

**Medway Council**  
**Meeting of Health and Wellbeing Board**  
**Thursday, 14 April 2022**  
**3.03pm to 5.22pm**

**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' Services  
Margaret Cane, Healthwatch Medway  
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  
Councillor Martin Potter, Portfolio Holder for Education and Schools  
Councillor Stuart Tranter  
James Williams, Director of Public Health
- Substitutes:** Rachel Jones, Executive Director of Strategy and Population Health (Substitute for Paul Bentley)
- In Attendance:** Vicki Broom, Whole Systems Obesity Officer  
Scott Elliott, Head of Health and Wellbeing Services  
Dr David Whiting, Deputy Director of Public Health  
Debbie Yau, Democratic Services Officer

**811 Chairman's Announcement**

The Chairman advised that there was a change of membership in Medway Healthwatch representative in that Pat Gulvin had been replaced by Margaret Cane. He welcomed Margaret and thanked Pat for her contribution to the Health and Wellbeing Board in the past years, and hoped she enjoyed her next endeavour.

The Chairman also took the opportunity to bid farewell to Rachel Jones, Executive Director of Kent and Medway Clinical Commissioning Group (CCG) as she was leaving her role in CCG soon. On behalf of the Board, the Chairman conveyed special thanks to Rachel for her contribution in the past and wished her all the best in future endeavours.

**812 Apologies for absence**

Apologies for absence were received from Councillor Howard Doe and Donna Marriott, Assistant Director, Children's Social Care. The Chairman thanked Councillor Adrian Gulvin who had kindly agreed to serve as the Vice-Chairman of the meeting on behalf of Councillor Doe.

With respect to invited attendees, an apology for absence was received from Helen Greatorex, Kent and Medway NHS and Social Care Partnership Trust and Dr Caroline Rickard, Local Medical Committee.

**813 Record of meeting**

The record of the meeting held on 10 February 2022 was agreed and signed by the Chairman as correct.

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

There were none.

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

Disclosable pecuniary interests

There were none.

Other significant interests (OSIs)

Councillor Adrian Gulvin declared that in relation to item 9, some of the premises mentioned in the Pharmaceutical Needs Assessment Report were Medway Council's properties over which he had a responsibility.

Other interests

There were none.

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

**Discussion:**

The Director of Public Health (DPH) provided an update on the Local Outbreak Management Plan (LOMP) and amendments made to this plan in light of the Government's living with COVID-19 strategy.

The DPH highlighted that from 1 April, the Government would, amongst other things, no longer provide free universal symptomatic and asymptomatic testing for the general public in England. Specific guidance on living with COVID-19 had been produced. In addition, information on how to access testing for the minority of individuals and organisations who might still be eligible for testing

## Health and Wellbeing Board, 14 April 2022

(health and social care staff, clinically vulnerable individuals) had been published and disseminated. He advised the Government would continue to be guided by the Joint Committee on Vaccination and Immunisation (JCVI) on whether there would be any changes or amendments made to the deployment of the COVID-19 vaccination programme. This programme had prevented many hospitalisations and deaths. He urged Board members to encourage those who were most vulnerable or yet to take up their initial vaccine offer to get vaccinated. The vaccination programme was being maintained as they remained accessible after 1 April.

The DPH advised Medway Council would continue to work with partners and maintain surveillance capability to monitor the prevalence and spread of COVID-19 locally. Working with the UK Health Security Agency, the Council was able to access data from the Office for National Statistics and other sources to track the spread of COVID-19. Medway was also retaining a residual capability for a period to undertake surge testing if required.

The following issues were discussed:

**Scenarios** - concern was raised about the actions that would be undertaken if the worst-case scenario whereby young people were badly affected due to the emergence of a new variant of COVID-19. In response, the DPH advised that ongoing surveillance would enable the early identification of such a variant. There would then be a system response appropriate to the risk initiated by the UK Health Security Agency. The local authority would be part of that response.

**Vaccination** - on ways to encourage vulnerable people who had previously refused to receive vaccines but had now a change of minds in the course of time, the DPH referred to the evergreen offer for those who were yet to receive the first jab. He said that there was good evidence from work undertaken with local community champions to encourage vaccination uptake. The Head of Health and Wellbeing referred to the vaccine hesitancy programme. Different approaches had been used to engage with and support diverse community groups to take up the offer of vaccination to protect against the COVID-19 virus. He added that there was an important role for advocates, especially councillors, who were important influencers to help boost vaccine uptake now and in preparation for the autumn period. The DPH advised that those at extremely high risk with a weakened immune system, and people aged 75 years and over, were being offered the Spring booster of COVID-19 vaccine. The NHS were in the process of contacting these specific groups individually through different means and arranging for them to be vaccinated at either the GPs or a vaccination centre.

Asked whether the uptake of the Spring booster had been affected by the issue of complacency, the DPH pointed out that the uptake rates among those 75+ and people at risk were very satisfactory. The Executive Director, Kent and Medway Clinical Commissioning Group advised that there were small cohorts in the population who did not believe in vaccination. She understood that some young children's parents had refused to have their children vaccinated. In this

## Health and Wellbeing Board, 14 April 2022

regard, the DPH emphasised the need to facilitate and enable these people to understand the benefits of vaccination.

