AGENDA

KENT AND MEDWAY JOINT HEALTH AND WELLBEING BOARD

Tuesday, 7th December, 2021, at 2.00 pm Ask for: **Matt Dentten**

Council Chamber, Sessions House, County Hall, Maidstone Telephone **03000 414534**

Membership

Mrs C Bell (Chairman), Cllr David Brake (Vice-Chairman), Dr J Allingham, Ms L Ashley, Mr P Bentley, Dr B Bowes, Ms J Brown, Sir Paul Carter, CBE, Mrs S Chandler, Cllr H Doe, Dr A Duggal, Mr M Dunkley CBE, Dr L Farach, Dr J Findlay, Mr R W Gough, P Graham, Mr P Gulvin, Cllr Mrs A Harrison, Cllr Mrs J Hollingsbee, Cllr A Jarrett, Ms R Jones, Dr N Kumta, Cllr M Potter, Mr M Riley, Mr Rivers, Mr M Scott, Mr M Scott, Ms C Selkirk, Mr R Smith, Mr J Williams and Mr W Williams

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

1. Introduction/Webcast announcement

2. Apologies and Substitutes

To receive apologies for absence and notification of any substitutes present.

3. Declarations of Interest by Members in items on the agenda for this meeting

To receive any declarations of interest by Members in items on the agenda for the meeting.

4. Minutes of the meeting held on 16 September 2021 (Pages 1 - 6)

To consider and approve the minutes as a correct record.

5. COVID-19 Local Outbreak Control Plan Update (Pages 7 - 16)

6. Impact of COVID-19 on Mental Health and Progress on Resilience and Recovery (Pages 17 - 26)

7. Health and Wellbeing of Coastal Communities (Pages 27 - 32)

8. Health Inequalities Strategic Action Plan - To follow

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Monday, 29 November 2021

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 Thursday, 16 September 2021.

PRESENT: Mrs C Bell (Chairman), Cllr David Brake (Vice-Chairman), Dr B Bowes, Sir Paul Carter, CBE, Mrs S Chandler, Cllr H Doe, Dr A Duggal, Mr R W Gough, Mr P Gulvin, Cllr Mrs A Harrison, Dr A Jhund (substitute for Mr M Scott), Ms R Jones, Dr N Kumta, Cllr M Potter, Mr Rivers, Mr R Smith, Mrs P Tinniswood (substitute for Dr Findlay) and Mr J Williams.

IN ATTENDANCE: Mrs K Cook, Ms C Jostock, Ms J Mookherjee, Dr T Rampal, and Mrs A Hunter

UNRESTRICTED ITEMS

1. Election of Chair
(Item 1)

(1) Cllr Brake proposed and Mr Carter seconded that Mrs Bell be elected as Chair of the Kent and Medway Joint Health and Wellbeing Board.

(2) RESOLVED that Mrs Bell be elected as Chair of the Kent and Medway Joint Health and Wellbeing Board.

2. Election of Vice-Chair
(Item 2)

(1) Mrs Bell proposed and Mr Gough seconded that Cllr Brake be elected as Vice-Chair of the Kent and Medway Joint Health and Wellbeing Board.

(2) RESOLVED that Cllr Brake be elected as Vice-Chair of the Kent and Medway Joint Health and Wellbeing Board.

3. Apologies and Substitutes
(Item 3)

(1) Apologies had been received from Dr J Allingham, Mrs J Brown, Mr M Dunkley, Ms L Farach, Dr G Findlay, Mrs P Graham, Cllr A Jarrett, Mr Mr Matthew Scott, Mr Myles Scott, Ms C Selkirk, Mr M Walker.

(2) Mrs Paula Tinniswood and Dr Amanjit Jhund attended as substitutes for Dr George Findlay and Mr M Scott respectively.

4. Declarations of Interest by Members in items on the agenda for this meeting
(Item 4)

There were no declarations of interest.

5. Minutes of the meeting held on 10 March 2021
(Item 5)

RESOLVED that the minutes of the meeting held on 10 March 2021 were a correct record and that they be signed by the Chairman.

6. COVID-19 Local Outbreak Control Plan
(Item 6)

(1) James Williams presented 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). In addition, he said that, as expected, the infection rates had increased as the country moved into stage 4 of the COVID-19 Plan. The rate of infection in Medway was at 223 per 100,000 of the population, the rate in Kent was 231 per 100,000, while the rate was 259 per 100,000 in the South-East and 308 per 100,000 nationally. Mr Williams outlined the requirements on local authorities arising from the publication of the Winter Plan including the continuing requirement to isolate following a positive PCR test, the retention of the ability of local authorities to restrict local events which posed a risk to the public and the restrictions imposed on international travellers returning to the UK. He suggested that the Board received a paper at a future meeting setting out the totality of those changes. He said changes to the LOMP had to be made by 4 October and would reflect the extension of the pharmacy-collect programme to the end of December, the continuation of symptom-free testing and the new requirement that Covid-19 tests be booked in advance. He said the learning from the Open Golf at Royal St George's in Sandwich had been shared widely and that some of that learning had been used by the organisers of the recent Victorious Festival in Portsmouth. Mr Williams concluded by saying that Kent and Medway had the highest rate of vaccine uptake among diverse communities in the South-East and that its mobile vaccination centres and models of outreach had been well received.

