

**Medway Council**  
**Meeting of Health and Wellbeing Board**  
**Tuesday, 7 November 2017**  
**4.05pm to 6.55pm**

**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  
Cath Foad, Chair, Healthwatch Medway  
Councillor Adrian Gulvin, Portfolio Holder for Resources  
Councillor Vince Maple, Leader of the Labour Group  
Caroline Selkirk, Accountable Officer, NHS Kent and Medway Clinical Commissioning Group  
Ian Sutherland, Director of Children and Adults Services  
Councillor Martin Potter, Portfolio Holder for Educational Attainment and Improvement  
Councillor Stuart Tranter  
James Williams, Director of Public Health
- Substitutes:** None.
- In Attendance:** Mark Caffrey, Spice Time Credits  
Lesley Dwyer, Chief Executive, Medway NHS Foundation Trust  
Clare Ebberson, Consultant in Public Health  
Rosie Farrer, Spice Time Credits  
Michael Griffiths, Partnership Commissioning Lead, Children and Families  
Bana Haddad, NHS Medway Clinical Commissioning Group  
Linda Jackson, Interim Assistant Director, Adult Social Care  
Stuart Jeffery, Chief Operating Officer, Medway CCG  
Sameera Khan, Assistant Head of Legal Services  
Alex Lee, NHS Medway Clinical Commissioning Group  
Jon Pitt, Democratic Services Officer  
Heidi Shute, Corporate Director, Medway Community Healthcare  
Dr David Whiting, Consultant in Public Health

**465 Apologies for absence**

Apologies for absence were received from Board Members Dr Peter Green - Vice Chairman of the Board and Clinical Chair of NHS Medway Clinical Commissioning Group, from Dr Antonia Moore – Elected Clinical Member, NHS Medway Clinical Commissioning Group and from Ann Domeney, Deputy Director, Children and Adults Services.

Apologies for absence were also received from invited attendees Martin Riley of Medway Community Healthcare, with Heidi Shute attending in his place, from Dr Mike Parks of Kent Local Medical Committee and from Helen Greatorex of KMPT.

**466 Record of meeting**

The record of the meeting held on 12 September 2017 was approved and signed by the Chairman as a correct record.

**467 Urgent matters by reason of special circumstances**

There were none.

**468 Declarations of disclosable pecuniary interests and other interests**

Disclosable pecuniary interests

Ian Sutherland, Director of Children and Adults Services declared a disclosable pecuniary interest in agenda item number 6, Medway Time Credits as his wife was the Chair of the Spice Board of Trustees. Mr Sutherland left the room during discussion of the item.

Other interests

There were none.

**469 End of Life Strategy for Adults**

**Discussion**

The report was introduced by representatives from NHS Medway Clinical Commissioning Group. An End of Life Programme Board had been established. There were three key workstreams. These included a focus on developing an End of Life Strategy, improving partnership working and organisational processes across the wider health economy and improving communications and engagement with patients, families and their carers.

Work had been undertaken to standardise advanced care planning. Engagement had taken place with carers' groups and other stakeholders to find out how care should be provided. This had included two public forums and an

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event targeted at BME and East European and traveller communities. Written guidance had been produced for carers and families.

Areas of focus informing the development of the End of Life Strategy included ensuring that healthcare professionals received adequate training, creating new models of care, improving systems to ensure that people received consistent high quality care and that they were supported to die in the place of their choice.

A Board Member shared the personal experience of an elderly family member who had died after spending a number of hours lying on the floor in significant pain. Although the development of an End of Life Strategy was welcome, the Member felt that it would not ensure that similar situations were avoided in the future. Poor communication between organisations had been a significant factor in the case of the Member's relative and it was considered that the outsourcing of out of hours care to Medway on Call Care (MedOCC) was a weakness due to a resulting difficulty in communications. The Member also felt that medical ethics had been misguided with visiting GPs having not been willing to administer painkilling medication..

The CCG representatives advised that the situation described was something that it was hoped to avoid through implementation of the Strategy, the creation of a Palliative Care Register and through advanced care planning. Gps should help the patient with appropriate pain management. Feedback from key professionals had been taken into account and had informed Strategy development. It was recognised that engagement with GPs in relation to end of life care was an area that needed to improve.

A Board Member said it was clear that there would not be a universal offer at end of life and asked what the key issues and gaps were that needed to be Addressed to ensure that services and outcomes reflected the needs of the local population. The Member also wanted to understand what the drivers for change to End of Life Care priorities were and to be provided data to demonstrate whether the required changes were on target. The Medway Clinical Commissioning Group representatives agreed to provide further information in relation to this for circulation to the Board.

