

Medway Council
Meeting of Health and Wellbeing Board
Thursday, 16 June 2022
3.00pm to 4.47pm

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 Gary Etheridge
Councillor Adrian Gulvin, Portfolio Holder for Resources
Councillor Vince Maple, Leader of the Labour and Co-operative Group
Councillor Stuart Tranter
Margaret Cane, Healthwatch Medway
Donna Marriott, Assistant Director, Children's Social Care
- Substitutes:** Dame Eileen Sills, ICB Interim Chief Nursing Officer Designate Kent & Medway CCG (Substitute for Paul Bentley)
- In Attendance:** Clare Bright, Associate Director, Adult and Children's Safeguarding, Kent and Medway CCG
Rebecca Cooper, Head of Safeguarding and Quality Assurance
Ken Ezeaku, Senior Public Health Analyst
Wayne Hemingway, Head of Democratic Services
David Whiting, Deputy Director of Public Health
Debbie Yau, Democratic Services Office

64 Election of Chairman

Councillor David Brake was elected as Chairman of the Board for the 2022/23 Municipal year.

65 Election of Vice-Chairman

Councillor Howard Doe was elected Vice-Chairman of the Board for the 2022/23 Municipal year.

66 Apologies for absence

Apologies for absence were received from:

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- a) Lee-Anne Farach, Director of People - Children and Adults' Services;
- b) James Williams, Director of Public Health who was substituted by Dr David Whiting, Deputy Director of Public Health;
- c) Jackie Brown, Assistant Director Adults' Services; and
- d) Paul Bentley, Accountable Officer Accountable Officer, NHS Kent and Medway Clinical Commissioning Group who was substituted by Dame Eileen Sills, ICB Interim Chief Nursing Officer Designate, Kent & Medway CCG.

Apologies for absence were also received from invited attendees Jayne Black (Chief Executive, Medway NHS Foundation Trust), and Helen Greatorex (Chief Executive, Kent and Medway NHS and Social Care Partnership Trust (KMPT)).

67 Record of meeting

The record of the meeting held on 14 April 2022 was agreed and signed by the Chairman as correct.

68 Urgent matters by reason of special circumstances

There were none.

69 Declarations of Disclosable Pecuniary Interests and Other Significant Interests

There were none.

70 COVID-19 Local Outbreak Management Plan Briefing

Discussion:

The Deputy Director of Public Health (DDPH) provided an update on the Local Outbreak Management Plan (LOMP) and other recent updates in light of the Government's living with COVID-19 strategy.

The following issues were discussed:

Long COVID – in response to Board members' request, the DDPH undertook to provide information on the statistics relating to long COVID and advised that many studies were being undertaken in the area. There was also a concern about the impact on mental health caused by long COVID.

Vaccination – Board members continued to encourage those Medway residents who were yet to take up their initial or the required vaccine offers to receive the respective doses.

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Noting that clinically extremely vulnerable individuals should receive booster jabs further to the standard three doses, a Board member expressed concern that this was not occurring in his ward. Another member noted the difference in accessibility to vaccination among different wards in Medway. The ICB Interim Chief Nursing Officer Designate, Kent & Medway CCG (CCG Rep) clarified that there had indeed been some confusion between the third dose and a booster jab. She advised that together with the Spring Booster, some clinically extremely vulnerable people should have received 5 jabs. At the request of the Chairman, the CCG Rep agreed to provide the relevant statistics for all wards across Medway.

As regards the problem of people having trouble using the NHS app to get vaccinated, the DDPH advised that Medway residents could find a walk-in clinic near them on the national *“Find a walk-in coronavirus (COVID-19) vaccination site”* via the following weblink: <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/find-a-walk-in-coronavirus-covid-19-vaccination-site/>.

Lessons learnt – a Board member considered it was now timely to draw up lessons learnt from LOMPs, including acknowledging the local resources deployed to implement an effective track and trace, and the brilliant work of frontline medical staff. It was also worth noting the room for improvement in respect of the provision of personal protective equipment (PPE) which was related to procurement and logistics arrangements between central government and the local authority. While expecting to receive a national report on lessons learnt, he hoped that the Board could consider lessons learnt in Medway.

