

Medway Council
Meeting of Health and Wellbeing Board
Thursday, 1 September 2022
3.00pm to 6.35pm

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
Lee-Anne Farach, Director of People - Children and Adults' Services
Jackie Brown, Assistant Director Adults' Services
James Williams, Director of Public Health
Martin Riley, Joint Senior Responsible Officer, Medway and Swale Integrated Care Partnership
Dr Farnaaz Sharief, MBE, Medway and Swale Primary Care Network Representative
Margaret Cane, Healthwatch Medway
- Substitutes:** Rebecca Bradd, STP Workforce Programme Director (Substitute for Paul Bentley)
- In Attendance:** Jayne Black, Chief Executive, Medway NHS Foundation Trust
Paul Boyd, Head of Business Change
Mark Breathwick, Head of Strategic Housing
Jade Hannah, Democratic Services Officer
Su Irving, Head of Adult Partnership Commissioning and the Better Care Fund
Wendy Vincent, Head of Integrated 0-25 Disability Services
Dr David Whiting, Consultant in Public Health

220 Apologies for absence

Apologies for absence were received from the following Board Members:
Councillors Gary Etheridge, Martin Potter and Stuart Tranter, Paul Bentley, Integrated Care Board (ICB) Representative and Donna Marriott, Assistant Director Child Social Care, Medway Council.

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With respect to invited attendees, apologies for absence were received from Helen Greatorex, Kent & Medway NHS & Social Care Partnership Trust (KMPT) and Caroline Rickard, the Local Medical Committee (LMC).

221 Record of meeting

The record of the meeting held on 16 June 2022 was agreed and signed by the Chairman as correct.

222 Urgent matters by reason of special circumstances

There were none.

223 Declarations of Disclosable Pecuniary Interests and Other Significant Interests

Disclosable pecuniary interests

There were none.

Other significant interests (OSIs)

There were none.

Other interests

There were none.

224 Chairman's Announcement

With agreement of the Board, the Chairman varied the order of the agenda. Agenda items 12 (General Practice Development Plan) and 13 (Violence Against Women and Girls and HMPPS Reducing Reoffending Plan 2022/25) were debated by the Board after agenda item 9 (Medway Council Digital Inclusion Strategy Update). The remaining agenda items followed consecutively.

225 COVID-19 Local Outbreak Management Plan Briefing

Discussion:

The Director of Public Health, Medway Council introduced this report which provided an update on the Local Outbreak Management Plan (LOMP) and other recent updates considering the Governments living with COVID-19 strategy. The Board was advised that there had been a reduction in the national COVID-19 alert state from level 3 to 2. Consistent with instruction from Government, the regime of asymptomatic testing (lateral flow) which had remained in place in some settings had therefore been paused. The Board was assured that capacity to respond to any future COVID-19 outbreaks was retained.

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Members then made the following comments:

- **Long Covid** - it was encouraging to see an Integrated Long Covid Delivery Network had been convened and that support and treatment were available. A concern was expressed around the long-term mental health impacts of the pandemic and reassurance was sought that support was available. It was also recognised that building resilience for the future was very important. With respect to the issue of bereavement support for children and young people, the Board was advised that a service had been commissioned and was hosted by one of the Kent Community Health Services. Indeed, more generally mental wellbeing was a system priority for the ICB. Further information on long covid (including mental health support) to a future Board meeting was welcomed.
- **Vaccination** - referring to personal experience, it was said that individuals were less likely to be seriously ill from COVID-19 if they received the vaccination. The Board was advised that from 5 September 2022, the autumn vaccination programme would commence. It was hoped that uptake would be high. Indeed, all individuals who had yet to take up the offer of vaccination were encouraged to do so. It was said that the vaccine was readily available and free of charge. It was important to continue to share this information.
- **Preparedness** – it was acknowledged that COVID-19 had been unpredictable and there was a need to remain vigilant and maintain the ability to implement control measures such as testing. The UK COVID-19 Inquiry had been established to examine the UK's response to and impact of the COVID-19 pandemic and learn lessons for the future. The findings could be used to improve local plans.

Decision:

The Health and Wellbeing Board:

- a) noted the report and placed on record its appreciation for the efforts made so far to combat COVID-19 in Medway, and
- b) agreed to receive a future update report on long covid.

226 Pharmaceutical Needs Assessment 2022-2025

Discussion:

The Deputy Director Public Health, Medway Council introduced this report which presented the refreshed Pharmaceutical Needs Assessment (PNA) for Medway for 2022–2025. Local authorities through their Health and Wellbeing Boards (HWBs) were under a statutory duty to develop and update their PNA every 3 years.