**Testing** - expressing appreciation to the Public Health team of Medway in particular those who helped at vaccination centres, a member asked about the availability of testing after 1 April. The DPH advised that under the national policy, there would be some limited ongoing free testing available for a small number of at-risk groups from 1 April. This cohort could continue to order test kits via an online portal. The living with COVID-19 guidance provided public advice for everyone to help them avoid infection. It was recognised that people on low incomes who were not eligible for free testing might have concerns. The main thing for everyone to do if they experienced COVID symptoms was to self-isolate and monitor their conditions. Should they need additional support, advice was available online and through 111 for general NHS queries. The best way to ensure the risk was reduced for such groups was to ensure they were all properly vaccinated.

**Employers** – as regards safer behaviours to be adopted by employers, the DPH advised that from 1 April, the Government would remove the health and safety requirements for every employer to explicitly consider COVID-19 in their risk assessments and replace the existing set of “Working Safely” guidance with new public health guidance. This enabled employers to take responsibility for implementing appropriate mitigation within a specific workplace environment.

### **Decisions:**

The Health and Wellbeing Board noted the report and gave recognition to all volunteers who had helped in vaccination sites across Medway.

## **817 Update on the development of the Population Health Management**

### **Discussion:**

The Executive Director, Strategy and Population Health, Kent and Medway Clinical Commissioning Group (ED, K&M CCG) updated Board members on the progress of the population health management (PHM) development programme following the final System-level Action Learning Set (ALS) the delivery of which took place on 1 March 2022.

The ED, K&M CCG said that one of the areas of PHM was to develop mechanisms to improve outcomes and reduce health inequalities. It was necessary to ensure improved access to health services by different cohorts of the population recognising method of delivery might be different for different people. The success of the 22-week cycle of PHM relied on data and their interpretation/application by local intelligence. It was agreed that co-production should be a key principle underpinning the action plan and local communities must be involved in its design and delivery, which was a keen pursuit of the Kent and Medway Joint Health and Wellbeing Board.

## Health and Wellbeing Board, 14 April 2022

The ED, K&M CCG reminded that it had been agreed that Kent and Medway could make a difference by focusing on people with mental health conditions and on areas of highest deprivation to reduce inequalities. The participating neighbourhoods (four Primary Care Networks) had identified similar themes, like diabetes and obesity, for areas of focus. It was expected to roll out the next phase of PHM, i.e. spread the learning and sustain the PHM approach, in May 2022 for completion, across Kent and Medway, in about 18 months' time. Full implementation would require the delivery of a linked data set which included wider determinants of health such as social care, education, housing and employment to build a better picture of the population.

The ED, K&M CCG further advised that while the health inequalities programme had recently received a funding of £5.9 million, the change in the funding regime for health systems remained one of the programme's biggest challenges.

The following issues were discussed:

**Oversight of Health Inequalities, Population Health and Prevention –** comments were made on the complexity of the cause and effect of health inequalities. On real practical intervention and expected outcomes, the ED, K&M CCG referred to the Inequalities, Prevention and Population Health (IPPH) Committee to be formed under the Integrated Care Board (ICB) and urged that opportunity should be seized in using the platform to develop health strategy and outcomes and to oversee the delivery of population health and prevention programmes. She advised that Medway Council at large would be represented at both the ICB and the IPPH Committee.

The DPH added that the IPPH Committee would include responsibility to inform the development of strategic and clinical transformation and innovation plans that impacted on health inequalities which sat outside the remit of other ICB. The role of PHM was to facilitate an approach to partnership working that delivered improved population outcomes in the short, medium to long term. As regards locality needs, the DPH pointed out that such needs should also be assessed by the NHS through connecting with PCNs and via voluntary sector organisations and other agencies such as the Medway Taskforce.

### **Decisions:**

The Health and Wellbeing Board noted the update and agreed to continue to support the spread and sustain plans.

## **818 Whole Systems Approach to Obesity Priorities for 2022/23**

### **Discussion:**

The Head of Health and Wellbeing (HHW) briefed the Board on the context around the Medway Obesity data following the Medway Healthy Weight Summit

## Health and Wellbeing Board, 14 April 2022

and participation from the Network members and a summary of the Council's priorities for the coming year.

**Collaboration among partners of the Healthy Weight Network:** responding to members' concerns, the HHW advised that as reflected in the PHM report, tackling obesity positively would have a huge impact on the population's mental wellbeing. He pointed out that the success of the healthy weight programmes hinged on community and family connectedness.

The HHW then introduced the programme of actions in 2022/2023 relating to physical activities and healthy eating and briefed members on the schedules of meeting community partners in promoting the action plans. The DPH highlighted the tangibility of the programme and suggested taking efforts to motivate say 2% of the affected population each time, to build up the required momentum. The measurable outcomes would then serve as advocates for the next round of actions to promote healthy weight.

