

**Medway Council**  
**Meeting of Health and Wellbeing Board**  
**Thursday, 20 November 2025**  
**2.00pm to 5.15pm**

**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)  
Jackie Brown, Assistant Director Adult Social Care  
Lee-Anne Farach, Director of People and Deputy Chief  
Executive  
Jonathan Wade, Interim Chief Executive, Medway NHS  
Foundation Trust  
Dr David Whiting, Director of Public Health  
Voluntary Community Sector, Jack Packman, Medway Voluntary  
Action

**Substitutes:** None

**In Attendance:** Anna Batty, Medway Safeguarding Children Partnership  
Business Manager  
Stephanie Davis, Democratic Services Officer  
Scott Elliott, Head of Health and Wellbeing Services  
Christopher Ford, Senior Public Health Manager  
Sophie Kemsley, Senior Project Officer, Kent and Medway  
Suicide Prevention Programme  
Louise Parker, Programme Director for the Medway & Swale  
ICP and Director of Strategy/Company Secretary for Medway  
Community Healthcare  
Dr Ash Peshen, Deputy Chief Medical Officer, NHS Kent and  
Medway  
Sukh Singh, Director of Primary and Community (Out of  
Hospital) Care NHS Kent and Medway  
James Sutton, Sustainable Transport Manager  
Darren Taylor, Senior Transport Planner (Initiatives)  
Ed Waller, Chief Strategy and Partnerships Officer

**459 Apologies for absence**

Apologies for absence were received from Paul Bentley, Integrated Care Board (ICB) Representative, Kelly Cogger, Assistant Director Children's Social Care Councillor Coombs, Martin Riley, Joint Senior Responsible Officer, Medway and Swale Integrated Care Partnership.

Apologies for absence were also received from the following invited guests: Celia Buxton, Assistant Director Education and SEND and Dr Adrian Richardson, Director of Partnerships and Transformation.

**460 Record of meeting**

The record of the meeting held on 4 September 2025 was signed by the Chairperson as correct.

**461 Urgent matters by reason of special circumstances**

There were none.

**462 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.

**463 Active Travel in Medway**

**Discussion:**

The Board received a report on active travel in Medway and were informed of the various initiatives taking place to encourage people to walk or cycle more, in particular the numbers of short trips that could be done using these means which could reduce the risk of heart disease by 36%. Medway falls below the national average of 43% of adults who walk nationally, and it was vital that steps be taken to encourage the population to be more active.

There had been a good uptake of initiatives and participation in competitions by primary and secondary schools, and recently Greenvale school came 5<sup>th</sup> in the whole county for active travel.

## Health and Wellbeing Board, 20 November 2025

There was a collaborative approach to tackling issues and meetings with partners had been beneficial in assisting with aims and objectives of the active travel plan and embedding its principles with other plans such as the 5 year Obesity Plan. Digital resources were also being developed to encourage people to take active travel means seriously due to health benefits.

Members then raised the following comments and questions:

The work on schools streets was commended and the 'Big Walk and When' initiative which 22 schools took part in was also commended. Greenvale school was commended for their whole school response to the walking to school initiative.

It was asked what was being done to encourage employers to invest in active travel initiative schemes for their staff. The Chairperson said that discussions took place at the recent breakfast meeting of the business networking group, and many employers had recognised the need to encourage their staff to explore alternative modes of travel due to the benefit to their health and wellbeing. Officers added that the Council set an example through its travel plans, and it was hoped that other employers would follow suit.

**Older population** - it was commented that it was encouraging that the infrastructure to facilitate walking and cycling in Medway continued to improve there was however concern for the older population whose ability to enjoy the walking infrastructure was limited due to limited availability of seats in parks for them to rest during their walks. Whilst it was encouraging that there were many initiatives aimed at young people and getting them to walk, there was a need for a shift of focus from just the young. The Chairperson added that some seats had been removed in some areas as a result of antisocial behaviour but design codes in many areas did allow for stop and rest, with different types of seats built in to prevent vandalism. Public Health had different walks available in Medway for all ability types, but more could be done in urban areas to support walks for the older population. Additionally, the Board was informed that there was now a Public Health Planning Officer in post who looked into what could work in different areas of Medway.