(2) In response to questions about the vaccination programme for care home residents and staff, it was confirmed that there had been significant engagement with care home providers registered with the Care Quality Commission and that there was no reason to think the vaccine programme would not be a success. Mr Williams undertook to provide further information about the impact of the requirement for care workers to be

vaccinated on the availability of care workers. Mrs Duggal said that 96% of residents in care homes in Kent had received one dose of the vaccination, 93% had received two doses, while 90% of permanent staff had received one dose and 82% had received both doses. The data also indicated that 76% of agency staff had received one dose and 46% had received both. It was also confirmed that those who had not yet been vaccinated could still come forward for vaccination. Mrs Tinniswood said that all hospitals in Kent and Medway had a number of patients who could not be discharged because care packages were not available. In response to a question about the impact of self-isolation on the retail sector, it was confirmed that there was a legal requirement to self-isolate following a positive PCR test, being contacted by NHS track and trace, or when displaying symptoms of Covid-19. Environmental Health teams had enforcement powers and there was strong engagement between district council teams and local businesses.

(3) RESOLVED to:

(a) note the update report;

(b) note that no questions had been submitted by members of the public on the LOMP Plan.

7. Feedback from Health Inequalities Workshop on 10 June 2021 and Next Steps

(Item 7)

(1) Rachel Jones introduced the report which set out the key findings from the Health Inequalities workshop held on the 10 June 2021 and the next steps in the development of a Health Inequalities Action Plan for Kent and Medway Integrated Care System for approval by the Kent and Medway Joint Health and Wellbeing Board. The report also asked the Joint Board to agree to receive a discussion paper its next meeting in December.

(2) During the discussion, comments were made about: waiting lists for hospital appointments and difficulties in getting GP appointments; the disparity in the ratio of patients to GPs across the county; the difficulties of those in rural areas accessing GP services; the recruitment of GPs and other health and social care workers in coastal and other deprived communities; the distinction between the professional development and personal appraisal of GPs and the evaluation of the services they provided to patients; and the increasing demand on GPs and other health services as a result of the Covid-19 pandemic.

(3) RESOLVED that a discussion paper be received at the meeting of the Joint Board scheduled for 7 December 2021 setting out the learning from the Population Health Management Development Programme and the proposed priority areas for the health inequalities action plan to focus on.

8. Update on the establishment of a Kent and Medway Integrated Care System - August 2021
(Item 8)

(1) Rachel Jones introduced the report which provided a summary of latest national guidance relating to the establishment of integrated care systems (ICS), along with details of the evolving Kent and Medway plans and operating model. She also outlined the principal changes arising from the most recent guidance, explained some of the changes in terminology and summarised the proposed governance structures. She a national announcement about the appointment of independent chairs of the integrated care boards was expected at the end of the month and that the advertisements for accountable officer posts had been placed in the Health Service Journal. In response to a question, she said it was likely that the board of the new integrated care partnership in Kent and Medway would consist of more members than the statutory minimum outlined in the guidance, however, it should not become so big as to be unmanageable. The importance of avoiding duplication between the Kent and Medway health and wellbeing boards and the new Integrated Care Partnership Board was emphasised.

(2) RESOLVED to note the update for information.

9. The Appointment of a representative to attend meetings of the Kent and Medway Primary Care Commissioning Group
(Item 9)

(1) The report asked the Joint Board to note the agreement of the Medway Health Wellbeing Board and the Kent Health and Wellbeing Board, following a request from the Kent and Medway Clinical Commissioning Group (CCG), that a representative of the KAMJHWB attend meetings of the Kent and Medway Primary Care Commissioning Group (PCCG).

(2) RESOLVED to note the decisions of the Medway Health and Wellbeing Board and the Kent Health and Wellbeing Board that:

(a) a member of the Kent and Medway Joint Health and Wellbeing Board be nominated to attend meetings of the Kent and Medway Primary Care Commissioning Group's Primary Care Commissioning Committee in accordance with paragraph 4 of the terms of reference of the PCCC;

(b) James Williams, Director of Public Health at Medway attends the PCCC's meetings as the representative of the KAMJHWB; and

(c) this appointment is reviewed in 12 months' time in line with the development of the Integrated Care Systems boards.

10. Kent and Medway Joint Health and Wellbeing Board - Co-option of Members
(Item 10)

(1) The report asked the Joint Board to consider re-appointing Dr Bob Bowes as a non-voting member for a further year to July 2022.

(2) RESOLVED to agree the re-appointment of Dr Bob Bowes as a non-voting member for a further year to July 2022.

11. Kent and Medway Prehabilitation Programme
(Item 11)

(1) Dr Taurannum Rampal presented the paper that detailed the progress to date of the innovative Kent and Medway Prehabilitation service available for residents with a new cancer diagnosis. She said the service supported individuals improve their health and wellbeing in advance of starting cancer treatment, which resulted in positive short and long term outcomes for the patient and savings to the system.

(2) Members of the Board wished their appreciation of the initiative to be recorded.

