

Medway Council
Meeting of Health and Wellbeing Board
Tuesday, 11 September 2018
4.05pm to 6.10pm

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 Gary Etheridge
Cath Foad, Chair, Healthwatch Medway
Councillor Adrian Gulvin, Portfolio Holder for Resources
Councillor Vince Maple, Leader of the Labour Group
Dr Antonia Moore, Elected Clinical Member, NHS Medway Clinical Commissioning Group
Councillor Martin Potter, Portfolio Holder for Educational Attainment and Improvement
Councillor Stuart Tranter
James Williams, Director of Public Health
- Substitutes:** Stuart Jeffery, Chief Operating Officer, Medway CCG (Substitute for Dr Peter Green)
- In Attendance:** Kate Ako, Principal Lawyer - People
Glynis Alexander, Director of Communications, Medway NHS Foundation Trust (Substitute for Lesley Dwyer)
Scott Elliott, Head of Health and Wellbeing Services
James Harman, Senior Public Health Manager
Jade Milnes, Democratic Services Officer
Heidi Shute, Children Services Director, Medway Community Healthcare (Substitute for Martin Riley)

353 Apologies for absence

Apologies for absence were received from Board Members Councillor Doe, Ian Ayres (Managing Director for Dartford, Gravesham and Swanley, Medway, Swale and West Kent Clinical Commissioning Groups), Ann Domeney (Deputy Director, Children and Adult Services), Ivor Duffy (Director of Assurance and Delivery, NHS England, South East), Dr Peter Green (Vice-Chairman, Health and Wellbeing Board and Clinical Chair, NHS Medway Clinical Commissioning Group) and Ian Sutherland (Director of Children and Adult Services).

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

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Riley (Managing Director, Medway Community Healthcare) and Dr Mike Parks (Medical Secretary, Kent Local Medical Committee).

354 Record of meeting

The record of the meeting held on 3 July 2018 was agreed and signed by the Chairman as correct.

355 Urgent matters by reason of special circumstances

There were none.

356 Declarations of Disclosable Pecuniary Interests and Other Significant Interests

Disclosable pecuniary interests

There were none.

Other significant interests (OSIs)

There were none.

Other interests

There were none.

357 Infant Feeding Strategy

Discussion:

The Head of Health and Wellbeing Services presented the refreshed 2018 Infant Feeding Strategy as set out at Appendix 1 of the report which updated the 2011 Strategy. The Board was advised of progress made since this first Strategy was introduced and was presented with a short film which had been created as part of the 2016 'Beside You' campaign, aiming to normalise breastfeeding. The Board's attention was drawn to the priorities set out within the 2018 Strategy to positively influence infant feeding practices in Medway. Key priorities included increasing breastfeeding rates, supporting responsive formula feeding where appropriate and delaying the introduction of solid food to infants until after they are 6 months old.

A Member expressed concern that even with a number of interventions being undertaken, as set out in paragraph 3.4 of the report, the data presented in paragraph 3.1 of the report represented a decreasing trend in breastfeeding initiation rates. It was explained that breastfeeding rates in Medway had steadily increased from 67.9% in 2010/11 to 70.7% in 2016/17. The rate of increase appeared to have had plateaued at 70%. Given the challenges faced by women living in disadvantaged communities in Medway, maintaining levels at this rate could be viewed as a successful outcome. However, it was

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recognised that whole system changes were needed to achieve the ambitious target of a 1% uplift per year in breastfeeding initiation and continuation rates.

It was added that there had been some very good interventions since the 2011 Strategy was introduced and that as a result, the United Nation's Children's Fund (Unicef) Baby Friendly Initiative (BFI) stage 3 accreditation had recently been awarded to Medway NHS Foundation Trust (MFT). In addition, Medway Community Healthcare CIC had sustained their accreditation to stage 3 and the neonatal unit had achieved stage 1 accreditation for the first time.

