

**Medway Council**  
**Meeting of Health and Wellbeing Board**  
**Thursday, 15 February 2024**  
**2.00pm to 4.46pm**

**Record of the meeting**

**Subject to approval as an accurate record at the next meeting of this committee**

- Present:**
- Councillor Teresa Murray, Deputy Leader of the Council (Chairperson)
  - Jayne Black, Chief Executive, Medway NHS Foundation Trust (Vice-Chairperson)
  - Councillor Simon Curry, Portfolio Holder for Climate Change and Strategic Regeneration
  - Councillor Gary Hackwell
  - Councillor Eddie Peake
  - Councillor Adam Price, Portfolio Holder for Children's Services (including statutory responsibility)
  - Tass Alder, Healthwatch Medway
  - Lee-Anne Farach, Director of People and Deputy Chief Executive
  - James Williams, Director of Public Health
  - Jackie Brown, Assistant Director Adult Social Care
  - Martin Riley, Joint Senior Responsible Officer, Medway and Swale Integrated Care Partnership
  - Andrew Stradling, Interim Medical Director, Medway and Swale Health and Care Partnership
- Substitutes:**
- Vincent Badu, Chief Strategy Officer, Integrated Care Board Executive Team, NHS Kent & Medway (Substitute for Paul Bentley)
  - Councillor Hazel Browne (Substitute for Councillor Tracy Coombs)
  - Councillor Gareth Myton, Group Whip (Substitute for Councillor Lauren Edwards)

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**In Attendance:** Hannah Christie, Programme Lead Childrens Mental Health and Emotional Wellbing  
Stephanie Davis, Democratic Services Officer  
Scott Elliott, Head of Health and Wellbeing Services  
Jane Howard, Chief Executive Officer, Medway Voluntary Action  
Andy Oldfield, Deputy Director Mental Health and Dementia Commissioning, Kent and Medway Clinical Commissioning Group  
Dr Ash Peshen, Deputy Chief Medical Officer, NHS Kent and Medway  
Andrew Rabey, Chair, Kent and Medway Safeguarding Adults Board  
Adrian Richardson, Director of Partnerships and Transformation, Kent and Medway NHS and Social Care Partnership Trust  
Dr Caroline Rickard, Medical Secretary, Kent Local Medical Committee  
Charlie Satow, Public Health Trainee  
Sukh Singh, Director of Primary and Community (Out of Hospital) Care NHS Kent and Medway  
Dr David Whiting, Deputy Director of Public Health  
Victoria Widden, Kent and Medway Safeguarding Adults Board Manager

### **623 Apologies for absence**

Apologies for absence were received from the following Board Members: Paul Bentley, Integrated Care Board (ICB) Representative, Councillor Coombs, Councillor Edwards and Donna Marriott, Assistant Director Childrens Social Care, Medway Council.

### **624 Record of meeting**

The record of the meeting held on 23 November 2023 was signed by the Chairperson as correct.

### **625 Urgent matters by reason of special circumstances**

There were none.

### **626 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 Browne declared that she was employed by Hestia.

Councillor Peake declared that he was employed by Sanctuary Supported Living.

**627 General Practice Development Plan**

**Discussion:**

The Director of Primary and Community (Out of Hospital) Care and the Deputy Chief Medical Officer at NHS Kent and Medway delivered a presentation that provided an update on the improvements being made and the next steps.

The Board was informed that there were three areas of care to focus on going forward which were access to care, improvement to care and prevention. It was important to empower patients to make the right decisions for themselves regarding their care using the right tools.

Members made the following comments:

- Officers were thanked for all the work accomplished on the GP Task Group Review.
- It would be beneficial to link the strategies in place in relation to public transport to those of the services for patients.
- Funding and costs of lost opportunities in redirection of patients onto the correct pathway the at point of contact must be given further careful consideration.
- The use of digital accessibility tools to continue to be pushed to encourage the older generation to consider other pathways to care that was not limited to a GP appointment.
- The expansion of pharmacy services was welcomed, and it would be beneficial for it to be expanded further over time.
- It was important to be mindful of the pressures that primary care services were under
- It was noted that there had been 50000 'no show' for appointments which amounted to approximately 5% of appointments. The officer said there were various reasons why some people just did not turn up for their appointments, some may be due to a lack of knowledge of different means to cancel that were not limited to a phone call to the provider.

Discussions took place on how to improve public confidence in access to care and the Board was informed that effective communication was key to promoting different routes to access care and it was important to continue sharing different models of access. There was a national programme in place to increase the use of the NHS App to book appointments and order prescriptions.

