

Medway Council
Meeting of Health and Wellbeing Board
Tuesday, 18 February 2020
3.04pm to 6.51pm

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
Dr Peter Green, Clinical Chair, NHS Medway Clinical Commissioning Group (Vice-Chairman)
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
Councillor Martin Potter, Portfolio Holder for Education and Schools
Ian Sutherland, Director of People - Children and Adults Services
Councillor Stuart Tranter
- Substitutes:** Stuart Jeffery, Deputy Managing Director, NHS Medway Clinical Commissioning Group (Substitute for Ian Ayres)
Dr David Whiting, Consultant in Public Health (Substitute for James Williams)
- In Attendance:** Glynis Alexander, Director of Communications and Engagement, Medway NHS Foundation Trust
Dr Fiona Armstrong, Clinical Chair, NHS Swale Clinical Commissioning Group
Scott Elliott, Head of Health and Wellbeing Services
James Lowell, Director of System Transformation, Medway and Swale Integrated Care Partnership
Chris McKenzie, Assistant Director - Adult Social Care
Jade Milnes, Democratic Services Officer
Dr Caroline Rickard, Medical Secretary, Kent Local Medical Committee
Martin Riley, Managing Director, Medway Community Healthcare
Jacqueline Shicluna, Lawyer (Adults)
Deborah Stuart-Angus, Independent Chair of the Kent and Medway Safeguarding Adults Board

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692 Chairman's Announcements

During the course of the meeting the order of the agenda was varied as follows:

- Items 1 to 7 were taken in order;
- Item 11 (Development of the Medway and Swale (M&S) Integrated Care Partnership (ICP)) was brought forward;
- Items 8 (Medway's Whole System Approach to Tackling Obesity) and 9 (food Justice) followed;
- Items 12 (Future Arrangements for the Kent and Medway Joint Health and Wellbeing Board) and 13 (Work Programme) were brought forward;
- Item 10 (Update on Medway Clinical Commissioning Group Primary Care Commissioning Committee) was considered last.

693 Apologies for absence

Apologies for absence were received from Board Members, James Williams (Director of Public Health) and the NHS Medway Clinical Commissioning Group (CCG) representatives Ian Ayres and Dr Antonia Moore.

An apology for absence was also received from invited attendee Helen Greatorex (Chief Executive of the Kent and Medway NHS and Social Care Partnership Trust (KMPT)).

694 Record of meeting

The record of the meeting held on 16 January 2020 was agreed by the Board and signed by the Chairman as correct.

695 Urgent matters by reason of special circumstances

There were none.

696 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 7 (Community Safety Partnership Plan 2020 - 2024) as he was the Chairman of the Community Safety Partnership.

697 Kent and Medway Safeguarding Adults Board (KMSAB) Annual Report 2018-19

Discussion:

This report provided details of the Kent and Medway Safeguarding Adults Board's (KMSAB) Annual Report for April 2018 - March 2019 which had been prepared in accordance with the Care Act 2014. The Independent Chair of the KMSAB drew the Board's attention to key sections of the report and highlighted the achievements of the KMSAB during the reporting period. In addition, the Board was advised of Medway specific data set out in detail at section 4 of the report.

In relation to concerns expressed about Housing 21, a provider of Extra Care Housing in Medway, it was explained that the KMSAB had a strategic role and did not provide frontline services. However, it was recognised that it was important for any safeguarding issues to be investigated and the Assistant Director, Adult Social Care undertook to discuss specific concerns in more detail outside of the meeting.

With regards to questions relating to peer review and assurance, it was explained that the KMSAB had undertaken a large number of Safeguarding Adults Reviews (SARs). The SAR methodology was available online.

It was also explained that the KMSAB required partners to complete a quality assurance assessment form which required them to provide evidence against a set of questions. A selection of partners had been subsequently interviewed as part of a peer challenge process.

In response to questions and concerns about the increase in the number of safeguarding concerns raised in Medway over the period, it was considered that this was as a result of the work undertaken to raise awareness of safeguarding, as opposed to an increasing problem. The role of the KMSAB was to monitor, assess and assure that safeguarding arrangements were in place and assist partners to develop action plans for improvement. The KMSAB continued to monitor action plans developed in response to the findings of SARs to ensure these were progressed and completed.

It was recognised that there was a greater opportunity to observe poor practice in a care home setting, compared to a community setting. Therefore, it was considered that there was a potential for safeguarding concerns in the community to be underreported. It was important that work continued in communities.

