

**Medway Council**  
**Virtual Meeting of Kent and Medway Joint Health and Wellbeing Board**

**Thursday, 17 September 2020**

**2.10pm to 3.55pm**

**Record of the meeting**

**Subject to approval as an accurate record at the next meeting of this committee**

**Present:**

Mrs Clair Bell (Vice-Chairman), Cabinet Member for Adult Social Care and Public Health, Kent County Council  
Councillor David Brake (Chairman), Portfolio Holder for Adults' Services, Medway Council  
Mrs Sue Chandler, Cabinet Member for Integrated Children's Services, Kent County Council  
Councillor Howard Doe, Deputy Leader and Portfolio Holder for Housing and Community Services, Medway Council  
Councillor Martin Potter, Portfolio Holder for Education and Schools, Medway Council  
Andrew Scott-Clark, Director of Public Health, Kent County Council  
Richard Smith, Interim Corporate Director, Adult Social Care and Health, Kent County Council  
Ian Sutherland, Director of People - Children and Adult Services, Medway Council  
James Williams, Director of Public Health, Medway Council  
Penny Graham, Local Healthwatch representative, Kent  
Dr Navin Kumta, Clinical Chair, NHS Kent and Medway CCG

**Substitutes:**

Dr Amanjit Jhund (Substitute for Miles Scott)  
Mark Walker (Substitute for Matt Dunkley, CBE)

**In Attendance:**

Karen Cook, Policy and Relationships Adviser (Health), Kent County Council  
Dave Harris, Senior Commissioner & SRO of Kara Project, Kent County Council  
Dr Logan Manikam, Interim Public Health Consultant, Medway Council  
Mark Needham, Director of Contracting, NHS Kent and Medway CCG  
Su Ormes, Head of Adult Partnership Commissioning and the Better Care Fund, Medway Council  
Dr Ash Peshan, Kent GP  
Teri Reynolds, Democratic Services Officer, Medway Council  
Jacqueline Shicluna, Lawyer (Adults), Medway Council

**262 Apologies for absence**

Apologies for absence were received from Dr John Allingham (Kent Local Medical Committee), Louise Ashley (Dartford, Gravesham and Swanley ICP Senior Responsible Officer), Mr Paul Carter CBE (Kent County Council), Matt Dunkley CBE (Corporate Director, Children, Young People and Education, Kent County Council), Mr Roger Gough (Leader, Kent County Council), Councillor Mrs Jenny Hollingsbee (District Council representative), Councillor Alan Jarrett (Leader, Medway Council), Eunice Lyons-Backhouse (Local Healthwatch representative, Medway), Martin Riley (Medway and Swale ICP Senior Responsible Officer), Matthew Scott (Kent Police and Crime Commissioner), Miles Scott (West Kent ICP SRO, Chief Executive), Caroline Selkirk (Executive Director for Health Improvement), Suzanne Westhead (Assistant Director, Adult Social Care) and Wilf Williams (Accountable Officer of Kent and Medway Clinical Commissioning Group).

**263 Record of Meeting**

The record of the meeting held on 28 July 2020 was agreed and signed by the Chairman as correct.

**264 Declaration of Disclosable Pecuniary Interests and other interests**

Disclosable Pecuniary Interests

There were none.

Other Significant Interests

There were none.

Other interests

There were none.

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

There were none.

**266 COVID-19 Local Outbreak Control Plan Briefing**

**Discussion:**

The Director of Public Health, Medway introduced the report which provided the Joint Board with an update on the Local Outbreak Control Plan (LOCP) and detailed the proposed public engagement strategy for the Joint Board fulfilling the role of the Local Outbreak Engagement Board (LOEB). He explained that the LOCP was the tool to manage outbreaks of Covid-19 and stress tests had been carried out across the Kent and Medway boundary. It was also confirmed that since the report had been published, the Kent Health and Wellbeing Board

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had met that morning and had agreed that the Joint Board should fulfil the role of the LOEB. As also agreed by Medway Health and Wellbeing Board at their meeting on 1 September 2020.

Members of the Joint Board then raised a number of questions and comments, which included:

- **Advice for school children with common colds** – the point was raised that as winter approaches, children would be susceptible to catching coughs and colds. It was therefore asked what communication was being provided to schools and parents to support them in differentiating between the symptoms of general coughs and colds and Covid-19, to help alleviate pressure on Covid testing and to prevent children missing more education than necessary. In response, the Director of Public Health, Medway explained that the communication cell was working hard with the response cell to create social messages and effective networks between the local authority and education leaders to help support schools. He also referred to a national helpline that was due to be launched imminently, which would be specifically for schools to manage such queries and would empower parents and schools to make appropriate decisions. This response was echoed by the Director of Public Health, Kent who explained that public health services were ensuring that communication was consistent.
- **Visiting arrangements in care homes** – in response to a question about mobility of staff and visitors in care homes, both Directors of Public Health explained that there was a balancing act between ensuring the safety and welfare of care home residents and staff and their emotional and mental wellbeing, acknowledging how important the ability to see loved ones was for people. However, risk was monitored closely in these settings and where necessary visiting and or new admissions would be restricted.
- **Work with universities** – A question was asked about how universities were being supported to help protect both students and the residents of the communities in which university campuses are situated, given that students would be arriving at the campuses from all over the country and beyond in the coming days and weeks. The Director of Public Health, Kent responded by explaining that one of the stress test exercises had involved four universities within Kent and Medway. The universities had each developed their own outbreak plans and were being supported to ensure local testing arrangements were in place, with testing sites being situated near most campuses. He also referred to the enhanced guidance for universities which had been provided by the Department for Education and added that work was also being undertaken with district local authorities to ensure licensed venues, popular with students, were sticking to social distance requirements.
- **Admittances to care homes** – when asked if there was a guarantee that no one would be admitted to a care home with covid-19, the Director of

Public Health, Medway explained that there were robust protocols in place to ensure that anyone discharged from hospital should be tested for covid-19 and an appropriate action plan put in place depending on the outcome of that test and recent data showed that this was working effectively.