A Member also expressed concern regarding Medway's performance in relation to the rest of the country and noted that, in particular, breastfeeding continuation rates at 6 to 8 weeks had fallen. Recognising that no additional funding was available, he highlighted that there was a risk that the targeted increase in breastfeeding initiation and continuation rates might not be achieved and asked what further action, if any, could be taken. In response, the Board was advised that the Infant Feeding Steering Group was mindful that the target would be challenging but on balance it was considered that an aspirational target should be set. It was added that the Steering Group had been approached by Public Health England to utilise Medway's Strategy as an example of national best practice. With respect to the target, performance would be monitored and further action would be taken as necessary.

Drawing on her experience and with reference to past examples, a Member sought an assurance that, in practice, health professionals did support breastfeeding initiation and continuation. The Board was assured that this was the case and that this could be demonstrated by the achievement of the Unicef BFI accreditations as outlined. It was explained that the accreditation process was rigorous and included assessment of practitioners as well as input from mothers regarding their personal experiences of care.

In response to a question concerning barriers to breastfeeding, it was explained that the biggest barrier was considered to be family and cultural norms which could influence mothers' infant feeding choices. In some instances, for example, multiple generations might bottle feed and therefore this would become the accepted practice. It was added that local research had found that the lowest breastfeeding rates in Medway were among young, more socially deprived, white women. As a result, this cohort had been targeted in recent initiatives, including the 'Beside You' campaign.

The Board was advised that it was important for any intervention to challenge norms. This could be achieved through education in schools as part of Personal, Social and Health Education (PSHE) and through the provision of support for the family unit pre-pregnancy and throughout the duration of the pregnancy. It was considered that this would particularly encourage the 30% of mothers who had not considered breastfeeding as an option to initiate breastfeeding. With respect to educational programmes, the Children Services Director, Medway Community Healthcare, stressed the importance of explaining the benefits of breastfeeding as part of any programme.

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It was outlined to the Board that another challenging area was providing dedicated infant feeding support to new mothers in the first 48 hours following the birth of an infant. The Steering Group continued to engage with the volunteer peer support network to provide this support. However, the Board was advised that the Steering Group sought the opportunity to engage with a specialist infant feeding team, if funding became available, as it was considered this would assist in achieving the target increase in breastfeeding initiation.

With regards to interventions, the Board was advised that the Steering Group had planned a new campaign, co-designed with midwives at Medway NHS Foundation Trust, called 'Grow my Brain'. This campaign would inform expectant and new mothers how they could build a greater attachment with their babies. It was considered that this would encourage breastfeeding.

With reference to the influence of television programmes, such as soap operas, which tended to show women bottle feeding infants, the Children Services Director, Medway Community Healthcare, asked how the Board could exert a wider influence in promoting breastfeeding. The Board was advised that the Steering Group continually reviewed social media for breastfeeding role models which could be shared on their social media platforms. It was added that the well-known spoken poet, Hollie McNish, supported the 'Beside You' campaign. Members also considered ways to support the aims of the Strategy on social media platforms, including promotion of breastfeeding campaigns on Twitter.

Members also considered a number of other ways that they could support the Infant Feeding Steering Group to promote breastfeeding. A Member suggested that a requirement for a premises to be breastfeeding friendly should be included within applicable Council procurement exercises. An example given was the procurement of an external operator for the cafes at Medway Park and Strood Sports Centres. It was further noted that all Council premises should be breastfeeding friendly and that, wherever possible, local businesses should be encouraged to be breastfeeding friendly.

In response to a question regarding the possibility to create breastfeeding friendly window stickers for premises, the Board was advised that caution should be taken with this approach because a premises without a sticker might still be breastfeeding friendly. A Member requested that should window stickers be utilised, consideration be given to creating a combined sticker including, for example, food hygiene and plastic free business identifiers.

