

**Medway Council**  
**Meeting of Health and Wellbeing Board**  
**Thursday, 26 June 2025**  
**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 Tracy Coombs, Portfolio Holder for Education  
Councillor Simon Curry, Portfolio Holder for Climate Change and  
Strategic Regeneration  
Councillor Mark Jones  
Councillor Andrew Lawrence  
Councillor Eddie Peake  
Lee-Anne Farach, Director of People and Deputy Chief  
Executive  
Dr David Whiting, Director of Public Health  
Martin Riley, Joint Senior Responsible Officer, Medway and  
Swale Integrated Care Partnership  
Andrew Stradling, Interim Medical Director, Medway and Swale  
Health and Care Partnership  
Kelly Cogger, Director Children's Social Care

**Substitutes:**

**In Attendance:** Celia Buxton, Assistant Director, Education and SEND  
Alana Coia, IPS Regional Operations Manager, Shaw Trust  
Scott Elliott, Head of Health and Wellbeing Services  
Chris Giles, Housing Strategy and Partnerships Manager  
Aeilish Geldenhuys, Head of Public Health Programmes  
Rachel Hewett, Acting Chief Strategy and Partnerships Officer,  
NHS Kent and Medway  
Jane Howard, Chief Executive Officer, Medway Voluntary Action  
Jacqui Moore, Senior Public Health Manager  
Daniel Ratcliff, Skills and Employment Programme Manager  
Samantha Ripley, Head of Community Wellbeing, Shaw Trust  
Laura Saunders, Social Worker  
Toni Sheeran, Deputy Director Strategy and Partnerships,  
Medway NHS Foundation Trust

**116 Election of Chairperson**

Councillor Teresa Murray was elected as Chairperson of the Board for the 2025/26 Municipal Year.

**117 Election of Vice-Chairperson**

Jonathan Wade Interim Chief Executive, Medway NHS Foundation Trust, was elected as Vice-Chairperson of the Board for the 2025/26 Municipal Year.

**118 Apologies for absence**

Apologies for absence were received from the following Board Members: Tass Alder, Healthwatch Medway, Paul Bentley, Integrated Care Board (ICB) Representative, Jackie Brown, Assistant Director Adult Social Care and Councillor Price.

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 10 April 2025 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

There were none.

Other significant interests (OSIs)

There were none.

Other interests

There were none.

**122 Theme: Reduce Poverty and Inequality**

The discussions and decisions for this item can be found at 122a – 122d.

**a Homelessness Prevention and Better Quality and Supply of Affordable Housing: Strategic and Operational Activity**

**Discussion:**

The Board considered the update report on the activities by housing services and partners on homelessness prevention.

The Board learnt that the Housing Team and the Public Health Team worked closely together, and it was noted that physical and mental health needs of people were severely affected by their housing status. With their housing needs not being met in a suitable manner significantly resulting in a decline in overall health. There was a Medway Multiple Disadvantaged Network in place who focused on a small group of people in need in the most affected categories. There was also a range of supported housing options in place in Medway to support people with a range of needs including homelessness, ex-offenders, those with substance use issues, vulnerable young people and domestic abuse. There was however more to be done to target those with high dependency needs.

It was commented that there were people with multiple needs that were disadvantaged and did not meet thresholds and that this needed to be addressed. The Board was informed that the Integrated Care Board did commission and jointly support a small task and finish group on homelessness, mental health and people ending up in hospital as a result and it was concluded that collective joint effort was needed to support better outcomes for people at risk of homelessness in hospital.

The Medway lettings initiative was commended by the Board and that the progress of the initiative would be closely monitored.

It was commented that Medway has a long standing issue with supporting veterans, and it was asked how many veterans made up the homeless population, and what was being done to support this cohort who did not necessarily always reach out for help. Additionally, it was commented that the report lacked data that highlighted what was different from the previous strategy. It was acknowledged that support for veterans was an area that required more focused work and prioritisation for Medway, however, the numbers of veterans presenting as homeless had always remained low. The officer agreed to share the data from the return that was sent to Central Government with the Board. There had been an increased emphasis on partnership working, prevention and training offered to all partners on early identification of possible or potential homelessness. The team had been commended by the Ministry for Housing for the housing support provided, in particular, with the work done with rough sleepers in developing the Homelessness Strategy.

