

Medway Council
Meeting of Health and Wellbeing Board
Thursday, 10 February 2022
3.07pm to 6.42pm

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)
Lee-Anne Farach, Director of People - Children and Adults' Services
Councillor Adrian Gulvin, Portfolio Holder for Resources
Councillor Vince Maple, Leader of the Labour and Co-operative Group
Donna Marriott, Assistant Director, Children's Social Care
Martin Riley, Joint Senior Responsible Officer, Medway and Swale Integrated Care Partnership
Councillor Stuart Tranter
James Williams, Director of Public Health
- Substitutes:** Rachel Jones, Executive Director of Strategy and Population Health (Substitute for Paul Bentley, Accountable Officer, NHS Kent and Medway CCG)
- In Attendance:** Alison Davis, Chief Medical Officer, Medway NHS Foundation Trust
Wayne Hemingway, Head of Democratic Services
Neil Howlett, Community Safety and Enforcement Manager
Su Irving, Head of Adult Partnership Commissioning and the Better Care Fund
Andrew Rabey, Chair, Kent and Medway Safeguarding Adults Board
Jacqueline Shicluna, Lawyer (Adults)
Dr David Whiting, Consultant in Public Health
Debbie Yau, Democratic Services Officer

681 Apologies for absence

Apologies for absence were received from Councillor Howard Doe, Councillor Gary Etheridge, Councillor Martin Potter, Jackie Brown, Assistant Director Adults' Services, and Dr Farnaaz Sharief, Medway and Swale Primary Care Network Representative.

Health and Wellbeing Board, 10 February 2022

The Chairman took the opportunity to inform the Board that Wilf Williams, former Accountable Officer, NHS Kent and Medway CCG had left the office. An apology of absence was received from his successor, Paul Bentley who was substituted by Rachel Jones, Executive Director, Strategy and Population Health, Kent and Medway CCG. The Board welcomed Paul and wished Wilf well in his future endeavour.

In respect of invited attendees, apologies of absence were received from Helen Greatorex, KMPT and Dr George Findlay who was represented by Alison Davis, Chief Medical Officer, Medway NHS Foundation Trust.

682 Record of meeting

The record of the meeting held on 18 November 2021 was agreed and signed by the Chairman as correct.

683 Urgent matters by reason of special circumstances

There were none.

684 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 and Refreshed Action Plan 2022-2023) as he was the Chairman of the Community Safety Partnership.

Councillor Maple declared an interest in agenda item 7 (Community Safety Partnership Plan 2020-2024 and Refreshed Action Plan 2022-2023) as he was a member of the Community Safety Partnership.

685 COVID-19 Local Outbreak Management Plan Briefing

Discussion:

The Director of Public Health (DPH) provided an overview of the current rates of COVID-19 infection in England and Medway. The recent surge in infections associated with the Omicron variant appeared to have peaked in recent weeks. Infection rates were highest in school aged young children but were slowly

Health and Wellbeing Board, 10 February 2022

coming down. Mortality rates were much lower than previous waves and hospitalizations associated with COVID-19 infection were reduced. The DPH updated the HWB on progress made in relation to rollout of the COVID-19 vaccination programme. He also provided an overview of current and future testing arrangements for COVID-19 in Medway.

The following issues were discussed:

Vaccination and testing- whilst it was expected that current legislation and associated restrictions to control COVID-19 might end sooner than expected (24 February), it was important that local residents continue to follow guidance and take up the offer of vaccination if they had not already done so. The DPH said he believed access to free PCR test kits would still be available for those people deemed to be at greatest risk of infection. He said that to address the concerns that many people might have, in particular those clinically vulnerable, it was necessary to refresh our communication strategies to ensure people were clear about the support available and the actions they needed to take to protect themselves and the wider community.

The new normal- a question was raised about what the new normal might be, how would society function without formal restrictions to manage COVID-19, such as whether people would wear face coverings and undergo regular testing. The DPH advised that the Health Protection Board that assessed risks had used statistical modelling to try and predict the rates of infection and quantify the impact of changes in people's behaviour. It was difficult to accurately predict what people might do, but it was likely there will be ongoing use of face coverings by some individuals and some for testing. People would choose to physical distance from others even if not regulated. We should all try and follow the basic hygiene principles of regular hand washing which would help to reduce the spread of other infections such as seasonal influenza.

Learning to live with COVID- there was a reflection on reduction in the number of COVID-19 patients in hospitals, and the compassionate conversation between medical colleagues and patients, focussed on increasing vaccination rates.

