

Medway Council
Meeting of Health and Wellbeing Board
Thursday, 2 September 2021
3.00pm to 6.10pm

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 Gary Etheridge
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
Jackie Brown, Assistant Director Adults' Social Care
Lee-Anne Farach, Director of People - Children and Adults' Services
James Williams, Director of Public Health
Pat Gulvin, Healthwatch Medway
Dr Farnaaz Sharief, MBE, Medway and Swale Primary Care Network Representative
- Substitutes:** Rachel Jones, Executive Director of Strategy and Population Health (Substitute for Wilf Williams)
- In Attendance:** Ghaliah Baroom, Interim Public Health Officer
Venita Mattu, Legal Advisor
Dr Caroline Rickard, Medical Secretary, Kent Local Medical Committee
Donna Rowell, Director of ICP Transformation
Paul Startup, Head of Corporate Parenting
Debbie Yau, Democratic Services Officer

294 Chairman's Announcement

The Chairman informed the Board that Jade Hannah, Democratic Services Officer, had given birth to baby James Reid Hannah on 21 June 2021. He weighed 9lbs 7 oz at birth and both Jade and baby James were doing extremely well. On behalf of the Board, the Chairman congratulated Jade and her family.

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The Chairman took the opportunity to update the Board that Darryl Freeman, Interim Assistant Director for Children's Social Care at Medway Council had left the Council and his successor Donna Marriott would be joining the Board, and he wished Darryl all the best.

295 Apologies for absence

An apology for absence was received from Cllr Howard Doe, Vice-Chairman of the Board, and the Board agreed to the Chairman's proposal that Cllr Adrian Gulvin be appointed as the Vice-Chairman for the meeting.

Apologies of absence were also received from Martin Riley, Managing Director, Medway Community Healthcare, and Wilf William, Accountable Officer, NHS Kent and Medway CCG. With respect to invited attendees, an apology was received from Dr George Findlay, Chief Executive, Medway NHS Foundation Trust.

296 Record of meeting

The record of the meeting held on 17 June 2021 was agreed and signed by the Chairman as correct.

297 Urgent matters by reason of special circumstances

There were none.

298 Declarations of Disclosable Pecuniary Interests and Other Significant Interests

Disclosable pecuniary interests

There were none.

Other significant interests (OSIs)

There were none.

Other interests

Councillors Vince Maple and Martin Potter advised the Board that, in relation to agenda item 5, they were volunteers at vaccination centres.

299 COVID-19 Local Outbreak Management Plan Briefing

Discussion:

The Director of Public Health (DPH) introduced the report which provided an update on the Medway Local Outbreak Management Plan (LOMP) and included top-level outcomes of recent stress tests made. He also advised the

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Board of the latest infection rates for Medway and the latest figures regarding vaccinations in Medway.

Members complemented the work done by the Council in controlling this unprecedented worldwide outbreak, in particular when difficult decisions had to be made under limited resources at an early stage. They raised a number of questions and comments which included:

Support for parents/grandparents - members expressed concerns about the lack of information locally or in the media on test and trace in the educational setting including, the free lateral flow tests or information on vaccinating young people who might come into contact with vulnerable relatives. In response, the DPH assured members that comprehensive information on Medway LOMP was made available to parents through schools and education settings, plus a lot of relevant signposting articles on Medway Council's website. He understood that many children had been tested twice before returning to schools. The Director of People referred to her meeting with school leaders earlier that morning and reported that everything was running smoothly for the new school term. At the appropriate time, schools would be supported to give advice and good guidance to families in terms of vaccine rollout for the school age children, but it was confirmed that at that time only in exceptional cases (i.e. those with underlying health conditions that put them at risk of severe COVID-19) would children under the age of 16 qualify for a vaccine as no national roll out for vaccinating younger children had commenced thus far.

The DPH added that every eligible 16/17 years old would have received correspondence from the NHS to their address about how they could access vaccination. He undertook to look into the specific scenario mentioned by a member in relation to vaccination for those school age children who were in contact with vulnerable adults to see if any actions could be taken to address the concern.

