

**Medway Council**  
**Meeting of Health and Wellbeing Board**  
**Thursday, 11 April 2024**  
**2.00pm to 4.05pm**

**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)  
Councillor Tracy Coombs, Portfolio Holder for Education  
Councillor Simon Curry, Portfolio Holder for Climate Change and Strategic Regeneration  
Councillor Lauren Edwards, Portfolio Holder for Economic and Social Regeneration and Inward Investment  
Councillor Eddie Peake  
Tass Alder, Healthwatch Medway  
Lee-Anne Farach, Director of People and Deputy Chief Executive  
Andrew Stradling, Interim Medical Director, Medway and Swale Health and Care Partnership
- Substitutes:** Councillor Habib Tejan (Substitute for Councillor Gary Hackwell)
- In Attendance:** Matt Capper, Director of Strategy and Partnerships, Medway NHS Foundation Trust  
Stephanie Davis, Democratic Services Officer  
Ian Gilmore, Head of Regulatory and Environmental Services  
Jane Howard, Chief Executive Officer, Medway Voluntary Action  
Nikki Teesdale, Director of Delivery, Medway & Swale Health and Care Partnership  
Malti Varshney, Director of Strategic Change and Population Health, NHS Kent and Medway ICB

**743 Apologies for absence**

Apologies for absence were received from the following Board Members: Paul Bentley, Integrated Care Board (ICB) Representative, Raj Bharkada, Interim Assistant Director Children's Social Care, Jackie Brown, Assistant Director Adult Social Care, Councillor Hackwell, Martin Riley, Joint Senior Responsible Officer, Medway and Swale Integrated Care Partnership, James Williams, Director Public Health.

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Apologies for absence were received from the following invited guests: Adrian Richardson, Kent and Medway NHS and Social Care Partnership Trust and Dr Caroline Rickard, Local Medical Committee.

### 744 Record of meeting

The record of the meeting held on 15 February 2024 was signed by the Chairperson as correct.

### 745 Urgent matters by reason of special circumstances

There were none.

### 746 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.

### 747 Corporate Parenting Update

#### **Discussion:**

The Chairperson informed the Board that an invitation had been extended to a young person from Medway Children and Young People Council to attend which has been declined on this occasion as the young person was new in post. Further consideration to be given in the future as to how the Board could appropriately engage with young people. The Director of People added that there was a young person on the membership of the Corporate Parenting Board and suggestions would be sought as to how best to improve engagement with young people.

The Director of People introduced the report and highlighted the following:

- The inspectors, during the ILACS inspection were encouraged by the work and commitment of the Corporate Parenting Board in improving outcomes for young people.
- At present there were 469 children in Local Authority care which was equivalent to 73 per 10,000, in comparison, the South East had 57 per 10,000 and nationally there were 71 per 10,000. Medway had 169 care

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leavers which amounted to 26 per 10,000, whilst the southeast had 27 per 10,000.

- One of the primary areas of focus was with initial health assessments, with an aspiration for more timely referrals as well as assessments.
- Medway's latest SEND inspection which took place in February 2024 was encouraging and highlighted the good work that was being carried out, in particular for children in care with SEND.
- The Health and Wellbeing Board was being asked how they could, going forward, support the work and priorities of the Corporate Parenting Board.

Member then raised the following comments:

- It was vital to link people with place and ensure that place bases for children was accessible for all.
- Childrens health assessments and access to public realm figures were currently low, the officer said that this was an area of priority for health colleagues and were working towards improvements that would be reported in the next annual report.
- It was important that every opportunity be taken to listen to the story of and celebrate young people.
- The exceptional work done by kinship carers which kept children out of local authority care should be acknowledged. There were currently 15 connected carers in Medway and 184 post special guardianship orders in Medway.

### Decision:

The Board agreed:

1. To note the Corporate Parenting Board Update.
2. That a programme of visits to various services and well as community initiatives be arranged.
3. To recommend that outcomes of regulatory visits to be highlighted through Cabinet.
4. To recommend that the annual induction programme offered by children's services be repeated annually, with an invitation extended to the Health and Wellbeing Board to participate.

**748 Community Safety Partnership Strategic Assessment and Community Safety Plan**

**Discussion:**

The Head of Regulatory Services introduced the three year Community Safety Plan and the accompanying action plan which was updated annually. The Board was informed that a lot of work done was on tackling the perception of crime and reporting of crimes and the damage that perception when negative does to the community.

Members then made the comments and raised questions which included the following:

- It was highlighted that one of the risks to achieving the aims of the strategy was lack of resources. The police highlighted that they were currently operating at 50% of capacity to tackle incidences of antisocial behaviour. There was a concern that the issues with under resourcing and retention of staff would impact ability to achieving outcomes for Medway. The officer said that they regularly referred to the level of policing needed in Medway, and this was a topic of discussion at partnership meetings. To ensure that there was more response to needs which was aligned to the aspirations of Medway.
- It was commented that there had been a notable lack of respondents to the recent survey and more needed to be done. The officer agreed more could be done to raise awareness of the survey in the community through the use of social media.
- There was good work being done with the drug and alcohol reduction initiative.
- It was suggested that initiatives to provide free travel during school holidays for young people be considered.
- That services be mindful to allude to an increase in workforce when replacement of police officers that were previously lost from the force was not an increase in workforce and there were still serious issues with resources, recruitment and retention of staff.
- It was vital that social isolation be considered as part of the preventative agenda in Medway, particularly in relation to young people where there had been an increase in prevalence of mental health issues, to minimise escalation to issues that then required acute service intervention.
- Concern was raised on the increased use of vapes by young people and the negative impact and it was asked what preventative work was being done in this area. The officer confirmed that vapes were an age restricted product. Test purchasing exercises were offered on a regular basis but there was not enough resource in place to target every

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establishment which was why there was a reliance on public reporting of breach of restrictions.

