

Medway Council
Meeting of Health and Wellbeing Board
Thursday, 10 April 2025
2.00pm to 4.14pm

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 Mark Jones
Councillor Andrew Lawrence
Tass Alder, Healthwatch Medway
Jackie Brown, Assistant Director Adult Social Care
Dr David Whiting, Director of Public Health
Andrew Stradling, Interim Medical Director, Medway and Swale Health and Care Partnership
Kelly Cogger, Assistant Director Children's Social Care
- Substitutes:** Malti Varshney, Director of Strategic Change and Population Health, NHS Kent and Medway ICB (Substitute for Paul Bentley)
- In Attendance:** Stephanie Davis, Democratic Services Officer
Scott Elliott, Head of Health and Wellbeing Services
Aeilish Geldenhuys, Head of Public Health Programmes
Jane Howard, Chief Executive Officer, Medway Voluntary Action
Su Irving, Head of Adult Partnership Commissioning and the Better Care Fund
Louise Parker, Programme Director for the Medway & Swale ICP and Director of Strategy/Company Secretary for Medway Community Healthcare
Dr Andy Parkin, Medical Director, Kent Local Medical Committee
Julia Thomas, Head of Health Improvement
Nichole Tregenna, Population Health Management Programme Manager, Medway & Swale Health and Care Partnership

817 Apologies for absence

Apologies for absence were received from the following Board Members: Paul Bentley, Integrated Care Board (ICB) Representative, Dr Lee-Anne Farach, Director of People and Deputy Chief Executive, Councillor Peake and Martin Riley, Managing Director, Medway Community Healthcare.

818 Record of meeting

The record of the meeting held on 13 February 2025 was agreed and signed by the Chairperson as correct.

819 Urgent matters by reason of special circumstances

There were none.

820 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.

821 Theme: Healthier and Longer Lives for Everyone

Discussions and Decisions of the items under this theme can be found at 821a to 821e.

a Children and Young People's Mental Health and Emotional Wellbeing: Self-Harm

Discussion:

The Board considered the report which highlighted that a sudden spike in self-harm figures had occurred in October 2022. Work was being undertaken to understand this spike and it was believed that this may have been as a result of a recording issue, although this was yet to be verified. However, since the report was written, there had been a reduction in self-harm figures.

The report also detailed the work undertaken over the last three years to increase support for young people that presented with lower and moderate need.

It was commented that there were preventative interventions in place for young people to address needs, and mental health was an issue that had a high profile yet was not talked about enough. Discussion on mental health was a challenge for various professionals, but normalising conversations and provision of support was crucial for young people and families.

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It was asked what the impact of the strategy had been and the relationship between social media and issues with mental health. The Board was informed that this had been a three- year strategy focussed on meeting all mental health needs and was not limited to self-harm. Services were being delivered through the I-Thrive model which worked on the basis of meeting needs at different stages. It was found that a number of young people the Child Adolescent Mental Health Service (CAMHS) waiting lists were for low or moderate group work support and by increasing provision, they were able to be supported by services outside of CAMHS, leading to a decrease in wait times in CAMHS for those with highest needs. Over the last six months there had been a consistent downward trend and reduction in self-harm figures.

The increase in levels of information on social media and negative links to mental health was acknowledged. Officers were interested to see what learning and outcomes materialise from the actions taken by Australia on restriction of access to social media by young people.

In response to a question on joined up working on identification and causes of self-harm in young people, the Board was informed that there were many factors including but not limited to peer pressure, exam pressures, access to outdoor and open spaces, identity, as well as the impact of the Covid Pandemic. Every child's story was unique, and individual.

Some of the insight work carried out by the self-harm project group indicated that many children experiencing issues do not come forward or believed that they could only access services when they hit crisis point. It was vital that extensive work be undertaken through comms to ensure that young people understood how and when they could access support and were aware of services that could be accessed before they reached crisis point. Officers agreed that the biggest challenge was how to get the message out in the community about the range of services available and that it was the responsibility of all to ensure messages were clear.

The Board was informed that there was ongoing various initiatives such as work undertaken through the Medway Parent and Carers Forum on raising awareness. A Mental Health conference for children and young people had recently taken place, and work was being undertaken to upskill young people in schools with mental health first aid training, as well as being mental health champions. There was a lot of work underway to commission a therapeutic alliance, the aspirations of which was for a single point of access for professionals, parents and children to be able to navigate and access support.

Partners across the Board gave their commitment to support the work of the Public Health Team.

