Medway Council
Meeting of Health and Wellbeing Board
Wednesday, 17 June 2026
2.00pm to 4.00pm

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 Mark Jones Councillor Andrew Lawrence Councillor Eddie Peake Councillor Adam Price, Portfolio Holder for Children's Services (including statutory responsibility) Tim Benfield, Healthwatch Medway Dominic Cox, Kent and Medway Integrated Care Board Dr David Whiting, Director of Public Health
Substitutes:	None
In Attendance:	Phil Bungay, Medway Neurological Network Celia Buxton, Assistant Director, Education and SEND Stephanie Davis, Democratic Services Officer Scott Elliott, Head of Health and Wellbeing Services Gillian James, Assistant Director, Culture and Community Robert Kennedy, Head of Operations Martin Nagler, Medway Neurological Network Professor David Oliver, Medway Neurological Network Clare Saunders, Funding and Programmes Director, Medway Voluntary Action Dr Julian Spinks, Medway Practices Alliance Yasmin Vaughan, Head of Early Help and Prevention Adult Social Care

83 Election of Chairperson

Councillor Teresa Murray was elected as Chairperson of the Board for the 2026/27 Municipal Year.

84 Election of Vice-Chairperson

Jack Packman, Medway Voluntary Action was elected as Vice-Chairperson of the Board for the 2026/27 Municipal Year.

85 Apologies for absence

Apologies for absence were received from Jackie Brown Assistant Direct Adult Social Care, Kelly Cogger Assistant Director Children's Social Care, Councillor Curry, Dr Lee-Anne Farach Director of People and Deputy Chief Executive, Jack Packman Medway Voluntary Action, and Martin Riley Joint Senior Responsible Officer, Medway and Swale Integrated Care Partnership.

86 Record of meeting

The record of the meeting held on 16 April 2026 was agreed and signed by the Chairperson as correct.

87 Urgent matters by reason of special circumstances

There were none.

88 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.

89 Joint Local Health and Wellbeing Strategy Update and Themes for 2026/27

Discussion:

The Strategic Head of Health and Wellbeing Services introduced the report which detailed the forward plan for the remainder of the 26/27 cycle of meetings of the Board and also provided an overview of the indicators in the goal, purpose and four priority themes.

The Board was informed that the indicators tracked progression of the priorities of the Strategy and explained that the 3 September meeting would be used to agree the indicators that would be looked into in detail in this cycle of meetings.

The Chairperson reminded and encouraged the partners across the Board to raise any indicators they felt required further detailed review at any stage.

Discussions took place regarding better understanding the progress made and impact of improvements. The officer agreed to bring forward more indicators that should be celebrated due to their success; however, the nature of the Board was that reports were presented on indicators that were not performing as well as they should to enable discussion on how partners could assist in driving forward improvements. It was commented that it would be useful to make connections in future reports on how the indicators interlinked with other areas of work across the Council, as each indictor did not operate independently but complement other areas of work.

It was further commented that it was useful to explore trends as early identification was important in determining pathways. It was explained that the Integrated Care Board (ICB) was working more proactively on priories and were in the process of developing a draft set of priority intentions. It was agreed that a dedicated informal session would be arranged for the Board with the ICB on commissioning priorities.

Neighbourhood Health

The Director of Public Health provided an update on the development of the Neighbourhood Health Plan which would support a fundamental change in approach to care from acute hospital model to primary care and presented an opportunity to improve services for the community of Medway. Partners were working at pace on development of the Plan, with input from various organisations, including the Voluntary Community Social Enterprise.

Officers acknowledged that the consultation period planned to take place in July and August could be challenging. However, this could not be prevented due to delays with the national guidance being published and the desire to submit the Plan in September 2026.

Decision:

a) The Board agreed the forward plan for the 26/27 cycle of meetings.

b) The Board noted the verbal update on progress on Neighbourhood Health.

c) An informal session will be arranged for August 2026 on Neighbourhood Health, and to discuss the ICB draft commissioning priorities.