As regards collaboration with business partners, the Whole Systems Obesity Officer (WSOO) advised that it was now a good time to re-engage with them given the pressures associated with the pandemic easing. The HHW said that Councillors, as well as health professionals like doctors and nurses, were trusted persons that should be involved during the engagement processes with businesses and schools.

The WSOO further advised that due to COVID-19, the Public Health teams' face-to-face work with organisations had been restricted until recently. Face-to-face meetings had now resumed. She was pleased to note that the Medway Healthy Weight Summit held in February 2022 saw an increased attendance of approximately 25 percent over the last year, across the public, private and voluntary sector representatives.

**Medway Physical Activity Network** – the Board noted that there were many collaborations that had developed from the alliance between schools, local charities, organisations and businesses to promote physical activity. There was a suggestion that instead of taking part in the activities rolled out by the Public Health team, these organizations might design their activity plans to engage in the types of activities they preferred. The HHW welcomed the idea and advised that interested organisations should contact the team for further information.

### **Decision:**

The Health and Wellbeing Board noted the report and priority actions identified by the Healthy Weight Network.

## **819 Pharmaceutical Needs Assessment 2022 - 2025**

### **Discussion:**

The Deputy Director of Public Health (DDPH) presented the draft Pharmaceutical Needs Assessment (PNA) that would go out for a 60-day

## Health and Wellbeing Board, 14 April 2022

consultation. He explained that under the National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349), Health and Wellbeing Boards were responsible for publishing a PNA which stated what pharmaceutical services were currently available and where future changes were needed because of demographic or other changes.

NHS England (the national body responsible for commissioning pharmaceutical services) relied on PNAs to inform decision-making, specifically regarding whether existing pharmaceutical services met local needs. NHS England also used the PNA to assess applications from applicants who wanted to modify existing services or deliver new pharmaceutical services within Medway.

The following issues were discussed:

**Collection and delivery services** – on the question of delivery charges, the DDPH advised that delivery of medicines was not currently a commissioned service provided by pharmacies. However, most pharmacies delivered dispensed medicines free of charge while some might charge for this service and members of the public might change to other pharmacies in the same area. DDPH added that people could find a nearby pharmacy using their postcode via the NHS website (<https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy>).

There was a suggestion for the authority to investigate what could be done to enable free delivery of dispensed medicines to all Medway residents. The DPH responded that the pharmaceutical services were commissioned by the NHS England and local authorities had no control over delivery charges. However, Medway residents might voice their needs for free delivery during the 60-day consultation.

**Supervised consumption of opioid substitutes** – the Board noted that substances such as heroin, opium and morphine were known as ‘opioids’ which could change a person’s mood or behaviour. Addressing concerns of opioid dependence and abuse, the DPH clarified that supervised consumption of opioid substitutes by community pharmacies was part of the organised treatment plan. He reassured that as the pharmacist supervised the patient’s consumption of the opioid substitute in the pharmacy, the risk of illegal diversion or consumption by anybody other than the patient was hence minimised.

**Out of area providers of pharmaceutical services** – Board members noted that 92% of the prescriptions issued by prescribers were dispensed “in area” of Medway while the remaining were dispensed outside of Medway, for example, by a pharmacy in Kent or distance-selling pharmacies. The DDPH added that in the last 3 years, an average of 5% of the prescriptions dispensed by community pharmacies in the area were prescribed by GP practices out of the area.

**60-day consultation** – on whether the consultation document and its summary, if any, would be accessible to all and provided in different languages,

## Health and Wellbeing Board, 14 April 2022

the DPH said that the authority upheld access equity and would accommodate the needs of specific communities and facilitate their involvement in the process. The DDPH undertook to make the consultation documents accessible to different communities in the future.

### Decisions:

The Health and Wellbeing Board agreed to

- a) the draft Pharmaceutical Needs Assessment for consultation; and
- b) delegate authority to the DPH, in consultation with the Chairman of the Health and Wellbeing Board, to finalise and sign off the updated version for consultation given the Board had requested amendments to the PNA.

## 820 Work Programme

### Discussion:

The Democratic Services Officer introduced the report and highlighted that the Health and Care Bill was now expected to receive royal assent at the end of April 2022. She said that a report would be submitted to the June meeting reviewing the terms of reference and membership of the Board to take account of the implementation of the Integrated Care Board by 1 July in place of the current Clinical Commissioning Group.

**Emergency assistance to Ukrainian refugees** – there was a suggestion to invite a representative from the local charity which had been formed among European and local residents to assist Ukrainian refugees to the September meeting. The DPH advised that the Lead Officer who was coordinating emergency assistance to Ukrainian refugees might serve as the single point of contact to engage all parts of the Council, including making necessary arrangements for the charity representative to attend the Board meeting.

**Update on Population Health Management** – as regards the next update on PHM, the ED, K&MCCG advised that the 22-week PHM should be updated in about 6 months' time, and the next update would be in September.

### Decision:

The Health and Wellbeing Board agreed the work programme attached at Appendix 1 to the report and noted the views of DSO and Board members.



**Health and Wellbeing Board, 14 April 2022**

**Chairman**

**Date:**

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