

**Medway Council**  
**Virtual Meeting of Health and Wellbeing Board**  
**Tuesday, 1 September 2020**  
**3.02pm to 6.20pm**

**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  
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  
James Williams, Director of Public Health  
Wilf Williams, Accountable Officer, Kent and Medway CCG
- Substitutes:** There were none.
- In Attendance:** Jacqui Davis, Mental Health Programme Manager, Kent and Medway CCG  
Sharon Dosanjh, Head of Mental Health Commissioning, Kent and Medway CCG  
Lee-Anne Farach, Assistant Director - Children's Social Care  
Jade Hannah, Democratic Services Officer  
Lauretta Kavanagh, STP / KMPT Mental Health Programme Director  
Dr Logan Manikam, Interim Public Health Consultant  
Martin Riley, Managing Director, Medway Community Healthcare and Joint Senior Responsible Officer for Medway and Swale ICP  
Jacqueline Shicluna, Lawyer (Adults)  
Paul Startup, Head of Corporate Parenting  
Colin Thompson, Consultant in Public Health  
Suzanne Westhead, Assistant Director - Adult Social Care  
Dr David Whiting, Consultant in Public Health

**218 Election of Chairman**

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

**219 Election of Vice-Chairman**

With reference to agenda item 13 (Referral from Full Council: Proposed Amendments to Medway's Health and Wellbeing Board Membership), the Board agreed that election of Vice-Chairman be deferred to the next Board meeting, where upon there would be full complement of Members.

**220 Apologies for absence**

An apology for absence was received from Board Member, Councillor Howard Doe.

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

**221 Record of meeting**

The record of the meeting held on 18 February 2020 was agreed and signed by the Chairman as correct.

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

There were none.

**223 Declarations of Disclosable Pecuniary Interests and Other Significant Interests**

Disclosable pecuniary interests

There were none.

Other significant interests (OSIs)

There were none.

Other interests

With reference to agenda item 11 (Developing Medway and Swale Integrated Care Partnership), Councillor David Brake advised the Board that he had attended a recent development session on the Integrated Care System in an observer capacity.

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Councillor Adrian Gulvin disclosed that he was a member of the Community Safety Partnership and Corporate Parenting Board which were referenced in agenda items 9 (Joint Health and Wellbeing Strategy Theme 4 Review) and 10 (Corporate Parenting Board Annual Report), respectively.

### 224 Section 136 Deep Dive Report

#### Discussion:

The Mental Health Programme Director introduced the report which provided details of the findings and recommendations of the Deep Dive analysis of Section 136 (S136). Quantitative data was collected in addition to qualitative data obtained by surveying professionals, and individuals detained under S136 of the Mental Health Act.

Members then raised several comments and questions, which included:

- **Professional views** – in response to a concern about comments made by professionals who had responded to the Deep Dive questionnaire, the Mental Health Programme Manager explained that the personal views expressed had changed since the Deep Dive was undertaken. The views stemmed from a lack of a shared understanding between organisations about what constituted a crisis. This was reflected in the recommendations. Going forward it was important to develop a shared understanding so that all organisations involved worked from the same definition and understood how each other experienced a S136.

In response to several questions and a concern about the length of time it had taken to implement protocols and develop a shared understanding, the Mental Health Programme Director explained that although the institutions and organisations involved had been in place for a considerable time, presenting need and understanding of best practice had changed. So had the workforce. The challenge was to keep up with these changes and develop shared views and solutions. Attention was drawn to the S136 Pathway Standards document set out at Appendix C to the report which was in place but as highlighted by the Deep Dive, was not always consistently applied. As a result, it was clarified that the findings from the Deep Dive would help to reinforce better practice.

- **Response rate** – in response to a question about how many professionals had been asked to answer the Deep Dive questionnaire, the Mental Health Programme Manager explained that the number of Police personnel engaged with the survey was not known. However, the number of participants within smaller professional cohorts was known. The importance of knowing this figure to determine the weight to attribute to the findings was recognised by the Mental Health Programme Director. Nonetheless, she considered that feedback was important.

