

Medway Council
Virtual Meeting of Health and Wellbeing Board
Tuesday, 13 April 2021
3.02pm to 5.12pm

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 Gary Etheridge
Dr Lee-Anne Farach, Director of People - Children and Adults' Services
Darryl Freeman, Interim Assistant Director for Children's Social Care
Councillor Adrian Gulvin, Portfolio Holder for Resources (Vice-Chairman for the meeting)
Pat Gulvin, Healthwatch Medway
Councillor Vince Maple, Leader of the Labour and Co-operative Group
Councillor Martin Potter, Portfolio Holder for Education and Schools
Councillor Stuart Tranter
James Williams, Director of Public Health
Wilf Williams, Accountable Officer, NHS Kent and Medway Clinical Commissioning Group Representative

Substitutes:

Louise Parker, Programme Director for the Medway and Swale Integrated Care Partnership and Director of Strategy/Company Secretary for Medway Community Healthcare (MCH) (Substitute for Martin Riley)

In Attendance:

Glynis Alexander, Director of Communications and Engagement, Medway NHS Foundation Trust (MFT)
Vincent Badu, Deputy Chief Executive, Director of Partnerships and Strategy, Kent and Medway NHS and Social Care Partnership Trust (KMPT)
Scott Elliott, Head of Health and Wellbeing Services
Johanna Elwell, Senior Partnership Commissioner, Specialist Services - Medway Council and Medway and NHS Kent Clinical Commissioning Group
Jade Hannah, Democratic Services Officer
Dr Logan Manikam, Interim Public Health Consultant
Jacqueline Shicluna, Lawyer (Adults)

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872 Apologies for absence

Apologies for absence were received from Board Members Councillor Howard Doe (incumbent Vice-Chairman), Martin Riley (Medway and Swale Integrated Care Partnership Senior Responsible Officer (SRO) Representative) and 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).

873 Chairman's Announcements

The Chairman expressed sadness upon hearing the news of the death of His Royal Highness, Prince Philip, Duke of Edinburgh. He had dedicated his life to the service of our Country and to Her Majesty the Queen. On behalf of the Board, the Chairman extended condolences to the Royal Family at this time. A two-minute silence was held.

On behalf of the Board the Chairman then welcomed Dr Lee-Anne Farach to the meeting as Medway's new Director of People – Children and Adults Services. He congratulated Dr Farach on her new role.

He also wished Ian Sutherland, Medway Council's previous Director, a very happy retirement. Mr Sutherland was retiring after 38 years in public service; he joined Medway in 2014 as Deputy Director of Children and Adults and he was appointed as Director in 2017. It was said that Mr Sutherland had worked tirelessly to improve services in both Children and Adults Services and had been invaluable to the Board.

The Chairman also welcomed Darryl Freeman to the Board. Mr Freeman was Medway Council's new interim Assistant Director for Children's Social Care, taking over from Dr Farach.

874 Election of Vice-Chairman

In the absence of the incumbent Vice-Chairman, Councillor Howard Doe, Councillor Adrian Gulvin was elected Vice-Chairman for the meeting.

875 Record of meeting

The record of the meeting held on 16 February 2021 was agreed and signed by the Chairman as correct.

876 Urgent matters by reason of special circumstances

There were none.

877 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 Vince Maple advised the Board that he was a volunteer in the vaccination programme at the Pentagon centre, Chatham.

878 COVID-19 Local Outbreak Management Plan Briefing

Discussion:

The Board considered an update on the Local Outbreak Management Plan (LOMP), which was introduced by the Director of Public Health. The Board's attention was drawn to a request made by the Department of Health and Social Care (DHSC) to submit a revised LOMP. This was submitted before the deadline of 31 March 2021 and positive feedback had been received.

It was acknowledged that, generally, there had been a sharp reduction in COVID-19 prevalence, however there was a need to be cautious as progress was made along the Government's roadmap. Work was ongoing to support easing of restrictions and the LOMP provided the framework for this to happen safely in collaboration with partners.

With reference to additional surge testing in South London, the Board was assured that emerging issues were monitored, and testing could be quickly stepped up in Medway, as required. The Board's attention was drawn to the successes of the asymptomatic testing programme; over 128,000 Medway residents had been tested. A proactive outreach programme continued to encourage Medway residents to take up the offer of testing and indeed vaccination. The Board was updated on the vaccination programme.