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Medway Council's last published PNA covered the period 2015 to 2018 and was due to be updated in April 2018. Due to the COVID-19 pandemic, to relieve pressure on local authorities, NHS bodies and pharmaceutical services, the DHSC suspended the requirement for PNAs to be updated, initially to April 2022 and subsequently to October 2022.

The PNA looked at the current provision of pharmacy services across Medway and sought to identify whether there were any potential gaps in service delivery. In developing the draft PNA, views were sought from members of the public and from pharmacists in Medway. Over 400 responses were received, a high response rate. The draft PNA was subsequently considered by the Health and Wellbeing Board in April 2022 before a formal 60-day consultation which took place from 20 April 2022 to 20 June 2022. As expected, and in line with other local authority areas, there were a smaller number of responses to this consultation. The Health and Adult Social Care Overview and Scrutiny Committee considered the PNA on 16 August 2022. The comments of this Committee are set out in section 3 of the report.

The Board's attention was drawn to the key findings and recommendations of the PNA, these were set out in Appendix A to the report.

Members then made the following comments:

- It was said that the questions asked by the Health and Adult Social Care Overview and Scrutiny Committee were pertinent.
- Recognition was given to the role of pharmacies during the COVID-19 pandemic.
- It was clarified that the PNA did consider dispensing doctors, this information was set out on page 13 of the PNA (Appendix A to the report).
- Acknowledging pressures on services arising from new housing delivery, further information was sought on how the PNA links in with the Council's Planning processes.
- A previous proposal from NHS England to conduct a "rurality review" in Peter's Village, near Wouldham in Kent together with the Board's response was explained. It was noted that the pharmacy remained in Halling.

Decision:

The Health and Wellbeing Board noted the comments of the Health and Adult Social Care Overview and Scrutiny Committee set out at section 3 of the report and approved the Pharmaceutical Needs Assessment set out at Appendix A to the report for publication.

227 Joint Special Educational Needs and Disability (SEND) Strategy 2022-25

Discussion:

The Head of Integrated 0-25 Disability Services, Medway Council and the Designated Clinical Officer, NHS Kent and Medway introduced this report which presented an updated draft of the Joint Special Educational Needs and Disability (SEND) Strategy.

The draft Joint Strategy had been co-produced with parents, carers and young people and the NHS Kent and Medway Integrated Care Board (ICB). It included the vision, guiding principles and the key areas of development that would be Medway's focus for children and young people with SEND over the coming three years. The Board was advised that a formal public consultation on the draft Joint Strategy had been launched and was due to close on 23 September 2022.

An action plan with key outcomes, milestones, clear accountabilities and agreed measures of impact was being developed and would be subject to the oversight of the SEND Partnership Board with links into the Health and Wellbeing Board.

Conceding to specific challenges locally and set against a national backdrop of historic poor performance of parts of the system and the impact of a series of issues increasing pressure on resources, Members of the Board welcomed the draft Strategy as a starting point but expressed concerns about deliverability.

The frustrations of Members were acknowledged, and it was reiterated that the Joint Strategy was driven by parents, carers, and young people. Partners in health and education had signed up to the Joint Strategy and with the ethos of co-production woven through it, it was considered that there was a lever to move forward practical solutions. The importance of being cognisant of best practice and working together smartly was also stressed. It was explained that there was a significant bank of research identifying practical yet non-expensive action.

The Board was assured that, nationally, SEND had a high profile. A Green Paper had recently been published which outlined the responsibilities for strategic leaders and how to work effectively in partnership. A new SEND inspection framework was also due to be launched. It was said that the Integrated Care Board would provide support in ensuring SEND remained a priority in Medway.

Members encouraged Medway residents and stakeholders to provide feedback to the current consultation.

Decision:

The Health and Wellbeing Board:

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- a) noted the comments made and the draft Joint SEND Strategy 2022-25 as set out at Appendix 1 to the report, and
- b) noted that the Strategy will be updated following completion of the Safety Valve Intervention Programme and the outcome of formal consultation.

228 State of the Health and Social Care Workforce Following COVID-19

Discussion:

The Chief People Officer, NHS Kent and Medway introduced this report which provided an overview of the health and care workforce position following the COVID-19 pandemic. It was an extraordinary and difficult time for the health and care workforce, and their achievements were unprecedented and ought to be celebrated.

Workforce challenges experienced in Medway, and nationally, existed pre-pandemic. There had been some improvements since in health, specifically growth in clinical and professional workforce. However, it was recognised that there were areas where further work was needed. For example, primary care.

A key priority for all partners across the system was wellbeing for health and care colleagues.