**Outcomes** - in response to questions on how it was being ensured that initiatives resulted in long term effects and what opportunities there were to talk to parents and encourage good habits, officers highlighted the importance of parental input in initiatives. The programmes promoted in schools were targeted at whole families. It was found that many children wanted to walk but there was a need for cultural habits of their parents and carers to change. Information was passed on that most trips could be completed faster by walking and cycling than driving but changes to perception took time to embed. There was also work being undertaken to establish long term relationships with schools and maintaining consistency in all ages of school transition. Different partners worked with different schools based on the level of involvement the schools were comfortable in engaging with.

**School streets** - it was commented that there were issues in some areas with the school streets initiative which had knock on effect on the older population due to the impact on carers abilities to access the streets at certain times. It was confirmed that this was being looked into by the Council. It was further commented that whilst schools streets may be challenging in some areas it was however important to remember that the hours of operation were only for an hour in the morning and in the afternoon. The impact in reduction to congestion in the immediate area of the schools were welcomed by the schools.

The work on active travel was central to improvements to environments, and the health and wellbeing of communities. There had been extensive work on the impact pollution and traffic had on health, and congestion was a serious issue in Medway that had to be tackled.

The partners across the Board were encouraged to talk to colleagues that worked directly with families to include discussions on active travel programme where possible and appropriate, in their conversations and contact.

**Decision:**

The Committee noted the report.

**464 Medway Safeguarding Children Partnership (MSCP) Annual Report 2024-25**

**Discussion:**

The Board received a report which detailed the work undertaken by the MSCP in the last year and sets out the progress made by the Partnership against key priorities.

Members then raised the following comments and questions:

**Domestic violence** - it was commented that there had been a rise in instances of Domestic Violence in Medway, the trauma of which affected the whole family, and it was evident that there had been a lot of good work in this area including learning from the incidences that occurred. It was asked what preventative work had been undertaken, the Board was informed that there was a training and development offer for people in the community that worked with families that was well accessed by a range of professionals. There was a focus on identifying signs and indicators as early as possible as well as taking action to safeguard where there was a concern. The partnership continued to promote the message of building relationship with families through early intervention.

The Board was informed that there was good attendance and engagement at meetings by all partners and they continued to work together to meet statutory requirements.

**Early Help** - it was queried why there were such large numbers of families accessing Early Help and the rise in numbers of families under Early Help was acknowledged but it was also highlighted that it was beneficial for families to

## Health and Wellbeing Board, 20 November 2025

receive early help and early intervention in order to manage and prevent escalation of issues, in particular those that may end up as child protection cases.

**Financial contributions** - it was commented that there was a £50k shortfall in contributions, with the Council's contribution significantly higher than that of the rest of the Partners and it was asked what could be done to address this. The Board was informed that the Chief Accountable Officers met to discuss the budget each year, and the partnership would make decisions regarding future arrangements in line with the processes in place.

**Complaints** - in response to a comment that there had been an increase in malicious complaints against practitioners, which negatively impacted on their health and wellbeing, the Board was informed that additional guidance was being considered on management of malicious complaints. It was agreed that it was important to foster a culture in Medway that supported the health and wellbeing of professionals that had been being victims of malicious complaints.

The Director of People and Deputy Chief Executive added that approximately 244 contacts were received in children's social care each week, out of which, approximately 75 were genuine referrals which was equivalent to 3 social worker's caseloads. Safeguarding children could always be improved on but Medway Children's Safeguarding Partnership remained committed to ensuring that children's health and wellbeing remained a priority for all, and the work by the team was commended.

### **Decision:**

The Board noted the Medway Safeguarding Children Partnership (MSCP) Annual Report 2024-25.