90 Developing Plans for Neurological Patients

Discussion:

The Board received a presentation from the Medway Neurological Network whose priority was on being the voice and single point of access for those affected by neurological conditions and were an umbrella community support group for neurological charities in Medway.

The presentation highlighted the prevalence of neurological conditions, the number of people affected both worldwide as well as in Medway. There was a need for an increased number of neurologists, strengthening proactive care for those affected, and an improvement in the coordination of the way care was provided and accessed. The presenter argued for increased multidisciplinary team involvement and holistic care provision and ensuring the inclusion of neurological diseases in the remit of palliative care services, including advance care planning and end of life care.

It was commented that it was concerning that Dementia and Stroke were not classified as Neurological diseases in the UK. The Board was informed that there was significant overlap between dementia and other medical conditions.

It was noted that Dementia could not be considered in isolation from other areas of medicine, and that improving assessment and treatment through increased neuropsychiatry and neuropsychological support was essential.

It was commented that there were many people in the community in need of disabled facilities grants to make necessary adaptations to their property, that were not receiving the grants quickly enough. It was stressed that allocation needed to be made on assessment of needs rather than medical diagnosis. The Board requested a briefing note be provided on the work that was being undertaken to improve processes.

Discussions took place on difficulties and barriers experienced by service users and their families to access local clinics. The Board was informed that people were able to access services, but this was done with great difficulty and included travel to various different clinics for different aspects of their care. Partners across the Board agreed that being able to access all of care in one place would enable better care provision for service users. Navigability of care was crucial to quality of health outcomes. It was suggested by the Medway Neurological Network representative that opportunities be explored on possibilities of the development of Neuro-hubs, with multidisciplinary teams available at clinics in the community, utilising spaces at healthy living centres across Medway and improving local provision of care services for neurological conditions.

The attendees from the Medway Neurological Network commented that Neighbourhood Health Plans presented an opportunity to pilot Neuro-hub services for people with neurological conditions and to plan local services for the people affected. It was also commented that the UK was already behind many other countries who recognised neurological conditions within a wider concept of brain health, with many European countries already having developed national plans in place to support brain health across the community. It was suggested that developing local plans would be more efficient and deliver quicker results, rather than waiting for a national response on the matter.

Decision:

The Board noted the report.

91 KYNDI - Assistive Technology to Support Independent Living

Discussion:

The Board received a presentation which detailed the use of assistive technology in improving independence and quality of life for service users.

The use of assistive technology was being promoted as one of the ways forward in supporting the NHS prevention agenda, with outcome benefits which included fewer hospital admissions, reduction of pressure on services, lower long term care costs and maintenance of independence through tailored assessments and provision of devices based on individual need.

The Board was informed that Kyndi continued to visit organisations to provide demonstrations on the equipment available and partners across the Board were encouraged to contact Kyndi to arrange demonstrations for their organisations.

In response to questions regarding barriers and what support was required from the Board to assist in reaching out communities, the Board was informed that raising awareness and eradicating the stigma associated with the old Telecare service was an area of focus. There were still many parts of the community that were under served due to lack of engagement. Partners were encouraged to support the service by promoting it within their organisations and through their wider contacts. The service is particularly keen to collaborate with GPs and primary care providers.

Attendees agreed to explore ways to promote the work being undertaken by Kyndi and to help rebuild confidence, which had been affected by the previous Telecare service.

The Board was reassured that due diligence on security and safeguarding was paramount with introduction of any new product, with stringent measures of a rigorous checking process prior to introduction of product.

In response to a question on uptake and referrals, the Board was informed that at the start of launch, 2/3 referrals were received a week, and now the service received approximately 15 referrals per week from adult social care.

Decision:

The Board noted the report and partners agreed to promote the service provided by Kyndi.

92 Work programme

Discussion:

The Democratic Services officer confirmed the items for the upcoming meeting on 3 September 2026.

Decision:

The Board agreed the work programme attached at Appendix 1.

Chairperson

Date:

Stephanie Davis, Democratic Services Officer

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