It was suggested that all Councillors needed to be well briefed on the materials and support available to promote breastfeeding and in addition be provided with advice on what Councillors should be encouraged to do within their work with the community.

Members noted that some mothers could not breastfeed infants and also needed appropriate support. Clarification was sought on a recommended formula brand. In response, the Board was advised that recent evidence demonstrated that no formula product was better than the other in terms of nutritional benefit for infants.

Decision:

The Health and Wellbeing Board:

- a) noted the Infant Strategy set out at Appendix 1 of the report and supported its implementation in Medway; and
- b) confirmed its support of the Infant Feeding Strategy Group in the delivery of the objective within the Strategy.

358 Period Poverty for Young People in Medway

Discussion:

The Director of Public Health and the Senior Public Health Manager set out the outcome of the initial research and investigation into the prevalence and impact of period poverty in Medway following referral of the matter by Council on 26 April 2018. The Board was advised that within the timeframe of the research, the response was considered to be very good, with over 250 professionals and young people from a broad geographical and age spread participating. Reference was made to published research on period poverty for young people in the UK and the Board was advised that no similar research on period poverty had been undertaken in the South East of England. The Board's attention was drawn to the methodology of Medway's research which included both qualitative and quantitative measurement, key themes and conclusions following analysis of the data and suggested next steps. The School Health Team were thanked for their assistance in undertaking the research.

Concerning the conclusions of the research, the Board was advised that the research demonstrated that a number of settings had methods in place to support young women, although it was recognised that there could be greater coordination of support and more awareness of what assistance was available. The Board was also advised that the Public Health Team had proactively contacted a number of organisations including the Red Box Project and Medway Youth Trust with a view to undertaking collaborative work on possible funding streams.

In response to a question asking whether primary schools were engaged in the survey, the Board was advised that year 6 primary school aged pupils had been included within the survey. Referring to experience, a Member suggested that the research should have included year 5 pupils.

A Member commented that timely education of young people, both boys and girls in schools regarding physical and emotional changes during puberty was important to normalise periods and encourage communication. It was added that educational programmes should be created in consultation with parents and be consistent across all schools in Medway. It was considered that this teaching would be the foundation for further education on, for example, having respect for each other. A number of Members recognised the importance of early education in the school setting covering a broader range of topic areas. In addition, a Member noted that parents should also be educated on

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menstruation and female anatomy to facilitate communication and help dispel myths on what women can do when menstruating and the types of products that can be used.

The Senior Public Health Manager recognised that there had not been enough time to fully explore the matter with parents as part of this research and that there was a need to better engage parents. With regards to this rounded education, the Board's attention was drawn to the work that had been undertaken to support schools with Relationship and Sex Education (RSE), as set out in section 3.6 of the report and it was noted that over 70% of primary schools had signed up to an accredited RSE programme. The ambition was for all schools to sign up to an accredited programme. In addition, it was explained that most secondary schools in Medway were delivering Personal, Social, Health and Economic (PSHE) education and RSE in some form.

In response to a question regarding the geographical spread of survey respondents, the Board was advised that the postcodes set out in Figure 2, paragraph 3.2.1 of the report, reflected the location of Early Help Hubs and schools that the Public Health and Children Services Teams had worked with. This had ensured a good geographical spread of pupils across Medway and a focus on areas where perceived need (disadvantage) was greatest. Clarification was also sought on when the survey was undertaken. The Board was advised that the survey took place between June and the end of summer term. A Member commented that this might have impacted the results because exams were also held at this time.

Drawing reference to the 10% of young people who had difficulty accessing sanitary products, a Member outlined that the report stated that key points of contact for young people in Medway were proactive in providing free sanitary products and asked what more could be done to ensure that young people knew where to go. In asking this question he stated that all Medway Early Help Hubs provided free sanitary products to young people if required, however this was not advertised on their website. In response, the Board was advised that feedback from the focus groups had indicated that in most cases young people did know where they could obtain sanitary products from. The feedback however, suggested that in some instances, there was some other barrier which prevented young people accessing sanitary products, for example, lack of transportation or having to request the products in a prominent location such as at a school reception desk. It was added that young people had requested that a system in schools be developed which was co-produced with them to determine the most appropriate location within the schools to hold the products. The Board was advised that interventions like this, in addition to raising awareness that free sanitary products were available would reduce the percentage of young women having difficulty in accessing sanitary products.

