Medway Council
Meeting of Health and Wellbeing Board
Thursday, 12 February 2026
2.03pm to 3.58pm

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 Andrew Lawrence Councillor Adam Price, Portfolio Holder for Children's Services (including statutory responsibility) Adrian Flaherty, Healthwatch Medway Jackie Brown, Assistant Director Adult Social Care Lee-Anne Farach, Director of People and Deputy Chief Executive Andrew Stradling, Interim Medical Director, Medway and Swale Health and Care Partnership Dr David Whiting, Director of Public Health
Substitutes:	Mark Atkinson (for NHS Kent and Medway Integrated Care Board), Siobhan Callanan (for Medway NHS Foundation Trust) and Chris Wright (for Medway Community Healthcare)
In Attendance:	Scott Elliott, Head of Health and Wellbeing Services Victoria Nystrom-Marshall, Programme Manager, Transformation and Improvement Team, KMPT Andrew Rabey, Independent Chair, Kent and Medway Safeguarding Adults Board Teri Reynolds, Principal Democratic Services Officer Victoria Widden, Kent and Medway Safeguarding Adults Board Manager

716 Apologies for absence

Apologies for absence were received from Councillors Curry, Jones and Peake, Dar Caroline Richard (Local Medical Council), Martin Riley (Medway Community Healthcare), Jonathan Wade (Medway NHS Foundation Trust) and invited attendee Adrain Richardson (Kent and Medway Mental Health Trust).

717 Record of meeting

The record of the meeting held on 20 November 2025 was agreed and signed by the Chairperson as correct.

718 Urgent matters by reason of special circumstances

There were none.

719 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.

720 Kent and Medway Safeguarding Adults Board Annual Report 2024-2025

Discussion:

The Independent Chair introduced the report which set out the responsibilities and structure of the Board and detailed how the multi-agency partnership had delivered against its strategic priorities during the year. He drew the Board's attention to Appendix 2 which provided some highlights specific to Medway and he also commented on a focussed piece of work that had taken place with Medway's Housing Team on homelessness and rough sleeping, which was now being shared across the whole of Kent.

Members then raised a number of questions and comments, which included:

- **Staffing levels and backlog** – reference was made to the significant increase in staffing levels within Medway's adult social care (ASC) safeguarding team and it was asked what impact this was having on backlog of referrals. The Assistant Director for ASC explained that there had been an increase of 167.5% in safeguarding concerns raised in the last five years and the staffing establishment had therefore been increased in response to that. She added that work was ongoing with partners to promote knowledge around thresholds and to support them in identifying the correct referral routes for other assessments such as care needs assessments. The team continued to explore alternative ways to work smarter to filter referrals more efficiently.

- **Tackling cuckooing** – in response to a question on how partners worked together to tackle cuckooing and home invasion concerns, the Assistant Director explained that the recently established Medway Intensive Support Team (MIST) supported people with multi-faceted

complexities and services worked around individuals across police, health services and ASC. It was added that cuckooing was soon to be classified as a criminal offence which would enable the police to have a much greater role and power to tackle issues.

- **Neglect and acts of omission** – reference was made to the rate in Medway which was above national average. The approach of the MIST was welcomed by the Independent Chair in tackling issues. In relation to self neglect, he referenced a thematic safeguarding adults review, which was in progress and was hoped would provide more insight into the system to help tackle the rise in self neglect concerns.

- **Data of referrers** – in response to a question about how referrers were logged to help identify patterns of mis-placed referrals, the Kent and Medway Safeguarding Adults Board Manager confirmed that the Board had developed a data dashboard which tracked this information. This was in the early stages but tracking this information was already proving invaluable.

- **Strategic Plan** – it was confirmed this was being extended to 2028 and that completed actions would be highlighted. In addition, the Board was exploring opportunities to produce videos to help increase accessibility of the messages it wanted to share with a much wider audience.

Decision:

The Board noted the Kent and Medway Safeguarding Adults Board Annual Report 2024-2025 and officers undertook to provide data regarding safeguarding referrals.

721 Adult Social Care Strategy 2025-2028

Discussion:

The Assistant Director, Adult Social Care introduced the report which provided a refreshed strategy for the Board's consideration. Emphasis was made of the level of engagement that had been undertaken in developing the strategy, which had also been developed to align with the Joint Health and Wellbeing Strategy, so they did not operate in silo. One of the challenges for the service was to become more proactive and less reactive, which would be a significant role of the MIST.

Members then raised a number of questions and comments, which included:

- **Budget** – reference was made to the ASC allocation in the proposed 2026/27 budget and whether that would be sufficient. In response the Assistant Director explained that the budget had been developed in the context of demographic growth and increases in demand. Work was ongoing with partners to improve prevention and reablement services as this was a priority for all across the system.

- **Rise in supported living costs** – in terms of the increases in costs to provide supported living it was explained that the service was working with individuals with more complex needs, some needing 2:1 or 3:1 care support. These were individuals who historically may have been placed into an institution that was not a suitable environment for them. Being in the community allowed them to thrive but they may require significant support to be able to manage this. As a result, nationally, ASC was picking up more health costs within the system than previously.

