

**Medway Council**  
**Meeting of Health and Wellbeing Board**  
**Tuesday, 16 February 2021**  
**3.01pm to 7.00pm**

**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)  
Jackie Brown, Assistant Director Adults' Social Care  
Councillor Howard Doe, Deputy Leader and Portfolio Holder for Housing and Community Services (Vice-Chairman)  
Councillor Gary Etheridge  
Dr Lee-Anne Farach, Assistant Director - Children's Social Care  
Councillor Adrian Gulvin, Portfolio Holder for Resources  
Pat Gulvin, Healthwatch Medway  
Councillor Vince Maple, Leader of the Labour and Co-operative Group  
Councillor Martin Potter, Portfolio Holder for Education and Schools  
Martin Riley, Managing Director Medway Community Healthcare (MCH), Senior Responsible Officer, Medway and Swale Integrated Care Partnership Representative  
Ian Sutherland, Director of People - Children and Adults Services  
Councillor Stuart Tranter  
James Williams, Director of Public Health  
Wilf Williams, Accountable Officer, NHS Kent and Medway Clinical Commissioning Group Representative

**In Attendance:**

Glynis Alexander, Executive Director of Communications and Engagement, Medway NHS Foundation Trust  
Vincent Badu, Deputy Chief Executive, Director of Partnerships and Strategy, Kent and Medway NHS & Social Care Partnership Trust (KMPT)  
Emma Block, Senior Commissioning Officer  
Jade Hannah, Democratic Services Officer  
Dr Logan Manikam, Interim Public Health Consultant  
Andrew Rabey, Interim Chair, Kent and Medway Safeguarding Adults Board  
Jacqueline Shicluna, Lawyer (Adults)  
Suzanne Westhead, (Former) Interim Chair, Kent and Medway Safeguarding Adults Board  
Dr David Whiting, Consultant in Public Health

**728 Apologies for absence**

An apology for absence was received from Board Member Dr Farnaaz Sharief, MBE (Primary Care Network, Medway and Swale Representative).

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 (Kent Local Medical Committee).

**729 Chairman's Announcements**

On behalf of the Board, the Chairman welcomed Jackie Brown and Pat Gulvin to the meeting. Mrs Brown had recently taken up the role of Assistant Director, Adults' Social Care at Medway Council and Mrs Gulvin had been nominated to represent Medway Healthwatch. He advised the Board that Mrs Gulvin was formerly a Medway Councillor and she and Councillor Gulvin were married.

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

**730 Record of meeting**

The record of the meeting held on 3 November 2020 was agreed and signed by the Chairman as correct.

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

There were none.

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

Disclosable pecuniary interests

There were none.

Other significant interests (OSIs)

There were none.

Other interests

Councillor Adrian Gulvin declared an interest in agenda item 7 (Community Safety Partnership Plan 2020-2024, Refreshed Action Plan 2021-2022) as he was the Chairman of the Community Safety Partnership.

**733 Medway Safeguarding Children Partnership (MSCP) Annual Report 2019-20**

**Discussion:**

The Board considered the annual report of the Medway Safeguarding Children Partnership (MSCP), which was introduced by the Director of People – Children and Adult's Services.

The Board raised several comments and questions, which included:

**Impact of the COVID-19 pandemic on delivery** – the Director of People assured the Board that the Partnership continued to work together to ensure key priorities were met throughout the duration of the pandemic. He gave an example of the Partnership's work to ensure health visiting and school nursing staff returned to their main function as soon as possible following redeployment early during the pandemic response, reacting to national data which indicated there had been an increase in child deaths under one. The Partnership was conscious of emerging issues including domestic abuse and mental health and wellbeing.

**Communication during the pandemic** – The Director of People assured the Board that in moving from the arrangements under the Medway Safeguarding Children Board to the Partnership, communications had strengthened due to the establishment of the smaller executive. Recently, senior education leaders (two headteachers) had also joined the executive. Their voice was considered important, particularly in light of the pandemic. Bilateral meetings with health and police colleagues also continued, as did larger engagement events which had high representation of senior staff from several organisations including MCH, KMPT and designated safeguarding leads in schools.