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- **Health-Based Place of Safety (HBPoS)** – comments and concerns were expressed about the need for a HBPoS in Medway, particularly as Medway was one of the three highest areas in the County for S136 detentions.

In response, the Mental Health Programme Director confirmed that the three HBPoSs were in Kent (Canterbury, Maidstone, and Dartford) and these needed to be located adjacent to Acute Inpatient Mental Health Care services. However, she explained that several developments were taking place in Medway to address the rise in S136, including opening a Safe Haven. It was later added that the CCG's investment in Mental Health services exceeded the Mental Health Investment Standard and she referred to Appendix D to the report which set details of current mental health provision in Medway.

- **Mental Health Services in Medway** – concerns were also expressed in relation to the loss of Mental Health Services in Medway and the involvement of KMPT in this regard. Concern was also expressed in relation to the absence of KMPT at the meeting. It was noted that owing to technical difficulties, a representative of KMPT had not been able to attend.
- **Recommendation 18, private addresses as alternative places of safety** – it was clarified that this would be the individuals own home.
- **Children and young people** – in response to a question about self-harm, the Mental Health Programme Manager advised that in the event a child or young person presents at A&E, they would be admitted to a ward overnight until a full assessment was carried out. If they needed hospital care, this would be provided by NELFT at a facility located in South West Kent. The preference was, however, to have an alternative to hospitalisation. With the support of the Crisis team, children and young people would be supported to stay at home, come through the crisis and receive treatment within community mental health services.

During the Deep Dive period, a small number of children and young people were detained under S136 and all had safety and crisis plans in place. In response to a question, it was confirmed that a protocol was in place and children and young people were considered within the S136 pathway. The Mental health Programme Director recognised that there was no dedicated S136 suite for children and young people, they were accommodated in the three HBPoS. However, a dedicated suite would soon be provided adjacent to the existing acute inpatient mental health beds for children and young people in South West Kent.

- **Medway Safeguarding Children Partnership** - an invite was extended for the S136 Deep Dive to be presented to the Medway Safeguarding Children Partnership.

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- **18-25 year olds** - with reference to the 18-25 year old cohort, a comment was made that the number of detentions during the Deep Dive period was high given the small interval between the banding. In response to a query in relation to the proportion of individuals in this banding who were care experienced, the Mental Health Programme Manager explained that data collection in the past had been ad hoc. Going forward, agreement would be made about what and how data would be collected.
- **Young women** – in response to a question, the Mental Health Programme Director explained that national evidence showed more care needed to be taken regarding the mental health of young women aged 25 and under owing to the clinical complexity in which those women present.
- **Support available for frontline staff** – asked what support was available to help a first responder, the Mental Health Programme Director explained that advice for Police personnel could be obtained from the '836 line'. This was a 24/7 telephone service provided by KMPT, which if called would connect the attending officer to a Mental Health professional. Feedback about the accessibility and quality of the clinical advice provided by this service was positive. Discussions were ongoing in relation to broadening the support available to all first responders utilising recently received transformation funding. One proposal was to provide digital support through a mobile app.
- **Missing support at home** - in response to a question about missing support at home, it was explained that this would be considered when recommending treatment. Attention was drawn to Appendix D of the report which provided details of current mental health provision in Medway. It was explained by the Mental Health Programme Manager that several options were available including support provided by the Crisis Resolution Home Treatment teams or Community Mental Health teams.
- **Support for the voluntary sector** – in response to a question about support for the voluntary sector, the Head of Mental Health Commissioning gave assurances that the organisations funded by the Kent and Medway CCG would continue to receive funding and support. Attention was drawn to an upcoming kaizen event to review and improve the crisis mental health pathway for Medway and Swale.
- **Magistrates warrant for S136** – it was confirmed that a magistrate's warrant was not required.
- **Identification of partners** – the Mental Health Programme Director apologised for the inadvertent oversight and clarified that that the Medway Council logo should have been included within the S136 Pathway Standards document.