- It was commented that a more proactive approach on education in school, in particular for boys in their behaviour towards girls as a means to tackling violence against girls and women should be considered. It was further added that families and the community needed to play their part in getting the message across.

### **Decision:**

The Health and Wellbeing Board agreed:

1. To note the Strategic Assessment 2023.
2. To note that as a Policy Framework document once the new Community Safety Plan 2024 – 2027 is completed, it will be taken to Full Council on 18 July 2024.
3. That the partnership notes the comments and suggestions made in discussion of this item.

### **749 Update on Medway and Swale Health and Care Partnership Population Health Management**

#### **Discussion:**

The Director of Health and Care Integration and Improvement, Medway & Swale Health and Care Partnership introduced report and informed the Board that the programme had been in place since 2021. The outcomes achieved by the programme was due to the partnership with other services, in particular Healthwatch and the voluntary sector. All the work completed to date was evidence based, supported by data provided by the public health intelligence team. The information provided by other services was used as evidence to support appropriate means of intervention and most of the work completed did not require financial investments but was more reliant on realignment of work currently taking place.

Members then made the comments and raised questions which included the following:

The recommendation from the report asks the Board to challenge the ICB in terms of funding for intervention. The Health and Wellbeing Board was clear that challenge must be done in a positive way. Addressing health and inequalities, should be evidence based and funding should follow the evidence. There were health inequalities in Medway, and it was clear that the ICB would take note of concerns raised by the Health and Wellbeing Board and ensure that resources were directed accordingly. It was recognised that all services were financially challenged and management of resources was crucial to

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impactful change and achieving outcomes. The wider determinants of health must be tackled on a shared responsibility basis.

The approach of moving from a population based allocation to that of targeted services of areas most in need was welcomed.

The improved partnership and collaboration of organisations and sectors was commended. The relationship between the voluntary sector and Medway and Swale had taken some time in developing but was now a good one. The voluntary sector felt they had, in the past been let down by various services and as a result, a culture of being sceptical of new initiatives developed. However, this was not the case with this initiative and a vast majority of voluntary organisations were in support of the population health programme. There had been a real achievement by the Health and Care Partnership (HaCP) in ensuring the partnership worked well and reinforcing the common aim of improving outcomes of the communities work with.

There was a distinct disparity in access to health services and outcomes in the most and least deprived areas of Medway and it was important to prioritise work to ensure the while population had the same level of access to services and improvement on health outcomes,

The team was congratulated on their award for their programme of work on childhood asthma. This remained an issue in Medway, and it was encouraging to note that there were a few asthma friendly schools. The numbers signed up to the scheme were small and it was suggested that schemes to increase numbers could be targeted to schools whose catchment were in the most deprived areas of Medway. The officer said that with the population health programmes, they started with the highest area of need and not just with the highest deprivation areas. There was a plan to roll out so that all school by the end of this financial year would be asthma friendly schools. Youth clubs, sports clubs and all establishments accessed by children and young people were bring targeted to raise awareness and ensure that the information was being transmitted to both adults and children. This work was also linked to green doctors to pass on information on high pollution areas.

In response to a question on how outcomes on the various programmes of work would be measured, the officer said information on outcomes had already begun to be gathered as there were various external agencies involved in evaluations.

It was suggested that the social regeneration conference outputs could be embedded into how regeneration initiatives could be better improved in Medway.

The Director of Strategic Change and Population Health, Kent and Medway ICB added that in order to understand population need and who would benefit most, the information gathered formed the basis of targeted health and inequalities programmes. The persistent health inequalities in Medway were recognised and the ICB continued to be committed to addressing the inequalities and

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recognised the importance of core and social determinants of health outcomes. The financial and resourcing challenges across the health sector in general must also be recognised. Therefore, the focus was to devise ways to utilise available resources across transformation programmes through collaborative working and for different organisations to provide a solution based approach to addressing health inequalities.

### **Decision:**

1. The Health and Well Being Board agreed to note the report.
2. The Health and Wellbeing Board agreed that challenging funding allocation was a work in progress and fair share allocation continued to be seen as desirable aspiration by the HaCP.

## **750 Integrated Care Strategy Delivery Plan**

### **Discussion:**

The Board was informed by officers that there was a legislative duty to produce a joint forward plan which was produced last year but as the partnership had since been strengthened, an ICS Strategy as well as a joint log frame to demonstrate improvements had been produced, it was determined that a separate joint forward plan was not required. Instead, the Integrated Care Strategy Delivery Plan would act as the joint forward plan which was legislatively required to be submitted and that was what was being presented to the Board. Once approved, it would be submitted to NHS England.

The amount of work completed over the year, including consultations and seminars that had been held to assist in production of the delivery plan was acknowledged. There were some gaps in the delivery plan, which was due to measurability and determination of realistic outcomes that had yet to be produced.

It was decided by the Board that in order to be able to provide tangible comments on the delivery plan and due to the large, detailed content of the plan, it would be useful to hold a special short session outside of this meeting, to put together meaningful comments to be submitted to the Integrated Care Board prior to the submission deadline of the ICS Delivery Plan.

### **Decision:**

1. The Board noted the progress and proposed work in developing a Shared Delivery Plan for the Integrated Care Strategy.
2. The Board agreed to meet for an informal session to discuss the Delivery Plan in detail and provide feedback to officers.

**751 Work Programme**

**Discussion:**

It was confirmed that the next meeting of the Board would focus on Women's Health.

The Board was reminded that the Climate Action Plan 2025 was being refreshed later in the year and it was agreed that this be added to the work programme.

**Decision:**

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

**Chairperson**

**Date:**

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