(3) RESOLVED to endorse the Kent and Medway Prehabilitation Service.

12. Preventing Suicide in Kent and Medway: 2021-25 Strategy
(Item 12)

(1) Jessica Mookherjee (KCC Public Health Consultant) introduced the report which provided an update on the suicide prevention programme and included information on the:

- impact of Covid-19 on suicide rates and the Suicide Prevention Programme
- Preventing Suicide in Kent and Medway: 2021-25 Strategy (amended following recent public consultation)
- Kent and Medway Better Mental Health Pledge / Prevention Concordat for Better Mental Health.
- New Support Service for People Bereaved by Suicide.

(2) Ms Mookherjee also said that the strategy had been nominated for a national award. The Board welcomed the strategy and thanked Ms Mookherjee for the report and for the teams' achievement, so far in closing the differential in suicide rates between Kent and Medway and the national average.

(3) RESOLVED to endorse the Preventing Suicide in Kent and Medway: 2021-25 Strategy.

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KENT AND MEDWAY
JOINT HEALTH AND WELLBEING BOARD

7 DECEMBER 2021

COVID-19 LOCAL OUTBREAK CONTROL PLAN

Report from: Allison Duggal, Director of Public Health for Kent County Council

James Williams, Director of Public Health for Medway Council

Author: Logan Manikam, Interim Public Health Consultant

Summary

This report provides 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).

1. Budget and Policy Framework

1.1. As part of the Department of Health and Social Care's COVID-19 response and recovery strategy, Upper Tier and Unitary Local Authorities in England were mandated to develop a COVID-19 Local Outbreak Management Plan (LOMP)- formerly known as the COVID-19 Local Outbreak Control Plan-to reduce the spread of the virus within the community.

1.2. On 28 February 2021, the Department of Health and Social Care (DHSC) requested that the LOMP be updated to reflect the changed landscape of the pandemic and to consolidate best practice that has emerged locally in its first year through the creation of a Best Practice Document. The objectives of these updates are outlined below:

- to ensure that updated fit for purpose local outbreak management plans are in place across England;
- to identify any additional support Local Authorities may need from national or regional teams, particularly in relation to surge activity to detect new variants:
- to identify good practice at local and regional levels– most particularly in respect to Non-Pharmaceutical Interventions (NPIs) that can be used to reduce/prevent transmission of the virus and use this learning to inform regional and national policies;
- to ensure there is effective governance and clarity on roles/responsibilities at all levels of response; and
- to ensure LOMP reflect cross-cutting considerations, such as inequalities;

- to provide ongoing assurance and justification of the need for financial support from the COVID Outbreak Management Fund (COMF) and self-isolation fund.

1.3. Central government has provided funding to facilitate the delivery of LOMP to enable local authorities and their partners to put in place local measures to prevent, identify, and contain COVID-19 outbreaks. The Kent and Medway Local Outbreak Management Plan was published online on 30 June 2020; its most recent iteration was published on the 1 November 2021 following an update of the COVID-19 Contain Framework that was recently updated on 7 October 2021. The contain framework sets out how national, regional, and local partners should continue to work with each other, the public, businesses, and other partners in their communities to prevent, manage and contain outbreaks of coronavirus (COVID-19). This framework applies to the autumn and winter period, and will be reviewed and updated as necessary in Spring 2022.

2. Background

2.1. Responding to the Rise in Cases Nationally & Locally

2.1.1. Since the last convening of the Joint Health and Wellbeing Board in September 2021, transmission rates of COVID-19 nationally and in Kent and Medway have increased. Increase in cases have been seen in school aged children between the age of 5 to 14 and adults between the age of 25 and 59. National rates of COVID-19 are also higher than it was in September. Factors such as increased human interaction, half-term holidays, and dropping antibody levels might be pushing the sustained high levels of infection over time.

2.1.2. The COVID-19 Autumn and Winter Plan was published by the Government on 14 September 2021. The plan aims to sustain the progress made in curbing COVID-19 and prepare the country for future challenges, while ensuring the National Health Service NHS does not come under unsustainable pressure. Through the 2021-22 autumn and winter, the Government's comprehensive plan will involve:

- Building the nations defences through pharmaceutical interventions: vaccines, antivirals and disease modifying therapeutics
- Identifying and isolating positive cases to limit transmission: Test, Trace and Isolate
- Supporting the NHS and social care: managing pressures and recovering services
- Advising people on how to protect themselves and others: clear guidance and communications
- Pursuing an international approach: helping to vaccinate the world and managing risks at the border.

2.1.3. The above Plan A is the first line of action and will remain the case if transmission of COVID-19 is controlled without unsustainable pressure on the NHS. A contingency Plan B will be activated if the data suggests further measures are necessary to protect the NHS. This will include:

- Communicating clearly and urgently to the public that the level of risk has increased, and with it the need to behave more cautiously
- Introducing mandatory vaccine-only COVID-status certification in certain settings where large crowds gather
- Legally mandating face coverings in certain settings

The Government would also consider asking people once again to work from home if they can, for a limited period.