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- **Racial equality** – the Mental Health Programme Director assured the Board that the NHS was strengthening its approach to advancing equalities, especially around mental health.
- **Section 135** – in response to a question about S135, the Mental Health Programme Manager confirmed that there were fewer S135 cases.
- **Recommendations** – a comment was made that that many recommendations had been made and that a lot of work had been done. This was a positive step forward. A view was also expressed that it was important to develop a system wide organisation memory. It was believed that the recommendations provided an opportunity to tackle this.
- **Support from the Health and Wellbeing Board** – in response to a question on further action the Board could take to help improve services in Medway, the Mental Health Programme Director asked the Board to support the implementation of the recommendations of the S136 Deep Dive, note Medway specific services set out in Appendix D to the report and safeguard the needs of Medway Residents. Critical to this was working collectively to prevent ill health and promote good mental health.

### Decision:

The Health and Wellbeing Board:

- a) noted progress and supported planned work across agencies to address the recommendations of the Deep Dive report,
- b) requested a briefing note on the treatment and care for children and young people, including support available within the community, and
- c) requested attendance of a representative of KMPT at future Board meetings.

## 225 An Update on Suicide Prevention Work in Medway

### Discussion:

The Consultant in Public Health introduced the report which provided an update on the delivery of the suicide prevention programme in Kent and Medway. Kent and Medway were one of eight sustainability and transformation partnerships (STPs) across the country that were successful in receiving 'wave one' funding to develop local suicide prevention programmes. The amount of funding for Kent and Medway was £668,000 in 2018/19 and in 2019/20. In 2020/2021, the funding reduced to £356,459. The Board's attention was drawn to the data set out in section 2 of the report and it was explained that a new Suicide Prevention Strategy was being drafted for consultation over the autumn period. A further

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report setting out the national evaluation of the Suicide Prevention Programme would be presented to the Board in November.

Members then raised several comments and questions, which included:

- **Support for national recognition days/weeks** – in response to a query, the Consultant in Public Health explained that there were several initiatives to support high risk groups including the ‘Men in Sheds’ project which directly targeted local men. It was considered that further areas of work could include:
  - undertaking early prevention work for example promoting talking and sharing experiences,
  - targeting interventions towards BAME communities, and
  - engaging with sports clubs which offered an opportunity to reach men, particularly those who were middle-aged.
- **Communication** – in response to a question about signposting and communicating available support to those in need, the Consultant in Public Health highlighted two interventions, ‘Release the Pressure’ and a newer text service which individuals could access without needing to be referred. It was noted that the ‘Release the Pressure’ campaign was heavily marketed across Kent and Medway and was particularly well used by Medway residents. A Member undertook to carry out some additional research in relation to the effectiveness of communication.
- **Signposting** – in response to questions about identifying cues which might suggest an individual was vulnerable to suicide and directing individuals to appropriate support, the Consultant in Public Health explained that the Health and Adult Social Care Overview and Scrutiny Committee had requested a briefing on this which had been cancelled because of the pandemic. It was suggested that this be picked up as soon as possible.
- **Prevention** – asked what early support was available, the Consultant in Public Health explained that national campaigns such as ‘5 Ways to Wellbeing’ were supported by Public Health. In addition, Public Health delivered training programmes such as ‘Connect 5’ which helped professionals identify warning signs. The Director of Public Health added that a range of tools were available on the Council’s ‘A Better Medway’ website.
- **Training and awareness** – in response to a series of questions in relation to support for professionals and linkages with primary care and A&E, it was explained that after each fatality an inquest and root cause analysis would be undertaken. Lessons learned would then be shared among relevant organisations. It was considered that as the Integrated Care System developed, it was important to ensure organisations within the system collaborated and learned from each other. It was noted that the Council also operated a workplace award system which included a module on mental wellness.

- **Future reports** – The Director of Public Health clarified that this report presented an update on the current investment into suicide prevention and progress of existing programmes. He suggested that a report on how the Board could support the community could be presented at a future date. It was suggested that the report in November include information on how knowledge of the issues could be embedded within all organisations represented on the Board. It was suggested that it might also be helpful to highlight that the information contained within the report may affect readers and therefore, the covering page could also include prominent information on how to access support.

**Decision:**

The Health and Wellbeing Board noted the contents of the report together with the comments made as set out within the minute.

