

Motions

Motion A – Councillor Perfect has submitted the following:

Cost to Local Taxpayers and Government Reimbursement

The Council notes that:

- In the face of potentially unlawful decision making, and allegations of gerrymandering the Government has announced a review of Local Government Reorganisation, with decisions in some areas withdrawn and implementation work elsewhere paused.
- Councils across the country have already spent significant amounts of money and officer time preparing for Local Government Reorganisation at the Government's request.
- Much of this work has been undertaken because councils were working to deadlines and requirements set by Government.

The Council believes that:

- That local residents should not be left to pick up the bill for a process which the Government has now chosen to pause.
- At a time when this Council's finances are already under enormous pressure, every pound unnecessarily spent on Local Government Reorganisation is a pound which cannot be spent on the services our residents rely on.
- The administration was wrong to waste £105,000 of taxpayers' money on a failed Option 4d business case.
- It should be democratically elected local councils, in consultation with local residents, to decide on whether or not to put forward (locally-led) proposals for restructuring and should not be imposed by Whitehall as a requirement for local government funding or devolution deals.

The Council resolves:

- To direct the Chief Executive (the Head of Paid Service) and the Chief Operating Officer (the Section 151 Officer) to establish the full cost to this Council of Local Government Reorganisation to date and provide this information to all Members.
- To direct the Leader of the Council to write to the Secretary of State and our local Members of Parliament making clear that: Local taxpayers should not be expected to pay for the Government's LGR U-turn.
- Call on the Government to reimburse this Council for all costs incurred as a direct result of the Local Government Reorganisation process.

- Call on the Government to provide clear answers about the future of Local Government Reorganisation before councils are expected to spend any more taxpayers' money on the process.
- To make clear this council's view that the Local Government Boundary Commission for England must be involved in reviewing any local government boundary, ward and council size proposals submitted to the Secretary of State by councils in due course – it should not be left to the Head of Paid Service.

Motion B – Councillor Finch has submitted the following:

Exploring a Young Adult Tech, Employability and Social Connection Hub

This Council notes:

That social isolation, lack of confidence and economic inactivity can create significant barriers for young adults seeking to enter or return to employment, education, training and community life.

That Medway already benefits from a range of employment, skills, education, wellbeing and voluntary-sector services, but there may be young adults whose needs are not met by, or who do not currently engage with, existing formal provision.

That a Medway resident has put forward a detailed proposal for a community-based Tech and Social Hub, providing a low-pressure physical environment where young adults could engage through shared interests including technology, coding, gaming, digital projects and hardware, while developing confidence, social connections, practical experience and employability skills.

That the proposal is intended not to replace or duplicate universities, colleges, Jobcentre Plus, existing Council services, NHS provision or voluntary-sector programmes, but potentially to provide a bridge into employment, training, volunteering, existing services and wider community participation for people who are currently disengaged from them.

This Council believes:

That constructive proposals brought forward by residents which have the potential to improve outcomes for Medway residents should be considered proportionately.

That innovative and preventative approaches which help people build confidence, practical skills, independence and pathways towards employment should be explored where there is evidence of unmet need.

That any new initiative should complement rather than duplicate existing provision.

That wherever possible, any pilot should make use of existing facilities, partnerships, voluntary participation, external funding and social-value opportunities before any proposal for new or additional programme expenditure is brought forward.

This Council therefore requests that Cabinet:

1. **Asks officers to undertake a proportionate review of relevant existing provision** and identify whether there is evidence of unmet need amongst young adults who are socially isolated, economically inactive or not currently engaging with formal employment, education, training or support services;
2. **Subject to evidence of unmet need being identified, assesses the feasibility of a small, time-limited pilot** Young Adult Tech, Employability and Social Connection Hub in Medway;

3. As part of that feasibility work, considers the potential use of existing Council, community, education-sector or partner premises, where this can be achieved without adversely affecting existing provision, and explores appropriate partnerships with employers, universities, colleges, training providers, voluntary and community organisations and experienced professionals;
4. Identifies suitable grant funding, external funding, sponsorship and social-value opportunities, where appropriate, **before any proposal for new or additional programme expenditure is brought forward**;
5. Ensures that any pilot proposal properly addresses safeguarding, volunteer management, insurance, health and safety, data protection, accessibility and appropriate signposting or referral arrangements where necessary, and includes clear and proportionate measures for evaluating outcomes; and
6. Reports the findings, anticipated costs, potential funding sources, partnership opportunities and recommendations through the appropriate scrutiny and decision-making process **before any pilot is commenced**.