In response to questions concerning the responsibilities and the impact of the KMSAB, the Board was advised that the KMSAB was one of the most proactive Boards in the Country. Its key responsibilities were set out on page 26 of the agenda (page 6 of the Annual Report, Appendix 1 to the report). Reference was drawn to the achievements of the Board, including training 661 multi-agency operational staff across Medway and Kent. It was noted that the KMSAB

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delivered all its work within a restricted budget envelope and would do more if budgets allowed.

With reference to the discussion at the Health and Adult Social Care Overview and Scrutiny Committee, a question was raised in relation to whether any concerns had been raised about low wages and long working hours. Recognising that the Local Authority had a responsibility to ensure that the market was sustainable, it was confirmed that no current causes for concern had been identified.

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 Annual Report set out at Appendix 1 to the report; and
- c) noted that the Assistant Director, Adult Social Care would discuss specific concerns in relation to Housing 21 with the Member outside of the meeting.

698 Medway Safeguarding Children Board (MSCB) Annual Report 2018-19

Discussion:

This report provided details of the Medway Safeguarding Children Board (MSCB) Annual Report 2018-19 which was presented to the Board in accordance with the Joint Working Protocol. This was the last annual report from the MSCB as it was replaced by the Medway Safeguarding Partnership (MSCP) on 2 September 2019. Annual reports from the MSCP would be presented to the Board in the future.

The Board's attention was drawn to key sections of the Annual Report, in particular Section 4: Serious Case Reviews (SCR)/Learning Lessons Reviews and Multi Agency Audits. Reference was made to the SCR of the Secure Training Centre (STC). It was noted that the STC would formally close in March 2020. However, earlier action was taken by the Director of People – Children and Adults Services ('Director of People') and all young people within the facility had already been relocated. It was confirmed that a new secure school would be built on the site of the STC. It was recognised that the Council must work closely with the provider, a Multi Academy Trust, at the design stage to ensure that the physical environment, systems and procedures were fit for purpose.

In response to a request that the provision of health services were specifically considered within the new secure school, the Director of People recognised this concern and he confirmed that he had discussed it with Her Majesty's Prison and Probation Service (HMPPS) and would take it forward. Given processes

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had changed overtime, a criminal justice and armed forces update was requested.

With reference to the MSCB budget set out at section 5 of the Annual Report, assurance was sought that the MSCP was sufficiently resourced. In response, the Director of People explained that an increase in SCRs had contributed to budget pressures reflected in the report. The team had worked actively to ensure that future resourcing was sustainable.

In relation to this and a concern expressed about the cost burden falling to the Local Authority when children and young people were placed in Medway, the Director of People explained his duties as the host Director of Children's Services and he confirmed that discussions were ongoing with HMPPS to provide additional funding. In response to a suggestion that the matter be raised with Medway's MPs, the Director of People undertook to continue to provide regular briefings to them so that they could make any appropriate representations.

In response to questions in relation to auditing, the processes for Multi Agency Audits and Section 11 self-audits were outlined. It was explained that a new internal audit tool had been developed by the Council following feedback from the recent Ofsted Inspection of Medway's Children's Services.

Questions were raised about the concerns expressed by the Children and Young People Overview and Scrutiny Committee set out at paragraphs 3.2.5 and 3.2.9 of the report. In relation to the MSCB's awareness of the performance of children's social care it was explained that challenge and support had been strengthened through bilateral meetings with health and police colleagues. In relation to attendance of secondary schools at Board meetings, it was explained that under the new MSCP arrangements, the MSCP were required to identify relevant agencies of which included schools. School engagement was challenged.

A concern was expressed about the number of children missing education, in response, it was explained that this was being tackled in a targeted way, particularly in relation to schools off-rolling. The Director of People undertook to present the Board with a specific report on the issue.

Decision:

The Health and Wellbeing Board:

- a) noted the comments of the Children and Young People Overview and Scrutiny Committee set out at section 3 of the report.
- b) commented as set out in the minute on the annual report; and
- c) agreed to add the following items to the Board's work programme (dates to be determined):
 - update on criminal justice and armed forces in Medway;

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- a report on engaging schools with respect to children missing education.

699 Community Safety Partnership Plan 2020 - 2024

Discussion:

This report provided information on the proposed Community Safety Partnership (CSP) Plan 2020 to 2024. The Chairman of the CSP explained that the Plan included four priorities which would be monitored by way of a '4 P Plan' (Prevent, Protect, Pursue and Prepare). The priorities were: (1) Safeguarding Adults and Children; (2) Reducing Vulnerability; (3) Reducing Reoffending; and (4) Listening to our Communities and Partners.