**Importance of the child's voice** – it was said that the voice of the child was important. Asked to what extent the Partnership was confident that children and young people knew how to access support, the Director of People acknowledged that this had been identified as an area of weakness. He explained that there was a broad awareness campaign, and he drew the Board's attention to section 4 of the Annual Report (Appendix 1 to the report) which referenced a recent survey with young people and parents to understand their safety concerns. A key finding was that schools were a place of safety. One way children and young people were made aware of how to seek help was through personal, social, health and economic (PHSE) education. It was noted that, commonly, safeguarding referrals were received from schools and the police rather than children and young people themselves.

**Learning lessons** – asked how the Partnership anticipated possible future safeguarding concerns, the Director of People explained that the Partnership undertook horizon scanning. There was a national panel which examined Serious Case Reviews (SCRs) and the lessons learnt were shared and reviewed by the Partnership. Learning was also taken from any SCRs affecting Medway.

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**Child poverty** – in response to questions concerning how child poverty was measured, it was explained that there was a national index, IDACI (Income Deprivation Affecting Children Index). It was anticipated that around 1 in 5 children in Medway were living within the defined level of relative poverty. The Director of Public Health referred to the Annual Public Health Report (agenda item 10) which set out further information on the levels of child poverty within Medway.

**Missing children** – in response to a question concerning missing children, the Board was advised that there were roughly 200 occurrences a month of children going missing (this figure included children who may have gone missing more than once and the period they were missing could vary). The Assistant Director Children's Social Care received daily data on the number of missing children within a 24-hour period. Assurance was given to the Board that, in collaboration with the Police, every effort was made to find these children. For each occurrence a return interview was undertaken with each child to identify the 'push' and 'pull' factors.

**Annual Education Safeguarding Audit** – the improvement in the number of schools completing the audit was welcomed and in response, the Director of People explained that strong partnership working with schools was emerging. He added that 16 new mental health practitioners would soon be working with Medway's secondary schools through the mental health support teams, increasing the Child and Adolescent Mental Health Service (CAMHS) workforce by 40%. He also said that Kent Police were soon to appoint designated police officers to work within schools. Together with the Council's Early Help offer, there was a multi-agency approach to prevention.

### **Decision:**

The Health and Wellbeing Board:

- a) noted the comments of the Children and Young People Overview and Scrutiny Committee set out at section 4 of the report,
- b) noted the Annual Report set out at Appendix One to the report and the Business Plan set out at Appendix Two to the report, and
- c) agreed to remove the MSCP Action Plan (which is the Business Plan) from the Board's agenda on 13 April 2021 as set out in paragraph 3.3 of the report.

## **734 Kent and Medway Safeguarding Adults Board (KMSAB) Annual Report 2019-2020**

### **Discussion:**

The Board considered the annual report of the Kent and Medway Safeguarding Adults Board (KMSAB), which was introduced by former interim Chair of the KMSAB, Suzanne Westhead.

She formally thanked the previous Chair, Deborah Stuart-Angus for her five-year Chairmanship and introduced the current interim Chair, Andy Rabey.

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The Board raised several comments and questions, which included:

**Social Isolation** – responding to concerns expressed about increased social isolation in reaction to the COVID-19 pandemic restrictions, the former interim Chair explained that the KMSAB had met with partners to discuss ways in which people in the community not known to services could be identified and supported. She added that as part of the response to COVID-19 this would be an area worked on and was why the KMSAB's awareness programme was so important. It was explained that the next annual report would focus on making connections. Each organisation had a plan around social isolation and the KMSAB also oversaw this.

A view was expressed that retired adults ought to be engaged and their experience and knowledge drawn upon to reduce not only their own social isolation but support the work of the KMSAB.

**Local 'Prevent' resources** – the former interim Chair confirmed that further funding from the government for this had not been received.