**226 Joint Health and Wellbeing Strategy Theme 4 Review**

**Discussion:**

The Health and Wellbeing Board considered a report which focused on the fourth theme of the Joint Health and Wellbeing Strategy (JHWS), 'Improving mental and physical health and well-being'. Board Members were asked to consider how they and the organisations that they represent could encourage the system to improve health and wellbeing with respect to the future state described for this theme, as set out as set out at Appendix A to the report.

Members then raised several comments and questions, which included:

- **Impact of alcohol on health and wellbeing** – a general comment was made that it was very difficult as a Local Authority to manage alcohol excesses through the licensing regime. It was noted that the Public Health team was proactive in supporting the Planning Department by commenting on Planning Applications.
- **Accessibility of high streets** – in response to a query about providing support and guidance to local businesses to help them become more accessible, the Consultant in Public Health explained that local businesses could be encouraged to achieve dementia friendly accreditation. A Member undertook to encourage businesses within his ward to do this. The Chairman added that Rochester Cathedral had held a dementia friendly event day and were working to ensure the venue was dementia friendly. The Member also undertook to discuss this further with the Dean in a forthcoming meeting.
- **Kent and Medway Air Quality Partnership** – in response to a question on the effectiveness of the Kent and Medway Air Quality Partnership, the Director of Public Health explained that Medway Council together with Kent County Council and its district councils were working on a climate



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change and energy strategy. This included working with local transport providers to improve the quality of their vehicles and reduce emissions. The Director undertook to share the strategy with the Board.

### Decision:

The Health and Wellbeing Board noted comments made by Board Members in relation to how they and the organisations they represent could encourage the system to make changes that will improve health and wellbeing with respect to theme 4 of the Joint Health and Wellbeing Strategy.

## 227 Corporate Parenting Board Annual Report

### Discussion:

The Head of Corporate Parenting introduced the report which provided an update on the role and challenge function of Medway's Corporate Parenting Board (CPB). He highlighted several key focus areas of the CPB and its achievements over the last 12 months.

Members then raised several comments and questions, which included:

- **Meetings in public** – the Head of Corporate Parenting confirmed that the CPB did not meet in public.
- **Participation of children and young people** – in response to questions about the involvement of children and young people in the CPB, the Head of Corporate Parenting stated that he was mindful of ensuring that the voice of young people was heard. He confirmed that he had met with the Young Lives Foundation to look at how young people could be involved with the CPB and that a forthcoming Board would be hosted by young people.
- **Placements outside of Medway** – the Head of Corporate Parenting explained that owing to placements being made by the Independent Fostering Agencies and due to carers together with the young people relocating, some placements were out of area.

More broadly, he explained that nationally it was challenging to recruit foster carers and as a result, the current Medway offer was being reviewed to make it more attractive. However, he also confirmed that there had been an increase in the number of foster carers making enquiries in Medway and during the pandemic, unlike the picture nationally, Medway did not suffer a shortage of emergency carers.

- **Support of partners and collaborative working** – the Director of People – Children and Adults Services emphasised the importance of the role of elected Members as corporate parents and also the role of the Council's partners, particularly those represented on the Health and Wellbeing Board, to support the Council in this regard.

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- **Mental Health** – The Director highlighted ongoing concerns which were also recognised by the Commissioner in relation to meeting the mental health needs of Medway’s Looked After Children (LAC). He explained that one area for development in the context of the Children and Young People Plan was to embed providers like NELFT within the Council’s Children in Care Services.

### Decision:

The Health and Wellbeing Board noted the annual report and commented as set out within the minute on the effectiveness of the Corporate Parenting Board.

## 228 Developing Medway and Swale Integrated Care Partnership

### Discussion:

Martin Riley, Managing Director MCH CIC and Joint Senior Responsible Officer (SRO) for the Medway and Swale Integrated Care Partnership (ICP) introduced the report which provided a progress update on the development of the Medway and Swale ICP. He drew the Board’s attention to the two appendices of the report which outlined restart and recovery activity linked to COVID-19 and the priority areas for the ICP over the coming months.