In relation to questions regarding addressing problematic begging, particularly in Chatham High Street, it was explained that it was a difficult issue to tackle and the tools available to the Council were limited. It was recognised that the situation was much improved and there was a need to build on the existing good work with compassion and humanity. The Chairman of the CSP aimed to engage with the Magistrates Courts to discuss options for restorative justice in preference to financial penalties.

In response to a question regarding the adequacy of funding for voluntary sector organisations, it was explained that whilst further funding was always welcome, it was important that organisations made the best use of resources. It was incumbent on all agencies to work together in a co-ordinated way to deliver a shared vision. It was added that a Task Group was currently underway looking at the voluntary sector.

In response to questions regarding consultation and engagement, it was explained that the CSP held regular consultation events which focussed on particular themes. The next public consultation event would be held in March 2020. Social media was not considered as an appropriate means to consult. The introduction of the monthly 'Member's Surgery' was welcomed.

With reference to page 133 of the agenda (page 9 of the Strategic Assessment 2019, Appendix 1 to the report), a view was expressed that Strood North should also be considered as a 'hotspot'. In response, it was explained that these 'hotspots' were derived from assessing data in relation to crime activity. Distilling the data into super output areas highlighted particular areas of concern for example Luton. This was the focus area of the Task Force.

Asked how the Board could encourage individuals to report crime, it was explained that the 101 police non-emergency reporting service should be promoted. The online service was considered to be particularly user friendly.

Recognising that issues tackled by the CSP were a symptom of deprivation, it was suggested that the Board consider a report which sets out holistically existing action undertaken in Medway to lessen deprivation.

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Decision:

The Health and Wellbeing Board:

- a) noted the strategic assessment as set out at Appendix 1 to the report;
- b) noted the proposed Community Safety Plan 2020 - 2024 as set out at Appendix 2 to the report;
- c) noted that the proposed Community Safety Plan 2020 – 2024 will be considered by the Regeneration, Culture and Environment Overview and Scrutiny Committee on 26 March 2020, the Cabinet on 7 April 2020 and will be determined by full Council on 23 April 2020; and
- d) agreed to add to the work programme a report which broadly sets out existing action undertaken in Medway to lessen deprivation.

700 Medway's Whole System Approach to Tackling Obesity

Discussion:

This report provided details of the proposed long-term approach to reducing the childhood and adult obesity prevalence in Medway. This was considered to be Medway's biggest population health challenge. The Board's attention was drawn to the data set out in section 2 of the report which demonstrated that obesity rates in Medway, particularly among the adult population, continued to be challenging.

It was explained that the proposed whole system approach to tackling obesity followed the steps outlined in the Public Health England (PHE) publication called the 'Whole systems approach to obesity' and it would build on existing activity which had been delivered through the Medway Healthy Weight Network. It was noted that the Public Health Team had created a directory of known actions and interventions which aimed to reduce obesity.

In response to questions regarding engagement, it was explained that there would be a number of sub groups feeding in the Healthy Weight Network including a Medway Food Partnership Group (agenda item 9) and a Medway Physical Activity Network. Whilst it was explained that Medway's Workplace Health Team undertook a lot of outreach work, the Board was encouraged to help the Public Health Team make connections with local initiatives that they were aware of and identify any other avenues of engagement. With respect to increasing engagement with schools, it was suggested that the Head of Health and Wellbeing Services present to the four area specific zones under the Medway Educational Leaders Association (MELA) and the Education Partnership.

In response to a question regarding the effect of breastfeeding on obesity, it was explained that breastfeeding reduced the risk of obesity many years after birth. Breastfeeding also benefited mothers in terms of accelerating weight loss after birth and had wider benefits in relation to attachment.

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With regards to a question on quality versus quantity of food, it was explained that obesity was caused fundamentally by consuming more calories than burned and was less associated with food quality. Although it was recognised that consuming high quality foods had wider benefits.

Concerning existing interventions, Members raised further points and questions including:

- A concern was expressed in relation to accessibility of leisure opportunities at for example country parks, it was considered that the cost of parking could be prohibitive.
- Asked about the value of the exercise referral scheme, it was explained that Medway had one of the best schemes in the country.

In response to a question concerning best practice, it was explained that good practice was evident in Finland and some US States. However, there was limited good practice nationally as many local authorities faced similar challenges to Medway in regards to obesity prevalence. Areas with lower obesity rates were generally more affluent. The upcoming Healthy Weight Summit would promote best practice found in Finland.