2.1.4. The Delta variant (B.1.617.2) remains to be the most dominate circulating Variant of Concern (VOC) in the UK. However, no new VOCs have been detected in Kent and Medway since the detection of the Delta variant in April 2021. Additionally, no surge testing for variants has been required or undertaken in Medway. Detailed information on all variants and variants under investigation can be found on the Government website under Technical Briefing 28 published by UKHSA and recently updated on 12 November 2021.

2.2. Updates to Local Testing and Tracing Capabilities

2.2.1. Changes to Testing and Tracing protocols in Kent and Medway have been made to meet the constant changing nature in demand seen over the last few months. The roll-out of rapid symptom free testing and local tracing partnerships managed by local authorities, have successfully built on local knowledge and infrastructure to reduce community transmission levels. Locality based door-to-door testing has also contributed to national surveillance for novel variants.

2.2.2. Medway Council and Kent County Council continue to provide flexible and dynamic testing options, comprising a hybrid model of outreach, community collect, home direct online testing, and community pharmacy access. The alternative, more holistic models, have enabled both authorities to better serve the needs of their communities. This has also led to greater efficiencies within the testing programme, facilitating a reduction of fixed sites from 5 in Medway and 24 in Kent to 1 and 2 respectively. Residents are able to access testing in more convenient ways, including online home test kits, workplace testing, and pharmacy collect options. Multiple pop-up sites continue to be available to meet local surge requirements.

2.2.3. Both programmes have been developed in partnership with the Department of Health and Social Care (DHSC) using local data on disease transmission and prevalence.

2.2.4. In partnership with NHS Test and Trace, both Kent and Medway have also launched their own Local Tracing Partnerships. These services verify the contact details of those whom national handlers are unable to trace using

local data sources. These individuals are then followed by local test and trace staff to ensure they comply with necessary self-isolation or testing measures.

2.3. The Vaccination Programme

2.3.1. The management and roll-out of the vaccination programme is the responsibility of the Department for Health and Social Care (DHSC). Kent County Council and Medway Council are working closely with stakeholders from the DHSC to support them in meeting their vaccination targets for the local area. As of November 10, 2021, over 45 million people in the UK have been offered the second dose of a COVID-19 vaccine.

2.3.2. As of November 10, 2021, 1,169,959 and 1,075,525 people have received their first and second doses respectively in Kent. Whilst in Medway, 195,699 and 177,977 people have received their first and second doses respectively in Medway.

2.3.3. To date, this programme has offered vaccination to all those 12 years of age and older, residents of care homes, frontline health and social care workers, clinically extremely vulnerable individuals, and those with underlying health conditions. In line with the programme rollout, coverage is highest in the oldest age groups.

2.3.4. Vaccines are currently delivered by two types of vaccination sites:

- Vaccination centres – using large-scale venues such as football stadiums; accessed via a national booking service.
- Local vaccination services – made up of sites led by general practice teams collaborating via pre-established primary care networks and pharmacy teams through community pharmacies.

2.3.5. Based on the recommendations of the Joint Committee on Vaccination and Immunisation (JCVI) and the four UK Chief Medical Officers, the COVID-19 vaccination programme for children aged 12-15 years started in September 2021 and has seen thousands of young people around the country, including Kent and Medway, getting their first dose of the Pfizer/BioNTech vaccine. Healthy school-aged children aged 12 to 15 primarily receive their COVID-19 vaccination in their school. The vaccine programme is being administered by healthcare staff from the School Age Immunisation Service teams. There are alternative provisions for those who are home-schooled, in secure services or specialist mental health settings.

2.3.6. The JCVI was asked by the Secretary of State for Health and Social Care to consider the options for and timing of a booster programme to revaccinate adults in order to reduce mortality, morbidity, and hospitalisations from COVID-19 over the 2021 to 2022 winter period and through 2022. The recommendations of the JCVI are based on latest epidemiological COVID-19 data in the UK, mathematical modelling, data on vaccine effectiveness and data from clinical trials.

2.3.7. The JCVI now advises that for the COVID-19 Booster Vaccine Programme, individuals who received vaccination in Phase 1 of the COVID-19 vaccination programme (priority groups 1 to 9) should be offered a third dose COVID-19 booster vaccine. Booster jabs have now been rolled out in the country and in Kent and Medway for those who are eligible which include:

- those living and working in care homes.
- all adults aged 50 years or over
- frontline health and social care workers
- all those aged 16 and over with underlying health conditions that put them at higher risk of severe COVID-19 (as set out in the green book), and adult carers
- people aged 16 and over who live with someone who is more likely to get infections (such as someone who has HIV, has had a transplant or is having certain treatments for cancer, lupus, or rheumatoid arthritis)

2.3.8. On the 15 November 2021, the JCVI authorised the booster programme to be extended to healthy 40 to 49-year-olds after published data from the UK Health Security Agency (UKHSA) showed that booster jabs of either the Pfizer or Moderna vaccine provided more than 90% protection against symptomatic COVID-19 infection in adults aged over 50. Additionally, the JCVI have authorised the roll out of second jabs for teenagers over the age of 16, 12 weeks or more after receiving their first vaccine dose. This is so as to maintain high levels of protection against hospitalisation, severe illness or dying from COVID-19 this coming winter and reduce pressure on the NHS in the coming months.