- **CQC improvement plan priorities** – in response to a question about how actions were being prioritised officers confirmed that the areas with the lowest score had been prioritised but that work across the whole plan was ongoing. There were short-term, medium-term and long-term actions and the service reported to CQC on its progress on a quarterly basis.

- **Neighbourhood Health** – officers confirmed that ASC was a key part of neighbourhood health planning and would assist in the whole system working together on prevention.

- **Infrastructure for over 65s** – in response to a question about what was being done to ensure provision was available to meet the physical needs of the growing population of older people, the Assistant Director, Adult Social Care confirmed that the service worked closely with the Planning Department to request for accessible housing to be part of larger developments and this was a continuing focus.

- **Future proofing** – the point was made that the strategy was not only to cover the needs of people now but also to prepare for the needs of people in the future and a key element of preparedness was to start conversations early and to put preventative measures in to help avoid or delay the need for more intense and expensive support. The service was working with the Communications Team to develop an ASC Guide to raise awareness of the support that was available, not just through the local authority but other facilities and services available.

Decision:

The Board noted the contents of the refreshed Adult Social Care Strategy and requested a report back in approximately 12 months to review progress.

722 Medway Marmot Place Partnership Update

Discussion:

The Strategic Service Manager for Public Health introduced the report which provided a summary of the progress to date and a draft set of recommendations from the Institute of Health Equity who had been commissioned to support Medway to achieve its ambitions to reduce health inequalities. He emphasised that Medway as a Marmot Place was a system wide ambition, not a Council owned initiative and that all partners were fully

engaged and supportive. The report would be finalised, made fully accessible and shared with everyone.

Members then raised a number of questions and comments, which included:

- **Health inequality** – comment was made that there was considerable emphasis on what to do to tackle issues but not enough about why health inequalities existed. In response officers confirmed that Sir Michael Marmot had identified eight Marmot principles which were based on evidence from data and science. He had also identified that health inequality had worsened following the introduction of austerity measures by the coalition government in 2011.

- **Personal accountability** – in response to a comment that individuals needed to take responsibility for their own health, officers agreed and were still exploring methods of communication to help individuals understand the building blocks that help support good health. This needed to be coupled with a concept of universal proportionalism in the distribution of funds and provision of services across the system.

- **Universal proportionalism** – an example of the benefit of delivering services in a more targeted, proportionate way was the NHS Health Check Programme. Although a universal service, the service was delivered in a targeted way, so that those with the worst health outcomes were over represented. This was because in the most deprived areas, GP surgeries had the lowest recorded rate of patients of hypertension, yet the highest rate of cardio vascular disease mortality. This demonstrated that parts of communities were not accessing GPs with systems, and it needed to be understood what such barriers were, for example, inflexible working hours, lack of knowledge, varying health literacy or accessibility issues.

- **Measuring impact** – it was acknowledged that this was the most challenging aspect. Officers intended to work with partners to produce an annual report to monitor progress on halving health inequalities in two years. Neighbourhood health would provide additional opportunities for partners within the system to work collaboratively and partners across the Health and Wellbeing Board would be encouraged to continue to champion the ambitions.

- **Violence against women and girls** – it was requested that reference to the impact violence against women and girls has on health inequalities be strengthened, particularly given the frequency the issue shows as a factor in children social care cases or Emergency Department admissions as examples. It was suggested reference on violence against women and girls be strengthened and the issue explored in greater depth to understand the scale of the problem.

- **Transient housing** – reference was also made to the impact of transient housing on the health of families, and it was requested that reference to this be strengthened.

Decision:

The Board noted the report from the Institute of Health Equity regarding the progress of the Medway Marmot Place Partnership update subject to the comments raised above being reflected and/or explored in greater depth.

723 Integrated Care Strategy Update

Discussion:

The Director of Public Health introduced the report which provided an overview of the approach taken by the Integrated Care Partnership (ICP) to monitor the delivery of the Kent and Medway Integrated Care Strategy and the changed context in which the strategy existed. He explained that the ICP was no longer a statutory requirement and would be down to the system locally to determine how to continue.

Members then raised a number of questions and comments, which included:

- **Neighbourhood Health Plan** – reference was made to the NHP and it was confirmed that training for Board members on the development of the plan would be provided and effort would be made for the plan to complement and not duplicate other work.

- **Stronger role of Health and Wellbeing Boards** – reference was made to paragraph 4.3.2 of the report which explained that the Ten Year Plan included a stronger role for Health and Wellbeing Boards. This was acknowledged along with the need to work on shared digitalisation across system partners.

- **ICB transition** – reference was also made to the transition arrangements of the Integrated Care Board, which was being required to halve its operating costs. It was reported that consultation on the proposed arrangements for Kent and Medway's ICB was ongoing and should be concluded by early April 2026.

Decision:

The Board noted the approach that the Integrated Care Partnership has taken in monitoring and collaborating on the delivery of the outcomes of the Integrated Care Strategy.

724 Work Programme

Discussion:

The Principal Democratic Services Officer introduced the report which set out the Board's work programme. The Director of Public Health explained that in relation to the Neighbourhood Health Plan, the deadline for submission had originally been end of March but informal notice had been provided that this was being pushed to early May. Therefore, the draft plan would instead be

submitted to the Board at its meeting in April for consideration before the final version is submitted.

Decision:

The Board agreed the work programme attached at Appendix 1.

Chairperson

Date:

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