Reflecting on the challenge of pupils returning to school on 8 March 2021, the Board was advised that this had been well managed. There had been some increase in cases of infection in pupils aged 13-17, however, this was expected given the extra testing being undertaken. Corresponding cases of infection in households had not been evident. Infection rates had also since decreased.

In response to a request for more publicly available and detailed information on (1) the changes made to the LOMP, (2) the additional information provided by the Government following the review and (3) the results of ongoing risk management stress testing on the LOMP, the Board was advised that given the

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sensitive nature of some of the operational content, not all information could be shared in the public domain. However, a public facing version of the LOMP was due to be published on the Council's website imminently and an undertaking was given to share this with the Board Member.

Regarding Government feedback on the LOMP, it was explained that most of the Government's queries related to information already held elsewhere. The information was provided as points of clarification and together with the LOMP was assessed against the Government's framework. The Government were assured of the LOMP.

With regards to risk management stress testing, it was explained that this was an iterative process. The LOMP was a live document, revised daily in response to emerging issues. The Director of Public Health undertook to discuss the detail further with the Board Member outside of the meeting.

In response to concerns around complacency in the wake of the COVID-19 vaccination programme as restrictions eased and owing to testing, the Director of Public Health explained that whilst much of the population was vaccinated in key, at risk, groups, there would still be cohorts of individuals who could be infected. Also, asymptomatic testing was a useful tool, but it would not prevent infection. He urged all individuals to continue to adhere to social distancing rules, ensure good hand hygiene and wear a face covering. The Director of Public Health encouraged Board Members to continue to share this message. A cultural shift was needed to ensure these actions were commonplace. It was expressed that whilst we could be cautiously optimistic, national modelling showed that there would likely be an uptick in infections and NHS activity linked to the relaxation of restrictions.

The Board was assured that from a management perspective, work continued. The Local Resilience Forum continued to meet as did several other groups, including the Health and Social Care Cell, the Health Protection Board and the Testing Cell. It was explained that the Communications Cell refreshed messaging on a regular basis and utilised several channels to maintain awareness and reach target cohorts, such as young people. As required, enforcement tools were available should they be needed.

With reference to a recent example where national access to vaccination for those aged 45+ opened and the timing of communication about walk-in vaccine availability at the Pentagon Centre, Chatham for 50+ individuals only, a question was posed about joining up communications and ensuring ease of access. In response, it was explained that pandemic management was dynamic. Often local areas needed to react quickly to Government direction which might cause unintended consequences. The Board was assured that lessons were learnt in this regard. The Board was advised that the Pentagon Centre had been added to the national website for vaccination booking that afternoon.

Asked whether detailed feedback would be provided on lessons learned during the COVID-19 pandemic, it was anticipated that there would be a broad

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national evaluation which Medway could feed into. Locally, regular debrief meetings were held to ensure that any necessary improvements were identified and implemented quickly.

In response to concerns about accessing primary care services, particularly in areas affected by vaccination delivery in the Strood Rural and Peninsula areas, the Kent and Medway CCG representative undertook to revert to the Board Member outside of the meeting. More generally in relation to the future of primary care and community services, it was explained that a model for sustainable delivery of these services was under review to ensure that they were not compromised whilst ongoing vaccine/booster delivery was undertaken.

Asked when primary care would return to its 'normal' state based on the Government's roadmap, it was explained that the roadmap focused on easing restrictions to offer a route back to a more normal life. In some cases, delivery of NHS services had altered in response to the COVID-19 pandemic, and it was unlikely that the existing models of delivery would return. This should be considered positively. The Board was advised that the ICP, and MCH as one provider in particular, had focused on learning lessons from what had gone well and not so well during the pandemic to help shape service restoration and recovery to a new 'normal' whilst ensuring staff maintain their resilience.

A concern was expressed, generally, about poor access to GPs in Medway before the COVID-19 pandemic which had been exacerbated during the pandemic. A suggestion was made that this matter be added to the Board's work programme.