Members then made the following comments:

- Members recognised how challenging the pandemic had been for the health and care workforce in several ways not least the significant and negative impact to colleagues' mental health.
- It was acknowledged that the pandemic had driven new ways of working, taking advantage of digital innovations and ensuring that services were delivered in the best way.
- Concern was expressed about the high percentage of care workers on zero-hour contracts. In response, the Board was advised that there were several reasons for this. One being that these contracts offered flexibility, particularly for working parents who had caring responsibilities. More in-depth analysis needed to be undertaken to fully understand this.
- With respect to recruitment and retention of care workers and specifically how good work was recognised, the Board was advised that care workers had been recognised through the Better Care Medway Awards. A key issue effecting recruitment and retention for this sector was salary. It was said that the Care Reforms which considered the fair cost of care was fundamental to improving the care market, although it was acknowledged that providers needed to pass on the contract uplift to hourly rates. Other push factors involved the demands of the job, and rising cost of living.
- In relation to the care workforce, asked if Brexit had had an impact, the Board was advised that the workforce decreased by circa. 20%. Some Providers had sought visa exemptions from the Government for care workers. This was a challenging process, but it was hoped that by winter there would be a better system to facilitate recruitment internationally.

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- Concern was expressed around meeting the costs of recruitment.
- Partners across the system were urged to work together to encourage people into health and care jobs and to recognise their important contribution.

Decision:

The Health and Wellbeing Board noted the update and expressed its appreciation to the health and care workforce who had helped Medway through the pandemic, often at personal cost.

229 Medway Council Digital Inclusion Strategy Update

Discussion:

The Chief Information Officer, Medway Council introduced this report which provided an overview of Medway Council's progress towards a Digital Inclusion Strategy. It was intended that the Digital Inclusion Strategy would be incorporated within the wider Digital, Data and Technology (DDaT) Strategy. This had been drafted in preparation for Transformation Board on 20 September 2022 and would then be presented to the Cabinet for approval.

With respect to paragraph 2.5 of the report, the Board's attention was drawn the first bullet point 'customer choice' this had previously been known as 'digital channel shift'. The team understood the latter to have negative connotations, forcing individuals to utilise online channels. The DDaT Strategy recognised there was a demand for the convenience of online services, however choice was important.

Paragraph 2.6 of the report set out the themes within the Customer Choice section of the DDaT Strategy which aimed to address digital inclusion. The Board was advised that bullet point 3 'public access' had been revised in the most recent draft of the DDaT Strategy to 'digital poverty and public access'.

Members then made the following comments:

- The voluntary nature of the shift toward accessing services digitally was welcomed. It was reassuring that residents would still be able to access Council services face to face. Choice was essential.
- The digital changes implemented in Medway so far made accessing Council services easier and naturally encouraged uptake. This was the correct approach.
- The digital advancements and the impact made in telecare by Kyndi Ltd. were commended and highlighted as a good example. It was said that individuals were using technology without realising.
- Another Council service highlighted for its good digital transformation was the blue badge application service.
- An added benefit of reducing social isolation through digital inclusion was highlighted.

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- Asked how the Council's DDaT Strategy aligned with similar strategies of the other partners on the Health and Wellbeing Board, the Board was advised that the DDaT Strategy was the first-time within the Council that ICT, Digital and Data were brought together into one strategy. It was said that this would enable comparison and integration with other organisations such as the NHS.

Decision:

The Health and Wellbeing Board:

- a) noted the report and supported the proposal to include a Digital Inclusion Strategy within the Council's wider Digital, Data and Technology (DDaT) Strategy.
- b) supported the way forward, to include the Digital Inclusion Strategy within the Customer Choice section of the DDaT Strategy, for progression alongside other "Customer Choice" workstreams.
- c) agreed to receive a presentation of the DDaT Strategy from the Chief Information Officer (CIO) at a future Board meeting.

230 Emergency Assistance to Ukrainian Refugees

Discussion:

The Head of Housing, Medway Council introduced this report which provided an overview and progress to date in relation to activity undertaken to facilitate the Homes for Ukraine.

Members then made the following comments:

- A view was expressed that the Council had been very thorough in the way the scheme was being applied, ensuring that the required checks of properties and sponsors were made, and in following up arrangements once established.
- Given the uncertainty around the ongoing conflict in Ukraine, concern was expressed about the end of sponsorship arrangements after the initial six months to one year. Options would vary on a case-by-case basis however, it was anticipated that many Ukrainians would wish to stay in the UK. The Council's Housing Team remained engaged with sponsors and their guests and would support onward journeys and secure accommodation, as required.
- In response to a query about the remaining 5 children that had not received an offer of a school place (paragraph 3.9 of the report), the Head of Housing undertook to determine whether they had now been placed.
- Members expressed thanks to host families, the Medway Help for Ukrainian's Charity and Council officers.