2.3.9. New data shows that nearly 20% of the most critically ill COVID-19 patients are pregnant women who have not been vaccinated. The JCVI has advised that pregnant women be offered COVID-19 vaccines at the same time as people of the same age or risk group. Moreover, people who are pregnant and in one of the eligible groups mentioned above can also get a booster dose.

2.3.10. The Government has recently announced that all frontline health and social care workers in the UK, including volunteers must be fully vaccinated against Covid-19 as a condition of deployment from 1 April 2022 subject to parliamentary approval.

2.4. **Management of Local outbreaks in education and childcare settings**

2.4.1. The contingency framework for education and childcare settings sets out the principles of managing local outbreaks of COVID-19 (including responding to variants of concern) in education and childcare settings. The Government policy objective for children and young people is to maximise school attendance with its associated educational, safeguarding and health benefits.

2.4.2. The operational guidance for childcare and education settings sets out the measures that all education settings should have in place to manage transmission of COVID-19. This includes:

- Staff and students should continue to test twice weekly at home with lateral flow device (LFD) test kits, 3 to 4 days apart.
- All students in higher education (HE) settings should test before they travel back to university.
- Those who test positive should isolate, take a confirmatory polymerase chain reaction (PCR) test, and continue to isolate if the result is positive.
- Under-18s, irrespective of their vaccination status, and double vaccinated adults will not need to self-isolate if they are a close contact of a positive case. They will be strongly advised to take a PCR test and, if positive, will need to isolate.
- All education and childcare settings should continue to ensure good hygiene for everyone, maintain appropriate cleaning regimes, keep occupied spaces well ventilated, and follow public health advice.
- All settings should continue their strong messaging about signs and symptoms, isolation advice and testing, to support prompt isolation of suspected cases.

2.4.3. The UKHS has stated that additional interim actions have been agreed to support COVID-19 outbreak management in schools. These are:

- Steps to increase participation in twice weekly LFD home testing for secondary aged pupils, including directly communicating with parents on the importance of regular testing
- Increased access to LFD testing for schools and colleges to be used in response to outbreaks or in areas of high prevalence. This can include daily LFD testing for students identified as close or household contacts while awaiting a PCR result
- UKHSA and Department for Education have committed to further engagement with Association of Directors of Public Health, DPHs and local health protection teams on the issues in education settings.

2.5. **Local Outbreak Engagement Board (LOEB) Public Engagement Strategy**

2.5.1. In accordance with the recommendations made by the Joint Board at its meeting on 17 September 2020, a form for residents to engage with the Joint Board regarding the LOMP will be made available online prior to each Joint Board meeting. For this meeting, the form was hosted online on the Medway Council website between 8 November 2021 and 22 November 2021; Kent residents were signposted to the link via the Kent County Council's COVID web pages.

2.5.2. As of 29 November 2021, no questions have so far been raised by the public.

3. Risk Management

3.1. By running stress test exercises on a variety of scenarios related to the LOMP, we aim to minimise the risks associated with similar events occurring by: (i) identifying any gaps within the LOMP; (ii) creating awareness of the communication channels that exist between the agencies; (iii) creating awareness of the roles of different agencies; (iv) clarifying the escalation triggers and process; (v) identifying areas where additional support may be required; (vi) identifying any potential challenges and their solutions; and (vii) identifying actions that need to be taken and when.

3.2. On 9 September 2021 a stress test exercise was conducted via MS Teams with Kent and Medway colleagues, specifically a university outbreak scenario exercise. Discussions were focused on a number of areas including isolation, contact tracing, additional support available to students both internally in schools and externally in Medway (food parcels, mental health etc), and communication. Challenges were highlighted and solutions were provided in order to further minimise the risks and consequences of a COVID-19 outbreak at a university and college setting.

4. Financial Implications

4.1. As a result of recent changes made to the Contain Outbreak Management Fund, additional resources are now available for eligible councils who need support in enforcing Local COVID Alert Levels in their communities.

4.2. Initial funding was provided through the Test, Track & Trace Support Grant using 2020/21 Public Health allocations as a basis for distribution. Additional funding of £8 per head of population for those Local Authorities in the highest tier of national restrictions was in place up to 2 December 2020. Since then, Funding allocations to local authorities is currently being managed through a variety of mechanisms. Resources for testing are being provided on a quarterly basis, based on a business case submitted by each local authority. Resources to support the activities of the Local Outbreak Management Plan are provided through arrangements with DHSC and MHCLG.

4.3. Monitoring and oversight of expenditure is managed via the Contain Programme Regional Convenor for the South East. There is a detailed framework that sets out the key areas that can be funded; these will evolve over time and are tailored to local need.

5. Legal Implications

5.1 Kent County Council (KCC) and Medway Council, under the leadership of the Directors of Public Health, have a statutory duty to protect the population’s health by responding to and managing communicable disease outbreaks which requires urgent investigation and presents a public health risk.