Decision:

- a) The Board noted the report

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- b) Partners on the Board gave their commitment to the work being undertaken on the 'Self Harm Project'
- c) The Board agreed that the Children and Young People Overview and Scrutiny Committee be informed of the work of the therapeutic alliance and that they consider an item on this at a future meeting of the Committee.

b Vaccinations and NHS Immunisations Programmes

Discussion:

The Board received the report which provided an overview of the importance of the system which worked to identify levels of vaccination and immunisation uptake. There were concerns regarding increased widescale anti-vaccination sentiments being promoted through social media. The numbers of vaccine uptake needed to create herd immunity was declining and had resulted in recent outbreaks of some diseases.

There were planned activities over the coming six months focused on improvement to Measles Mumps and Rubella (MMR) and Flu Vaccine uptake.

There were many factors that prevent people taking vaccinations such as misinformation, as well as cultural ideology. It was important to understand the reasoning behind the choice not to vaccinate as well as the variance between uptake of different types of vaccines. It was crucial to drill down into particular neighbourhoods to fully understand barriers.

It was asked how beneficial vaccination of 3- to 4-year-olds were and the Board was informed that the major reason for vaccinating that age range was due to preventative measures, as they were super spreaders of Flu.

It was asked if there was public health intelligence on immunisation take up and if data could be added to Ward profiles. The Board was informed that there had been limited access to granular detail until now. Officers would explore the possibility of inclusion of the information on Ward profiles.

It was suggested that decline in uptake could be a generational issue, but suggestion was also made that in previous years, people were more aware of the harm of diseases as they were so prevalent. People had however over time become increasingly complacent and as a result, vaccinated less frequently.

Through discussions there were suggestions and ideas made which included:

- It was vital to target routes of access or places where people were in contact with public services as they could be utilised to promote the message.
- More work needed to be undertaken in family centres to promote awareness and increase uptake in 3- and 4-year-old children.
- Possibility of proactive programme with large employers to get the message across on the importance of vaccinations.

Decision:

- a) The Board noted the report.
- b) Data on vaccination by different groups to be presented in a future report.

c Obesity

Discussion:

The Board received the report on Obesity and discussions took place on some of the determinants such as choice, access to healthy food and barriers to active lifestyles. As well as the link between tackling Obesity and how it aligned with the One Medway Council Plan.

The hard work of the Public Health Team and all the initiatives undertaken to tackle this issue was commended. A Board Member commented that it was difficult to recognise if there was a definite solution, as issues with obesity were ingrained in education, environment, choice, access, and availability of unhealthy food. It was down to people to make a conscious decision based on all information available to make a change.

It was suggested that more could be done within schools and their curriculum programme, as well as measuring fitness of pupils if appropriate. The Board was informed that exercise was built into the school curriculum but there was more detail in terms of a targeted approach that could be explored. It was added that children's weights were measured in year R and year 6, but more work was needed on safeguarding obesity training and those working with families continued to be encouraged to access the training in order to highlight the importance of this issue and support families.

It was suggested that more effort was needed on exploration of sustainable food as well as local advertising policy on fast food on billboards. Additionally, there could be an avenue to be explored through Planning applications due to the increasing number of fast food applications being submitted.

Decision:

- a) The Board noted the report.
- b) The Board to support any suggestions and recommendations put forward by the Public Health Team to Planning in relation to the Local Plan.

d NHS Cancer Screening Programmes - Breast, Bowel and Cervical

Discussion:

The Board received the report on Cancer screening which highlighted that Medway performance for screening was below national average for all cancers.

It was commented that there was a need for increased pressure on the NHS to improve access and increased screening for under 45 year olds for breast cancer, especially as it is documented that breast cancer in that cohort was more aggressive.

Medway Community Health Care worked alongside the screening team and had recently completed a bowel screening project to gain better understanding of barriers, working with communities to empower them and to be more proactive in screening. There was however more work to be done on improvements to cervical screening. Community champions had been recruited to advocate for people and joint comms and campaigns were being explored.

Partners across the Board highlighted and made suggestions during discussions which included the following:

- It was vital to gain better insight and understanding of hot spots of under screening in Medway in order to improve the culture around screening.
- Targeted work was needed to capture details of people that did not respond to invitations for screening.
- More work was needed on early intervention and access to screening for under 45 year olds although it was recognised that screening rules were set nationally.
- There was a need for the Integrated Care Board (ICB) to explore improvements to screening at General Practices, how it would be commissioned and funded. It was often forgotten that GP commissioning has its own processes and way of being completed so any suggestions to improvements needed to be properly resourced.
- Some of the current Estates were not adequate or suitable and any support in ensuring appropriate funding support for improvements would be helpful and welcomed.
- It was suggested that consideration be given to development of Integrated Neighbourhood Teams as this would bring all partners together as well as the voluntary sector to work jointly on initiatives across communities. This was work that could be carried out across various healthy living centres.