Decision:

The Health and Wellbeing Board noted the contents of the report.

231 Better Care Fund

Discussion:

The Head of Adults' (25+) Partnership Commissioning and Better Care Fund, Medway Council introduced this report which presented Medway's draft Better Care Fund plan for 2022/23. The Plan was submitted for regional assurance on 18 August 2022 and positive feedback had been received. Subject to the discussion at the Board, the Plan would be presented to the Cabinet for approval on 20 September 2022 and would then be finalised for formal submission for national assurance on 26 September 2022.

The Plan was commended, and a view was expressed that the Better Care Fund was a good example of how partners can successfully collaborate. In response to a question concerning management of the Better Care Fund, the Board was assured that Medway's Joint Commissioning Management Group (JCMG) managed the Fund strongly, ensuring it was spent appropriately and taking a person-centred approach.

Decision:

The Health and Wellbeing Board noted the Plan for 2022/23 set out at Appendix 1 to the report and agreed that the draft two-year plan for 2023 to 2025 be brought to the Board in the Autumn 2022.

232 General Practice Development Plan

Discussion:

The Director of Primary Care, NHS Kent and Medway first presented to the Board a briefing on the General Practice Development Plan 2022-2024. It was acknowledged that Medway residents experienced some challenges accessing GP services and whilst this was reflected nationally there were local nuances around the population makeup, geographical spread, and health inequalities.

The Board's attention was drawn to the following matters, details of which were set out in Appendix 1 to the report:

- the vision and pledge set out within the Plan
- the outcome of public consultation
- strategic aims of the Plan and how these will be achieved and measured.

It was said that the Plan was ambitious and focussed on the here and now. It was acknowledged that a longer-term plan needed to be developed beyond the next two years.

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The Primary Care Network Representative then gave the Board a progress update on the Medway and Swale Health Hub. The aim of the health hub was to balance patient need effectively with available resources. It was an additional way to access GP services and did not replace face to face or telephone consultations. It utilised the wider primary care workforce as well as GPs.

Two GPs, three nurses and admin staff had been recruited. The health hub enabled GP practices to deal with their own workloads and spend more time with patients by diverting e-consult queries away from practices to a centrally coordinated team that would deal with the query on behalf of the practices. Health Hubs could access patient records, prescribe, refer onto other services, and book face to face appointments where needed. Detail was provided in Appendix 1 to the report.

Members then made the following comments:

- Frustration was expressed about the length of time taken to receive an update on the strategy to overcome the local General Practice issues experienced.
- With reference to a recent case, it was said that communication with Elected Members on local matters of concern needed to improve.
- A view was expressed that there was an issue of consistency of access to GP services across Medway with parts of Medway able to reach their GP far easier and sooner than others. There was a cross party Task Group looking at the issue of access to GP Services.
- A concern was expressed that only 41% of respondents in the patient survey were satisfied with getting through the phone to their GP. It was suggested that use of the same communications platform for all GP practices would be beneficial. A good experience at the first point of contact was important.
- Frustration was expressed around delays delivering the Healthy Living Centre in Chatham. Implementing new systems which took advantage of digital innovations was welcomed.
- Utilising the wider clinical workforce was welcomed. This was a benefit of the Health Hub model.
- It was important to consider what action could be taken upstream to prevent ill health and reduce reliance on primary and secondary care services.
- A view was expressed that the General Practice Development Plan 2022-2024 was comprehensive, however lacked an element of co-production with service users. In response, it was acknowledged that it might not have been clear in the presentation, but the Board was assured that co-production was a key element. Stakeholders included patients, higher education, GPs, and wider health workforce.
- It was explained to the Board that the aim was not just to consider primary care in isolation but to create an integrated local care model. The Health Hub, e-consult, was the first stage. Health Hubs going forward would act as a single point of entry into primary and community services from which each presentation would be triaged and directed to

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the appropriate service, utilising the wider health workforce. It was a change in clinical practice. It was suggested that a future report be shared with the Board on the wider local care strategy, of which primary care is one element.

Decision:

The Health and Wellbeing Board noted the presentation on the General Practice Development Plan 2022-2024 and requested a progress report be presented to a future meeting.

233 Violence Against Women and Girls and HMPPS Reducing Reoffending Plan 2022/25

Discussion:

The Kent Police Assistant Chief Constable (Crime) first presented to the Board a briefing on the Kent Police Strategy Tackling Violence Against Women and Girls.