5.2 The legal context for the councils' response to COVID-19 sits within the following Acts:

- The Coronavirus Act 2020
- Health and Social Care Act 2012
- Public Health (Control of Disease) Act 1984

5.3 The Kent and Medway Joint Health and Wellbeing Board has been established as an advisory joint sub-committee of the Kent Health and Wellbeing Board and the Medway Health and Wellbeing Board under Section 198(c) of the Health and Social Care Act 2012 for a time limited period of four years from 1 April 2020.

5.4 The Joint Board seeks to encourage persons who arrange for the provision of any health or social care services in the area to work in an integrated manner and ensure collective leadership to improve health and well-being outcomes across both local authority areas.

5.5 The Joint Board is advisory and may make recommendations to the respective Kent and Medway Health and Wellbeing Boards.

5.6 As part of the Department of Health and Social Care's COVID-19 response and recovery strategy, Upper Tier and Unitary Local Authorities in England were mandated to develop a COVID-19 Local Outbreak Management Plan to reduce the viruses' spread.

5.7 The Health Protection (Coronavirus, Restriction) (Steps) (England) (No.364) Regulations 2021 came into force as legislation on 29 March 2021, setting out the National Spring Roadmap and giving DsPH authority to apply step-by-step restrictions, close individual premises and public outdoor places as well as restrict events with immediate effect if they conclude it is necessary and proportionate to do so without making representations to a magistrate. DsPH are required to notify the Secretary of State as soon as reasonably practicable after the direction is given and review to ensure that the basis for the direction continues to be met, at least once every 7 days.

5.8 The Government made the decision to move to Step 4 of the National Spring Roadmap on 19 July 2021, removing many of the restrictions previously in force.

5.9 The Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020 which came into force on 18 July 2020 will continue to apply until the end of 27 September 2021. These regulations grant powers to local authorities to make directions which respond to a serious and imminent threat to public health. Any direction must be necessary and proportionate in order to manage the transmission of coronavirus in the local authority's area.

5.10 On 14 September 2021 the government published its Covid Response: Autumn and Winter 2021 Plan and further guidance. The Government has reviewed the regulations which remained in place with the move to Step 4 of the Roadmap and has decided, subject to agreement from Parliament, that it is necessary to extend some regulations until 24 March 2022, at which point

they will be reviewed. This extension includes The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020, which enables local authorities to respond to serious and imminent public health threats.

6 Recommendation

6.1 The Kent and Medway Joint Health and Wellbeing Board is asked to consider and note the report.

Lead Officer Contact
Dr Logan Manikam, Interim Public Health Consultant
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Appendices
None

Background papers
None

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To: Kent and Medway Joint Health and Wellbeing Board

From: Allison Duggal, Interim Director of Public Health
Kent and Medway Joint Health and Wellbeing Board

Subject: **Public Health Reflections on Impact of COVID19 on Mental Health and Progress on Resilience and Recovery post 2020.**

Classification: **Unrestricted**

Past Pathway of report: N/A

Future Pathway of report: N/A

Summary: This report outlines the key issues and impacts for public mental health that were evident during the first wave of the COVID19 Pandemic in 2020 and the response to those impacts by the mental health and public health systems in Kent and Medway. The report also summarises the main public mental health impacts known from national and regional research conducted during the pandemic.

The report highlights some of the actions being taken by the Kent and Medway health and well-being system and its partners to mitigate the negative impacts on mental wellbeing of the pandemic. Notably these are actions that stemmed from a whole system recovery plan co-ordinated via the Kent Resilience Forum. Many of those actions have become mainstreamed and sustained into work programmes of the partner agencies. The key areas of mitigation were in:

- Tackling health and well-being of staff
- Tackling BAME health inequalities
- Ensuring there is help for the most vulnerable
- Suicide and self-harm prevention
- Predicting and tackling demand and capacity issues for mental health services
- Tackling health inequalities and disparities
- Transformation of whole system mental health and wellbeing systems
- Community Resilience, Well Being and Engagement with the Public.

Recommendation(s): The Kent and Medway Joint Health and Wellbeing Board is asked to
-discuss the impact of COVID19 on public mental health and suggest areas for further development and improvement
- Comment and Suggest areas where the system can join together to strengthen public mental health
- Comment on the progress on resilience and recovery taking place in Kent and Medway

1. Introduction

1.1 Many of the issues that impacted on public mental health during the first and second wave of the COVID19 pandemic were already in existence e.g., social isolation and loneliness, health inequalities, homelessness, access to health care, economic insecurity, shame, stigma and discrimination, community fragmentation and strains on personal resilience because of trauma. However, the scale of impacts was magnified due to a whole population facing 'lock down' and global uncertainties including a rapid change of culture. Added to many of these factors were the impact on health and care services, health and social care staff and essential workers, the impact on employment, Long COVID and people with existing mental health problems. Enormous amounts of community activity were mobilised including individuals reaching out to those in need and swift organisational actions that would have seemed impossible pre pandemic. This report is *not* an exhaustive report of every action or of all mental health impacts. This report is a summary and reflection of public mental health during almost two years of living with COVID19.