**Joint Protocol between Boards** – acknowledging several crosscutting themes affecting children and adults, for example domestic abuse, the importance of presenting the annual reports of the KMSAB, the Medway Safeguarding Children Partnership (MSCP) and the Community Safety Partnership (CSP) to the Health and Wellbeing Board (HWB) together was said to be important given the HWBs strategic leadership role.

**Gangs/County Lines** – Surprise was shared as to the number of vulnerable adults drawn into gangs/county lines. Embedding a greater emphasis on adult safeguarding within the CSP was welcomed, as was creating a closer practical working relationship between the CSP and KMSAB. In response, the former interim Chair explained that the CSP was represented on the KMSAB and training had recently been delivered to partners in relation to this and cuckooing. The current interim Chair referred to a successful project, 'Living in Fear', which was undertaken by the CSP, he outlined that there were several opportunities within the CSP to identify where vulnerabilities could arise. It was suggested that joint plans could be developed, and this would something the current interim Chair would look to put in place in the future.

**Vulnerable adults housed outside of area** – concern was expressed in relation to vulnerable adults falling through the cracks if they moved in or out of area. In response, the former interim Chair explained that the individuals placed by Local Authorities were followed and supported and therefore this was of reduced likelihood. More worrisome, were vulnerable adults and families relocating who were not known to services. This was an area the awareness campaign focussed on. The current Chair added that it was important that practice followed protocol and increasingly the KMSAB were alerted to

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individuals who might have fallen through the cracks through the work of agencies such as Kent Police, the Kent Fire and Rescue Service and ambulance services. It was considered that safeguarding was embedded in agencies and work was ongoing to embed this within the community. It was said that Medway was good in that regard.

**Domestic abuse** – responding to concerns over prevalence of domestic abuse, the current interim Chair explained that this would be a focus going forward. It was considered that the linkages between strategic Boards would be crucial.

**Three conversations model** – the use of the three conversations model was commended, particularly the way it had evolved taking advantage of technology.

### Decision:

The Health and Wellbeing Board:

- a) noted the comments of the Health and Adult Social Care Overview and Scrutiny Committee set out at section 5 of the report,
- b) thanked the KMSAB for the report, welcomed the progress made and noted the Annual Report set out at Appendix 1 to the report.

### 735 **Community Safety Partnership Plan 2020-2024, Refreshed Action Plan 2021-2022**

#### Discussion:

The Chairman of the Community Safety Partnership (CSP) introduced the report which provided information on the CSP Plan and specifically the refreshed Action Plan.

The Board raised several comments and questions, which included:

**Domestic Violence** – in response to concerns around an increase in cases of domestic abuse, particularly in light of the COVID-19 pandemic, the Chairman of the CSP explained that the Public Health team (as partner to the CSP) led on this area of work and gave assurances that there was capacity to manage any increase in referrals.

Referring to the White Ribbon campaign, he provided examples of awareness campaigns undertaken in conjunction with Gillingham Football Club. He also advised the Board that many public facing organisations such as the Kent Fire and Rescue Service (KRFS) had undergone training to recognise signs of domestic abuse when interacting with members of the public.

It was noted that there was a collective responsibility for tackling domestic abuse, which was evident in Medway. The Council's procurement processes

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were also commended for considering how suppliers could support tackling domestic abuse.

**Listening to our communities and partners** – referring to the CSP Plan priorities set out in paragraph 2.9 of the report, the importance of ‘listening to our communities and partners’ was emphasised. It was considered that by engaging with local residents, issues could be tackled earlier, and escalation prevented. The Partnership would also gain invaluable intelligence on issues of local concern. In response, the Chairman of the CSP agreed that engagement was important and encouraged local residents to report issues like antisocial behaviour, even minor occurrences, through the online 101 service. Information obtained here enabled heat maps to be produced and robust action to be taken as required.

### **Decision:**

The Health and Wellbeing Board:

- a) noted the strategic assessment and Action Plan 2021-2022, and
- b) noted that as a Policy Framework document the Community Safety Plan was adopted by Full Council on 16 July 2020.