There was a suggestion that to build future resilience, there should be ongoing longer-term preparation and planning for any future pandemics. This should include vaccinator training for non-medical persons. This would free up clinicians to do more specialist work. There was also a request for more work with employers and guidance on any future vaccination programme. This work to engage with them was to ensure they were aware of the benefits of supporting their workforce to manage COVID-19 and facilitate self-isolation where required. The DPH advised that the frequency of any future booster vaccination programme would be a matter for the Joint Committee on Vaccination and Immunisation to decide. In terms of future preparedness, there was ongoing work through local forums that would address training and development, workplace engagement and the general response to COVID-19.

Decision:

Health and Wellbeing Board, 10 February 2022

The Health and Wellbeing Board noted the report and expressed heartfelt appreciation for all officers in Medway Council, in particular the Public Health team, NHS and volunteers who had responded to the pandemic over the past 2 years.

686 Kent and Medway Safeguarding Adults Board Annual Report 2020-2021

Discussion:

The Independent Chair (IC) of the Kent and Medway Safeguarding Adults Board (KMSAB) introduced the Board's Annual Report for April 2020 - March 2021, and detailed its responsibilities including developing and publishing a Strategic Plan, assuring continual improvement of safeguarding practice, promoting multi-agency training, holding KMSAB partners to account, producing multi-agency policies and procedures, undertaking Safeguarding Adults Reviews (SARs), producing Annual Report, and setting the strategic direction to protect and empower adults at risk across Kent and Medway. He outlined the membership of KMSAB, its engagement with other organisations and groups across Kent and Medway, and the close collaboration with colleagues in Medway. He pointed out that multi-agency partnerships had encouraged increased referrals and support for residents in need.

The IC detailed the learning gained from ongoing SARs through identified common themes, and their sharing through webinars with a view to arousing "professional curiosity". He commended the work of Medway Task Force which helped vulnerable residents with safeguarding issues. The person-centred approach of Medway had brought about a high satisfaction rating.

The following issues were discussed:

Terminology- a board member referred to the layman's interpretation of wordings such as 'safeguarding', 'prevention', 'vulnerable' and 'domestic abuse', the frightening connotation of which appearing on KMSAB's website might prevent people in need from seeking help. The IC agreed that it was necessary to address to use of terminology and enable lay people to fully comprehend the issues discussed. He suggested webinars could be hosted to provide a more detailed explanation of complex issues. He referred to the potential development of a 'citizen's panel' to help improve how we communicate with lay people.

Marketing- there was a suggestion about the need to engage marketing professionals in social media, The IC highlighted that the hit rate of KMSAB's website between April and October 2021 was 0.5 million high. This was probably as a result of the newsletters posted to some 300 individuals who might have shared them among their circles. It was also likely more people had engaged because of material in the marketing bags handed out at KMSAB's partners' open days.

Safeguarding concerns and enquiries- there was discussion regarding the number of safeguarding concerns in Kent (741) and Medway (733). It was felt this level of enquiry struck a good balance between caseloads and levels of reporting. The IC explained that Medway had been reviewing its process of reporting and brought down the conversion rate (i.e. the proportion of safeguarding concerns that progressed to enquiries) in 2020/2021.

Way forward- a concern was raised about the need to sustain the trust and confidence of people suffering from long COVID or mental health issues, in relation to the existing support system. The IC highlighted that self-neglect and hoarding were major factors in many SARs, which required the intervention of adults' social care. He envisaged that these issues would be brought together and dealt with by the transformed Integrated Care System in the next few years.

Noting that in September 2020, Kent and Medway received additional funding from the Home Office for local prevent resources, a Board member sought information on measures devised to tackle online abuse. The IC stated he was disappointed to note the inadequacy of investigation work in relation to online fraud. In his opinion, this should be dealt with centrally.

A Board member observed that with the increasing safeguarding support provided to victims of domestic abuse, there were fewer court cases not progressing through the court prosecution process due to victims withdrawing.

Decision:

The Health and Wellbeing Board noted the report and thanked the IC of KMSAB for their presentation.

687 Community Safety Partnership Plan 2020-2024 and Refreshed Action Plan 2022-2023

Discussion:

The Community Safety Partnership Manager (CSPM) took members through the report, including an overview of the Community Safety Partnership (CSP) Plan for 2020 to 2024 and the Strategic Assessment 2021 – 2022.

