

Medway Council
Meeting of Health and Wellbeing Board
Thursday, 17 June 2021
3.00pm to 5.27pm

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 Howard Doe, Deputy Leader and Portfolio Holder for Housing and Community Services (Vice-Chairman)
 - Councillor Adrian Gulvin, Portfolio Holder for Resources
 - 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
 - Pat Gulvin, Healthwatch Medway
 - Martin Riley, Joint Senior Responsible Officer, Medway and Swale Integrated Care Partnership
 - Wilf Williams, Accountable Officer, NHS Kent and Medway Clinical Commissioning Group
- In Attendance:**
- Kelly Cogger, Head of First Response and Targeted Services
 - Aeilish Geldenhuys, Head of Public Health Programmes
 - Michael Griffiths, Programme Lead – Children's Acute and Community Care
 - Su Irving, Head of Adult Partnership Commissioning and the Better Care Fund
 - Dr Simon Lundy, Dementia Clinical Lead, Kent and Medway Clinical Commissioning Group
 - Venita Mattu, Legal Advisor
 - Emma Maynard, Interim Public Health Project Officer
 - Victoria Nystrom-Marshall, Programme Manager, Transformation and Improvement Team, KMPT
 - Teri Reynolds, Democratic Services Officer
 - Debbie Yau, Democratic Services Officer

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78 Election of Chairman

Decision:

Councillor David Brake was elected as Chairman of the Board for the 2021/22 Municipal year.

79 Election of Vice-Chairman

Decision:

Councillor Howard Doe was elected Vice-Chairman of the Board for the 2021/22 Municipal year.

80 Chairman's Announcement

The Chairman advised that the Kent and Medway Joint Health and Wellbeing Board held a development session on Health Inequalities on 10 June. Topics discussed included "Population Health Management Development Programme", "Why we should care about health inequalities?", "The financial burden of health inequalities" and "Health inequalities and public health reform" etc. The relevant powerpoint materials were circulated and members could obtain a copy from Democratic Services for reference.

On behalf of the Board, the Chairman welcomed Debbie Yau who was providing clerkship to the Health and Wellbeing Board during Jade Hannah's maternity leave, and he wished all went well with Jade and her family.

81 Apologies for absence

Apologies for absence were received from Board Members Councillor Gary Etheridge, Jackie Brown, Dr Lee-Anne Farach, Darryl Freeman and Dr Farnaaz Sharief.

Apologies for absence were also received from invited attendees George Findlay (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).

82 Record of meeting

The record of the meeting held on 13 April 2021 was agreed and signed by the Chairman as correct.

83 Urgent matters by reason of special circumstances

The Chairman agreed that an additional item on access to General Practice (GP) appointments be considered by the Committee as urgent by reason of special circumstances (as permitted under section 100B of the Local

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Government Act 1972), specifically, it was a pressing issue relating to primary care in Medway.

84 **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, in relation to agenda item 10, he was a member of Homestart.

85 **COVID-19 Local Outbreak Management Plan Briefing**

Discussion:

The Board noted the Government's recent announcement of deferring the move to Step 4 of the National Spring Roadmap until 19 July and received an update on the Local Outbreak Management Plan (LOMP) presented by the Director of Public Health (DPH). He advised that the local rate of infection was 41.6 per 100,000 people as compared to 72.7 in England, 42 in the South East and 595 in the North West, and there would likely be an increase in infection rates in the near future. The DPH however assured members that the LOMP would be refreshed regularly and adapted as necessary to meet emerging threats and challenges. He stressed that in running up to Step 4, due to start on 19 July, precautionary measures would continue to be undertaken, including the roll-out of vaccination for 18+, robust asymptomatic testing, and the extension of the period for the legislative framework to implement Step 3. Members expressed appreciation of the efforts of all involved in vaccination and testing, in particular the health partners.

Members then raised a number of questions and comments which included:

Local health and care – in response to a question about ways to deal with backlogs in the health and care system, the DPH advised that it took time to clear the backlogs and normalize the system. He explained that the unprecedented nature of system challenges, arising from the COVID-19 pandemic over the past 18 months, had a clear significant impact on quality improvement activity locally. There had been challenges in relation to improving access to primary care and also some elective services amidst the pandemic. The authorities were aware of the need to increase the capacity of, and access to, primary care services in specific localities across Medway. With additional

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funding in place, joint efforts were made to catch up the processes and normalize the system from a clinical service perspective.

Continual public awareness – members expressed concerns that following negligible rate of infection and easing of restrictions, the general public might become complacent and fail to take recommended precautions, which might result in outbreaks of a wider scale. In response, the DPH agreed that the public should recognise COVID-19 could be recurrent like flu and should stay vigilant. Vaccination and booster for the virus might happen annually or seasonally. He further advised that public engagement under the LOMP would continue to be made through the Kent and Medway Local Outbreak Engagement Board and the Plan would be kept under constant review.