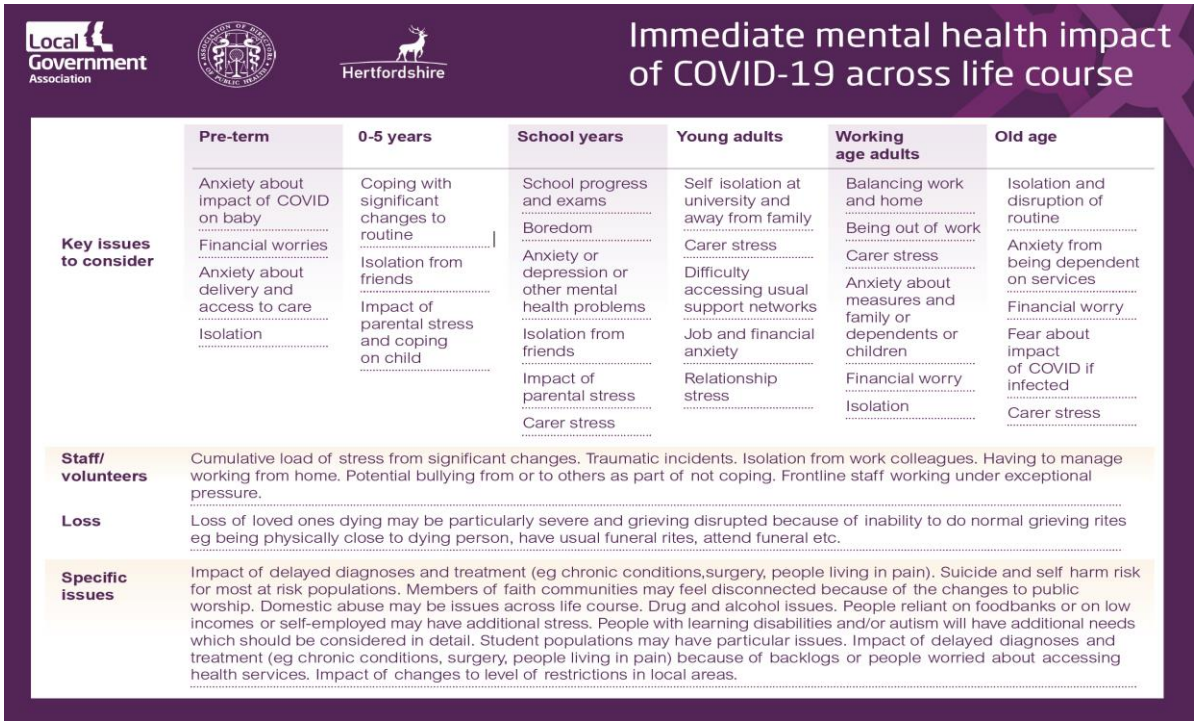
1.2 In the early months of the pandemic all public mental health leads and many mental health clinicians and social care specialists were mobilised to plan for recovery and surveillance, particularly bringing together evidence from previous pandemics and emergencies. All the work was collated into a serious of toolkits and shared with Directors of Public Health and Local Resilience Leads. The key risks were summarised in Figure 1.

1.3 In Kent and Medway the Resilience Forum requested that a whole system recovery plan be created, and mental health and well-being form a core part of this. Mental Health and well-being were threaded through all the strands of the report but principally located in the Health and Social Care 'Cell' which was led by the Local Authority. The plan was gathered into the Kent and Medway COVID19 Recovery Strategy. The plans for recovery for mental well-being centred on a/ supporting vulnerable people, b/ predicting demand and capacity, c/ creating services that were easy to access and trauma informed, d/ supporting front line staff e/ improving care navigation and communication plans.

1.4 The main principles agreed by the collaborative pandemic mental health working groups for COVID recovery were:

- Work across the whole system including localities
- Take a Life-course and whole family/household approach.
- Build on existing arrangements
- Tackle inequalities
- Apply learning from the first waves
- Good communication - both to professionals and to the public.
- Tackles economic and sustainable resilience

Figure 1.