In response to a comment that relationships with private landlords needed to be strengthened, the officer agreed that the regulations may have an impact which

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was why they continued to reach out to build relationships and provide reassurance through the landlord forum.

There was concern regarding a lack of housing supply for Medway residents due to external agencies coming into Medway to buy up properties as well as people moving into Medway from surrounding areas due to low rent rates.

There were a significant number of multidisciplinary teams in place to support people including the Multiple Disadvantaged Network Team, Making Every Adult Matter Team, Rough Sleepers initiative, and it was vital to ensure that the teams maximised their functions to work on broader health needs of the people they support.

Consideration needed to be given to how homeless people could access healthcare, and it was suggested that there may be an opportunity for this through the new reconfiguration of community services project.

It was vital that there be good communication and engagement between the various services to identify links between health and homelessness.

Partners across the Board agreed to take away actions for their relevant organisations on access.

### **Decision:**

The Board noted the report.

## **b Improving outcomes for Children in Care and Care leavers**

### **Discussion:**

The Board considered the report which provided an overview of health outcomes, initial health assessments, dental check-ups and reviews.

It was suggested that it may be useful for the young people's conference next year to focus on health.

It was commented that there appeared to be gaps in some of the support that was being given to young people, in particular, through the transition stages, supporting them with the adjustment of independent living. Additionally what support was provided when care leavers became Not in Employment Education or Training (NEET), and the impact this had on their health. The Board was informed that each child had their own Health Care Plan, which was shared with foster carers. The plan highlighted any additional needs to support their emotional wellbeing and support was provided accordingly. It was acknowledged that there were high instances of care leavers that were NEET and this situation was multifaceted, details of this would be provided to the Board. Transitions was a key piece of work, and officers working with young people needed to engage in conversations very early on development of skills. There was an aspiration officer working with young people and they were

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encouraged to attend community hubs to develop skills. There was also a mentoring scheme in place and partners across the Board were encouraged to promote sign up to this within their relevant organisations.

In response to a question on the role of schools and what happened when it was identified that a child was not making the expected progress, the Board was informed that progress was monitored, and discussions took place during termly Personal Education Meetings which were crucial for monitoring progress.

It was commented that it may be beneficial to conduct some research or tracking of progress of children who had left care. The Board was advised that whilst long term research was important, contrary to that was the prevention agenda which must remain a priority and focus as once a child got to child in needs or looked after status, educational outcomes were impacted.

Keeping children at the edge of care was crucial, as life outcomes changed when children entered the care system.

It was commented that there had been improvement in dental checks, and it was asked what was being done to ensure that young people understood the importance of health checks, as some had little or no understanding of why they should be undertaken. The officer explained that regular meetings took place with the Public Health teams on how to support and work with children and young people on access and importance of dental and health checks.

### **Decision:**

The Board noted the report.

## **c Secondary Mental Health Service Users in Paid Employment**

### **Discussion:**

The Board received the report which provided an overview of the data and work undertaken to date to address the employment rates of individuals with severe and enduring mental health who were under the care of secondary mental health services.

The service was focused on individual support. The Integrated Care Partnership Work and Health Strategy was added as an addendum to the report, which highlighted that employment was a positive factor in physical and mental wellbeing. It was vital that when people were supported into work, there was help available to sustain their employment. People must be supported to start, stay and succeed in work. There were strong partnerships across the Integrated Care Strategy to work with people to shape their future.

There had been significant national announcements such as Connect to Work and Get Britain Working which have been aligned to the Strategy. Through the Get Kent and Medway Working Plans, Get Britain Working White Paper, Skills

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and Education System, there had been extensive work undertaken to find out where to target support, bring together partners and develop a suite of actions to help people into work. There was also the imminent launch of the Connect to Work programme to support people with disabilities and health conditions or from specified disadvantaged groups.