Vaccination for Looked After Children - members asked how Medway's Looked After Children were being supported in respect of receiving vaccines. Officers explained that NHS nurses and colleagues in Medway with paediatric training were available at vaccination sites to brief the children and their carers on the benefits and side effects of vaccination. Foster carers were also being briefed in preparation to support young people as the programme was potentially extended to under 16s. It was also pointed out that the local authority was mindful of maintaining dialogue with the parents for children in care and securing parental consent to vaccinate a young person, as it was required to do so. It was also encouraging vaccine uptake among the eligible cohort of looked after children, some of whom were accompanied by staff during their visit to the vaccination sites if required.

Vaccination uptake - members urged for the need to boost Medway's vaccine uptake rates with approximately 80% and 70% of the population had received the first and second doses respectively. DPH stressed that Medway's uptake was good compared to other areas in the country, but that effort was still needed to continue to encourage uptake with all available tools and resources

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mobilised to increase the awareness of and access to vaccination. He called on committee members to advocate the benefits of vaccination amongst residents.

Members asked about the actions taken if Medway faced the same situation that specific community groups were reluctant to receive vaccines. The DPH highlighted that there were a range of mobile and diversified vaccination delivery options available across Medway, with colleagues providing detailed explanation of the benefits in receiving the vaccines. Equally it was added that a significant proportion of GPs in Medway who were from black and ethnic minority (BAME) backgrounds and so with support from Public Health, they were working to share information and provide support to such communities.

Vaccination sites - members expressed worries that when some large vaccination centres such as football stadiums might resume their original purposes by the end of September when the COVID-19 booster programme might also start. In response, the DPH pointed out that booster jabs would be offered to those most at risk from serious disease, and the number of people eligible for them would be manageable. It was added that the integrated care partnership for Medway and Swale and the Kent and Medway Vaccine Steering Group, was working hard to prepare for the implementation of booster programmes and was identifying suitable sites to meet specific requirements for vaccine delivery and storage.

Regulations and directions - noting that the Health Protection (Coronavirus, Restriction) (England) (No.3) Regulations 2020 which had come into force on 18 July 2020 would continue to apply until the end of 27 September 2021, members expressed concerns about the source of powers available to the local authority after that date. The DPH explained that while those specific powers might have lapsed on 27 September 2021, the directions issued under the said Regulations would continue to prevail and were subject to review at least once every 7 days. He assured members that directions were in place for Council's partners including the police and NHS to assess the safety and put in place contingency measures to manage sizable events. If necessary, the local authority could use other public health powers to protect the population.

Decision:

The Health and Wellbeing Board:

- a) noted the update presented in the report; and
- b) recommended officers that, as soon as guidance for vaccinating school age children was available, they use their best endeavours to disseminate the guidance as widely as possible.

300 Medway and Swale Local Care Plan

Discussion:

The Director of ICP Transformation, Medway and Swale ICP briefed the Board on the report, highlighting it was the first step in developing a Local Care Strategy. Access to a sustainable primary care service was one of seven

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priorities of the ICP road map. Reference was made to the Additional Roles Reimbursement Schemes (ARRS) which was a national scheme providing funding for an additional 26,000 roles to add to multidisciplinary teams. This was the equivalent of 160 clinical patient-facing roles within Medway and Swale primary care. The Medway and Swale Primary Care Network Representative made the point that General Practice had delivered around 75% of COVID vaccinations, along with regular GP services. She added that under ARRS, local collaborative efforts with all Primary Care Networks (PCNs) across the ICP would be made to, among others,

- a) pool existing and new resources to create capacity where there was a scarcity in available professions;
- b) build a community nursing team in PCNs to provide multidisciplinary support to vulnerable patients in the neighbourhood; and
- c) ensure provision of General Practice services by looking at recruitment, retainment, and personal development packages.

As regards the types of access to GPs, in addition to conventional clinical face-to-face services at clinics, other options would include home-visiting for more vulnerable patients, an enhanced service for care home residents as well as the use of digital technologies, including e-consult. An engagement strategy was also being developed to communicate with and gain feedback from the public and other organisations.

Members welcomed the report and raised a number of questions and comments which included:

Local Care Plan and deliverables - questions were asked about measurable targets for the Local Care Plan and the relevant timeline in terms of months. It was explained that the Local Care Plan would form the beginning of a strategy which would set out clear priorities and ambitions for the next 3 years. The strategy would focus on nine priorities that all support improved access to primary care, with clear qualitative and quantitative deliverables worked out together with the patients and other stakeholders, and hence all nine carried equal weightings.