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**Skilled worker scheme-** assurance was sought that GPs on the scheme received high levels of support with their transition. The Board was informed that one of the biggest challenges for GPs, on a training scheme, was the inability to obtain a Visa to remain where they were when their training ended, and this resulted in many having to move on to other areas. The benefit of the scheme was that once training ended, GPs were able to remain and work in the area that their training took place. An evaluation was currently taking place on the attraction package and what had and had not worked well. The materials used for the scheme was available and accessible for all Practices to utilise as part of their recruitment process. There was also an opportunity for the scheme to be expanded, in time, to other areas such as dentistry.

In response to questions on what support was offered to failing practices, the Board was informed that support was offered through the GP Improvement Programme on various areas including quality, and recruitment and this support was ongoing. Support would also be offered in instances of Care Quality Commission highlighted areas of recommendations for improvement. It was however important to be mindful that some practices were not able to progress as quickly as others.

It was commented that that some Practices had expressed that one of the issues faced was due to their estate, as when their workforce was expanded there was usually inadequate space for the expansion. There were also issues with financial uncertainty due to issues with funding amidst a rise in practice running costs. Officers advised the Board that a report was to be presented at a future meeting of Health and Social Care Overview and Scrutiny Committee on Medway and Swale HCP and Estate which would propose ways on how to overcome some of the obstacles and issues with estates.

The Board was informed that almost 1 million patents were seen in Medway and Kent every month which was almost half the population. Whilst availability of appointments had been improved with the same number of GPs in place, it was time to explore what changes could be made to improve services, as the current model no longer aligned with the growth and needs of the community.

### **Decision:**

The Board agree that:

1. That a future report be brought to the Board on Pharmacy Services.
2. Consideration be given to further opportunities available in terms of redirection of support for patients.
3. That further exploration of the proposals being put forward to address issues with estates be investigated by the Board as this was an area of concern.
4. Members of the Board were asked to identify opportunities to promote the NHS App in their own organisations.

**628 Kent and Medway Safeguarding Adults Board's Annual Report - April 2022 - March 2023**

**Discussion:**

The Independent Chair, Kent and Medway Safeguarding Adults Board introduced the annual report which detailed the multiagency delivery of priorities for the year.

**Thresholds** - in response to comments on re-referrals and managing complex issues that did not meet safeguarding thresholds, the Assistant Director Adult Social Care said that more work needed to be done around understanding of thresholds as not all referrals met legislative criteria and it was important that all professionals gained a firm understanding of this and what provision was in place to meet complex needs that were not deemed to be safeguarding.

**Housing conditions as a link to safeguarding** – it was commented that housing and quality of housing could be a link to safeguarding and the officer acknowledged that housing was identified as a key impact to safeguarding issues that was a national crisis due to increase in homelessness. Some of the key risk areas for safeguarding were basic principles of life such as housing, employment, work, finances, and health.

**Partnership working** – in response to comments on partnership working underpinning response to safeguarding concerns, the officer said that partnership working was a key and critical element to addressing safeguarding. It was vital to have a collaborative approach, and this was a message that continued to be promoted to all agencies, as a lack of this was where mistakes and failures in systems occurred.

**Measure of success** – it was asked what the approach to measure of success was, officers said that it was often difficult to measure cause and effect relationships, but the Safeguarding Board continued to challenge what actions were being taken to meet standards, through their comprehensive self-assessment framework and other quality assurance activity. The Assistant Director Adult Social Care added that each Local Authority was responsible for collating its own data on outcomes for analysis and were able to assess whether they were meeting peoples' desired outcomes. Additionally, what actions on improvement took place as part of safeguarding reviews and ensuring that learning leads to practice improvement.

It was asked what was being done to work with other sectors such as the private rented sector to raise awareness with intermediaries such as estate agents, the officer said that they always tried to widen their reach and do work with housing as well as the private sector by sharing communication and engagement tools. A monthly newsletter with detailed information is shared and there was a quarterly webinar that was free for all to join. The support to share these tools as far and wide as possible was always welcomed. The Assistant Director Adult Social Care added that an Adult Social Care External Partnership Board had recently been implemented which would include discussions on safeguarding and there would be representation from all sectors on the Board.