## **465 Suicide and Self-Harm Prevention Strategy (2026-2030)**

### **Discussion :**

The Senior Project Officer, Kent and Medway Suicide Prevention Programme (KCC Public Health) introduced the report and informed the Board that the Strategy had been developed in conjunction with the network which was made up of approximately 250 members. This was a single strategy for children and adults which had specifics for each cohort. Whilst this was a draft document, it was not anticipated that there would be significant changes to the final document and was a good reflection of what the final document would contain, and the public consultation period showed a strong level of support for the content.

Members raised a number of questions and comments which included:

**Suicide rates** - concern was raised that in the last 5 years, approximately 750 lives had been lost as a result of suicide in Kent and Medway, with 75% being men and 14% being under the age of 25.

## Health and Wellbeing Board, 20 November 2025

Collective approach - the collective focus on prevention was the right approach, and it was important for all services to be mindful as to how and what support was put in place, to create a safe space to enable people to speak up and seek support.

**Social media** - additionally, continuous lobbying for restrictions on social media was vital due to the detrimental effects on young people's mental health and those that were neurodiverse. The officer in attendance commented that the first national suicide strategy was in 2002 and there had been significant growth of the agenda. There were also various initiatives targeted at men to break through the stigma associated with prevalence of suicide in men.

**Medway** - it was noted that this report was a Kent and Medway report, and it was asked what specific plans were in place to address issues in Medway, given that Medway had its own specific challenges, as its suicide rates were higher than that of Kent. The Board was informed that the data in the report was data from the 2024 publication of the Office of National Statistics and that in the recent publication from September 2025, Kent and Medway data showed a decline.

However, it was vital to be careful not to rely on statistics as data was recorded in different ways. The key message was to be proactive with activities and ensure that responses were reactive, in particular, if a trend was noticed in specific areas and demographics, for targeted work to take place such as increased communications on access to support. The priority and focus was on supporting as many people as possible and investment on preventative work. It was however difficult to measure impact as the number of lives lost would always be known as the data is quantifiable, but the amount of suicides prevented was not always known unless people chose to share that they had felt suicidal.

The Head of Health and Wellbeing Services added that that whilst there were challenges working across Kent and Medway, this was a Kent and Medway Strategy that benefitted from a strong partnership approach, with 3 weekly meetings across the network. There was strong working relationships with Network Rail, who actively engaged in learning, and the security guards at the Pentagon were to be commended for their hard work and efforts which were recently recognised at the Better Medway Awards. The current data (from the 2025 publication by the Office of National Statistics) showed that there had been a decline in suicides within Medway from 12, to 10.3 per 100,000 of the population of Medway.

**Self harm** – in response to comments on the prevalence of self-harm in young people as it had been noted that hospital admission for self-harm was higher than the national average, the Director of Public Health informed the Board that a project on self-harm between 10 – 24 years olds had just been completed. A briefing note would be shared on the findings and consideration was being given to the usefulness of the digital offer for the age group on emotional regulation and self-harm.

**Training** – it was asked that as this strategy was multiagency would mandatory training be put in place, in particular for front line staff. The Board was informed that Suicide Awareness training had been commissioned, which was not mandatory, but all partners were being encouraged to take part and promote it within their organisations. This training was not just for professionals and could be accessed by anyone in the community. It was vital that everyone should be equipped to feel confident to talk about suicide and develop the skills to ask appropriate questions.

**Decision:**

The Board noted the report.

**466 GP and Neighbourhood Health**

**Discussion:**

The Board received a presentation which provided an update on GP services and what future plans were relation to neighbourhood care.

In relation to GP services, the Board was informed that there has been some increase in the number of GPs in Medway. There had been significant rise in additional direct patient care staff (such as Health Care Assistants, Phlebotomists, Pharmacists, Physiotherapists, Podiatrists, Therapists) to support the population including an increase in access to services offered through pharmacies. There had also been investment in the offer for GPs through the support for practices programme which included peer ambassador mentoring programmes and targeted workforce planning.

However, it was acknowledged that whilst there had been increase in support for GPs, there was more to do for other primary care sectors such as pharmacies, dentistry and optometrists.

In relation to Neighbourhood Health, the focus would be on how to bring services together to increase productivity and effectiveness. Providing the level of care needed at home and prevention of hospital admissions which would reduce the pressures faced by acute services and support patients better.