Motion C – Councillor Field has submitted the following:

Men's Mental Health – Movember's Men's Health Charter

This Council Notes:

Across England, men face a greater risk of premature death than women. Two fifths of men still die before their 75th birthday. Suicide is the most common cause of death amongst men aged 20-34, and a baby boy born today can expect to live four years fewer than a baby girl.

Men in Medway particularly face health challenges. In Medway, male life expectancy is 78.7 years, 3.9 years lower compared to females in Medway. Males living in the most deprived areas of Medway experience significantly poorer health outcomes than those living in more affluent areas. There is a 10.4-year gap in life expectancy between men living in the most deprived and least deprived areas (72.7 years compared with 83.1 years). Males represent disproportionately for deaths under the age of 75, reflecting patterns in life expectancy, where cancer, respiratory disease and circulatory disease are the largest contributors to early death. Males in Medway have worse rates of school readiness, NEET and smoking rates compared to females.

This Council Believes:

As a Council we have the ability to promote men's health by bringing together men and boys, their families, NHS partners and community organisations.

Health is not just about the absence of illness. We can promote improved health through access to green spaces, leisure services and cultural activities. We recognise the importance of rich social networks to health, and the importance of access to good quality employment and financial stability.

By introducing a men's health charter, we are not downplaying the importance of women's health. This charter should fit within the Council's broader equalities objectives, ensuring that services are fit and tailored to the residents who use them. But we need to recognise that health services should be sensitive to gender, and that certain health conditions are more likely to impact men, and that gender norms affect health.

This Council Resolves:

To adopt Movember's Men's Health Charter – a copy of which can be found below this motion. By adopting the Charter, the Council will commit the Council to:

- **Appoint a senior executive Member to lead on Men's Health.**
Who will lead on Men's Health, working to improve men's health across the council, NHS and community services.
- **Collect the right data.**
Through the Health and Wellbeing Board, we will ensure that sex disaggregated data is collected on health service usage. The Director of

Public Health will include a section on men's health in their annual report.

- **Fund men's health initiatives.**

Health is in everything. We will make sure our grant funding supports men's health, whether grants are for directly health-related activities, or more activities that impact on health and wellbeing, such as for culture or leisure.

- **Focus on those facing the worst health outcomes.**

We will consider how ethnicity, disability, sexuality and economic deprivation, and life experiences shape men's health and their access to services.

- **Ensure that health outreach works for men.**

We will work to increase uptake of health checks by ensuring that outreach activities are tailored to men. Our outreach work will take place in familiar settings, to reach men services might otherwise miss.

- **Commit to a plan**

We need to see systemic change to improve men's health in Medway. We commit to bringing forward a Local Men's Health Strategy, driven by the Health and Wellbeing Board. We'll listen to men in Medway to ensure the strategy works for them. We'll bring together local NHS service providers and community partners.



A Men's Health Charter

Across England, men face a greater risk of premature death than women. Two fifths of men still die before their 75th birthday. Suicide is the most common cause of death amongst men aged 20-34, and a baby boy born today can expect to live four years fewer than a baby girl.

We now have a national Men's Health Strategy for England. An opportunity to take a gender lens to improve health outcomes across the country, It recognises that men are more at risk of certain conditions, and the importance of social norms and networks to health. Services and outreach efforts can respond to this - creating services that fit round our communities, not services that expect communities to fit around them.