## **736 COVID-19 Local Outbreak Control Plan Briefing**

### **Discussion:**

The Board considered an update on the Local Outbreak Control Plan (LOCP), which was introduced by the Director of Public Health. The Director of Public Health assured the Board that the infection rate in Kent and Medway was now lower than the national and south east average and he reflected on the success of the asymptomatic testing programme. He did, however, express that continued adherence to government guidelines was important and he advised the Board that the government would announce the route out of lockdown on 22 February 2021.

The Board raised several comments and questions, which included:

**Vaccination roll out** – in response to concerns around the planning and pace of the vaccination roll out in parts of Medway, particularly Strood Rural and the Peninsula, the Board was advised that the target to offer the vaccine to all eligible individuals within the top four Priority Groups had been achieved. It was acknowledged that the vaccine programme in Strood Rural and the Peninsula started later as it took time to mobilise local resources. It had since moved at pace and the data indicated that the coverage was now very high.

A small number of housebound individuals were initially unknown to health services, but these individuals had since been offered a vaccine and were being proactively engaged. A reconciliation meeting was due to take place on 16 February 2021 to identify individuals yet to receive a vaccine and regular discussions were had with the local MP in this regard. The Managing Director

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MCH undertook to liaise with the Member outside of the meeting concerning specific issues.

It was explained that the Public Health team had supported NHS colleagues with a targeted approach and generally a positive reaction had been received within the community; several charities had helped to support individuals who were housebound to access their vaccine. The Director of Public Health outlined scenarios where individuals might not be eligible for a vaccine and also undertook to investigate any specific queries outside of the meeting. He referred to the national booking service (online and telephone) and encouraged eligible individuals who had not been vaccinated to use this service.

Board Members were assured that now the infrastructure was in place to support vaccine delivery, there should be no undue delay going forward. The Kent and Medway CCG representative undertook to provide Members with data relating to the vaccination coverage once the final national figures were available.

A view was expressed that in due course any issues around cooperation of health institutions should be addressed by the NHS accordingly. It was acknowledged generally that lessons would be learnt, and this was due to be discussed at the reconciliation meeting. It was requested that Board Members receive an update on lessons learned at a local level together with the aforementioned data on vaccination coverage. A request was made that this be shared with all elected Members.

**Schools reopening** – in response to a concern expressed around increasing virus transmission rates when schools reopen, it was explained that the aspiration was that schools would open on 8 March 2021 and safeguards would be put in place to protect staff and pupils, including symptom free testing. It was added that a vaccination trial was underway elsewhere in the country for children aged 6 to 17 and the findings were due imminently.

It was explained that notwithstanding the impact of the more transmissible variant of the virus, the biggest impact to schools before the most recent national lockdown related to business continuity rather than transmission among children and young people. The greatest risk of transmission was from children and young people travelling to and from school, which was why keeping community transmission as low as possible was very important. There would be a clear communications strategy in response to schools reopening.

**Fraud and communications** – in response to concerns in relation to increasing incidences of vaccine fraud, Board Members were collectively asked to clearly communicate ways individuals would be contacted to receive their vaccine.

Indeed, a view was expressed that there had been a perception of poor communication in some areas of Medway as Priority Groups had been offered the vaccine at different rates in neighbouring localities. It was acknowledged



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that there were lessons to be learnt in terms of communication. In the early phase of the vaccination roll out, a key issue was that different vaccine services were approved at different rates and therefore came online at a different rate. It was explained that individuals would be contacted by their GP/Primary Care Network or they would receive a letter from the national booking service. As was the case recently, if individuals felt that they had been missed, they would be encouraged to come forward at a later stage. It was considered that now services were in place, there would not be a differential in vaccine offer between neighbouring places going forward.

**Targeted vaccine programme in care homes** – this programme was highly commended. Vaccine roll-out was monitored and over 90% of residents in older people's homes in Medway had been vaccinated and the numbers were nearing this figure for working age adults. All the care homes in Medway had reported on a weekly basis they had no concerns about staffing, including the 22 domiciliary care agencies working within the community. It was acknowledged that supporting good mental health in care homes was a priority and discussions were ongoing about how visiting could safely return.