On recruitment of professionals, it was advised that to maximize appointment opportunities, colleagues were being creative in such ways that the PCNs could maximise collaborative working across and localise job descriptions and find system solutions to meet the community needs. It was added that the local authority had a role in developing Medway the place to be somewhere people would choose to live and work.

Access to GPs and performance – reference was made to the difficulties of residents across Medway in accessing GP appointments with some eventually giving up. The issues and frustrations were acknowledged, however, Medway and Swale shared the same national shortage of GPs while the number of cases for primary care, mental health and hospital general care faced unprecedented rise. Patients' calls were more likely to be dealt with initially by paramedics, pharmacies and nurses who all had clinical backgrounds and

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could provide initial screening to relieve pressure on GPs and would refer more complex and serious cases to GPs.

As regards performance and access disparity among GP surgeries, it was stressed that efforts had been made to work closely with the clinical directors to find solutions to meet the specific needs of the PCNs and the additional roles that could collectively be played with a view to attaining equity in respect of primary care for local people.

There was a concern about miscommunication between the hospitals and GPs. It was acknowledged that practices in different hospitals did pose a challenge to PCNs, and officer undertook to look into the matter.

Phone systems – many Members referred to the frustration of the public in relation to calling GP surgeries to get an appointment and the long waiting times involved. Addressing the concerns, it was explained that the phone booking systems for GP appointments across Kent and Medway/Swale was being reviewed to be upgraded to become more coordinated and standardised and it was hoped this would be done in the relatively short term.

Decision:

The Health and Wellbeing Board noted the report.

301 Update on Population Health Management and Health Inequalities

Discussion:

The Executive Director of Strategy and Population Health, Kent and Medway introduced the report which set out an update on Population Health Management and the key findings from the Health Inequalities workshop held on 10 June 2021 and proposed the next steps in the development of a Health Inequalities Action Plan for Kent and Medway Integrated Care System.

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

Health inequalities – it was noted that health inequalities were caused by much more than an individual's actions or access to traditional health care. The wider determinates, poverty, housing conditions, job insecurity and joblessness, lack of social activities, education and healthy food had played a pivotal role in terms of increasing inequalities.

Impact of COVID-19 - it was pointed out that certain populations had been affected by COVID-19 more than others, in particular people with underlying health conditions, for example some elderly residents whose dementia symptoms had not been assessed timely due to NHS and primary care resources being taken up by COVID-19 treatment and vaccination. It was added that social care did assess service users to see if they were eligible for support, even before a diagnosis as some would have social care needs which might be more appropriately met by the local authority or the community and voluntary sector. In terms of possible actions at place level, it was recognised that it was necessary to both enable local pilots with multiple partners including

voluntary sector, while building in the right enablers to scale things across the whole system.

Support for people facing health inequalities – the point was made that communities were not hard to reach, services were and ways in which some services were delivered needed to be adapted to meet the needs of the public.

Areas of priority and leadership – it was stated that successful population health management took a long time to complete, involving the sharing and understanding of data and developing it to give everyone better access across the whole system. It also involved the local community and collectively drove for cultural change. The selection of interventions and how they were implemented needed to be worked out within the community.

Decision:

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

302 Kent and Medway Suicide Prevention Strategies for Adults and Children and Young People

Discussion:

The Director of Public Health (DPH) introduced the report, highlighting the seven strategic priorities of the 2021 - 25 Suicide Prevention Strategy, and stressed the need to learn from incidents of suicide. Members noted that the Cabinet would consider the Kent and Medway Suicide Prevention Strategies for adoption at its meeting on 28 September 2021.

Members in general expressed support for the report, and they raised a number of questions and comments which included:

High-risk groups - reference was made to the support needed for three potential high-risk areas/groups:

- a. it was stated that greater emphasis should be given to monitoring the long-term impact of COVID-19 on the mental wellbeing of the affected adults and children including those being impacted as a result of the economic fall-out;
- b. members of the LGBTQI+ community were referred to, particularly in the context of the time lag in relation to transitioning appointments and the frustration and anxiety this could cause; and
- c. reference was made to in-service or retired military and veterans who had served the country could get all the support they might need, for example in finding accommodation and getting support to improve their mental health.