Compulsory vaccination for care workers – addressing members' concerns about staff recruitment and retention if vaccination for care workers (and potentially other workforce) became compulsory, the DPH explained that the new provision would be part of legislation. Individual health and care service providers had to comply with the legal requirement, whereas the Council, being the service commissioner, would play an oversight role.

Business as usual – comment was made that despite the pandemic, the Council, including members, officers and partners all endeavoured to carry on business as usual, tackling issues such as smoking cessation and obesity support to safeguard the well-being of people in Medway.

Decision:

The Health and Wellbeing Board noted the update presented in the report.

86 Kent and Medway Dementia Strategy Briefing

Discussions:

The Programme Manager, Transformation and Improvement Team, KMPT took members through the report which provided an overview of the joint Kent and Medway Dementia Strategy which provided a transformation of the full dementia pathway. In 2021/22, the Mental Health, Learning Disability and Autism Improvement Board had identified dementia as one of the six priorities for the system to provide leadership, oversight and partnership working to improve the mental health and mental wellbeing outcomes of the population of Kent and Medway. It was recommended that the Board received the full Strategy at its next meeting on 2 September 2021.

Members then raised a number of questions and comments which included:

Engagement with families and employers - on mechanisms to encourage families to engage at the earliest point of onset of dementia to access the services on offer, it was advised that the authorities were keen to ensure access to services throughout the dementia care pathway. The Kent and Medway Clinical Commissioning Group (CCG) had agreed to put in place a

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Dementia Coordinator for each of the primary care network (PCN) areas by 2022. The Dementia Coordinator would provide support through the journey with the affected families and support them in accessing information in a timely and approachable manner. Members considered that employers should likewise be engaged to raise awareness and support employees who were affected by dementia.

Access to face-to-face support - members raised concerns about the new challenges posed by COVID-19 for people living with dementia who were unable to access support in the traditional ways, and that the new approaches including telephone and videoconferencing support might impact on the diagnosis and treatment procedures adversely. Officers advised that the Dementia Coordinator would be able to signpost and touch-base with people to check whether they were receiving the appropriate level of support.

Public awareness - members were keen for the public to be supported in being able to differentiate between what was a normal ageing process for some people and what could be early signs of dementia. Equally it was considered important for the general public to understand what it was like to have dementia, and to remove the stigma which deterred people with symptoms to undergo diagnosis and access support, even for those that needed support who did not wish to undergo diagnosis.

Dementia champions – reference was made to Dementia champions, people actively supporting others in the community and the outgoing chairperson of Medway Dementia Action Alliance was specifically mentioned, who was diagnosed with young-onset dementia and had worked hard to develop Medway communities as dementia friendly and helping reduce the stigma faced by people living with dementia.

Decision:

The Health and Wellbeing Board commented on the direction of travel at this preliminary stage of the Kent and Medway Dementia Strategy and agreed to receive the Draft Strategy at its meeting on 2 September 2021.

87 Medway Early Help Strategy

Discussion:

The Head of First Response and Targeted Services introduced the report and highlighted that the Medway Early Help Strategy 2021 – 2024 was a proposed partnership approach to deliver effective early help to children and families.

Members then raised a number of questions and comments which included:

Lead professionals – members pointed out that families in need usually faced problems that straddled across various issues from health, housing to employment, which might be dealt with by one-stop assistance through a general coordinator who could assist these families to navigate through

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different systems and link up with the required services. In response, it was explained that the lead professional, through positive engagement with the family, would be able to identify issues and signpost intervention support at an early stage.

Benefits of early intervention – members noted that adverse childhood experience at an age as early as 18 months, if remained unresolved, could have a life-long impact. Therefore, early intervention could avoid problems escalating and could reduce demand on adult services in the future.

Public awareness – members considered that the best way to boost public awareness was by word of mouth in the form of testimony videos.

Decision:

The Health and Wellbeing Board

- a) noted the comments of the Children and Young People Overview and Scrutiny Committee set out in the addendum report;
- b) expressed support for the draft Medway Early Help Strategy set out at Appendix 1 to the report; and
- c) recommended the Medway Early Help Strategy to the Cabinet on 13 July 2021 for approval.

88 Medway Parenting Support Strategy

Discussion:

The Head of Public Health Programmes introduced the report and outlined the key aspects of the Strategy, including the work of Early Help (Parenting) Task Group.

Members then raised a number of questions and comments which included:

Services offered to parents – in response to members' comment made during an item earlier on in the meeting, it was pointed out that parents in general were not aware of the range of parenting support services available and how to access them. Throughout the implementation of the delivery plan, the range of services available would be fully mapped with gaps of support identified

Improve information and accessibility – in response to members' concerns, it was stressed that Medway's parenting support offer would be clearly communicated to parents and stakeholders, utilising Medway Local Offer, Family Information Service and other tools to ensure that support for parents was available online and via a range of accessible locations.

