

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

Tuesday, 8 December 2020

2.00pm to 3.42pm

Record of the meeting

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

Present:

Mrs Clair Bell, Cabinet Member for Adult Social Care and Public Health, Kent County Council (Vice-Chairman)
Councillor David Brake, Portfolio Holder for Adults' Services, Medway Council (Chairman)
Dr Bob Bowes, Governing Body Member, NHS Kent and Medway CCG
Jackie Brown, Assistant Director Adults' Social Care, Medway Council
Sir Paul Carter, CBE, Kent County 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 Angela Harrison, Cabinet Member for Health and Wellbeing, Swale Borough Council
Mr Roger Gough, Leader, Kent County Council
Penny Graham, Heathwatch Kent
Pat Gulvin, Medway Heathwatch
Councillor Mrs Jenny Hollingsbee, Deputy Leader and Cabinet Member for Communities, Folkestone and Hythe District Council
Rachel Jones, Executive Director of Strategy and Population Health, NHS Kent and Medway CCG
Councillor Martin Potter, Portfolio Holder for Education and Schools, Medway Council
Councillor John Rivers, Kent Association of Local Councils
Richard Smith, Interim Corporate Director Adult Social Care and Health, Kent County Council
Dr Robert Stewart, Clinical Designer, Design and Learning Centre for Clinical and Social Innovation
Ian Sutherland, Director of People - Children and Adults Services, Medway Council
James Williams, Director of Public Health

Substitutes:

Dr Amanjit Jhund, Programme Director for West Kent ICP (Substitute for Miles Scott)
Jessica Mookherjee, Public Health Consultant, Kent County Council (Substitute for Andrew Scott-Clark)
Dr Caroline Rickard, Kent Local Medical Committee (Substitute

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for Dr John Allingham)
Caroline Selkirk, Executive Director of Health Improvement,
NHS Kent and Medway CCG (Substitute for Wilf Williams)
Mark Walker, Interim Director for Special Educational Needs and
Disabilities, Kent County Council (Substitute for Matt Dunkley,
CBE)

In Attendance: Karen Cook, Policy and Relationships Adviser (Health), Kent
County Council
Jade Hannah, Democratic Services Officer, Medway Council
Meredith Leston, Research Associate, Medway Council
Jacqueline Shicluna, Lawyer (Adults), Medway Council

518 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 (SRO) Representative), Matt Dunkley CBE (Corporate Director, Children, Young People and Education, Kent County Council), Councillor Alan Jarrett (Leader, Medway Council), Navin Kumta (Clinical Chair, NHS Kent and Medway CCG), Andrew Scott-Clark (Director of Public Health, Kent County Council), Matthew Scott (Kent Police and Crime Commissioner), Miles Scott (West Kent ICP SRO Representative) and Wilf Williams (Accountable Officer, NHS Kent and Medway CCG).

519 Chairman's Announcements

On behalf of the Joint Board, the Chairman welcomed Jackie Brown and Pat Gulvin to the meeting. Jackie had recently taken up the role of Assistant Director, Adults' Social Care at Medway Council and Pat Gulvin had been nominated to represent Medway Healthwatch.

He thanked their predecessors Suzanne Westhead and Eunice Lyons-Backhouse respectively for their work, support and advice to the Joint Board.

520 Record of Meeting

Following further discussion and clarification which took place after agenda item 6 (COVID-19 Local Outbreak Control Plan) the record of the meeting of the Joint Board held on 17 September 2020 was agreed and signed by the Chairman as correct, subject to marking the following members as present:

- Dr Bob Bowes, Governing Body Member, NHS Kent and Medway CCG
- Councillor Angela Harrison, Cabinet Member for Health and Wellbeing, Swale Borough Council
- Councillor John Rivers, Kent Association of Local Councils
- Dr Robert Stewart, Clinical Designer, Design and Learning Centre for Clinical and Social Innovation.

521 Declaration of Disclosable Pecuniary Interests and other interests

There were none.

522 Urgent matters by reason of special circumstances

There were none.

