

Medway Council
Meeting of Health and Wellbeing Board
Thursday, 27 June 2024
2.00pm to 4.26pm

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 Simon Curry, Portfolio Holder for Climate Change and
Strategic Regeneration
Councillor Mark Jones
Councillor Andrew Lawrence
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
Jackie Brown, Assistant Director Adult Social Care
Dr David Whiting, Acting Director of Public Health
Martin Riley, Joint Senior Responsible Officer, Medway and
Swale Integrated Care Partnership

Substitutes:

In Attendance: Aparna Belapukar, Chief AHP, Kent and Medway ICB
Kerry Bright, Oasis Domestic Abuse Service
Leah Elliott, Clinical Services Manager, Integrated Sexual Health
Services Kent Community Health NHS Foundation Trust
Aeilish Geldenhuys, Head of Public Health Programmes
Jane Howard, Chief Executive Officer, Medway Voluntary Action
Anne-Marie Jordan, Healthwatch Medway
Kerry North, Streetlight UK
Dr Caroline Rickard, Medical Secretary, Kent Local Medical
Committee
Rupa Sen, Medway Diversity Forum
Katie Town, Senior Public Health Intelligence Analyst
Malti Varshney, Director of Strategic Change and Population
Health, NHS Kent and Medway ICB
Lisa Watson, Advanced Nurse Practitioner, Medway Practices
Alliance

115 Election of Chairperson

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Councillor Teresa Murray was elected as Chairperson of the Board for the 2024/25 Municipal Year.

116 Election of Vice-Chairperson

Jayne Black Chief Executive, Medway NHS Foundation Trust, was elected as Vice-Chairperson of the Board for the 2024/25 Municipal Year.

117 Tribute to James Williams

The Board paid tribute to James Williams, the Council's Director of Public Health, who had very sadly passed away in May. The Chairperson paid tribute to James, recognising his transformational approach to public health delivery through his dedication to shaping the award winning public health team. James Williams would forever be remembered for his inspirational leadership, passion for improving health outcomes for all, his humility, kind caring nature and his great humour.

118 Apologies for absence

Apologies for absence were received from the following Board Members: Paul Bentley, Integrated Care Board (ICB) Representative, Raj Bharkhada, Interim Assistant Director Children's Social Care, Councillor Coombs, Andrew Stradling Medical Director (interim) Medway & Swale Health & Care Partnership.

An apology for absence was received from the following invited guest: Adrian Richardson, Kent and Medway NHS and Social Care Partnership Trust.

119 Record of meeting

The record of the meeting held on 11 April 2024 was signed by the Chairperson as correct.

120 Urgent matters by reason of special circumstances

There were none.

121 Declarations of Disclosable Pecuniary Interests and Other Significant Interests

Disclosable pecuniary interests

Councillor Lawrence declared that his wife works for East Kent Hospital Trust and would withdraw from the meeting when/if the interest was closely aligned to the business of the agenda item on Women's Health.

Other significant interests (OSIs)

There were none.

Other interests

There were none.

122 Women's Health

Discussion:

The Board received presentations on Women's Health Strategy, Women's Hubs, Health Data, Women's Community Health Matters and Menopause Care in Primary Care. The presentations can be found [here](#).

Across the presentations, officers highlighted the following:

- All the actions being taken locally to address issues with women's health was directed by the National Women's Health Strategy.
- Data showed that women lived longer than men but spend a greater proportion of life in ill health and disability in comparison.
- It was vital to tackle taboo and stigma relating to women's health in order for issues to be taken more seriously and to address access to services and improve life outcomes.
- There was a steady decline in the number of young girls vaccinated against Human Papillomavirus (HPV) as well as a decline in the screening for cervical and breast cancer since Covid.
- Access to maternity services was impacted by deprivation.
- The Integrated Care Board had been awarded £600k funding to set up the Women's Health Hubs across Medway and Kent.
- It had been directed that at least one Women's Health Hub must be operational by the end of July 2024 to deliver at least 2 of the core specifications with all 8 specifications to be delivered by December 2024.
- An engagement forum took place at the end of 2023 and a survey was conducted across Medway and Kent with 850 respondents to the survey. A focus group meeting also took place to gather information on population need.
- Four proposals were received from providers to deliver the hubs, following a robust interview and evaluation process. An agreement was made to fund 2 of the proposals with the other two advised to review and strengthen their proposals and resubmit their bids. The hubs that were approved were both Kent Hubs. There was a bid from a Medway hub which was unsuccessful, and they were advised to strengthen their proposals and resubmit with a view for a potential September start.
- There was a governance group in place to hold the providers of the hubs to account and quantitative and qualitative metrics would be used to measure progress.
- Menopause care had improved slightly in recent years but there were still fundamental issues due to a lack of understanding and awareness of this vital stage in women's lives. There was also a distinct lack of

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professionals with an in-depth understanding of women's needs during this pivotal period in their lives.

- The majority of menopause care should be within primary care, but this was not always the case.
- There was a link between menopause and mental health that needed to be recognised.
- In recent years, social media had played a big part in raising awareness and providing information but there was also a large amount of misinformation, as well as growing mistrust of professionals which was worrying.