Mental health – addressing members' concerns on mental health issues, officers explained that investment was being made by NHS Kent and Medway CCG to enhance, in particular, perinatal mental health for mothers as well as

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other carers in the family such as siblings and grandparents, in line with the NHS Long Term Plan. There was also work taking place to improve mental health and emotional well-being support to children and young people in Medway, including supporting parents. Members believed that if problems could be identified and dealt with at an early age, this reduced the demand and severity of need in adulthood.

Parenting courses – it was recognised that the delivery of parenting courses would benefit families and officers referred to the need to de-stigmatise parenting courses by delivering them as an entitlement or, echoing members' views, normalize these courses, for example, as part of adult education.

Peer support – on measures to support new mothers who might be prone to staying at home with limited external contact which was now aggravated further under COVID-19, officers emphasised that throughout the development of the Strategy, there were plans to continue to broaden universal offers to include the development of peer-to-peer support programmes as well as online support. Evidence showed that the most promising peer support appeared to develop gradually from online to face-to-face.

Decision:

The Health and Wellbeing Board

- a) noted the comments of the Children and Young People Overview and Scrutiny Committee set out in the addendum report;
- b) expressed support for the draft Medway Parenting Support Strategy set out at Appendix 1 to the report; and
- c) recommended the Medway Parenting Support Strategy to the Cabinet on 13 July 2021 for approval.

89 Work Programme

Discussion:

Organ donation – members supported the deferral of the report on organ donation to November to allow more time for the report to detail the relevant issues and legislative changes.

Decision:

The Health and Wellbeing Board

- a) agreed the work programme as attached at Appendix 1 to the report;

- b) agreed to receive the update on the Learning Disability Strategy referenced in paragraph 2.4 of the report as a briefing note in the summer.

90 Access to GP appointments

Discussion:

Members expressed concerns about the difficulty residents were experiencing in accessing GP appointments. Reference was made to residents having to wait for hours in making telephone appointments just to see a doctor, and some felt they had little choice but to resort to other means such as going to A&E direct or ringing 111 for assistance. Concern was also raised that these difficulties were deterring some residents from accessing primary care when they did need it. The issues were acknowledged however, it was explained that the number of GP face-to-face consultations across Medway and Kent in March 2021 was over 450,000, which was almost the same level as before the pandemic. For the same month, the number of telephone consultation was about 200,000 more than that in February 2020, therefore more consultations were being offered.

It was stated that it was necessary to have a better understanding of people's preference in engaging with GP services. In general, the working population and younger age groups welcomed the use of e-consult, however, other members of the population found the system difficult to use. To cope with increasing demand for e-consult, hub arrangements were being explored to address the increasing demand in users of the service. While exploring ways to address the long-standing issues concerning GP appointments and services, it was advised that as an immediate response, the CCG was working closely with PCNs to address the significant backlogs and demands arising from the pandemic.

On differential pressures across primary care, reference was made to the work being done to encourage small practices to collaborate with other practices to ensure they were more robust and resilient. It was also confirmed that the number of patients presenting at A&E and Meddoc with primary care conditions was increasing.

Reference was made to current work being undertaken by the Integrated Care Partnership (ICP) to explore how primary care could be adapted to address immediate issues and how it should look in the future, including redesigning care pathways, to possibly allow direct access to specialist clinics for some conditions such as diabetes, without the need to go through GPs. In addition, GP recruitment and retention difficulties were recognised as a long-standing issue in Medway, compounded by other factors including housing growth and changing demands. The representative of the Medway and Swale ICP undertook to bring back an outline of the work being undertaken by the Medway and Swale ICP to the Board in the future.

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A suggestion was made that a simpler and more effective system to manage the appointment calls to improve the access for patients making an appointment would be helpful. It was confirmed that commissioners had no direct influence on GP surgery telephony booking systems but were working with them to assist them in improving services in the context of customer service.

It was also suggested that residents should be encouraged to engage themselves in the process through serving in local Patient Participation Groups and have a positive influence into the development of health services in Medway. Equally, it was considered that Healthwatch Medway had a role to play in patient participation.

Whilst recognising this was a long-standing issue in Medway, it was also acknowledged that the COVID-19 pandemic had created additional pressures and difficulties, which were still present.

Recognition was made that the Health and Adult Social Care Overview and Scrutiny Committee was scrutinising this issue but that the Board had a clear role in terms of looking at how, collectively, pathways and the health and social care network as a whole could work differently to address issues.

Decision:

The Health and Wellbeing Board agreed to receive a report on the Medway and Swale ICP Delivery Plan and outline of Primary Care Strategy at its next meeting on 2 September 2021.

Chairman

Date:

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