Decision:

The Health and Wellbeing Board:

- a) noted that tackling obesity is a core priority area relating to and directly impacting on all five themes of the Joint Health and Wellbeing Strategy;
- b) recommended Cabinet to support the proposed whole system approach to tackling obesity in Medway which will include the establishment of a Healthy Weight Core Working Group as set out in paragraph 4.4.2 of the report to review existing actions and develop a Whole Systems Action Plan as set out in section 4 of the report;
- c) agreed to encourage stakeholders and organisations to engage with the Healthy Weight Network;
- d) noted that the Director of People – Children and Adults Services would arrange for the contact details for the four area specific zones under the Medway Educational Leaders Association to be provided to the Head of Health and Wellbeing Services and that the Portfolio Holder for Education and Schools would suggest to the Education Partnership that the Head of Health and Wellbeing Services presents the whole systems approach to tackling obesity to the Partnership;
- e) noted the value of the exercise referral scheme; and
- f) agreed to receive a further report with the Whole Systems Action Plan in February 2021.

701 Food Justice

Discussion:

This report provided details of the Food Poverty Action Plan which had previously been requested by the Health and Wellbeing Board. The Head of Health and Wellbeing Services drew reference to best practice demonstrated in Brighton and Hove and explained that one of the key actions proposed for Medway was to establish a food partnership. Links to the proposed whole system approach to tackling obesity (agenda item 8 of the Health and Wellbeing Board agenda) were highlighted and this approach was welcomed.

Clarification was sought in relation to the proposed action to review the current provision of subsidies, vouchers and incentives. Concern was expressed in relation to the ease in which vouchers could be sold or traded. In response, it was clarified that this action primarily related to 'Healthy Start' vouchers which were means tested and non-transferable.

In response to a question regarding the root cause of food poverty, it was explained that deprivation was a contributing factor. It was recognised that addressing the wider determinants of health would have an impact.

Decision:

The Health and Wellbeing Board recommended that Cabinet:

- a) support the establishment of a Medway Food Partnership, with a composition as set out in para 4.1.1 of the report, to develop a systems leadership approach to address food poverty in Medway and develop an Action Plan that aims to reduce food poverty as set out in section 4 of the report; and
- b) agree that the range of actions set out in section 4 of the report should be scoped and progressed by the Partnership subject to any further necessary approval by Cabinet in accordance with decision-making rules set out in the Council's Constitution.

702 Update on Medway Clinical Commissioning Group Primary Care Commissioning Committee

Discussion:

This report provided the Board with an update on the work of the NHS Medway CCG Primary Care Commissioning Committee.

In response to a question concerning the future of the Committee under the single Kent and Medway CCG, it was explained that the current expectation was that there would be four area subcommittees under a single Kent and Medway Primary Care Commissioning Committee, each with some delegated functions which were still to be determined.

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It was confirmed that there should not be any impact on the new Healthy Living Centre in Chatham.

Decision:

The Health and Wellbeing Board noted the update provided.

703 Development of the Medway and Swale (M&S) Integrated Care Partnership (ICP)

Discussion:

This report provided an update on the development of the Medway and Swale Integrated Care Partnership (ICP). The Board was reminded that the Integrated Care System (ICS) would comprise of:

- a single CCG operating at a Kent and Medway level from April 2020;
- four ICPs operating across local geographies; and
- 43 GP-led Primary Care Networks.

The ICP footprints had been developed to reflect patient flows to acute hospitals and related directly to where people accessed hospital care in their local areas. The Medway and Swale ICP covered the whole of the existing Medway and Swale CCG areas and would operate in shadow form from April 2020. The Board's attention was drawn to the shadow operating model set out at paragraph 3.4 of the report. It was explained that during the shadow period, models would be tested and refined and mobilisation was expected in April 2021.

Essential components to the operating model were: (1) the principle of co-production to ensure that the patient voice was heard; (2) parity of ownership and control between ICP organisations; and (3) continued oversight and scrutiny.

The ICP's strategic direction was taken from a number of plans including the Kent and Medway Joint Health and Wellbeing Strategies, Joint Strategic Needs Assessment and the NHS Long Term Plan. It was anticipated that the first draft of the ICP's Plan would be completed in the new financial year.

In response to questions in relation to the success of the new arrangements, it was recognised that the timeline to mobilisation was ambitious. It was incumbent on system leaders to work together to accelerate progress. It was anticipated that there would be a reduction of duplication and a more effective use of resources, including a fit for purpose IT system. A single Project Management Office had already been established which would enable system leaders to align work programmes across respective footprints. It was added that the right resources and expertise were in place to rethink arrangements going forward if something was not working. A request was made that the Board receive regular updates on the ICP Plan.