It was acknowledged that it had been an extraordinary year, which had created backlogs and pressures on service systems which would take some time to clear. Work was ongoing to ensure that services were prioritised to deal with critical issues and there was a renewed focus on supporting the most vulnerable populations and on addressing health inequalities. The Board was advised that Medway Council's Director of Public Health would lead on Population Health Management across Kent and Medway. The Board was assured that work was ongoing in relation to wider determinants of health and prevention. It was suggested that the Board might want to discuss primary care under agenda item 8 (NHS White Paper the Future of Health and Care).

Decision:

The Health and Wellbeing Board:

- a) noted the update presented in the report,
- b) noted that a public facing version of the LOMP was due to be published on the Council's website imminently and agreed to request that this be shared with Board Members.

879 Joint Adult Learning Disability Strategy 2019-2024

Discussion:

The Board considered a report, introduced by the Assistant Director Adults' Social Care, which presented an update on the Joint Adult Learning Disability Strategy 2019-2024.

The existing Medway Joint Adult Learning Disability Strategy 2019 – 2024 was developed by Medway Council and Medway Clinical Commissioning Group and brought together all key statutory and partner organisations within Medway as well as national and local legislation to address inequalities and ensure person centred, accessible, services were available to residents.

It was explained that individuals with a learning disability often had poorer mental and physical health than others and they encountered greater barriers to accessing health and care services. This had been brought to the fore by the COVID-19 pandemic and had prompted a review by Department of Health and Social Care (DHSC).

Owing to the impact of the pandemic and noting that the Kent and Medway Clinical Commissioning Group were developing a new All Age Learning Disability and Autism Strategy, the Medway Joint Adult Learning Disability Strategy 2019 – 2024 would be reviewed to ensure it remained fit for purpose. This was welcomed. An all-age approach to supporting individuals with learning disabilities and autism was also welcomed, particularly as it renewed focus on the transition from child to adult.

In response to a request, the Assistant Director undertook to provide the Board with an interim update in summer 2021, which would provide details of any proposed changes to the Strategy, ahead of a formal report in November 2021.

In response to concerns expressed around ensuring vulnerable individuals were supported to manage any changes resulting from a revised Strategy, with reference to experience from managing both children's and adults' facilities, the Assistant Director assured the Board that it was recognised that any changes would need to be made gradually without causing any significant impact to individuals, particularly to those with complex learning difficulties. It was suggested that elected Members be involved to a greater extent.

As part of the ongoing review, a request was made to consider including detail within the Strategy around multi-generational learning disabilities.

Decision:

The Health and Wellbeing Board:

- a) noted the report,
- b) agreed that a full update be presented to the Board on 18 November 2021, and

c) agreed to request an update in the summer on progress made.

880 Whole Systems Approach to Obesity Priorities for 2021/22

Discussion:

The Board considered a report, introduced by the Head of Health and Wellbeing, which provided details of the 2021/22 priority action areas to tackle obesity. The actions set out in paragraph 3.3 of the report had been produced collaboratively by the Healthy Weight Network and were reliant on partnership working. Drawing on updated data since the Board considered a report in February 2020, the Head of Health and Wellbeing emphasised that to tackle the wicked issue of obesity, a sustained long term, system-wide, approach was needed. This was echoed by the Director of Public Health and the Chairman of the Board.

In response to comments and questions around creating balance when encouraging individuals to lose weight without negatively impacting their mental health, and the nuances around the language used, the Director of Public Health was mindful of avoiding unintended harm. The Board was advised that individuals ought to be encouraged to access the range of existing support services and be empowered to make a change to lose weight, as necessary, without experiencing shame or challenge to their own wellbeing/ self-image. Referring to successful stop smoking marketing, the Head of Health and Wellbeing also described that there needed to be a balance of carrot and stick. Research had suggested that communications could be targeted differently toward different audiences. An example of a successful weight management intervention, Man vs Fat, was given, where the word 'Fat' could be judged to be very direct.

In response to questions about joining up activity to support a reduction in obesity and ensuring longevity, it was explained that in a recent 'call to action', elected Members were provided with information on Ward level activity related to tackling obesity and ideas around actions they could take. It was recognised that the knowledge and reach provided by elected Members to engage with the community was beneficial.