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In response, the DPH pointed out that the Strategies for Children and Young People and for Adults had explicitly included LGBTQ+ communities and military veterans as priority groups. He assured members that joint liaison meetings with respective group representatives were held regularly at local as well as regional levels, which enabled the relevant authority and agencies to provide timely support to people in these groups. There was a view that people impacted by domestic abuse should also be prioritised and considered a high-risk group.

Support for those bereaved by suicide - in response to a question about when this service would start to be provided, the DPH advised that support was currently available for bereaved family and friends of people who had taken their own lives. He undertook to provide information after the meeting as to when the enhanced support under the newly commissioned service would be provided. This new service would be tailored to meet the needs of service users as the strategy progressed.

Concluding the discussion, the Chairman, being the Portfolio holder for Adults Services emphasised that one suicide was one too many and urged all to stay alert and added that the impact of COVID and the support people needed was a focus for Adult Services.

Decision:

The Health and Wellbeing Board agreed to recommend the Cabinet to approve the Kent and Medway Suicide Prevention Strategies on a page, as set out in section 4 of the report.

303 Medway Corporate Parenting Board Annual Report

Discussion:

The Head of Corporate Parenting briefed members on the report highlighting the stability of placements during the COVID pandemic, the work with children in care and the virtual school and it was confirmed that all children received relevant health and dental checks during the pandemic. He also referred to a recent Corporate Parenting Board (CPB) takeover day which had been very positive and was one of the ways developed by the team to ensure the voices of young people were heard. The Director of People – Children and Adults' Services added that everyone in Medway Council was a corporate parent to currently 436 children in care and 183 care leavers. She credited the Lead Member for Children's Services in her role as Chair of the CPB and her dedication in ensuring the CPB's good engagement and support for young people and raising the profile of CPB and its external scrutiny role in respect of Medway Council's responsibility as a corporate parent.

Members expressed support for the report and raised the following questions and comments:

Complaints and developments - a question was raised about complaints made to Local Authority Designated Officer (LADO) and take up of Personal

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Development Plans by carers. Officer advised that the relevant statistics were not out of line and considered it proper for foster carers to be subject to Standard of Care, and potential LADO referrals. As regards take-up rate of Personal Development Plans by foster carers, he assured members that the revised package for foster carers included training, such as “trauma informed parenting” courses, with a focus on therapeutic parenting, being delivered to all carers.

Involvement by Councillors as corporate parents – members expressed for the role councillors could play as Medway’s corporate parents from serving on the CPB, to helping young people in day-to-day tasks such as finding jobs or repairing items. They were pleased to note the positive changes in CPB in recent years, particularly its recognition of the voices and messages of young people. Nevertheless, the number of children in care ending up in criminal justice system or with health issues still posed great challenges to Medway as a corporate parent. There was a view that stability of social workers was also a critical issue that sometimes, a change of social worker might cause emotional turmoil to the child and lead to mental health problem. In response, officers appreciated the roles of corporate parent played by Members at different levels and undertook to put their volunteer resources to the best use for the benefit of the children and young people in Medway. It was added that the local authority and its relevant partners would also act in the best interests of the children and young people concerned.

Decision:

The Health and Wellbeing Board noted the Annual Report of the Corporate Parenting Board.

304 Work Programme

Discussion:

As regards the request of the Kent and Medway Clinical Commissioning Group (CCG) that a member of the Kent and Medway Joint Health Wellbeing Board (KAMJHWB) be nominated to attend meetings of the Kent and Medway Primary Care Commissioning Committee (PCCC), members were keen to ensure that the appointment would tie in with the development of the Integrated Care Systems boards taking into account the report on Medway and Swale Local Care Plan presented and discussed earlier on.

Decision:

The Health and Wellbeing Board agreed

- a) the work programme attached at Appendix 1 to the report; and
- b) to recommend to the KAMJHWB

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- i) that a member of the KAMJHWP be nominated to attend meetings of the CCG's PCCC in accordance with its terms of reference;
- ii) that James Williams, Director of Public Health at Medway attends the PCCC's meetings as the representative of the KAMJHWP;
and
- iii) that this appointment is reviewed in 12 months' time in line with the development of the Integrated Care System boards.

Chairman

Date:

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