523 Case for Change: Children and Young People Strategic Framework

Discussion:

The Executive Director of Strategy and Population Health, Kent and Medway CCG, introduced the report which provided details of the strategic 'system wide' framework for children and young people. This was the first step in developing a Kent and Medway Children and Young People Strategy. The framework included 12 priority areas which were set out at paragraph 4.3 of the report.

The Executive Director of Strategy and Population Health drew the Joint Board's attention to areas which had come to the fore because of the COVID-19 pandemic and where work continued to progress. She recognised that owing to the efforts to respond to the pandemic, some priority areas had not been progressed, however the Joint Board was assured that these areas would be picked up as soon as the system was able to. It was recognised that there was a need to reflect on the impact of COVID-19.

Generally, it was considered that the framework would facilitate joined up working between the Kent and Medway CCG and both Local Authorities to improve the life chances of children in Kent and Medway. Members raised several points and questions including:

- **'Ensuring a disproportionate response in the areas where outcomes for children and young people are the worst'** – amending an earlier iteration of the framework which had focussed on Thanet specifically but now had been broadened to incorporate this priority area was welcomed. It was acknowledged that this might not remain constant and aided a reactive approach.
- **Impact of the COVID-19 pandemic** – recognising that the pandemic had had a significant impact on some areas of children's lives, it was anticipated that the priorities might be reviewed or, at least, the order in which they would be progressed reviewed.

Indeed, a view was expressed that whilst the three overarching aims set out at paragraph 4.2 of the report were supported, it was considered that the priorities did not fully reflect the importance of child mental health and wellbeing which had, in many ways, worsened as a result of the pandemic. With reference to the final bullet of paragraph 6.1 of the report, the importance of improving child mental health was reiterated and further supported by Members. It was suggested that a report on

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mental ill-health prevention be presented to the Joint Board at a future date.

- **‘Improving Services for looked after children (LAC)’** – reflecting on the challenges identified in the case for change, particularly the statistic that ‘around 10% of children and young people have a mental health issue and is a concern for LAC’, a concern was expressed that this underplayed the complexity of mental health difficulties that the cohort of children who were looked after had. It was noted that LAC were overrepresented in terms of usage of tier 4 mental health services, secure care, and youth justice provision. Given the recent regional initiatives to ensure LAC placed outside of their local area had good access to Child and Adolescent Mental Health Services (CAMHS), it was considered that this should also be given greater prominence.
- **Additional focus on parenting to reduce adverse childhood events** – asked whether there were opportunities across health and social care to support parents, the Director of Public Health explained that this framework put the child at the centre, however there was a focus on the wider determinants of health and therefore there was a concentration of effort on the family unit and wider system to work together to improve outcomes. Referencing the multi-agency approach to tackling health inequalities, which the Joint Board was due to consider in due course, it was added that the resultant work would further support for parents.
- **Reducing childhood obesity** – A focus on reducing childhood obesity was welcomed, particularly in the context of improving mental health and wellbeing and the ongoing impact obesity could have in adult years. It was suggested that individuals and parents should be supported to access the ‘toolkit’ of existing available resources to help in this regard.

In her closing remarks, the Executive Director of Strategy and Population Health explained that mental health, wellbeing, and safeguarding were themes embedded within all 12 priority areas. However, she recognised the importance of reflecting on the impact of COVID-19 and bringing these through more strongly in the framework. She added that the intended focus going forward was on designing interventions which could be undertaken now for each theme which would involve all relevant stakeholders including, for example, education providers, the voluntary sector and service users themselves.

Decision:

The Kent and Medway Joint Health and Wellbeing Board supported the Children’s and Young People’s Strategic Framework.

524 COVID-19 Local Outbreak Control Plan

Discussion:

The Director of Public Health, Medway Council, introduced this report which provided an update on action undertaken to mitigate rising cases of COVID-19 across both Kent and Medway as it related to the Local Outbreak Control Plan (LOCP). He drew the Joint Board's attention to recent stress testing, the 'winterification' programme and the targeted work which continued to be undertaken to support more vulnerable populations in Kent and Medway. He also gave a detailed presentation.