**Test and Trace** – in response to a question about the effectiveness of Test and Trace, it was explained that Medway had a 90% follow up and completion rate, anything over 80% was considered very good according to SAGE (Scientific Advisory Group for Emergencies). This was important to bring down infection rates. The Director of Public Health encouraged elected Members to urge their constituents to proactively respond if contacted by Test and Trace.

**Asymptomatic testing** – in response to questions about changes to uptake and the future of asymptomatic testing, it was explained that asymptomatic testing would continue. It would be scaled up or down according to risk. It was anticipated that the priority areas for testing would be set out by the Government. The uptake of asymptomatic testing had reduced owing to recent inclement weather, but this had since increased. There was capacity to offer testing to high-risk groups, for example key workers, and to the wider local population. A reduction in the quality of impact had not been identified. It was explained that as the disease prevalence reduced over time, the emphasis on testing would need to adapt.

**Support for BAME communities** – asked what action was being undertaken to encourage and support individuals from BAME groups to take up vaccination and what more could be done, the Director of Public Health explained that it was important that people were informed about the benefits of having the vaccine. COVID Champions had engaged with the community in this regard to deliver positive messaging about vaccination. Several cross-organisational meetings were also being held to look at ways to support vaccination uptake. Based on the data currently available, there was no evidence of a substantial shortfall in vaccine uptake in any BAME group.

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**Workforce** – It was noted that the workforce delivering the COVID-19 vaccine contended with 10% sickness absence rates and had been on the front line of the crisis since March 2020. Their contribution was commended. A concern was expressed in relation to future workforce issues in the light of the pandemic in terms of recruitment and retention of staff. It was suggested that the Board receive a future update on the sustainability of the workforce in the health sector nationally and in Medway.

### **Decision:**

The Health and Wellbeing Board:

- a) noted the update presented in the report,
- b) requested an update on lessons learned at a local level and data relating to the vaccination coverage.

## **737 Joint Health and Wellbeing Strategy Theme 5 Review**

### **Discussion:**

The Health and Wellbeing Board considered a report which focused on the fifth theme of the Joint Health and Wellbeing Strategy (JHWS), 'Reduce health inequalities'. 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. Several high-level measures had been selected to monitor this theme, these were set out at Appendix B to the report.

The Board raised several comments and questions, which included:

**Wider determinants of health** - the impact of wider determinants of health such as education, employment and housing were recognised. It was noted that nationally COVID-19 was likely to have exacerbated health inequalities.

**Working with businesses and the voluntary and community sector (VCS)** – with reference to examples, the importance of engaging with the VCS to tackle health inequalities was emphasised. A view was expressed that this could be done better and could be cost effective. A further discussion outside the meeting in this regard was welcomed. It was also considered that local businesses had a role in reducing health inequalities as did the Department for Work and Pensions (DWP).

**Building on partnerships** – concern was expressed in relation to the widening gap in life expectancy experienced in Cuxton and Halling compared with Chatham Central (set out in Appendix A to the report). It was said that health and care systems could not tackle the social determinants of health alone. Reference was made to the Child-Friendly Medway Partnership Board which aimed to strengthen education attainment and outcomes for children. This was

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central to improving the future health of Medway's adult population. Reference was also made to the work of the Climate Change Advisory Board.

**Improving mental health and wellbeing** – The Board was advised that in the NHS Long Term Plan there was an aspiration to review (redesign and integrate) community mental health services for individuals with severe and significant mental illness. Medway had been selected as an area where this work would begin. This would be a four-year programme overseen by Kent and Medway Mental Health Improvement Board. KMPT would facilitate its initial development and would work in partnership with the Local Authority, Primary Care Network and VCS. The plan of work would be presented to the Health and Adult Social Care Overview and Scrutiny Committee in due course. A request was made that this information be shared with the Health and Wellbeing Board.

It was also noted that the KMPT had signed up to the prevention concordat for Better Mental Health, work was underway with Public Health colleagues to take this forward within and in conjunction with local communities.

### **Decision:**

The Health and Wellbeing Board noted the report, the comments and suggestions put forward by Members.