It was asked what could be done to increase sector involvement and what the response from employers was to date to the programme. The Board was informed that one of the key principles was on employment engagement and developing strong quality relationships. The Trust worked by exploring preferences and skills set of the people they worked with before approaching prospective employers. There was also a strong focus on raising awareness and destigmatising mental health as 1 in 4 people experienced mental health issues at any time.

In response to a question on support for people with basic skills, the officer said that they ensured that they referred people to organisations that could support them with basic skills training.

It was asked how it was ensured that when a person was matched with an employer, the support continued and was followed through, the officer said that an employment specialist continued on that journey with the young person by going into the workplace to support the person as needed.

It was asked what happened beyond the 13 week support, and the officer said that individual placements and support was time unlimited, some people stayed with the programme for a few months, some for longer. The programme was not recovery focused, nor did it create dependency but provided reassurance that support could be accessed if needed.

It was asked if the business plan model factored in costs associated with long term support. The officer said that whilst individual placement support was time unlimited, some people left the programme after 6 months in employment, whilst some did not want in-work support. Officers working with individuals were also able to say to an individual that they had provided all the support they could.

It was further asked what the risks were for small businesses signed up to the programme, in particular in terms of sickness rates. The officer said that there were risks and rewards in working with this cohort and they asked businesses to be open minded to employing people with mental health. Education on employment law and diversity policies can be provided to small businesses, and it was key to note that there was only a 3% difference in absence rate data of people with mental health in employment.

In terms of the Strategy, it was aimed at raising awareness and through engagement and consultation with businesses, it was learnt that whilst they agreed with the principles, there were challenges in practicalities, as they were fearful in doing the wrong thing both for the individual as well as for their business. The aspiration of the Strategy was to build confidence.

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It was suggested that further engagement with the small business federation may be beneficial in raising awareness.

### **Decision:**

The Board noted the report.

### **d Medway Young People not in Education Employment or Training Update**

#### **Discussion:**

The Board considered the information presented on Medway Young People Not in Education Employment or Training.

Several questions and comments were raised including the following:

It was vital that discussions take place with Education Trusts on how young people could access Post 16 education outside of the conventional route.

Government to be lobbied for mid-year funding to enable young people to be admitted to educational institutions at different times of the year that was not limited to the September entry.

Secondary School colleagues to explore the offer for young people that were unable to progress straight onto a Level 3 course.

Increased planning and provision were needed for young people to have a backup plan when they failed to attain the grades needed to secure a place at their first choice school.

Vocational training needed more investment and addressing the heavily exam based system. There was a need for more education and training provision for future workforce development.

The officer acknowledged the comments made and informed the Board that in terms of Post 16, schools were fully funded for 3 years, and some schools were looking into their provision. The challenge was that Post 16 funding had a condition of a multiplier in that if a child dropped out, they would not just lose their funding, they would lose the multiplier, which made schools hesitant to take risks. It was further commented that the dropout rates in college were high with children going onto courses that they did not want. It was vital going forward that the offer for children be aligned with their career aspirations which had changed significantly over the years.

#### **Decision:**

- a) The Board noted the report.

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- b) Officers to look into the possibility of holding an education symposium to explore the impact and discuss potential solutions of the complex problem.
- c) The Board to write to the Department for Education on the difference in funding for Post 16 provision between schools and colleges.

### 123 Work Programme

#### Discussion:

Items for the theme for the September meeting as identified by the Joint Local Health and Wellbeing Strategy performance indicators were suggested and agreed by the Board.

The items brought forward under the Safe, Connected and Sustainable Places theme were:

- Percentage of adults walking for travel at least three days per week
- Serious Violence
- Road Casualties

It was agreed that the Lidsing Development item would be deferred to the November meeting.

A Member suggested that the Board include in its work programme the ICB Strategy and as suggested at the last meeting, a report in health infrastructure implications of Local Plan regulation 19. The Democratic Services Officer to work with officers on appropriate timeline for this.

#### Decision:

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

### Chairperson

Date:

**Stephanie Davis, Democratic Services Officer**

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