Following the presentations, Members made comments and asked questions which included the following:

It was commented that women had been dealing with issues pertaining to their health for centuries and what was evident was that there was a real emphasis on western medicine which in turn needed to be supported by expensive systems. Any issues with funding resulted in a negative impact on deprived areas of the community in terms of access to care needs. It was important that Medway adopted a preventative, low cost measure to addressing women's health through complementing the models presented, with a low cost - no cost approach. Consideration was also to be given to exploration of eastern medicine and an understanding of different models of health care to address needs.

There was more work to be done as part of the Council's strategy on prevention as well as the Joint Local Health and Wellbeing Strategy to tackle many of the issues highlighted.

There were concerns with the low numbers of health checks carried out across Medway

Members of the Board were concerned with funding and how to facilitate longevity of the hubs when the funding had been used and it was also asked how the funding would be split. The officer said that the funding was to be split between all the hubs and providers were directed to include costings in their proposal bid. Financial sustainability of the hubs beyond the initial funding was being discussed with the providers, including the possibility of generating income through provision of additional services.

It was commented that the expectation of delivery of the 8 objectives by December 2024 was ambitious and possibly too optimistic given the short time frame given. The officer said that the timeline was set by NHS England. All providers were aware of the expectation and colleagues were already working on ensuring that the hubs encompass the wider strategy requirements.

There were concerns that the Medway Hub would be expected to deliver all of the 10 objectives by December 2024 despite a later expected opening date. Support for a Medway Women's Health hub must be a priority for all partners. Members were advised that the public health team were working with the

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potential Medway provider to ensure that their proposals were robust and deliverable when re submitted.

Concern was raised that many women did not come forward to ask for help due to a lack of confidence of being able to speak openly about their needs. Additional work was needed to understand the needs of and to empower all women in the diverse communities of Medway.

The Local Medical Committee (LMC) Director added that there was a willingness to develop existing services and continuity of care. However, workforce was a part of the challenge in particular, training for staff in areas such as Long Acting Reversible Contraception (LARC). There was a shortage of supervisors to deliver training. Increased investment was needed in training network in order to produce a sustainable future.

It was asked how representative of the population the 850 responses to the consultation were and the officer agreed to share the details following the meeting.

It was expressed that it was vital that the support provided by the Voluntary Sector be recognised as they were instrumental in minimising the burden on the NHS.

The Board was informed by invited guests that community leaders were consulted ahead of this meeting on the topic being discussed. They stressed the importance of women's voices being heard by increasing representation from all sectors of the community, in discussions and ensuring that women played an active role in decision making processes.

There was a need for increased educational resources to enable women to take control of their own health.

The Board was informed that it was important to remember that the Integrated Care Strategy was a shared and collective responsibility.

Women's experiences in perimenopause needed to be recognised alongside menopause as the feedback from women was that there was a distinct lack of support and awareness of their experiences.

It was evident from discussions that there was a challenge for the Council to explore its corporate communications to improve the message as the prevention agenda must be evident across the Council as well as in all areas of the community.

The personal messages from the discussions were powerful and highlighted the need to improve access by getting the basics right through universal and enhanced training which would improve outcomes.

The Board was reminded that General Practitioners were generalists in medicine, all had a different specialism and interest in specific areas of health. Access to GP services remained a challenge as since 2018 there had been a loss of 51 GP contracts in Medway and Kent. Despite challenges, to April 2024, GP's saw over 950 thousand patients, with 1 in 2 patents booking an

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appointment every month. There was, however, serious capacity issues and partners were encouraged to lobby Central Government for an increase in support for GP's.

Decision:

The Chairperson thanked all invited guests for their attendance and continuation to discussion on this important topic.

The Board agreed to

- Match the NHS England 10 steps to local delivery capacity by supporting the Medway hub application by working with Health Care Professionals/Medway Community Healthcare, and to obtain sight of Kent Hub Memorandum of Understanding for guidance and accountability.
- Ensure our Joint Local Health and Wellbeing Strategy captures the high level NHS England objectives.
- Identify the areas of greatest need in terms of missing out on checks, screening, vaccination etc and perhaps set up a task and finish group with the Voluntary Community Sector to reach those in need or harder to reach using the Medway Diversity Forum Representative's feedback as a starting point?
- Arrange a meeting at Clover Street to tackle the identified organisational barriers to access specialist menopause services and co-produce a strategy for action by the Integrated Care Board that would prevent delay and duplication, such as prescribing rights for HRT and related products.
- Explore more inclusive further engagement with Medway women who were underrepresented in the original engagement. Would Healthwatch be able to help?
- Work with Director of Primary and Community (Out of Hospital) Care NHS Kent and Medway and the GP team to improve access to GP training on long acting contraception and implant technology.
- Review our impact on Personal Social Health Economic Education (PHSE) in terms of HPV take up by young people.
- Check antenatal take up in our deprived areas and consider better communications.
- Over the longer term explore a less medicalised more "Eastern" model for the life course of women's health.
- Revisit conception/IVF services in the light of data which points to excluded groups.

123 Work Programme

Discussion:

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It was suggested that the Democratic Services Officer work with officers to ensure that the Local Plan is presented to the Board before the end of the year. The Local Plan Consultation Phase B was due to commence and would run till approximately September 2024.

The Board was also informed that the Climate Change Action Plan would be published in June 2025.

Decision:

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

Chairperson

Date:

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