This presentation provided the most up to date data in relation to COVID-19 outbreaks in Kent and Medway and set out an analysis of trends and details of subsequent interventions within the following settings: Care Homes, Schools Colleges and Universities, Workplaces and Hospitals. The presentation also summarised the LOCP related questions received from members of the public fulfilling the engagement strategy of the Local Outbreak Engagement Board (set out in detail at Appendix 1 to the report). Finally, the presentation provided information about the launch of Asymptomatic Lateral Flow Device (LFD) Testing in Medway, the EU Exit Stress Test, preparation for vaccination and opportunities for the Joint Board to provide its support.

Members raised several points and questions including:

- **Asymptomatic LFD Testing in Medway** – asked why a second test would be undertaken following a negative test result, it was explained that this was protocol and was important to create a 'teachable moment' to effect behavioural change. It was considered that repeat testing encouraged individuals to continue to follow the precautions, Hands, Face, Space. A view was expressed that it was important to establish Asymptomatic LFD Testing in Kent County Council (KCC) area. The importance of testing in the KCC area was echoed having considered the experience in Swale in relation to COVID-19 infection rates.
- **Increase trend in COVID-19 prevalence** – in response to a request for further information in relation to the increasing prevalence of COVID-19 in Kent and Medway around October-November, it was suggested that this coincided with the government announcement about the second national lockdown. It was explained that across many of the then lower tiered regions there was a behavioural shift which influenced the rate of infection. This included changes to, for example, travel patterns and working arrangements which aided community transmission. More detailed analysis was being undertaken.
- **Education settings** – a view was expressed that there was an excellent relationship between the Local Authority and Schools in Medway and it was explained that headteachers felt supported. With respect to school closures, it was appreciated that some schools had closed owing to

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difficulties around staff resourcing, nevertheless, decisions around school closures were complex and needed to consider relevant data.

- **Roving and mobile vaccination plan** – asked about the vaccination plan within care homes, it was explained that hospital hubs would be established in the first instance. The initial hub was located at the William Harvey Hospital in Ashford. A roving model would aim to target more vulnerable communities such as care home residents and they would operate from these hospital hubs. This programme would be delivered by Kent Community Health NHS Foundation Trust. Reference was also made to utilising existing Primary Care Networks (PCNs) to administer vaccinations locally.
- **Communication** – acknowledging that local Councillors were community leaders and a key provider of information to residents, in response to a question about ensuring all Councillors were apprised on developments such as testing it was explained that within Medway, specific populations were being targeted in the first instance. Direct text messages, leafletting and emails had worked well here. As testing scaled up, which was imminently anticipated, further communications would follow.

It was commented that in Swale, the Council Leader provided all its Councillors with a regular briefing (weekly or daily as required) on the current position so that they could in turn inform the community.

The Director of Public Health encouraged Joint Board Members to reinforce the importance of following current government guidance to reduce the spread of COVID-19 including Hands, Face, Space when engaging with the community.

Decision:

The Kent and Medway Joint Health and Wellbeing Board:

- a) Agreed to request that the Directors of Public Health for Kent County Council and Medway Council convey the Joint Board's thanks to those involved in the local response to the COVID-19 pandemic, in particular the military who had just joined the response.
- b) Noted this update report and the questions submitted by members of the public on the Local Outbreak Control Plan together with the responses provided by stakeholders from both Kent and Medway Council (Appendix 1).
- c) Agreed that the questions submitted by members of the public on the Local Outbreak Control Plan together with the responses set out at Appendix 1 to the report are published on each Council's website in accordance with the agreed engagement strategy.

525 Work Programme

Discussion:

The Democratic Services Officer advised the Joint Board that an agenda setting meeting took place on 4 November 2020. No amendments to the work programme were recommended at that stage.

Decision:

The Kent and Medway Joint Health and Wellbeing Board agreed the work programme set out at Appendix 1 to the report.

Chairman

Date:

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