Face-to-face GP services – Given that all health and safety requirements for employers and the guidance on domestic voluntary COVID-status certification had both been removed, Board members asked when the restrictions on face-to-face GP services would also be removed. In response, the CCG Rep advised that GPs were independent practitioners who ran their businesses according to the national guidance. On lessons learnt, GPs faced great challenges during the pandemic, and it might be necessary to transform some of the existing practices.

A Board member noted that a Task Group on GP appointments and access to services was formed under the Health and Adult Social Care Overview & Scrutiny Committee. He also reminded the Board that it was the directive of the Department of Health given at the beginning of the pandemic for GP appointments to go online.

Monkeypox – A Board member noted from the DPH a couple of days ago that there were no cases of Monkeypox in Medway. The DDPH undertook to report at a future meeting.

Decision:

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The Health and Wellbeing Board noted the report and Board members' comments in respect of long COVID, provisions of GP services and the vaccination programme in terms of performance and accessibility.

71 Medway Safeguarding Children Partnership Update Report

Discussion:

The Head of Safeguarding and Quality Assurance (HSQA) introduced the report. She highlighted the five priorities set by the Medway Safeguarding Children Partnership (MSCP) for 2022-2023, namely, 1. Effective partnerships; 2. Contextual safeguarding and trauma informed practice; 3. Domestic abuse; 4. Neglect; 5. Effective early help. She said that the MSCP would be adding a new priority around violence against women and girls and sexually harmful behaviour in September 2022.

The HSQA further advised that the key focus of the MSCP in the past six months was undertaking learning reviews, including rapid or local safeguarding reviews involving serious safeguarding incidents, and learning lessons reviews, whereby agencies together identified potential for learning including good practices. The MSCP Independent Scrutineer had also assessed the impact of local learning reviews, the details of which could be found in the report. She also remarked that the MSCP was able to influence other organisations through multi-agency safeguarding training.

The following issues were discussed:

Multi-agency Safeguarding Training – in response to a question, the HSQA advised that the MSCP Business Manager had engaged with the senior management of the Medway Voluntary Action (MVA). She undertook to provide information on the number of training opportunities taken up by members of MVA organisations in the Annual Report 2021-22 which would follow later in the year.

RAG rating – noting that each action on the MSCP Business Plan 2021 – 2023 (Appendix 2) would be given a RAG (Red, Amber, Green) rating according to the stated definitions, a query was raised that most of the Amber ratings should in fact be Red. The Assistant Director, Children's Social Care pointed out that the document, draft version no. 7, was prepared in April 2022 when many of the actions referred to were indeed "progressing with actions likely to be achieved within timescale". She assured the Board that those actions marked in Amber were still subject to ongoing scrutiny by proper authorities, including the respective Overview and Scrutiny Committees.

Priority One: Effective Partnership – responding to the question on opportunities to work with wider groups of children and young people to support the work of the MSCP, the HSQA remarked that the MSCP benefitted from the Child-Friendly Medway survey that reached hundreds of young people and children, including children in need and children in care, and work in partnership with the commissioned services such as the Young Lives

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Foundation. She stressed that through different platforms, the MSCP was able to seek the views and listen to the voice of diverse groups of young people.

Priority Three: Domestic Abuse – in relation to services provided to victims of domestic abuse, the Associate Director, Adult and Children's Safeguarding, Kent and Medway Clinical Commissioning Group (CCG) advised that the CCG had commissioned hospital independent domestic violence advisor service. The main purpose of the service was to reach out to domestic abuse victims with the aim of reducing the harmful effects domestic abuse had on them.

With reference to the Council's role within the Kent and Medway Domestic Abuse Strategy 2020 – 2023, the HSQA said that this was under the purview of the Director of Public Health. In terms of the Partnership's response, she relayed that Children's Service's staff worked with children, young people and their families where there were victims and perpetrators of domestic abuse and that Children's Services also had an out of hours service that responded to immediate danger, along with partners in Health and Police.

Priority Four: Neglect – there was a concern that neglect was closely related to the rising cost of living. The HSQA said that 2022 was named the Year of Neglect which acknowledged the challenges of the cost of living. She said that about 200 people across a whole range of partner agencies had taken part in a recent Neglect Conference held virtually, and related issues were discussed and debated with a view to influencing the MSCP strategy. Frontline social workers acknowledged the rising cost of living as an additional risk factor for children and families. At a Board member's request, the HSQA agreed to provide the conference recording, if available.