The following issues were discussed:

Community engagement- a Board member expressed appreciation for the work of the CSP which brought together a variety of statutory, non-statutory and voluntary organisations with a shared commitment to reducing crime, disorder and anti-social behaviour in Medway. In response, the CSPM cited a recent example that the Partnership had brought the third sector into a conversation covering the Luton area of Chatham that resulted in the rapid deployment of CCTV to tackle community safety issues in the area.

Health and Wellbeing Board, 10 February 2022

Concern was raised as to how the CSP undertook their work during the COVID-19 pandemic when face-to-face contacts were greatly reduced. The CSPM advised that the CSP had been unable to hold the annual consultation event in 2021 due to COVID-19 restrictions. However, there was a paper consultation carried out which included an online consultation before the end of 2021. A total of 538 responses was received among key strategic partners and voluntary sectors, including a high proportion of female respondents. This would help the CSP to decide on the year-on-year safety benchmark for the coming year. Going forward, the CSP would consider what was safe to do and whether it would conduct on-street random ad hoc consultations on high streets and the rural area as in the past before the pandemic. Nevertheless, consideration might likely be given to continuing online consultation given its satisfactory response rate.

Funding- the Chair of the CSP informed the Board that the CSP had secured funding from Police and Crime Commissioner to be used for crime reduction initiatives. The CSP wished to fund more long-term projects such as a scheme supporting young people's mental health who would not previously have met the threshold for support.

Decision:

The Health and Wellbeing Board noted the Strategic Assessment 2021 – 2022 and the Community Safety Plan 2020 – 2024.

688 Update on the development of the Integrated Care Board

Discussion:

The Executive Director, Strategy and Population Health, Kent and Medway Clinical Commissioning Group (ED, K&M CCG) gave a presentation which updated the Board on the development of the NHS Integrated Care Board (ICB) and Kent and Medway Integrated Care Partnership (ICP), which together constituted the Integrated Care System (ICS) to be put on statutory footing currently from July 2022.

The ED, K&M CCG explained the work which had been undertaken so far, including the need to future proof the system, avoiding duplication as well as setting out the core purposes of the ICS. The ICP would have a specific responsibility to develop an Integrated Care Strategy for the whole population that would help support wellbeing and broader social and economic issues. She also explained how the ICB would work, with regard to service provision and governance.

There was a view that the proposed transformation was beneficial to the community over the longer term. The following issues were discussed:

Population Health Management- as regards health and care provisions in respect of the criminal justice system and former members of the armed forces under the new system, the ED, K&M CCG advised that while concrete

Health and Wellbeing Board, 10 February 2022

arrangements would be finalised in due course, she would expect responsibility to lie with the ICP and/or Health and Wellbeing Board. She explained that the ICP would have a broad composition which would help inclusivity as well as recognising it was important to ensure the right people were involved in the specific discussion for these issues.

Quality of healthcare- a Board member expressed support for the integration, yet he was much more concerned about the quality of healthcare delivered for Medway residents and would endeavour to defend their interest should any changes to the system and organisational structures lower the quality. The ED, K&M CCG explained that the present re-organisation was due to a change in the law. She stated that as the collaborative development proceeded as planned, it was the responsibility of all partners to become excellent organisations and to work together to make health and wellbeing better than any partner could do alone. Improvements in quality were expected in all of the organisations.

Placed-based Partnership- a Board member informed the Board about the expected changes to the Medway and Swale Health and Care Partnership (HCP) during the transformation. He pointed out that the new ICBs to be established placed a much greater focus on inclusive decision making across all partners. Under the place-based partnership, respective local neighbourhoods would be involved in the design and implementation of local care pathways and arrangements must support greater collaboration and integration. Citing the COVID experience where the previous barrier between residents and health organisations had been broken down, all partners could now move forward from the built-up channel in delivering health and care services focusing specifically on patients' experience.

Access to GP services- in response to a query about the Board's request raised at the meeting in June 2021 for a follow-up report on access to GP services which remained outstanding, it was noted that whilst a report on the Medway and Swale Local Care Plan had been considered by the Board in September 2021, it had been considered inadequate.

Decisions:

The Health and Wellbeing Board noted

- a) the updated development of the ICB/ICP; and
- b) that an update on primary care provision would be submitted to the next meeting.