**Decisions:**

1. The safeguarding webinar and training tools to be shared with the Board.

2. Further exploration of Communication around engagement and sharing of tools on safeguarding.

## **629 Kent and Medway NHS & Social Care Partnership Trust (KMPT) Mental Health Services Update**

### **Discussion:**

The Director of Partnerships and Transformation, Kent and Medway NHS and Social Care Partnership Trust introduced the report which detailed the work undertaken since the new strategy was implemented last year. Following the initiation of the Mental Health Together pilot in Thanet, they were on schedule to launch the community mental health network in Medway, to improve outcomes for patients.

Members of the Board raised some comments and questions which included:

- It was evident that transformation was taking place in the service to address health inequalities, the voluntary sector played a large part in supporting the community and there were concerns that their views were not being adequately taken into consideration.
- There were extreme challenges in adult social care, and it was vital to explore all avenues to build on services for the community to come out of long stay and hospital settings quicker.
- Further thought was needed on how to use our estate to support the work being done.
- Consideration should be given to the actions taken through the GP task group work which may provide ideas for solutions.

In response to a question on what improvement and incentives were being made in recruitment and retention of staff in mental health services which was historically difficult to recruit to, the officer acknowledged the difficulties in recruitment in the sectors but provided assurance that there were several initiatives that took place including overseas recruitment, expansion of social work apprenticeships, and combination roles. There was previously a 20% recruitment gap in Medway which had now fallen to 14%.

It was commented that there were still high numbers of people occupying beds, in acute services who were ready to be discharged but with nowhere to be discharged to. The officer said that some of this was due to issues with homelessness and would welcome support of the Board in tackling this through work with partners in the housing sector.

It was concerning that some referrals for services were being rejected which presented an issue for referrers and communication was key if thresholds were not met. The officer agreed that communication was key and ensuring there was a two-way dialogue with primary care services to advise that referrals may be best suited elsewhere. Further work was planned on communication to further provide information on other various pathways.

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It was asked how Medway compared to the rest of the country in terms of patient beds and the Board was informed that compared to national, KMPT across Kent and Medway had one of the lowest bed stocks at 15 beds per 100,000 for younger adults. Addressing this continued to be an area of priority. Bed stock was dictated by the mental health long term plan, there were many people taking up beds that have complex needs but did not necessarily need to be in the acute service.

The Assistant Director Adult Social Care added that Medway had one of the largest diagnoses of dementia and work was being done on how to change the current model to achieve quicker diagnosis as the current timeline was too long. In terms of discharge planning, one of the struggles was with younger patients who may need supported living and it was vital that discharge planning commenced right from the beginning of the process, prior to a proposed discharge date. The officer agreed that discharge planning should commence from the time of admission, and this was a cultural change that was needed for the whole service.

The Chief Strategy Officer ICB added that it was important to explore ways to work together as a Board to support the population of Medway. Considering the points raised during discussions on mental and physical health, it was key to explore opportunities together to improve outcomes for the changing population. KMPT was the only organisation that provided support for people with dementia and with an ageing population, this model would need to change. The NHS needed to consider where to locate resources that the population could easily access and support the population to navigate the move from secondary to primary care services where appropriate, recognising the boundary of what secondary care could provide and what could be achieved through community work.

It was also important for practitioners and the community to recognise that A&E was not the best place for people in a mental health crisis although it continued to be one of the main places that people presented to. More needed to be done to raise awareness on the appropriate services for people in crisis.

### **Decision:**

1. The Board noted the report.
2. Opportunities to enhance transformation that presented itself be recognised and taken up by all partners.
3. The Board lends its support in tackling issues of placements through the housing and social care teams for supported housing or specialist accommodation for people in acute services ready for discharge.

### **630 Adult Mental Health- Medway**

#### **Discussion:**



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The Director of Adult Mental Health NHS Kent and Medway introduced the report which provided an update on programmes across Medway as well as priorities, opportunities, and challenges. The Programme Lead Childrens Mental Health and Emotional Wellbeing informed the Board of the work being undertaken on Children and Young People Mental Health procurement which would be discussed at an upcoming meeting of the Children and Young People Overview and Scrutiny Committee.

Members raised comment comments and questions including:

- Concerns were raised regarding the right care right person initiative and ensuring that all agencies played their part in fulfilling their roles and obligations.
- Concerns that agencies may relinquish their responsibilities by pushing people to other services that may not necessarily be the right service or indeed have the resources available to manage a particular situation.
- There were some good practice ideas coming forward but the collective desire for improvement would be key to better outcomes for people.
- The crisis house in Medway was put in place for avoidance of s136 arrangements, where possible, but there were concerns that health care providers may be left to arrange transport which created an added burden.