Another Board Member noted that there had been a positive response to *God's Waiting Room*, a play about End of Life that had been presented by the CCG, and asked whether it would be repeated. The Member also wanted to understand how conversations about End of Life in Medway compared to other areas. An electronic survey had been sent to attendees at a recent event in order to ascertain their priorities. This had identified that staff felt anxious when discussing issues related to end of life. A future play or event may be considered but it was important to first address the issues already raised. If available, information on how Medway compared to other areas in talking about death would be provided to Board Members.

## Decision

The Board offered its support to the Medway End of Life Care Strategy for Adults.

### 470 Medway Time Credits

#### Discussion

The report was introduced by the Accountable Officer of NHS Medway Clinical Commissioning Group and by representatives of *Spice Time Credits*. Delivery of a pilot scheme in Medway had commenced in May 2017. The scheme was a partnership with the Medway consortium, which was a group of voluntary sector groups. It aimed to encourage both regular and one off volunteering. Over 20 groups and service providers had been trained in how they could trade in time credits and how time credits could be used to incentivise new volunteers and expand existing provision. 10 groups were now active and trading within Medway with 93 volunteers currently registered as time credit members. Over one third of this cohort was new to volunteering. The pilot deliberately focused on a small area in order to develop the service model.

Additional support was being requested to enable reduced price or free access to Council venues. Consultation events and workshops were taking place to support potential volunteers to become involved. An annual evaluation would be undertaken to monitor the effectiveness of the scheme and the evaluation process would be strengthened.

Spice Time Credits had originally started in Wales and had been operating in England for five years. There had been rapid growth with the scheme now encompassing 16 council areas. Each programme varied to suit local needs. A total of 35,000 people had earned time credits to date and 1,300 organisations were involved. 78% of participants felt that they could contribute more through time credits, 16% were interested in establishing new community groups, 63% felt less isolated, 49% had made new friends and 19% felt that their mental health had improved.

The Board raised a number of points and questions, which were responded to as follows:

#### **One off compared to long term volunteering and support from Council -**

There was a mix of one off volunteers and those making a longer term commitment. For some groups, one off volunteering was essential, while for others, a longer term commitment was valued. The key to Spice Time Credits was that it gave individuals the opportunity to give time when it best suited them. Identifying and promoting spend opportunities was a key challenge and support from Councillors in this regard would be welcome.

**Work required to earn a time credit and volunteer checks –** It was confirmed that an equal amount of volunteer time was required to earn a time credit regardless of the activity being undertaken. This recognised that

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everyone had something to give. Volunteers were recruited directly by participating organisations. These organisations were responsible for undertaking any background checks required, although the Spice Time Credits organisation was able to signpost organisations to sources of appropriate guidance when needed.

**Quality checking** – Time credits were not given out for work that was not considered to have value. Participating organisations signed a community partnership agreement and reported back to Spice quarterly. Agreement was reached with each organisation about which activities they would issue spice time credits for and work was undertaken to ensure that staff working in retailers where credits could be spent were aware of the scheme. Updates on the scheme locally were also provided to the CCG.

**Linkage with DERiC** – Time Credits were seen as being complimentary to the DERiC (Developing and Empowering Resources in Communities) initiatives taking place in Walderslade and on the Hoo Peninsula.

**Use of Council facilities** – A Board Member was concerned about increasing the use of Council facilities at a free or discounted rate, for those who had earned time credits, given the budgetary pressures facing the authority. In response, the CCG Accountable Officer suggested that use could be made of currently underutilised capacity such as exercise classes that currently had a limited number of attendees. Discussions with leisure providers in other areas had looked at helping them to improve rates of volunteering and supporting people who would not otherwise access leisure services. The Interim Assistant Director of Adult Social Care noted that health and wellbeing promotion and the provision of volunteering opportunities enabled people to feel good about themselves and could reduce the demand for other Council services.

**Public Transport Provision** – It was acknowledged that availability and price of public transport was a factor in the number of people willing and able to volunteer. There had been some local engagement with transport providers. Council support with providers, such as taxis and community transport schemes would be welcome.