A Member expressed concern in relation to the some of the feedback from young people including comments such as "schools could be more understanding of girls' needs..." and "schools could be more flexible with young people about how they access products during the day..." and it was suggested

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that educational professionals should be trained to ensure they were able to provide support to young people.

Clarification was sought on whether the questionnaire utilised by the Public Health Team was replicated from or based on the national research. In response, it was explained to the Board that the original data for the three research papers set out at section 2.3 of the report was requested from the researchers but was not provided. The questionnaire used in Medway was created by the Public Health Team to establish a baseline for Medway. It was added that national research on this subject was underdeveloped and that one survey, in Leeds, focused on a single secondary school, whereas the data presented in this report was from 9 schools in Medway.

A Member expressed disappointment that the Red Box Project was unable to address the Board, particularly because the report had referenced the work that they had undertaken in Medway. In response, the Chairman explained that the Public Health Team was engaging with a number of organisations as part of this work and it was considered appropriate that the Board considered the initial research before other organisations were invited to address the Board on the matter. It was noted that further consideration would be given to the Red Box Project and other organisations addressing the Board at future meetings.

A Member commented that there needed to be a recognition that the system as a whole was not working and more action was needed for all women, in all settings, including schools, colleges and by employers and particular reference was also made to apprenticeships. The Member also highlighted that the Food Bank was now requesting sanitary products to be donated and that it was an issue across the country. In response to this statement, the Board was advised by the Senior Public Health Manager that the Food Bank was contacted as part of the research and it was recognised that women had obtained sanitary products from the Food Bank but the number dispensed could not be quantified.

With respect to next steps, the Board discussed the most appropriate way forward. Given the initial research presented to the Board, a Member requested stronger guidance on objective setting which would ensure that the Council was doing what would be reasonably be expected. It was suggested that a report be brought back to the Board setting out further detail on:

- strategies that would be considered effective to tackle the main issues;
- how these are connected to other programmes and activities already place; and
- progress to date.

A Member also proposed that immediate action was taken to tackle period poverty in Medway and that within 28 days of this meeting, sanitary products be made available, for free, in all Medway schools (17 secondary schools and 1 college). The Member considered that this could be completed within existing budgets as some schools would already be engaging with the Red Box Project and therefore would already have access to free sanitary products. This proposal was supported by another Member who added that if it could be

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completed at a negligible cost and within means, for those individuals affected this action would make a large difference. It was suggested that in parallel, the Public Health Team addressed the longer term actions in relation to education as discussed by the Board and that these actions be reported back to the Board at a future date.

In response, the Director of Public Health recognised that a whole system approach, including engagement with parents was required to support and empower young people. With respect to financial implications, he advised the Board that it would cost a considerable amount of money to fund the provision of sanitary products in all Medway's schools, he estimated that it would cost between £280,000 and £300,000 per annum. The Board was advised that any recommendations relating to in year additions to the revenue budget would need to be referred to the Council's Cabinet for consideration ahead of approval by Full Council as appropriate.

In considering the way forward, clarification was sought on whether there were existing mechanisms in place to support a young person who required access to sanitary products. In response, the Board was advised that based on the research undertaken, young people could access sanitary products in a number of settings, including at Early Help Hubs, however within schools there was not 'blanket coverage' and there might be instances where a young person might not be aware where support may be found. As a result, the Board was advised that there was a need to ensure that sanitary products could be found in strategic locations across Medway and a need for an awareness campaign, so that people knew where products were and how to access them. This was also the case for school environments. A Member considered that it would not be appropriate to refer the matter to be Cabinet at this stage.