Members then raised several comments and questions, which included:

- **COVID-19** – in response to a concern expressed in relation to continuing to develop the Medway and Swale ICP despite issues related to the pandemic, the SRO explained that the focus was on how the organisations making up the ICP worked together and were organised. The last six months had demonstrated that by working together more could be achieved. This sentiment was echoed by the Accountable Officer for the Kent and Medway CCG.

Concerning lessons learnt from the pandemic, the SRO explained that the Medway and Swale ICP Clinical Advisory Board was developing a Clinical Strategy which would address this and priority areas within the relevant Joint Strategic Needs Assessments.

- **Use of IT** – in response to a question about progressing the use of IT, the SRO recognised that some patients would continue face-to-face interactions, however as demonstrated during the pandemic many preferred video consultations. It was noted that video triaging at GP practices had accelerated some of the care provided. However, it was recognised that digital solutions needed to be accessible and the Board was reassured that face-to-face services for those needing it would not be withdrawn.

Building on experience over the previous months, the Accountable Officer for the Kent and Medway CCG confirmed that the CGG had been

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successful in receiving further support to enhance use of technology in care homes. This would include developing the digital literacy of staff working in these settings. A new Director for Digital Transformation at the CCG would also shortly be appointed to lead this agenda.

- **On the ground experience** – a concern was expressed about the disparity between the aims of the Integrated Care System and the loss of some services in Medway including Stroke and Mental Health Services in addition to local GP services in Rainham which had been relocated from the Healthy Living Centre. In response, the SRO explained that the Medway and Swale ICP was mainly constituted of provider organisations which had historically worked closely together. Developing an ICP would formalise the governance for this and together with the Primary Care Networks would focus on delivery of coordinated care across the area.

The Accountable Officer for the Kent and Medway CCG assured the Board that the CCG was committed to retaining local resources and aligning commissioners and other staff with the Medway and Swale ICP. He also highlighted that Medway Council and Kent County Council were partners in the Medway and Swale ICP and that integration across health and social care was vital.

- **Stroke Services** – The Accountable Officer updated the Board on recent developments in relation to the Judicial Review on changes to Stroke Services in Kent and Medway.

### **Decision:**

The Health and Wellbeing noted the report.

## **229 Referral from the Kent and Medway Joint Health and Wellbeing Board: COVID-19 Local Outbreak Control Plan Briefing**

### **Discussion:**

The Director of Public Health introduced the report which provided an overview of the response and recovery strategy to protect Kent and Medway's populations from COVID-19 impacts through the Local Outbreak Control Plan (LOCP). He explained that whilst the Plan covered a Kent and Medway footprint, any response in Medway would be initiated through Medway's own command and control systems.

Further to the report, he confirmed that Regional Testing Sites were now in place at both Ashford and Manston with Mobile Testing Sites operating across Kent and Medway. Additional capability in Medway would be provided through Local Testing Sites.

Given the timing of the meeting coinciding with the return of children to schools, he assured the Board that extensive engagement had been undertaken with school leaders to ensure that schools were well prepared to manage COVID-19

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risks. The Director of People – Children and Adults Services added that it was important that as many Children as possible now return to school for the benefit of their future health and wellbeing. It was noted that in the coming weeks stress testing would be carried out with the local Universities and Further Education establishments.

Members then raised several comments and questions, which included:

- **Care homes** – it was noted that with respect to the Care Home Sector, there was a much-strengthened position through the Plan to prevent and respond to COVID-19 outbreaks.
- **Test, Track, and Trace** – in response to questions concerning test, track and trace, the Director Public Health explained that the national system was well established. At a local level, this work was led by the Kent Health Protection team and the rate of individuals not being able to be contacted was very low. He added that as the Director of Public Health (DPH), he received daily data on individual cases and whether they had been followed up and the system locally worked well. Nevertheless, DPHs across the South East had written to the Secretary of State to request that they be provided with an ability to interface more quickly with the test, track, and trace system.
- **Local Testing Site** – it was suggested that the Dockyard could be used as a testing site. The Director of Public Health explained that further information on Local Testing Sites would be shared in due course.
- **Face coverings** – in response to a concern expressed about the incorrect use of face coverings and comments suggesting further communication may be needed, the Director of Public Health reiterated how to correctly wear a face covering and he explained that the Council's Environmental Protection team were undertaking a number of audits to identify areas and businesses that might need further support. Officers added that insight was gained from national and regional behavioural campaigns and was reflected regularly in the LOCP updates.