We know certain groups of men are more impacted by poor health outcomes. In Medway, male life expectancy is 78.7 years, 3.9 years lower compared to females in Medway. Males living in the most deprived areas of Medway experience significantly poorer health outcomes than those living in more affluent areas. There is a 10.4-year gap in life expectancy between men living in the most deprived and least deprived areas (72.7 years compared with 83.1 years). Males represent disproportionately for deaths under the age of 75, reflecting patterns in life expectancy, where cancer, respiratory disease and circulatory disease are the largest contributors to early death. Males in Medway have worse rates of school readiness, NEET and smoking rates compared to females. Alongside a gender lens, we recognise the importance of considering ethnicity, disability, sexuality and economic deprivation when it comes to men's health. Working with local communities to understand how life experiences shapes men's health and their access to services can also improve the focus of work and outcomes e.g. Homelessness, occupational disease, violence, addiction. In Medway, health outcomes are worse amongst men who live in the most deprived areas, have serious mental illness, smoke and are overweight or obese. These men are more likely to develop long-term conditions such as cardiovascular disease, respiratory disease and cancer, experience poorer mental health outcomes, and die prematurely.

Medway's Public Health team conducted a health and wellbeing survey between 2021 and 2022. The findings showed that men were more likely than women to engage in behaviours associated with poorer health outcomes. This included being twice as likely to consume alcohol at high levels, having higher rates of overweight and obesity, and being less likely to be registered with a dentist.

Medway Public Health's health inequalities analysis highlights several areas where males experience poorer health outcomes than females. Males are more likely to have an emergency hospital admission for asthma among those aged under 19 years, are three times more likely to die by suicide, and have higher rates of emergency admissions and mortality from respiratory diseases, including chronic obstructive pulmonary disease (COPD). Males also experience higher rates of emergency admissions and deaths related to cancer, including lung cancer, as well as higher rates of emergency admissions and mortality from cardiovascular disease.

This is about improving men's health alongside women's health - both are important. We should recognise that both men and women face specific, gendered health challenges, and that services should be tailored to the people who use them. We need to be sure that services that help people live well support men and women equally. The '[Must know](#)' questions on men's health can help frame our work in this area.

As a council we are committed to working with NHS partners to ensure that more men in Medway live longer, healthier lives.

In Medway there are already programmes in place to support men's health. These include Man vs Fat adult weight management programme and Men in Sheds which supports men with improving their mental wellbeing.

As a council, we are committed to go further.

We commit to:

- **Appoint a senior executive member to lead on Men's Health.**
This member will lead on Men's Health, working to improve men's health across the council, NHS and community services.
- **Collect the right data.**
Through the health and wellbeing board, we will ensure that sex disaggregated data is collected on health service usage. The Director of Public Health will include a section on men's health in their annual report.
- **Fund men's health initiatives.**
Health is in everything. We will make sure our grant funding supports men's health, whether grants are for directly health-related activities, or more activities that impact on health and wellbeing, such as for culture or leisure. We will ensure improving men's health and wellbeing is included in the criteria for awarding grants, where this is appropriate.

- **Focus on those facing the worst health outcomes.**

Alongside gender, we will consider how ethnicity, disability, sexuality and economic deprivation, and life experiences shape men's health and their access to services. In Medway certain groups face the worst health outcomes. We will work with communities to increase access to services, and ensure that programmes to prevent poor health are effective for men from all walks of life.

- **Ensure that health outreach works for men.**

We will work to increase uptake of health checks by ensuring that outreach activities are tailored to men. Our outreach work will take place in familiar settings, to reach men services might otherwise miss. We will also ensure a focus on groups of men with the worst health outcomes locally.

- **Commit to a plan.**

We need to see systemic change to improve men's health in Medway. We commit to bringing forward a Local Men's Health Strategy, driven by the Health and Wellbeing Board. We'll listen to men in Medway to ensure the strategy works for them. We'll bring together local NHS service providers and community partners. As part of this plan, we'll carry out a scoping exercise to understand how we can build on existing work.

Signed:

Leader of the Council

Men's Health Lead