Priority Six: Violence against women and girls and sexually harmful behaviour – a Board member referred to the survey conducted by the Community Safety Partnership in which most of the 700+ respondents were females who had particular concerns about street safety. The HSQA echoed the work of the Safe Streets Taskforce in respect of street lighting and the safety of walking home alone and walking in alleyways.

Decisions:

The Health and Wellbeing Board noted the content of the updated report, the Strategic Plan 2022-23 and the draft Business Plan 2021 – 2023, and Board members' comments made during the discussion.

72 Medway Health and Wellbeing Survey

Discussion:

The Deputy Director of Public Health (DDPH) introduced the report. He said that a number of key indicators in the Medway's Joint Health and Wellbeing Strategy (JHWS) came from data collected as part of national surveys, which were designed to provide robust estimates at the local authority level as a

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whole. The Medway health and wellbeing survey was, on the other hand, able to provide more granular estimates for individual areas within Medway and thus would be more useful in understanding its health inequalities.

He continued that this was achieved by random sampling of 6% of all residential properties from each neighbourhood in Medway. The preliminary results indicated that the respondents, i.e. a total 3,536 (44.2%) people, were a very good match to the Medway population in terms of distributions by age, gender and deprivation deciles. The Public Health Intelligence team was currently preparing the dataset for future analyses. The DDPH advised that initial report with key findings should be available in the autumn.

The following issues were discussed:

Census 2021 – on whether the data collected would be cross-compared with those from the Census 2021, the DDPH said that data from the different elements of the Census 2021 would be released over the next year, with the first release coming this summer and comparisons would be made to the survey. As more data were released, this would allow the adjustment of any weightings during the analysis.

Survey frequency – as regards the frequency of undertaking the health and wellbeing survey, the DDPH advised that the initial thinking was to conduct the survey once every five years to capture the demographic changes. However, it might be more frequent if proved necessary. A Board member considered five years the right time to refresh the data which might then last longer.

Ward data – a Board member pointed out that the data collected and compiled on a ward basis would be a useful reference, particularly to new Members. He also asked whether the changes in ward boundaries would affect how useful the data were. The DDPH explained that the sample was based on LSOAs, i.e. “lower level super output areas,” which was a unit of geography defined by the Office for National Statistics that usually had about 1,700 people. Wards were built up of LSOAs and the Council would therefore be able to present data based on the new wards. He also said that with an advanced statistical approach, it might be possible to provide ward and sub-ward estimates.

Way forward – there was a concern about actions to be taken having noted robust estimates of adult obesity and smoking prevalence and the areas where the need was greatest. The DDPH responded that the survey would help to direct educational messages and supporting services to those in most need. A Board member expressed appreciation about the progress made by Medway in respect of reducing adult obesity and smoking prevalence which had become good practices in neighbouring places. Another Board member considered the government should step up relevant penalties to deter the selling of illicit tobacco by shops which re-opened their businesses after the 60-day closure order.

During the discussion, Dame Eileen Sills, the CCG Rep, left the meeting which continued without a quorum. *(Note: the Board's terms of reference require a*

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CCG representative to be present – Dame Eileen Sills was the nominated representative to attend this meeting in place of Paul Bentley)

Decisions:

The Health and Wellbeing Board informally noted the preliminary findings of the “Picture of Medway” survey and gave due regard to the points raised at the meeting.

73 Work Programme

Discussion:

The Democratic Services Officer introduced the work programme report. She said that the proposed changes to the Board’s terms of reference and membership mainly reflected the replacement of CCG by ICB with effect from 1 July 2022.

Board members discussed the use and maintenance of defibrillators in Medway. They agreed to consider at the next pre-agenda meeting the appropriate committee at which a report on “Accessibility to defibrillators in Medway” should be presented.

Noting that the Board was currently scheduled to receive a report on “Primary care provisions and access to GP services” at its meeting in November 2022, a Board member requested information regarding the timetable of the Task Group on GP appointments and access to services, and for this matter to be discussed at the next pre-agenda meeting.

Decisions:

The Health and Wellbeing Board informally noted the work programme attached at Appendix 1 to the report, and informally noted the revisions to the terms of reference and membership, as set out in Appendix 3 to the report, which would be reported to the Full Council for approval.

Chairman

Date:

Debbie Yau, Democratic Services Officer

Telephone: 01634 332947

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Email: democratic.services@medway.gov.uk