The Boards attention was drawn to five key focus areas which were outlined in detail:

1. Holding Offenders to Account
2. Support Victims
3. Keeping you Safe
4. Our Culture
5. Strengthen the system

It was said that going into year 2 of the strategy there would be a focus on partnership working. To that end, governance between key strategic Boards across the system was explained.

Support from the Board in the following areas was sought:

- ‘Serious Violence duty’, which was due to come into effect in January 2023
- Violence Reduction Unit (VRU) in delivery of the Harm to Hope Strategy. The Director of Public Health, Medway Council would chair the Combating Drugs Partnership.
- Conditions for prevention orders and two-tier system for cautions
- Referral pathways for ‘toxic trio’ – drugs/alcohol/mental health

The Regional Probation Director, Kent, Surrey and Sussex, Her Majesty’s Prison and Probation Service (HMPPS) then presented to the Board the Reducing Reoffending Plan 2022-25. This was a 3-year plan covering four key focus areas which were outlined in detail:

1. Training, skills, and work
2. Drugs and alcohol addiction

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3. Family, accommodation, and readjustment to society
4. Public security through engagement and compliance

The Board was furnished with headline statistics including that within Kent the reoffending rate was 19.7% (data 2019-20). The Head of West Kent Probation Delivery Unit, HMPPS further advised the Board that in Medway there were 1200 offenders. There was a Medway office based in Chatham and Board Members were invited to visit the newly refurbished premises.

Support from the Board in the following areas was sought:

- The new commissioned rehabilitative services for dependency and recovery for those people on probation with substance misuse issues. This service, provided by CGL would go live on 12 September 2022.
- The new mental health treatment requirements (MHTR) model. This was now live in Maidstone.

Members then made the following comments and suggestions:

- The Director of Public Health undertook to discuss outside of the meeting the interface between the Council, Kent Police and HMPPS on matters such as housing and alcohol and substance misuse. He also made the connection between key Board Members and invited attendees with whom the Kent Police and HMPPS might wish to liaise.
- It was noted that individuals linked with the local criminal justice system, as part of Medway's population, would be considered within the Integrated Care Strategy which was underpinned by the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy. The data included within the JSNA was considered by the Kent Police Assistant Chief Constable (Crime) as particularly important. Indeed, the Deputy Director of Public Health, Medway Council explained that his team had recently started work with the VRU. There would be a dedicated analyst within the Public Health team who would apply public health approaches to the VRU data, providing opportunities to work together.
- With reference to recent tragedies including the murder of Sarah Everard and the subsequent public conversation on the safety of women and girls, it was asked how, as a system, the conversation could move away from the suggestion women and girls needed to keep themselves safe and the onus put on behaviour of potential future perpetrators. In response, the Board was advised that the Kent Police Strategy Tackling Violence Against Women and Girls took an offender centric approach. Kent Police had invested in schools' officers and schools were engaged in this conversation. It was also considered that prevention orders would be a very powerful tool, prevention was key. Board Members were invited to attend a Tackling Violence Against Women and Girls Walk and Talk event in Rochester on Friday 9 September 2022.
- A concern was expressed about the capacity of the MHTR referral services and the potential for long wait lists as with other mental health services.

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- In response to a question about non-compliance with ATRs (Alcohol Treatment Requirement) and DRRs (Drug Rehabilitation Requirement), the Board was reassured that if an individual did not comply with an ATR or DRR, the orders would be enforced.
- The Chairman of the Community Safety Partnership (CSP) outlined links to the work of the CSP and Medway Task Force, including safer streets funding projects. It was suggested that the Kent Police Assistant Chief Constable (Crime) met with the lead for the Medway Task Force.

Decision:

The Health and Wellbeing Board noted the presentation and thanked the Kent Police Assistant Chief Constable (Crime) and the Regional Probation Director, Kent, Surrey and Sussex, Her Majesty's Prison and Probation Service (HMPPS) for answering questions and giving a good insight into how the probation service in particular was working.

234 Work Programme

Discussion:

The Democratic Services Officer introduced the report which advised the Board of the forward work programme for discussion in the light of latest priorities, issues and circumstances. The following requests were made:

1. To schedule the update on General Practice Development Plan to coincide with the GP Task Group Report. To be further discussed at the next agenda planning meeting.
2. To canvas Board Members on the suitability of the day and time of Health and Wellbeing Board Meetings (Thursdays, 3pm) and report back in the next work programme report.

Decision:

The Health and Wellbeing Board agreed the work programme attached at Appendix 1 to the report and noted the additions to work programme agreed during the meeting.

Chairman

Date:

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