The Director of Public Health recognised that quick action was needed and explained to the Board that the 28 day timescale would be challenging in respect of working with academies, as Local Authorities had limited ability to direct their activities and also ensuring that there was sufficient time to co-produce interventions with young people.

The Director of Public Health outlined to the Board that the Public Health Team would be able to undertake a mapping exercise within 28 days, which would aim set out:

- the existing provision of free sanitary products in schools (including liaising with organisations already working within the school setting);
- whether each school had a protocol in place to dispense products;
- Whether each school had undertaken any training amongst staff and awareness raising of the protocol; and
- recommended actions to direct existing resourcing to address any identified gaps and enhance existing provision.

He noted that at the same time as undertaking this exercise the Team could ensure that each school was aware of the issues around period poverty and that there was an expectation that schools needed to have mechanisms in place to ensure that young people were aware of how to access sanitary

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products. The Board was also assured that the actions set out at section 9.1 of the report would be completed and he undertook to present a further report to the Board setting out progress and additional details on the more challenging issues, including tackling period poverty in the wider community. A Member commented that any future report needed to take a holistic approach to ensure a consistent methodology to raising awareness for both pupils and professionals and he emphasised the importance for professionals, when they were dealing with young women to have understanding, compassion and empathy.

A Member referred to section 9.1 of the report, bullet point number 2 "...use this evidence to improve resources and improve uptake of resources..." and sought clarification on whether the request to provide sanitary products within 28 days could be borne from this reconfigured resource. In response, the Director of Public Health advised the Board that this resource referred to the School Health Team which was part of the Public Health Team. This Team already engaged with schools and could be utilised to assist with training and awareness raising programmes. He added that the Public Health Team were committed to the ongoing work set out in section 3.6 of the report and would be able to target some of the issues identified by Members, such as training and development. The Board was also advised that the Senior Public Health Manager had a meeting on 12 September 2018 with another organisation to review funding opportunities which could be used for sanitary products if required.

A Member noted that period poverty was a serious issue for a small cohort of people and that the Board needed to ensure that resources were focussed where needed.

Clarification was sought regarding how the Board could refer the matter back to the Council to provide an update on the work of the Board. In response, the Board was advised that the decision of the Council and the constitution did not require the matter to be referred back to the Council, however if the Board was minded, it could agree for an information item to be presented to the Council. A Member suggested that this be considered at the next Board meeting where further information on Period Poverty based on the discussion at this meeting would be set out.

To conclude, the Chairman gave emphasis to the importance of the issue of period poverty and the need for action following proper evaluation and consideration. He commented that the issue needed to be looked at in the round and include parents, educational establishments and workplace environments.

Decision:

The Health and Wellbeing Board:

- a) noted the research undertaken by the Public Health Team on the prevalence and impact of period poverty in Medway set out within the report;

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- b) supported the actions set out in paragraph 9.1 which would be undertaken by the Public Health Team;
- c) requested a briefing note be provided within 28 days of this meeting setting out the outcome of the mapping exercise detailed above to determine schools based provision and in doing so encourage organisations to act as quickly as possible;
- d) requested a further update report be presented to the Board on 6 November 2018.

359 Work Programme

Discussion

The Democratic Services Officer introduced the work programme report and drew the Board's attention to the recommended additions to the work programme set out at paragraph 2.2 of the report which had been reflected in the work programme set out at Appendix 1 of the report.

Attention was also drawn to section 4 of the report which provided an update on the work of the Kent and Medway Joint Health and Wellbeing Board. The Board was advised that the meeting scheduled for 19 October 2018 was likely to be brought forward and that the Board would be kept apprised of any change.

Decision

The Health and Wellbeing Board agreed the work programme attached at Appendix 1 of the report.

Chairman

Date:

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