**Administration costs of Spice Time Credits in Medway** – Administration costs included employment of a Project Manager for four days a week, which would be the responsibility of the CCG. In other areas, full time project managers and partnership managers were employed. The indicative cost was based upon a full programme being delivered across Medway. This would include the development of long term capacity with a view to running of the programme being eventually handed over to volunteers. The forecast staff cost of £90,000 covered employment of the project manager. The Current cost of programme delivery was £75,000 for the pilot. Work was being undertaken to identify people who would benefit from interventions supported by Spice Time Credit supported volunteering.

**Council commitments** – There was discussion about the commitment being requested from the Council, including concerns that it was not feasible for the

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Council to contribute financially unless cashable savings were achieved elsewhere.

### Decision

The Health and Wellbeing Board:

- i) Noted the findings from the Time Credits approach nationally and the initial indications from the Involving Medway project.
- ii) As a next step to piloting Medway Time Credits, supported the exploration of spend opportunities from within Council resources, subject to these being cost neutral to the Council.
- iii) Agreed that Medway Time Credits should be further explored as a joint initiative between the Council and Medway CCG.

### 471 Children's Immunisations Update

#### Discussion

The Director of Public Health introduced the report which set out the current situation in relation to the immunisation for children in Medway. A report had previously been presented to the Children and Young People Overview and Scrutiny Committee on 15 October 2017. An identified issue had been whether NHS England was correctly recording the number of people who had been immunised in Medway. NHS England was due to present an update to the December 2017 Committee regarding the data. It was noted that a Medway specific immunisation Board had been created, which was due to meet for the first time in December 2017. Work was being undertaken to remind the public of the benefits of being immunised.

A Member questioned whether a Medway specific figure was available for the uptake of immunisations. The Director of Public Health advised that the presentation made to the Children and Young People Overview and Scrutiny Committee in October had highlighted a discrepancy between NHS data and locally produced figures. Work was being undertaken to determine the correct figures. It was proposed that the Board be provided an update at a future meeting and that this also include ward level data.

In response to a Member who questioned that the report presented said that there were no financial implications for Medway Council, officers said that there were no direct financial implications to the Council in the context of the child immunisation programme. However, it was acknowledged that there would be wider financial implications if children contracted diseases as a result of not having being immunised. In relation to the concerns that the that the re-procurement of childhood immunisation services in Medway suggested that existing services would stop, officers advised that this reflected how services were being provided nationally.

**Decision**

The Board noted the assurance report, which provided an update on children's immunisations.

**472 Kent and Medway Local Maternity System Transformation Plan**

**Discussion**

The report was introduced by the Partnership Commissioning Programme Lead – Children and Families. A draft of the Kent and Medway Local Maternity System Transformation Plan had been submitted to NHS England. Feedback was awaited on any changes required to the Plan. This followed the undertaking of a national maternity review that had led to a number of recommendations. A Local Maternity System (LMS) had been created across Kent and Medway. The purpose of an LMS was to drive maternity services across the region. The LMS comprised health professionals from a number of different areas. The NHS had awarded approximately £75,000 of funding to the Kent and Medway LMS to be spent on recruiting a clinical chair and on project management and administration. The Plan reflected engagement with patients. The Plan had previously been presented to the Children and Young People Overview and Scrutiny Committee. The Committee had determined that the proposals did not amount to a substantial development of or variation in the provision of health services in Medway.

Some of the key issues that needed to be addressed included the needs of teenage mothers and smoking in pregnancy. A Maternity Group had been established to address smoking during pregnancy and a meeting had taken place with Public Health regarding the needs of teenage mothers.

A Board Member asked why no figure for stillbirths in Medway had been included in the Plan. Officers advised that the Plan was a draft and that there were two conflicting figures for stillbirths. Both figures were low but it was being clarified which figure should be used. The Member also said that he would welcome a paragraph being included in the Plan to state the dangers associated with drinking during pregnancy.

In response to a Member question about why Fetal Alcohol Spectrum Disorders (FASD) had not been included in the Plan, officers advised that there were no nationally reported statistics for drinking in pregnancy but that it could be investigated whether there was any relevant data that could apply to Medway.

It was suggested by a Board Member that maternity should be promoted as a career choice. The Chief Executive of Medway Foundation Trust (MFT) said that education was an important factor in attracting staff. Those entering employment in healthcare had a good chance of lifelong employment in the profession. MFT had focused on the recruitment of midwives and it appeared that it was the only maternity unit in the country that had a vacancy rate that was lower than would be expected. The Partnership Commissioning

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Programme Lead said that there would be a specific workstream of the Kent and Medway Maternity system in relation to education and training.