Members then raised the following comments and questions:

The Kent and Medway Medical School was commended, and it was encouraging to learn that many graduates on the programme expressed aspirations to stay and work in Medway.

It was agreed that there was an over reliance on the acute sector, and it was imperative to break the cycle and change culture.

**Neighbourhood health** - it was crucial that GPs be involved in the early stages of the Neighbourhood Health plans. Any solutions required their involvement and buy in, in order for long term goals to be accomplished. It was also

## Health and Wellbeing Board, 20 November 2025

commented that more detail was needed on the new accelerator programme to fully understand the plans and what the Council's role would be in approving the plans on delivery. Officers acknowledged the need to work in partnership and utilise different skills and specialisms to deliver outcomes.

There were concerns regarding the roll out of Neighbourhood Health Plans , in light of the fact that Medway was currently operating with a significant shortfall of GPs needed for the population which meant that roll out of the plans would be on an already unstable foundation and infrastructure. A strong focus was needed on attracting more GPs to Medway. Officers acknowledged the importance of buy in from GPs. Additionally, the challenge with capacity, This was an opportunity to make working in Medway attractive by building on innovation and creating opportunities.

**Communication** - in response to a comment on issues with effective communication with the community and the high number of different computer systems used across Medway that did not interface with each other, the Board was informed that there was more to be done on sharing of records. This would create an opportunity for people to get the care that they needed delivered more quickly and efficiently.

It was commented that there was no reference to safeguarding in the report or mental health, and it was vital that those areas be covered in the plans The Chief Strategy and Partnerships Officer ICB added that Neighbourhood Health plans were being approached with a view to building on a service that we want to invest in and develop, not investing in what was ineffective.

### **Decision:**

- a) The Board noted the report
- b) The Board agreed that an update report on progress on the Neighbourhood Health Plan be brought back to a future meeting
- c) Officers to work with the Democratic Services Officer on arrangements for a training session early next year on the Neighbourhood Health Plan

## **467 " Waking Up to Sleep" Annual Report of the Director of Public Health 2024 - 2025**

### **Discussion:**

The Director of Public Health introduced the annual report and stressed how easy it was to underestimate the impact of sleep on health and wellbeing. The overall impact cost the country's economy approximately £40 billion in lost productivity. During the production of this report, a survey was conducted by Healthwatch Medway, details of their findings which can be found at [How Medway Sleeps | Healthwatch Medway](#).

Members raised a number of questions and comments which included:

## Health and Wellbeing Board, 20 November 2025

There were many factors that contributed to poor sleep and the impact this had on health and wellbeing was not well recognised and simple remedies undervalued. Poor attitudes and understanding contributed to diminishing of its importance on productivity.

Whilst Public Health had a role to play in providing information on how people could improve their sleep quality, and the Council had a role to play through initiatives such as preserving dark skies in urban areas, and addressing issues with poor housing and rough sleeping, there was also a fundamental personal responsibility by individuals to address barriers to improving their quality of sleep. The Board was informed that there were many valuable steps that could be taken to address issues, and the findings of this report would be the basis of further work to be undertaken. Many interventions would cost little money, for example by promoting behaviour change.

Consideration was needed on understanding the impact on young people and adolescents, who due to hormonal changes, required more sleep and could be perceived by society as just being lazy when that was not necessarily the case.

Addressing screen time both for young and older generations, but in particular adolescents, was also a factor, which not only affected sleep but also impacted mental health and social interaction.

In response a question about next steps following this report, the Board was informed that as well as building sleep into existing work, such as smoking cessation, a campaign would be developed on this topic to help people to better understand sleep and the measures they could take to improve how they sleep.

### **Decision:**

The Committee noted the report.

## **468 Work Programme**

### **Discussion:**

Members considered a report regarding the Board's work programme, and the Democratic Services officer confirmed that going forward, a small table would be added to the work programme to reflect progress on actions.

### **Decision:**

The Board agreed the work programme as set out in Appendix 1 to the report.

**Health and Wellbeing Board, 20 November 2025**

**Chairperson**

**Date:**

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