Decision:

The Board noted the report.

e Smoking at Time of Delivery (SATOD)

Discussion:

The Board received a report on smoking at time of delivery and was informed that the data presented relied on information gathered from midwives. The Medway Foundation Trust had undertaken work to change reporting systems and capture accurate data.

It was vital that partners continue to be held to account to establish how they intended to support the ambitious targets in reduction of SATOD rates as listed in the report, through the highlighted actions required to continue to improve outcomes listed at 5.7 to 5.8 of the report.

In response to questions on use of safety of vapes as an alternative in pregnancy, the Board was informed that it was known that vapes were significantly safer than smoking cigarettes and as a result were promoted in pregnancy as an alternative. The Board was also informed that there were multidisciplinary teams within the parents pathway in midwifery teams who worked with families on substance use.

The Medical Director, Medway and Swale Health and Care Partnership added that converting from smoking to use of vapes had documented health benefits and vaping was the most successful means to stopping smoking. If a person had never smoked however, vaping was not recommended as the long-term effect were unknown.

Discussions took place on the use and danger of illegal vapes, many of which contained chemicals that were not in vapes that were available in Europe and the United Kingdom. There was ongoing work being undertaken by Trading Standards in targeting shops that sold vapes to under aged children. There were also risks identified through the increase of young people purchasing vapes online which increased risk and exposure to unlicensed dangerous vapes.

Decision:

The Board noted the report.

822 Better Care Fund

Discussion:

The Board received the Better Care Funds Plan for 2025-2026 and was informed of the priorities for the year. There would be a strong focus on hospital admission avoidance and safe hospital discharges.

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The team was thanked for their work in the development of the Plan, the work of which required extensive negotiation between partners. The future of the fund was at this time unknown.

It was asked how it was determined that the fund was being utilised appropriately and what scrutiny and oversight there was in discharging the priorities of the Plan. The Board learnt that the fund was managed by the Joint Commissioning Management Group (JCMG), who were a combination of Council and Integrated Care Board senior leaders. The money was distributed to various services which served the communities of Medway. The use of the fund was heavily scrutinised at national level as well as locally by JCMG who reviewed the schemes for outcomes and impact.

In response to a further question on what public oversight and scrutiny was in place, the Board was informed that the Plan was shared with Health and Social Care Overview and Scrutiny Committee, Directorate Management Teams, and Integrated Care Board Governance. Each service had a patient voice forum to enable challenge as appropriate. Further challenge and scrutiny took place through the patient safety and safeguarding adults processes as well as through the corporate complaints route.

Decision:

- a) The Board noted the report.
- b) The Board noted that Cabinet at its 6 May 2025 meeting would be asked to approve delegated authority to the Director of People and Deputy Chief Executive, to oversee any further changes to the BCF plan and S75 agreement, as required to meet national approval. Delegated authority will also be requested for the approval of all monitoring reports as required by NHS England.

823 Work programme

Discussion:

The Board discussed upcoming items for the 2025/2026 cycle of meetings. It was suggested that an item be brought to a future meeting on Neurological Disease, the offer of services and support to those with Neurological Conditions.

Items for the theme for the June meeting as identified by the JLHWS strategy performance indicators were suggested and agreed by the Board.

The items brought forward under the Reduce Poverty and Inequality Theme were:

- 16/17 Not in Education, Employment or Training.
- Improving Outcomes for Children in Care and Care Leavers
- % of 18 – 69 year olds in contact with secondary Mental Health Services that are in paid employment.
- Housing – prevention of homelessness

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The Democratic Services Officer confirmed that following the Overview and Scrutiny Chairpersons, Vice Chairpersons and Opposition Spokespersons meeting in April, it was agreed that the best place for the Liding Development item to be brought to be the Health and Wellbeing Board due to representation of key stakeholders/partners on the Board.

It was commented that it would be beneficial for a report on the Local Plan Regulation 19 to come back to the Board and the Democratic Services Officer undertook to discuss the appropriate timeline with officers that would not impact their statutory deadlines.

Decision:

The Board agreed the work programme as set out in Appendix 1 to the report and the items suggested for the June 2025 meeting.

Chairperson

Date:

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