### Decision

The Health and Wellbeing Board:

- i) Noted the national agenda in relation to transformation of maternity services.
- ii) Noted the Kent and Medway Local Maternity System Transformation Plan and suggested further areas for inclusion or refinement for future versions.
- iii) Offered support to the transformation of maternity services in Medway, within the context of the Kent and Medway Local Maternity System.

### 473 Joint Health and Wellbeing Strategy Monitoring Report

#### Discussion

The Public Health Consultant introduced the report that provided an update on the key performance metrics monitored as part of the Medway Joint Health and Wellbeing Strategy. It was noted that figures in relation to healthy weight and physical activity had not been updated since the last report presented to the Board.

The prevalence of smoking during pregnancy continued to be high, with rates having increased for the last four quarters running. A draft local Maternal Smoking Strategy had been developed to address this, with women who smoke during pregnancy being encouraged to engage with services. Smoking prevalence also remained high amongst the general population.

In relation to obesity, there had been a reduction in rates amongst reception age pupils but an increase for year 6 pupils. With regards to premature mortality, there had previously been a decrease in the gap between Medway and the national average, but this had recently started to increase. Cancer mortality rates in Medway remained consistently high. In October 2016, Public Health England (PHE) had published the PHE Cancer Board five year plan and Medway's Public Health team would be working with PHE to deliver the Plan locally.

The Current Joint Health and Wellbeing Strategy covered 2012 to 2017. Community engagement events were being developed with Medway NHS Clinical Commissioning Group to inform development of a new Strategy.

In relation to the ongoing situation regarding NHS England not providing data on breastfeeding, a Board Member asked what was being done to address this. The Member was also concerned about the increase in hospital admissions due to falls. The Board was informed that work with NHS England was ongoing to address the breastfeeding data issue. It was noted that the Royal Society for Public Health was using Medway breastfeeding work as a centre piece for a



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national programme. Work would be undertaken to provide statistics in relation to the Fire Services' Falls Programme to provide figures for the number of people participating in the programme, prevention figures and to ascertain whether the number of visits undertaken as part of the programme was likely to see a significant reduction in the number of falls.

### Decision

The Health and Wellbeing Board considered the indicator updates.

## 474 Pharmaceutical Needs Assessment

### Discussion

The report was introduced by the Consultant in Public Health. The Board was advised that each Health and Wellbeing Board was required to produce a Pharmaceutical Needs Assessment (PNA) every 3 years. Medway's existing PNA had been published in March 2015, therefore the new document was due to be published in March 2018.

The PNA would be used by the NHS in order to determine whether it would be appropriate to permit the opening of a new pharmacy. Medway had contracted a specialist to produce its PNA. A 60 day consultation would be required. Although it was not formally required to be a public consultation, this was considered to be good practice. Following discussions with NHS England, it had been decided to update the existing PNA rather than undertaking a new full assessment. Regulations introduced in December 2016 required a Health and Wellbeing Board to respond to NHS England within 45 days when guidance is requested in relation to the consolidation of pharmacies. Consolidations were considered likely due to Government funding of pharmacy having reduced.

A 60 day consultation was due to be undertaken during December 2017 and January 2018 ahead of the refreshed PNA being published in March 2018. As there was no Medway Health and Wellbeing Board meeting scheduled for March, it was proposed that the PNA be published in March pending approval by the Board in April.

A Board Member asked whether there needed to be reference within the PNA that it would play a role in the development of the Local Plan. The Public Health Consultant advised that a PNA had been established and that the Council's planning department was represented on this to ensure that likely developments over the next three years were taken into account.

In response to a Board Member question about existing capacity, officers advised that the PNA would provide information on current pharmaceutical provision and expected population changes over the next 3 years. The PNA would contain recommendations but NHS England was responsible for determining where any new pharmacies should be located.

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A Member was concerned that the PNA could result in the Board having to consider wider retail arrangements rather than purely pharmaceutical needs. Officers provided reassurance that the PNA would only focus on pharmaceutical needs and provision.

### Decision

The Board:

- i) Noted and approved the planned approach for the production of the PNA, including the 60-day consultation through December 2017 and January 2018.
- ii) Delegated authority to the Director of Public Health, to in conjunction with the Chairman of the Health and Wellbeing Board, to prepare and publish a Pharmaceutical Needs Assessment by the March 2018 deadline.
- iii) Agreed that the completed PNA be presented to the HWB in April 2018 for the Board to agree its support.