- **Communication confusion** – in response to a question about how the potential confusion of various public communication strands could be resolved, the Directors of Public Health both acknowledged this as a challenge. They added that the media cell worked on this strand with the Local Resilience Forum, to ensure clear and consistent messages were given to the communities of Kent and Medway.

**Decision:**

The Kent and Medway Joint Health and Wellbeing Board agreed the Local Outbreak Engagement Board public engagement strategy, as outlined in section 2.4 of the report.

**267 Proposal to Develop a Strategic Plan to Mitigate the Impact of COVID-19 on Health Inequalities**

**Discussion:**

The Policy and Relationships Advisor (Health), Kent County Council introduced the report which suggested the development of a joint plan, setting out how partners could work together to improve health outcomes and reduce health inequalities. It was also suggested that as part of this work, the Joint Board hold a development session to explore the emerging impact of Covid-19 on the health and wellbeing of its communities in greater depth. The Executive Director of Strategy and Population Health, Kent and Medway CCG, would be the senior responsible officer (SRO) for this work.

Members of the Joint Board then raised a number of questions and comments, which included:

- **Capacity** – In response to a question about the capacity available for this work to be undertaken, the SRO explained that her role and the team, which consisted of 14 staff, was a new function for the CCG and would be a positive resource to contribute to this work.
- **Focus** – the point was made that the work would need to focus on what key issues could be actioned collectively and delivered successfully, which was acknowledged by the SRO.
- **Involvement of Healthwatch** – officers welcomed involvement by Healthwatch and would explore this further with Healthwatch representatives.

- **Importance of addressing inequalities** – Board Members recognised the importance of addressing health inequalities and how this had been impacted further by the Covid-19 pandemic. The importance of evaluating resource across organisations was also raised to reduce duplication and ensure the most efficient and effective services were provided for the public.

**Decision:**

The Joint Board agreed:

- a) To the development of a joint plan setting out how the system could work together to improve health outcomes and reduce health inequalities which will be presented to the Joint Board at a future date for consideration.
- b) To hold a development session in private at a future date after the Joint Board meeting in December to be informed about the emerging impact of Covid-19, understand the wider health inequalities found in Kent and Medway and recommend the priority areas for focus.
- c) That this work will be led by the Executive Director of Strategy and Population Health for Kent and Medway CCG and that the plan's development will be guided and informed by the Directors of Public Health.

**268 Digitisation and Technology in Care Homes and the Wider Care Sector**

**Discussion:**

The Clinical Designer, Design and Learning Centre for Clinical and Social Innovation provided the Joint Board with a presentation which gave information on three digital programmes; digital care homes; telecare / telemedicine network and the Kent, Alcove and RETHINK Alliance (Kara) which supported vulnerable residents. The Joint Board also heard from a Kent GP, about his own experience in relation to working within the confines of the covid pandemic and using digital technology to communicate with his patients while having to self isolate. He shared with Joint Board Members how the use of video consulting had enabled him to continue to provide care and support to his patients and he envisaged the future to be a mix of virtual consulting as well as face to face practice, which could not be replaced but would provide more choice, with the type of consulting being largely patient led.

Members of the Joint Board then raised a number of questions and comments, which included:

- **Blend of methods** – Board Members acknowledged a need of keeping face-to-face consulting, as well as the use of digital technology in the

future when it was appropriate to do so. The Director of Contracting, Kent and Medway CCG also confirmed that they would be evaluating the role of digital pathways along side face to face care and would be supporting clinicians on methods going forward, with a continued intent to offer personalised care.

- **Productivity** – It was acknowledged that some use of digital technology and remote consulting could be an effective way of increasing productivity of clinical time, which was always a challenge in the health sector.
- **Investment into supporting care homes** – in response to a question about how resources and investment would be distributed, the Director of Contracting explained that the investment had primarily been for training. The Multi-Agency Programme Board was working with the Care Home Cell to oversee an expression of interest process. It would be ensured that the right homes would be identified and was a clinically led process. Larger Care Home were being asked to contribute to the cost of the scheme if they have the resources to do so.

**Decision:**

The Joint Board:

- a) Noted the work in progress that had occurred during the Covid-19 pandemic to make health and care services safer for vulnerable groups of citizens in care homes and the wider health and care sector as described in the report.
- b) Noted and supported the program of dissemination of digitisation and use of technology in care homes and the wider care sector which could also reduce isolation and loneliness as described in the report.
- c) Noted the research and evaluation of this program, as described in the report.
- d) Noted the technology linked to the Kara project which had the capabilities to support care homes to become digitally enabled and had the ability to be flexibly deployed at pace.

**269 Work Programme**

**Discussion:**

The Democratic Services Officer introduced the report which advised the Joint Board of its work programme and recommended additions for its consideration.

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### **Decision:**

The Joint Board agreed the work programme, as set out at Appendix 1 to the report, subject to including the following reports:

- Digital inclusion;
- Kent and Medway Adolescent Self-harm Strategy;
- Multi-agency approach to tackling health inequalities.

**Chairman**

**Date:**

**Teri Reynolds, Democratic Services Officer**

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