689 Kent and Medway Joint Health and Wellbeing Board

Discussion:

The Head of the Democratic Services (HDS) briefed members on the background leading to the proposed disestablishment of the Kent and Medway Joint Health and Wellbeing Board (Joint Board). He said that while it was

Health and Wellbeing Board, 10 February 2022

recommended to disestablish the Joint Board on 31 March 2022, its replacement, the Integrated Care Partnership would be formally established by the Integrated Care Board (ICB), Medway Council and Kent County Council, as a Joint Committee, after the Health and Care Bill received royal assent which was currently scheduled for July 2022.

The following issues were discussed:

Health and Wellbeing Board- a Board member recalled the establishment of the Health and Wellbeing Board (HWB) under the Sustainability Transformation Programme in 2013. While the HWB had distinguished itself from the Council's Overview and Scrutiny Committees, it did achieve a lot as an advisory group in the development of health and care services. Echoing his view, another member cautioned the need to preserve HWB's uniqueness in pooling professionals together from various health and care organisations. The Director of Public Health highlighted that while the Health and Care Bill was explicit in the establishment of the ICB and ICP, it had reaffirmed the role and responsibility of the HWB.

A question was asked about the timeline for changes made to the HWB's membership and terms of reference to be agreed by the Full Council. The HDS advised that the said changes could only be considered by the Council once the ICB was formally established. Therefore, at present, it was likely to be the meeting of the Full Council in July 2022.

Joint Board- there was a suggestion for the Joint Board, before its disestablishment on 31 March 2022, to hold its final meeting as scheduled on 15 March 2022 so that outstanding items, if any, could be reviewed and properly disposed of.

Decision:

The Health and Wellbeing Board agreed to disestablish the Kent and Medway Joint Health and Wellbeing Board on 31 March 2022 and agreed that the Joint Board should hold its final meeting as scheduled on 15 March 2022.

690 Better Care Fund

Discussion:

The Head of Adults' (25+) Partnership Commissioning and Better Care Fund (H/APC & BCF) introduced Medway's draft Better Care Fund (BCF) plan for 2022-2023. Board members noted that the primary aim of the BCF is to facilitate integration between health and care organisations, in order to deliver person-centred and coordinated services.

The following issues were discussed:

Funding- regarding the question of funding items and expenditure made by Medway Council in comparison to other similar unitaries, the H/APC & BCF

Health and Wellbeing Board, 10 February 2022

explained that it was difficult to do a direct comparison as it required a matrix analysis of the spending and performance, and some service items might not be delivered by the unitary under study. For example, the services of intermediate care and reablement in Medway's BCF were not delivered at Kent's. Nevertheless, she undertook to conduct some comparisons and if applicable, to finetune the draft BCF plan 2022-2023.

Performance monitoring- Board members noted that performance monitoring would take place quarterly on an agreed set of metrics, which would evidence the impact of BCF implementation in Medway. There was a view that these metrics, set nationally, were useful indicators to monitor performance and should be expected to have minor variations from time to time.

Decision:

The Health and Wellbeing Board noted the report and draft BCF plan for 2022-2023.

691 "Bridging the digital gap - Improving health outcomes through digital innovation" Annual Report of the Director of Public Health 2020 - 2021

Discussion:

The Director of Public Health (DPH) briefed the Board on his Annual Report 2020 – 2021. He said that pursuant to the COVID-19 pandemic, there was a cultural change in people's interaction from conventional face-to-face engagement to online. It was therefore crucial that Medway responded quickly to these challenges. Digital innovation would ensure residents, particularly those who lived independently, had the capability to stay digitally connected and supported if necessary.

Digital poverty - the Director of People – Children and Adults' Services expressed support for the report's focus on digital exclusion. She informed the Board that at a poll conducted among social care and early help colleagues during the first lockdown, 35% of the families in Medway were experiencing digital poverty. She considered that whilst a laptop was a standard provision in most schools, Medway should seek to eradicate digital poverty ahead of other local authorities.

The DPH pointed out that the use of laptops was essential to enable children to access remote education delivered through Zoom or MS Teams. He highlighted the benefits for people who acquired basic digital skills, including increasing earnings, being able to buy cheaper products online and communicating with family and friends more frequently.

Access to advancing technology- a Board member commended the idea of improving health outcomes through digital innovation yet cautioned the need to keep up with the rapid technological advancement. This would enable residents to retain access to emerging technologies. This was supported by another member who agreed that whilst the Council was currently making best use of

Health and Wellbeing Board, 10 February 2022

current technology, it should look to review the infrastructure and replace any obsolete devices or technology within any community hubs.