Similar area-based information would be provided to local Primary Care Networks/GPs in due course. This was welcomed, particularly as it was a key issue for the system. PCN colleagues had already identified obesity as one of the priorities they wanted the ICP and the wider system to work on. A keenness was expressed to pool resources to have one integrated plan and approach. The use of a consistent branding was welcomed. Indeed, linking to broader work on population health management, prevention and wider determinants of health was also welcomed.

With respect to campaigns going forward, subject to satisfying grant conditions, it was hoped that an announcement could be made on this soon. The Board was assured that there was a commitment to sustained, long term, action. This was evidenced in the Government's recent White Paper.

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Clarification was provided in relation to the financial implications set out within the report. No additional funding to undertake the priority actions was requested from the Local Authority or its partners. Actions committed to would be funded from within existing budgets. This had been reviewed by Medway Council finance colleagues. It was suggested that the wording within the report be reviewed to state 'there are no new financial responsibilities currently being sought'.

The Head of Health and Wellbeing explained that quarterly status reports would be produced in relation to the actions. A directory of interventions would also be regularly updated. This directory outlined all interventions currently underway or, as the case may be, on hold owing to restrictions associated with the COVID-19 pandemic. A report would be provided annually to the Board which would provide an update on the 2021/22 actions and details on new priority areas.

Decision:

The Health and Wellbeing Board:

- a) noted the report and the priority actions identified by the Healthy Weight Network, and
- b) noted the clarification, as set out within the minute, provided by the Head of Health and Wellbeing in relation to the financial implications within the report and requested that in a future report an indication of the financial costs of obesity to society be provided.

881 NHS White Paper The Future of Health and Care

Discussion:

Before introducing this report, in relation to agenda item 7 (Whole Systems Approach to Obesity Priorities for 2021/22), the Director of Public Health confirmed that the cost to society of obesity was £27 billion per year. For the NHS alone, this cost was £6.1 billion with over 30,000 deaths per year attributable to obesity.

The Board then considered a report, presented by the Director of Public Health, which provided details of the recently published NHS White Paper on Health and Social Care reform. The themes within the White Paper captured some of the challenges discussed by the Board, particularly how collectively, at a local level, the system could be brought together to have a greater impact. The primary changes detailed in the White Paper were set out in paragraph 1.1 of the report. It was said that the White Paper provided a good starting point from which the Board could discuss how it could support NHS transformation and facilitate a collective effort to deliver defined outcomes for Medway's population. It was suggested that a development session be held in the future to take this forward, which was welcomed by Board Members.

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With reference to the COVID-19 pandemic, where increasingly large benefits had been attained by supporting communities where the greatest need existed, a view was expressed that a key focus area should be embedding a Population Health Management approach. This was central to the role of an Integrated Care System. The impending legislative change provided a mandate for this.

Recognising the benefit of objectivity, in response to a request that an independent facilitator facilitate the development session, the Director of Public undertook to liaise with Democratic Services to review possible options. He added that additional support may be possible through the LGA or through the NHS system.

A keenness was expressed to frame the development session in the context of work already being undertaken within the ICP and wider system to deliver a practical policy direction. Reference was also made to the role of the Kent and Medway Joint Health and Wellbeing Board.

Concerning other changes not referenced in the report, the Board was advised that a UK Health Security Agency had been established. This body brought together Public Health England (PHE), NHS Test and Trace and the analytical capability of the Joint Biosecurity Centre to address health protection. An Office for Health Promotion had also been established to address wider determinants of health. The White Paper outlined that there would be future changes to the Adult Social Care, more detail would be made available by the Government in due course.

Decision:

The Health and Wellbeing Board:

- a) noted the update presented in the report,
- b) agreed to hold a future development session to take this matter forward,
- c) agreed to request that ahead of the development session, Board Members be provided with comprehensive background information to enable the discussion to focus on the way forward, and
- d) agreed that the format and facilitation of the development session be discussed at a pre-agenda meeting, noting the request made, as set out in the minute, for the session to be facilitated by an independent facilitator.

882 Work Programme

Discussion:

The Democratic Services Officer introduced the report which sets out the Board's proposed work programme at Appendix 1. The work programme had been revised following the pre-agenda meeting held 16 March 2021 and discussions thereafter, details of which were set out in section 2 of the report. It was acknowledged that further updates to the work programme had been

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suggested throughout the meeting, these would be reflected in the relevant minute.

Decision:

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

Chairman

Date:

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