## 475 Medway Safeguarding Children Board (MSCB) Annual Report 2016-17

### Discussion

The report was introduced by the Director of Children and Adults Services. There was a statutory requirement for the Medway Safeguarding Children Board (MSCB) to produce an annual report. The 2016/17 Report, which had been published in September 2017, outlined the work of the Board during 2016-17. The Report had previously been presented to the Children and Young People Overview and Scrutiny Committee and to the Community Safety Partnership. Board Members included a range of partners agencies, Kent Police, Medway Council and the voluntary sector. The Board had an Independent chairman and a lay member to represent the local community perspective.

The role of the MSCB was prescribed by the Government as follows:

- To develop arrangements for safeguarding and promoting the welfare of children.
- To communicate and raise awareness of the need to keep children safe.
- To monitor and evaluate the effectiveness of what is done locally.
- To participate in local planning of services for children.
- To undertake reviews of serious cases.

The MSCB had particular concerns about the secure training centre located in Medway and also in relation to young offenders. A BBC Panorama programme looking at concerns relating to the secure training centre had resulted in significant national level action being taken.

The MSCB had been commended for its LADO (local authority designated officer) service. The role of the LADO was to undertake investigations into allegations relating to professionals working with children. There had been a

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substantial increase in LADO referrals, many of which related to the secure training centre and to the Cookham Wood young offenders prison.

Medway was within the 41% of most deprived areas nationally, although there was also some areas of relative affluence. 21.4% of children under 16 were living in poverty, which was worse than the national average. The rate of family homelessness was also worse than average.

There had been a reduction in the number of children subject to a child protection plan, Medway having previously had a higher than expected number of children subject to a plan. Initiation of child protection plans required delicate balancing between avoiding unnecessary interference in family life while ensuring that there was intervention where children were at risk.

Addressing child neglect was at the forefront of the MSCBs work following national high profile cases. A Graded Care Profile was under development. This tool would help to ensure that health and care professionals were better able to detect cases of neglect. Work was being undertaken with young people to highlight issues around domestic abuse and information had been sent out to all Medway schools. Robert Napier School had used a drama production used to engage directly with young people. The MSCB was also working to address and reduce the risk of young people being sexually exploited online.

The undertaking of serious case reviews was a significant function of the Board. Two had been undertaken during the previous year in relation to the deaths of young people. In one case, a girl and her mother had died having only lived in Medway for a short period. The case had highlighted the need for effective engagement between local authorities. In the second case, it had been identified that the risk of the child dying could have been significantly reduced if the family had been supported to enable the child to regularly attend health appointments. A further serious case review was due to look at the issues raised in relation to the secure training centre. This was due for completion in April 2018.

The Board was advised that future priority areas for the MSCB included domestic abuse, neglect and children at risk of exploitation.

The Government was looking at new ways in which local arrangements could be put in place to support multi agency working. A consultation had been published with responses due by 31 December. New guidance in relation to the arrangements for replacing child safeguarding boards specified that the local authority, clinical commissioning group and Police must be joint and equal partners to support new arrangements.

A Board Member was concerned by the relatively small budgetary contributions to the MSCB made by the Secure Estate, given the significant proportion of MSCB work that this contributed. The Board Member also asked whether data for the number of child sexual exploitation, Female Genital Mutilation and LADO referrals could be provided and whether a comparison with other areas could be provided. The Member was concerned that only 86% of Medway Child

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and Adolescent Mental Health Services (CAMHS) staff were compliant with Level 3 Safeguarding Children Training and that only 71% were compliant with PREVENT training. The Member considered that this figure should be 100%.

In response, the Director of Children and Adults Services advised that discussions were taking place with the Ministry of Justice in relation to the issues that having such a significant Secure Estate in Medway brought to the area. A Performance sub-group of the MSCB had been established. Work was ongoing to strengthen CAMHS provision following transfer of service delivery from the Sussex Partnership NHS Foundation Trust to the North East London NHS Foundation Trust.

Another Board Member suggested that a joint letter from the chair of the various boards responsible for overseeing the work of the MSCB be sent to the Home Office to emphasise the funding challenge that Medway faced due to having the presence of a significant secure estate. The Board Member also questioned whether there was a specific need to look at school holidays and the impact that this had on levels of neglect. It was suggested that a contributory factor could be that children were not being provided free school meals during holiday periods. The Director of Children and Adults Services undertook to investigate further both the issues raised.