The DPH explained the Council was aware of the need to facilitate access to digital services for the population of Medway. This would support some of the most vulnerable communities to improve their life chances. Local libraries continue to provide essential services for people who need to get online and deal with issues related to employment, benefits, or gain access to health or other services online.

A Board Member advocated eradicating digital exclusion in Medway in five years' time. The member suggested that older people may also benefit from digital innovation. The Council should seek to support elderly people who did not have the equipment or capability to go online. Consideration should be given to providing older adults in need with equipment, to the same extent as that provided to children. This would enable all local people to access free WIFI via future capability being implemented across Medway, for example through the use of the lighting columns as WIFI base stations.

The Joint Senior Responsible Officer (JSRO), Medway and Swale Integrated Care Partnership, highlighted the provision of an iPad library to loan equipment to care homes without this technology. This equipment was made possible through subsidized arrangements with IT suppliers. The JSRO stated that action was being taken to improve internet access for the primary care networks (PCNs) in Strood and the Peninsula. Further work was being undertaken to explore the feasibility of linking the PCN systems with other clinical systems.

The DPH informed the Board there was a commitment within the NHS to increase the capacity and capability of service users to get the most benefit from improvements in technology. This would help residents get the most value from their interaction and engagement with the NHS and other services digitally.

Members expressed their appreciation for the report.

Decision:

The Health and Wellbeing Board noted the Annual Report of the Director of Public Health 2020-2021.

692 Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment Monitoring Report

Discussion:

The Deputy Director of Public Health (DDPH) updated Board members on the key Joint Health and Wellbeing Strategy (JHWS) indicators, which was related to the five themes of the JHWS. The indicators were those that were published nationally and allowed comparison with other local authorities in England. The

Health and Wellbeing Board, 10 February 2022

indicators showed that in some areas there had been improvements while others still provided challenges for Medway.

Board members expressed appreciation for the comprehensive report. The following issues were discussed:

Reduce health inequalities- with reference to the examples of health inequalities set out in paragraph 3.15.7 of the report that the health and wellbeing of residents living in deprived areas were negatively affected, a Board member sought information on ways to limit the potential impacts particularly in view of the rising cost of living. The DDPH advised that the health inequalities were addressed through public health interventions by applying a proportional approach where extra efforts were required in areas with high levels of deprivation and worse outcomes. The Director of Public Health (DPH) emphasised the importance of the wider determinants of health such as digital access and inclusion, job assistance, and receiving education to enable self-reliance.

Reduce smoking in pregnancy- there was an urge for the need to combat the sale of illicit tobacco in Medway. The DPH assured Board members that Medway had a good track record of tracking down illicit tobacco.

Application- in response to the concern about the use of the data, the DDPH explained that the data was used in different ways by different groups. The Public Health team compared the data to those in other authorities to evaluate performance. The data was also used to inform health promotion work, provide profiles for the Medway and Swale health and care partnerships, and other health and care partnerships across Kent and Medway, and primary care networks. The DPH added that the data would help health professionals to make informed decisions, from encouraging childhood vaccination to provide herd immunity to commissioning contracts to achieve certain health outcomes. The Joint Senior Responsible Officer, Medway and Swale Integrated Care Partnership said they also used the data to identify and support those who were suffering from obesity/diabetes or dementia and to support action being taken to reduce variation in the quality of primary care across Medway and Swale.

Decision:

The Health and Wellbeing Board noted the indicator updates of JHWS.

693 Work Programme

Discussion:

The Democratic Services Officer briefed members on the work programme set out in Appendix 1 to the report. She invited members to note that subject to the liaison between the Director of Public Health and report authors, additional report items might be added to the provisional meetings on 16 June and 1 September 2022.

Health and Wellbeing Board, 10 February 2022

As regards the report on primary care provision (access to GP services), it was explained that the Health and Adult Social Care Overview and Scrutiny Committee was in the process of forming a Task Group to study related issues, therefore, the Chairman and the Director of Public Health would liaise on timings for a report back to the Board to avoid any duplication between the Board and the Task Group.

Decision:

The Health and Wellbeing Board agreed the work programme attached in Appendix 1 to the report and noted that the Chairman and the Director of Public Health would liaise on timings for a report back to the Board on primary care provision (access to GP services).

Chairman

Date:

Debbie Yau, Democratic Services Officer

Telephone: 01634 332947

Email: democratic.services@medway.gov.uk