In response to a question on waiting times for children and young people mental health assessments, the officer said that there has been some improvement, as pre covid the waiting times from referral to treatment was approximately 12 months which then rose due to the pandemic but has now started to improve post pandemic. In terms of assessment for ADHD assessments, due to national issues with long wait times, Medway had brought this element back in house in order to address lengthy wait times and this has started to improve wait times.

In response to a suggestion on exploration of emergency care in the form of mental health support including provision of emergency telephone lines in Medway Universities to address issues seen nationally with increased suicide rates amongst students, officers said that they were exploring a service in Medway that was similar to the one that had been established at Canterbury University.

### **Decision:**

1. The Board noted the report.
2. Partners to continue to work together on the right care right person initiative.

## **631 Joint Local Health and Wellbeing Strategy**

### **Discussion:**



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The Public Health Registrar introduced the Joint Local health and Wellbeing Strategy which underpins the work of the Health and Wellbeing Board. This strategy had a stronger emphasis on the connectivity of building blocks of health such as education, housing, employment, and environment.

The team was commended for the work undertaken to produce the strategy and the consideration given to the inclusion of intelligence gathered from the various consultations that took place.

In response to a comment that the data presented on mental health disorders dated back to 2017 and more up to date information should be contained in the Strategy the officer said that the data presented was based on a survey that took place every seven years and this was the latest available data. A recent survey had now taken place and the information would be updated later this year with the latest findings.

It was commented that the Strategy was integral to the Integrated Care Board Strategy and it important to recognise the links and connections with the Local and Medway Plan, and the importance of different mechanisms working together on shared priorities to produce the best outcomes for the people of Medway.

The Chief Strategy Officer ICB welcomed the aspirations of the Strategy and commented that one of the areas of focus for them was how the NHS aligned to local place based improvement plans. It had been agreed with the NHS to develop a shared delivery plan to support local place based plans whilst maintaining contribution to the wider system. A consultation on this would be brought to a future session of Health and Wellbeing Board.

### **Decision:**

1. The Health and Wellbeing Board noted the report.
2. The Health and Wellbeing Board identified that collaboration on shared priorities was vital to the delivery of the key themes of the strategy and was a priority for all the partners on the Board.
3. The Integrated Care Board to work with the Director of Public Health and the Democratic Services Officer on a consultation workshop for the Health and Wellbeing Board on the shared delivery plan that was being developed.

### **632 "Power of the Crowd" Annual report of the Director of Public Health 2022 - 2023**

#### **Discussion:**

The Director of Public Health introduced the report which detailed the outcomes and achievements through various initiatives, community engagement and

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development of local networks to improve the health and wellbeing of the Medway population.

The report sets out how the community had been supported and enabled to improve their health and wellbeing. It described the manner in which local communities were able to access additional resources which included training and facilities. This investment has led to an increase in local capacity and capabilities. There was now much more collaboration between community and statutory organisations, which has helped to address so longstanding issues.

There was an update on the recommendation of the Annual Public Health Report of 2021/22 which focused on Hypertension. It was reported that Medway was now the 2<sup>nd</sup> highest Local Authority in the South East Region for NHS health check uptake. This had been achieved through extensive engagement work with local primary care teams, pharmacists and specially trained volunteers, who acted as an interface with the community. It was reported that 180 strokes and 120 heart attacks had been avoided across Kent and Medway. The health service savings amounted to £4.9million, and £1.6million social care costs avoided. The A, Better Medway Public Health programme had over 16,000 contacts with local residents in the last year.

There was an improvement in reduction of Obesity rates in children in Medway. This has been achieved through the delivery of interventions and engagement with local community groups, early years providers, childminders and schools under the 'Medway Can' approach. The 'Medway Together' programme continued to create opportunities to facilitate engagement and the building of trust through its social isolation work. The Medway Food Partnership provided tools for the community to address inequalities experienced through the cost of living crisis and tackle food poverty.

It was encouraging to reflect on what was possible and what more could be done in the future to further support the Medway community.

The Chief Executive Officer, Medway Voluntary Action added that the voluntary sector was proud to be involved and be a champion for many of the initiatives that were taking place across Medway and encourage partners to lobby for initiatives to be longer rather than short term. The Director of Public Health acknowledged that there was a challenge with resources and recognised the need for the continuity of initiatives.

### **Decision:**

1. The Board noted the Annual Public Health Report 2022/2023.
2. The Board recommended that Partners consider as part reviews currently being undertaken for funding of projects, funding for longer term initiatives.

**633 Work Programme**

**Decision:**

The Board agreed the work programme as set out in appendix A to the report.

**Chairperson**

**Date:**

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