### **738 "Health Inequality in Medway" Director of Public Health's Annual Report 2019-20**

#### **Discussion:**

The Health and Wellbeing Board considered a report which presented the latest annual report from the Director of Public Health entitled 'Health Inequality in Medway.'

The Board raised several comments and questions, which included:

**Impact of COVID-19** – it was acknowledged that COVID-19 would have had an impact on health inequalities nationally and in Medway. The efforts of staff across health and social care was commended, particularly as the additional requirements had been met by the existing workforce. It was noted that many services had continued throughout the pandemic, adapting to different ways of delivery.

**Further guidance and training on health inequalities** – in response to a request, the Director of Public Health undertook to hold a training event on health inequalities.

**Interventions** – a comment was made that interventions needed to be cost effective and provide an opportunity for individuals to improve their own life chances with support. Indeed, it was noted that at a time when all public sector budgets were under severe pressure, existing resources needed to be used more effectively to maximise beneficial outcomes. This could be achieved with

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Careful planning and coordination. A few examples of recent successes were outlined including details of how a regeneration scheme had increased local employment.

It was acknowledged that action needed to be proportional, so that all Medway residents experienced the same quality of opportunity. The importance of giving children the best start in life was also recognised.

**Target audience** – reflecting on the intended aims of some Council led events, it was commented that it was important that there was equitable access so that all residents were able to gain benefit.

**Place shaping** – in the context of establishing new communities in Medway, concern was expressed in relation to GP access, particularly in Hoo where the Council was undertaking a significant regeneration programme. In response, the Director of Public health explained the importance of place shaping and referred Board Members to figure 9 of the Annual Public Health Report set out at Appendix 1 to the report (The Dahlgren-Whitehead model) which showed all the elements which could impact on an individual's wellbeing. Access to appropriate care services was one key element.

The importance of addressing the wider determinants of health was highlighted for example housing, education, and employment. Reference was made to the differential in life expectancy between Cuxton and Halling (85.7 years), and Chatham Central (77.3 years) which had increased over the last six years. It was considered that now was a good opportunity to reflect on the current state and work collectively as a system to make improvements. Whilst recognising the importance of these wider determinants, a comment was made that a Healthy Living Centre in Chatham Central would be welcomed.

In response, the Accountable Officer for the Kent and Medway CCG explained there was a clear role for healthcare provision, particularly primary care. He added that it was important to ensure the right workforce was in place, not just GPs. He referred to models elsewhere in Kent, in communities with similar levels of deprivation, that had successfully remodelled the workforce mix to provide primary care services.

**Complexity of the issue** – it was said that health inequalities were a complex issue. In some areas progress was demonstrably good, for example the achievements of the stop smoking service, but it was recognised there were challenges which would need to be worked on over many years to come. A comment was made that the problems were recognised but solutions that really work were needed and it was suggested that establishing a task force may be beneficial. It was said that the recommendations of the Annual Report were strong and would help achieve progress.

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The Director of Public Health concluded by explaining that it was important that it was understood that there was no single fix, it was important to look at the broader issues that would interplay to create the right environment for the population. It was important to achieve equitable outcomes for all by proportionately addressing needs of specific communities. Progress had been made in several areas, but more needed to be done.

### **Decision:**

The Health and Wellbeing Board noted the Annual Public Health Report set out at Appendix 1 to the report, including its findings and recommendations and congratulated the Director of Public Health for the work he was doing on this issue.

### **739 Emotional Health and Wellbeing Contract and the Local Transformation Plan Update**

#### **Discussion:**

The Health and Wellbeing Board considered a report which presented an update on the Emotional Health and Wellbeing Contract and The Local Transformation Plan. This was introduced by the Partnership Commissioning Programme Lead for Children's and Young People's Mental Health and Emotional Wellbeing.

Since the report had been published on the agenda, the Partnership Commissioning Programme Lead was pleased to report that there had been a notable reduction in referrals due to anxiety, low mood, and stress which the report showed had increased in October 2020.

