

KENT COUNTY COUNCIL

KENT AND MEDWAY JOINT HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Kent and Medway Joint Health and Wellbeing Board held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 7 December 2021.

PRESENT: Mrs C Bell (Chairman), Cllr David Brake (Vice-Chairman), Dr B Bowes, Ms J Brown, Cllr H Doe, Dr A Duggal, Dr L Farach, Dr J Findlay, Mr R W Gough, P Graham, Cllr Mrs A Harrison, Ms R Jones, Cllr M Potter, Mr M Riley, Dr C Rickard, Dr A Jhund and Dr D Whiting

ALSO PRESENT: Cedi Frederick

IN ATTENDANCE: Chris McKenzie (Director of Adult Social Care and Health North and West Kent), Ms J Mookherjee (Consultant in Public Health) and Mr M Dentten (Democratic Services Officer)

UNRESTRICTED ITEMS

13. Declarations of Interest by Members in items on the agenda for this meeting
(Item 3)

There were no declarations of interest.

14. Minutes of the meeting held on 16 September 2021
(Item 4)

RESOLVED that the minutes of the meeting held on 16 September 2021 were correctly recorded and that they be signed by the Chairman.

15. COVID-19 Local Outbreak Control Plan Update
(Item 5)

1. David Whiting gave a verbal overview of the report which provided an update on steps taken to mitigate rising cases of COVID-19 across both Kent and Medway as it relates to the Local Outbreak Management Plan (LOMP). He highlighted the differing case rates between age groups, with cases higher amongst young people than over 65s. In relation to the Omicron variant, he confirmed that community transmission was present and that to understand the impact of the variant four key questions needed answers, these included the degree of transmission; harm; vaccine effectiveness; and efficacy of patient treatments. It was noted that it would

be a few weeks before the answers were known. Government's Plan B was explained, including the intention to reduce the rate of transmission.

2. Dr Duggal shared Kent's Covid-19 case rate for the last 7 days, which stood at 517 cases per 100,000.
3. In response to a question on increasing vaccine uptake in hard to reach and deprived areas, Dr Whiting reassured the Board that Public Health were working with Kent and Medway CCG to improve uptake through community group and social media promotion, as well as pop up clinics.
4. Mr Gough asked whether there were statistics available on the number unvaccinated and critically ill patients with Covid-19. Rachel Jones agreed to circulate an article with the Board, which gave a national overview of the proportion of unvaccinated and critically ill patients with Covid-19.

RESOLVED to:

- a) note the report; and
- b) note that no questions had been submitted by members of the public on the LOMP Plan.

16. Impact of COVID-19 on Mental Health and Progress on Resilience and Recovery
(Item 6)

1. Jess Mookerjee presented the report which addressed the key impacts of Covid-19 on public mental health and actions taken by the Kent and Medway health and well-being system and its partners to mitigate the impacts. She highlighted frontline workers, men in older age groups and individuals already suffering with mental health as those most affected by the pandemic. She recognised that whilst the impact on children and young people had been significant, this had not translated to an increase in hospital admissions. The close link between health inequalities and the disproportionate impact of Covid-19 were acknowledged. She reminded Members that the Preventing Suicide in Kent and Medway: 2021-25 Strategy, endorsed by the Board at its last meeting, included a commitment to monitor young people's mental health trends.
2. Cllr Doe asked whether there was scope to improve interventions, when related to children and young people involved in domestic abuse. Ms Mookerjee gave examples of the work and services underway in the system, which included the 'Ask the Questions' campaign for NHS staff and support for families and children who have experienced domestic abuse.
3. In relation to the Wellbeing and Place section of the report, Cllr Brake noted that people were more likely to use community services if they were

in close proximity to their residence. He stressed the need to link place and leisure with services in order to improve accessibility.

4. Dr Caroline Rickard commended the mental health support offered to primary and secondary care staff.
5. Members discussed the importance of wellbeing in schools. A Member encouraged a universal designation of wellbeing leads, a comparison was drawn to safeguarding leads. Ms Mookerjee noted that many schools had wellbeing champions and agreed to report back with further information at a later date.
6. Dr Bowes commented that the increase in mental health issues highlighted growing health inequalities.
7. Mr Gough asked whether the complexity of mental health cases had increased to a significant extent. Ms Mookerjee recognised that the most vulnerable cases had increased in complexity over the last 7 years. She noted, in relation to digital poverty, that those with the means to make changes and improvements were the most resilient. Chris McKenzie added that in social care different types of support were needed in the pandemic, that digital interactions became important for mental resilience and that family facing services faced complex challenges.
8. Ms Mookerjee mentioned that the film 'The Wisdom of Trauma' had been circulated, with the relevant advice, to schools and that feedback had been positive.