In response to questions regarding accountability, it was recognised that there needed to be separate accountability as the ICP moved forward. However, the

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frameworks were still being developed and at present organisations were still accountable to their sovereign boards. It was anticipated that new legislation would be enacted setting out lines of responsibility and accountability.

A concern was expressed that the Kent and Medway Safeguarding Adults Board (KMSAB) had not been involved within the ICP development. Clarification was also sought on how the ICP would guarantee the delivery of the KMSAB Strategy. In response, the importance of ensuring that safeguarding was not missed was recognised. There was a need to work through which responsibilities sat at a strategic Kent and Medway level and which responsibilities were delegated to a local level. The Senior Responsible Officer for the Medway and Swale Integrated Care Partnership (ICP) undertook to liaise with the Accountable Officer of the Kent and Medway single CCG regarding the input of the KMSAB in the development of the ICP.

In relation to a concern around the complexity of the arrangements, the importance of public engagement was emphasised. It was noted that patient participation groups and patient experience surveys were in place and it was important to build on these. Public engagement in the ICP development had been carried out as part of the wider STP system transformation work; an event was recently held at Gillingham Football Ground and further events were planned.

With reference to a recent presentation on Medway's draft Local Plan, a concern was expressed that there was an expectation that circa 29,000 homes would be built in Medway. However, no additional funding would be provided from the Government to deliver health infrastructure to support the additional people living in the area.

Decision:

The Health and Wellbeing Board:

- a) noted the update;
- b) noted that the Senior Responsible Officer for the Medway and Swale Integrated Care Partnership (ICP) would liaise with the Accountable Officer of the Kent and Medway single CCG regarding the input of the Kent and Medway Safeguarding Adults Board in the ICP development;
- c) agreed to add future updates on the ICP Plan to the Board's work programme which would be discussed in more detail at the next pre-agenda meeting;
- d) requested that a letter be sent to Medway's MPs expressing the Board's concerns in relation to housing delivery and future funding for health infrastructure and asked that the Leader of the Council also raises this concern at his periodic meetings with the MPs.

704 Future Arrangements for the Kent and Medway Joint Health and Wellbeing Board

Discussion:

This report reviewed the achievements of the Kent and Medway Joint Health and Wellbeing Board (Joint Board) since it was established in 2018 and provided feedback from the development session held on 17 September 2019. The Board's attention was drawn to proposed future arrangements of the Joint Board set out at section 5 of the report.

In response to a question concerning duplication of agenda items at the Joint Board and Medway's Health and Wellbeing Board, it was explained that whilst the Joint Board primarily focused on matters concerning the Sustainability and Transformation Partnership (STP), both Medway Council's and Kent County Council's Health and Wellbeing Boards continued to discharge their respective statutory functions. It was commented that duplication should be avoided where possible.

Decision:

The Health and Wellbeing Board agreed:

- a) to the continuation of the Kent and Medway Joint Health and Wellbeing Board constituted as an Advisory Sub Committee, with Terms of Reference and procedure rules as set out in Appendix 1 to the report;
- b) that the role and continuation of the Joint Board should be reviewed after four years unless triggered earlier at the request of either Kent's or Medway's Health and Wellbeing Board; and
- c) subject to the agreement of the Joint Board on 17 March 2020 and as summarised in Appendix 2 to the report:
 - to appoint the Clinical Chair of single Kent and Medway CCG as a voting member of the Joint Board;
 - to appoint the Senior Responsible Officer of each of the four Integrated Care Partnerships (ICPs) as non-voting members of the Joint Board noting that this will be reviewed when the ICPs are fully mobilised;
 - to re-appoint the Chairman of the System Commissioner Steering Group for a further year.

705 Work Programme

Discussion:

The Democratic Services Officer introduced the work programme report and drew the Board's attention to the recommendations set out at paragraph 2.2 to 2.5 of the report. The report also provided details of a survey on performance of the Care Quality Commission which was completed by the Director of Public

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Health in consultation with the Chairman of the Board in exercise of the relevant delegation.

Decision:

The Health and Wellbeing Board agreed:

- a) the work programme attached at Appendix 1 to the report subject to including a future report on the Integrated Care Partnership (ICP) shadow arrangements in September 2020;
- b) to receive the progress report on the Transforming Care Plan as a briefing note.
- c) to delegate authority to the Director of Public Health in consultation with the Chairman of the Health and Wellbeing Board to respond to the assurance survey referenced in paragraph 2.6 of the report on behalf of the Health and Wellbeing Board, providing details of the response to the Board at their next meeting.

Chairman

Date:

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