The Board raised several comments and questions, which included:

**Bereavement support** – the Partnership Commissioning Programme Lead confirmed that from April 2021 there would be greater access to bereavement support services (including suicide) for under 25-year-olds across Kent and Medway. Recognising that during the current pandemic bereavement was a big issue, this was welcomed.

**Kooth** - the Partnership Commissioning Programme Lead confirmed that the Kooth service would continue post April 2021 and would be available from age 10, removing the Year 6 cut off. A comment was made about re-evaluating any future contract end date of March to a more suitable time of the year.

Asked about the clinical outcomes for children using the service and how it compared with more traditional face to face services, the Partnership Commissioning Programme Lead advised that Kooth was being accessed more and more by certain cohorts, the service was goal based and data showed that goals were being achieved over time. Comparisons were unable to be drawn to other service types due to the nature of the current Child and Adolescent

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Mental Health Services (CAMHS) contract. Availability of outcomes data would be reviewed when the service was recommissioned.

Board Members were advised that later in the year there would be training for elected Members on Kooth. It was requested that an invite be extended to all Board Members.

**Transition** – the Partnership Commissioning Programme Lead confirmed that locally several surveys and investigations into people’s experiences of services had been undertaken, including around the transition between children’s and adult’s mental health services. A comment was made that improvements had been made regarding transition, but more work needed to be done, particularly considering the potential impact over a number of years on mental health owing to the pandemic.

**Timely access to treatment** – with reference to figure 3 of the report (MYPWS: Percentage CYP waiting over 18 weeks between referral to treatment, per pathway), it was noted that an improvement was seen over time for waiters on four locality pathways owing to the recruitment of new staff and an increase in the number of clinics, but considerable progress was needed to reduce waiting times for waiters on the neurodevelopmental pathway. In response, the Partnership Commissioning Programme Lead explained that wait times for over 11s on the neurodevelopment pathway continued to be a challenge and was very much a focus area across the system. A working group had been established to review what else could be done not only for the service but around the service for example navigating support.

**Children in Care (CiC)** – the work targeting CiC was commended. It was hoped that there would be closer working between mental health and wellbeing services and Medway’s CiC teams. It was considered that this would be the next stage of development.

### **Decision:**

The Health and Wellbeing Board:

- a) noted the comments of the Children and Young People Overview and Scrutiny Committee set out in section 7 of the report.
- b) noted the update report together with the comments made by Board Members.
- c) requested that an invite to the Kooth training scheduled for later in the year be extended to all Health and Wellbeing Board Members.

## **740 Work Programme**

### **Discussion:**

The Democratic Services Officer introduced the work programme report and explained that the work programme had been revised following the pre-agenda meeting held 14 January 2021 and discussions thereafter, details of which were set out in paragraphs 2.2 to 2.4 of the report.

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Board Members were advised that since the agenda was published the government had issued a White Paper setting out legislative proposals for a Health and Care Bill titled 'Integration and innovation: working together to improve health and social care for all'. The Director of Public Health had suggested that Board Members receive a briefing note on this outside of the meeting for expedience and agree to add a report to the agenda for the next Board meeting on 13 April 2021.

A request was also made to add a report to the Board's work programme (date to be confirmed) on the future state of the health and social care workforce. This was a potential future issue highlighted during the debate on agenda item 8 (COVID-19 Local Outbreak Control Plan Briefing).

A concern was expressed about the length of the meeting and it was recommended that this be discussed outside of the meeting.

### **Decision:**

The Health and Wellbeing Board:

- a) agreed the work programme attached at Appendix 1 to the report, subject to:
  - I. adding a report on the White Paper: 'Integration and innovation: working together to improve health and social care for all' to the Board's agenda on 13 April 2021.
  - II. Adding a report on the state of the health and social care workforce following COVID-19.
- b) agreed to receive a briefing note on the White Paper in the interim, and
- c) agreed to delegate authority to the Director of Public Health in consultation with the Chairman of the Health and Wellbeing Board to respond to the assurance survey referenced in paragraph 4.1 of the report on behalf of the Health and Wellbeing Board, providing details of the response to the Board at the subsequent meeting.

**Chairman**

**Date:**

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