RESOLVED to:

- a) suggest areas where the system can join together to strengthen public mental health; and
- b) comment on the progress on resilience and recovery taking place in Kent and Medway.

POST MEETING NOTE: 'The Wisdom of Trauma'

<https://thewisdomoftrauma.com/>

17. Health and Wellbeing of Coastal Communities (Item 7)

1. Dr Duggal outlined the report which introduced key themes associated with coastal health and included poor life expectancy, poor health outcomes and considerable health inequalities. She reminded the Board of the national context, given the Chief Medical Officer's annual report on health in coastal communities, which was published in July 2021. Addressing the challenges faced by these communities in Kent and Medway, Dr Duggal highlighted the following: that no two communities faced identical challenges; the impact of seasonal employment; lower levels of education;

poor housing conditions; older demographics; and poor transport links. She confirmed that the Health Improvement Office were leading on a national strategy and that Kent and Medway would develop local plans following this. Concerning the next annual Public Health plan, she reassured the Board that coastal communities would be a focus.

2. Cllr Harrison highlighted the importance of health service contract monitoring, a link between the effective measuring of outcomes and reducing health inequalities was made.
3. In relation to section 2.4 (Health) and long-term determinants, Mr Gough emphasised the importance of considering all elements in view when tackling issues and that future action plans should acknowledge a joined-up approach. Dr Duggal stressed the importance of tools such as Health Needs Assessments in considering multiple health elements and cited work in new communities in Ebbsfleet. Reassurance was given that further tools were being investigated.
4. Dr Caroline Rickard highlighted the challenge faced recruiting and retaining primary care staff in coastal communities and acknowledged that poor transport links were a factor.

RESOLVED that the proposed work on improving health and wellbeing and reducing health inequalities in Kent and Medway be noted.

18. Health Inequalities Strategic Action Plan *(Item 8)*

1. Rachel Jones gave an overview of the draft Health Inequalities Strategic Action Plan (HISAP), reminded Members of the previous development session, HISAP requirement and the progress made by the population management programme to date. She confirmed that CORE20PLUS5 had launched in November 2021 as the NHS's new framework to support targeted action in health inequalities improvement. She stressed that a whole system approach was required to make a sustained positive impact. She recognised that key goals had to be simple in order to get all partners onboard. In relation to the next steps, following the Board's consideration, she verified that work across the system would be undertaken to understand what programmes were already in place to tackle the proposed priority areas, mental health, wellbeing and deprivation.
2. Cllr Brake raised concerns at the impact of service relocations on health inequalities and public accessibility, including the consequence of insufficient public transport provisions.
3. Cllr Doe raised his concerns at the level of access to primary care and noted the demand greatly exceeded provision. He drew a link between access to primary care services and health inequalities. He cautioned

against decreasing standards in areas with low health inequality in order to improve other areas.

4. Cllr Potter indicated that creating universal, accessible solutions should be a priority area. He added that tackling obesity in younger demographics, including health checks, should be an area for further consideration.
5. Mr Gough asked how CORE20PLUS5 would ensure effective targeting, using the resources available. Ms Jones reassured the Board that the framework had inbuilt flexibility and would aide a focused response to health inequalities in individual population groups.
6. Cllr Doe emphasised the need to recognise incentives for improving community public health. An example of giving up smoking to improve performance in sport was given. He added that many lifestyle induced health challenges were multigenerational and required positive public role models. Ms Jones recognised the link between effective community engagement and improved health outcomes. She reinforced the commitment to continue engagement with voluntary and community sector organisations.

RESOLVED to:

- a) consider the proposed priority areas for a system-wide health inequalities strategic action plan, based on output from recent system-wide workshops, the PHM development programme and national CORE20PLUS5 initiative; and
- b) agree that co-production should be a key principle underpinning this action plan and that local communities should be involved in its design and delivery.