A HWB Board Member was concerned that the secondary school representative on the MSCB had only attended one MSCB Board meeting during the year. It was also requested that a link to the play, developed by students of Robert Napier School, to raise awareness of sexting by pupils, be circulated to the Board. The Director of Children and Adults Services agreed that the attendance record of the secondary school representative at MSCB meetings had been disappointing. While it was important for a representative to attend, overall, secondary schools in Medway engaged well with the children's safeguarding agenda. It was agreed that a link to the Robert Napier student play would be shared with Health and Wellbeing Board Members.

A Board Member highlighted that the covering report presented stated that the Deputy Director of Children and Adults had stated, during presentation of the annual safeguarding report to the Children and Young People Overview and Scrutiny Committee, that it was unclear how social workers informed the work of case workers at Cookham Wood and Medway STC. It was agreed that further information would be provided to the Board in relation to this. The issue of invoicing other local authorities was also raised as it had previously been agreed that Medway would invoice the originating local authority of young people at Cookham Wood or Medway STC. The Director of Children and Adults Services advised that the Council employed three professionally qualified social workers who worked within the Secure Estate. The posts were funded by the Ministry of Justice. The Council was the employer to ensure that these staff had access to safeguarding supervision within the Council and MSCB network. Case workers supported young people to be rehabilitated following their detention. The Independent Chair of the Board had already written to local authorities to seek contributions towards costs for young people who originated from another local authority area.

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In response to a Member question, the Director of Children and Adult Services said that the Council was a corporate parent to children for which it had a care order.

### Decision

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

### 476 Kent and Medway Safeguarding Adults Board (KMSAB) Annual Report 2016-17

#### Discussion

The Interim Director of Adult Social Care introduced the report. The Board was informed that the Care Act 2014 placed Safeguarding Adults on a statutory footing and also defined the responsibilities of local authorities and key partners.

Adult safeguarding boards also had a responsibility to ensure that people who did not have specific care and support needs were also safeguarded as appropriate. The three main functions of the Kent and Medway Safeguarding Adults Board (KMSAB) were to produce a Strategic Plan, to publish an annual report and to undertake any required safeguarding adult reviews. The Strategic Plan was currently being refreshed. Work had been undertaken locally to raise the profile of Medway to ensure that it had a strong voice within KMSAB.

Key achievements of the Board had included running a safeguarding awareness week in October 2016. This had been repeated recently. The awareness raising had resulted in an increase in safeguarding referrals. There had previously been a low uptake of safeguarding multi agency training. In order to address this, a training programme had been developed and a contract awarded for delivery of the training. Previous safeguarding outcomes had been utilised to inform design of the training. The number of commissioned safeguarding adults reviews had increased. As a result, a safeguarding adult review working group had been established to help ensure that reviews were carried out consistently and lessons learned.

Medway Council achievements had included the creation of a Medway Executive group, which was a subgroup of KMSAB. The subgroup was supported by Councillors, Medway Foundation Trust, Kent and Medway Partnership Trust, Kent Police and Kent Fire and Rescue. The focus of the subgroup was on outcomes for Medway residents.

The Deprivation of Liberty Safeguards (DoLS), which aims to ensure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom, continued to be a risk for KMSAB. Relationships had been developed and work undertaken to ensure that restrictions put in place were properly understood by staff at all levels. The

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number of DOLS applications had increased with it being anticipated that the peak had been reached. Work was required in relation to thresholds for the commencement of further investigations.

The profile of domestic abuse had been raised, with Adult Social Care being provided with oversight of domestic abuse incidents. Efforts were also being made to ensure that safeguarding activity was personal to the affected individual. A survey had been undertaken of people who had gone through safeguarding and there had been a significant increase in the uptake of safeguarding training. Staff from the Council and partner organisations were attending external training and bringing back the learning to share with colleagues.

Safeguarding concerns raised had increased by 3% while the number of people whose risk has been reduced as a result of intervention was 57%. This was considered to be reasonably high given that individuals were able to choose whether to participate in an investigation about them. Analysis had been undertaken in relation to the reduction in the number of cases concluded that were inconclusive. This had fallen by 5% due to improvements in the knowledge and skills of staff carrying out safeguarding work.

In response to a Health and Wellbeing Board Member question about the reasons for the reduction in the percentage of safeguarding concerns raised by family members and how this compared to other areas, the Interim Assistant Director of Adult Social Care said that information would be circulated to the Board.

### **Decision**

The Health and Wellbeing Board noted the Annual Report, made comments and considered implications for the Health and Wellbeing Board.

### **477 Work Programme**

#### **Decision**

The Board agrees the work programme as attached at Appendix 1.

### **Chairman**

**Date:**

**Jon Pitt, Democratic Services Officer**

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