
- b) agreed to consider the date of the workshop requested under agenda item 8 (Development of Single Kent and Medway Clinical Commissioning Group) at the next pre-agenda meeting.

Chairman

Date:

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