A suggestion was made that the Sunflower Lanyard be promoted to help identify individuals with hidden disabilities who may not be able to wear a face covering.

- **Advice and support for local businesses** – the Director of Public Health explained that local advice and guidance for businesses may be found on the Council's website and through the Workplace team. Where it exists, businesses were signposted to national regulations, though local interpretation of requirements was provided. It was added that if Members found that information was not readily available, they could contact the Public Health team.

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- **Collaborative working** – A request was made to place on record thanks to the Directors of Public Health at Kent and Medway.

### **Decision:**

The Health and Wellbeing Board:

- a) noted the comments of the Kent and Medway Joint Health and Wellbeing Board set out at section 4 of the report;
- b) agreed that the Kent and Medway Joint Health and Wellbeing Board fulfils the role of the Local Outbreak Engagement Board (LOEB) (i.e. to provide political ownership and public-facing engagement and communication for outbreak response); and
- c) agreed to formally delegate the function of the LOEB to the Joint Board and agree the terms of reference of the LOEB to be fulfilled by the Joint Board.

### **230 Referral from Full Council: Proposed Amendments to Medway's Health and Wellbeing Board Membership**

#### **Discussion:**

The Democratic Services Officer explained that on 16 July 2020, Full Council agreed a series of changes to the membership of the Board in response to changes previously agreed by the Council to the Council's Corporate Management Team structure and to recent changes in the health landscape across Kent and Medway. Details of the proposals and the decisions made at Full Council were set out in sections 3 and 4 of the report.

In accordance with Health and Social Care Act 2012, the Council may only make certain appointments after consultation with the Board itself. The Board was therefore asked to consider and agree these appointments. The Board was also asked to agree an additional appointment recommended by Members at the agenda planning meeting on 30 July 2020.

#### **Decision:**

The Chairman thanked the previous representatives of Medway Clinical Commissioning Group for their contribution to the work of the Board and the Health and Wellbeing Board:

- a) agreed to the inclusion of following positions to the Health and Wellbeing Board:
  - Assistant Director Children's Social Services (under the provision allowing the appointment of such other persons (or representatives of such other persons),

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- Medway and Swale Integrated Care Partnership, Senior Responsible Officer – one representative (under the provision allowing the appointment of such other persons (or representatives of such other persons) as the local authority thinks appropriate) plus one named substitute, and
  - Primary Care Network, Medway and Swale – one representative (under the provision allowing the appointment of such other persons (or representatives of such other persons) as the local authority thinks appropriate) plus one named substitute.
- b) agreed to appoint the Assistant Director, Adults' Social Care (under the provision allowing the Board to appoint such additional persons to be members of the Board as it thinks appropriate).
- c) agreed that the Monitoring Officer should make the necessary changes to Chapter 3 to the Constitution to incorporate the further change to membership.

### 231 Work Programme

#### Discussion:

The Democratic Services Officer introduced the work programme report and explained that the work programme had been revised considering the two previously cancelled Board meetings to ensure that business was distributed across the remainder of the year. Some briefing notes were proposed, details of which were set out at paragraph 2.5 of the report. Where appropriate some had already been circulated to the Board to prevent delay in providing Board Members with timely information.

#### Decision:

The Health and Wellbeing Board:

- a) agreed the work programme attached at Appendix 1 to the report.
- b) agreed to receive the following reports as briefing notes and noted that to prevent delay, some have already been circulated:
- 2019/20 Better Care Fund Update 2019/2020 (circulated on 27 May 2020)
  - Report on engaging schools with respect to children missing education
  - Update on criminal justice and armed forces in Medway (Part 1 circulated on 27 May 2020)
  - Update on Mental Health Activity in Medway (circulated on 20 August 2020).

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**Chairman**

**Date:**

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