https://www.local.gov.uk/public-mental-health-and-wellbeing-and-covid-19

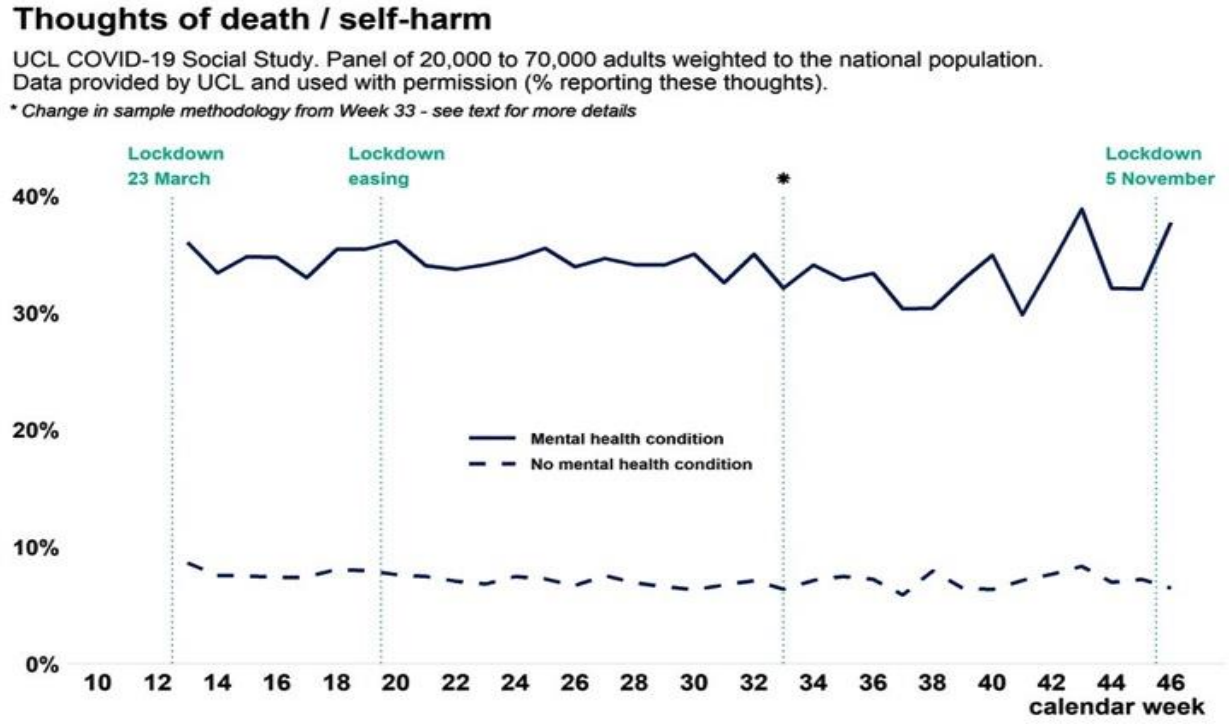
2. What is Currently Known About the Impact of COVID19 Pandemic on Public Mental Health? Data from collaborative studies across the UK including the UK Household Longitudinal Study (UKHLS) performed by University College London

2.1 The combination of the data showed a **mixed picture**, overall, there was not the 'predicted' *Tsunami* of mental health crisis – as many people were resilient post lockdowns, however there were those that had higher levels of risk factors and were more adversely impacted.

There was a mixed picture of fluctuating anxiety and depression and for the bulk of the population it was linked to the timings of the 'lockdown'. There was an increase from 20.8% in 2019 to 29.5% in April 2020, then falling back to 21.3% by September 2020. There was a subsequent increase to 27.1% in January 2021, followed by a further decrease to 24.5% in late March 2021. There was a subsequent increase to 27.1% in January 2021, followed by a further decrease to 24.5% in late March 2021. The decrease in depression for older people (55+) did not 'bounce back' at the same rate as with younger people in March 2021. Some groups experienced increasing mental distress from cumulative pandemic waves. Long-term distress was highest among younger people, women, people living without a partner, those who had no work or lost income, and those with previous health conditions or COVID-19 symptoms.

2.2 The prevalence of self-harm thoughts and behaviours was also tracked. There was no pre COVID base line for the UCL UK Household Longitudinal Study (UKHLS) study, however they found a marked difference in frequency of thoughts of self-harm between those who had suffered physical and psychological abuse compared with those without. There was also a marked difference for those with a pre-existing mental health problems then for those without (Fig 2). There has to date been no conclusive link between the pandemic and increases in completed suicides, however the data shows a small national increase in rates, but caution is urged in interpreting these data as there was a widening of the coroner's decision criteria that happened before the pandemic.

Fig 2



2.3 There were differences between men and women as family and caring responsibilities played a role, as did social factors. Men experienced more social isolation in the second wave compared to the first.

2.4 People with preexisting mental health problems and vulnerabilities. Through the pandemic in 2020 alcohol consumption, smoking, being female, having a lower income, and having a pre-existing mental health condition were related to experiencing worse mental health during the pandemic. Alcohol consumption increased for people who were already heavy drinkers.

2.5 Social Isolation: Respondents with poor physical health were more likely to report feeling socially isolated during the first wave (June to July 2020) than the second (November to December 2020). Conversely, respondents in the poorest wealth quintile were more likely to feel socially isolated and lonely during the second wave than the first or before the pandemic.

2.6 Ethnicity: Overall ethnicity impacted on mental health, but the picture was mixed and nuanced and linked to isolation and poverty. However, there were concerns that

issues of structural racism impacted on certain groups' wellbeing e.g., front line workers and those living in poorer socioeconomic conditions.

2.7 Service use:

- Overall Community Mental Health Teams saw relatively stable caseloads and total contact numbers between March and May 2020. However, they saw a substantial shift from face-to-face to virtual contacts. Their Home Treatment Teams (providing more intensive support at home for acute mental health problems) saw the same shift to virtual contacts but reductions in caseloads and total contacts.

- Similar patterns were observed across the UK between March and August 2020 and was followed by a return towards volumes comparable to previous years.

- Local mental health teams have seen moderate increased demand for some services.

- Local voluntary sector agencies saw huge rises of people seeking help and drug and alcohol services reported a rise in heavy drinkers seeking help

3: Kent and Medway Local Mitigations: The following are a summary of actions taking place by the whole health and care system in Kent and Medway that mitigate COVID19 harms to public mental health. All these actions are moving towards a sustained and improved health and social care system.

3.1 Mental Health System Transformation: Including Demand and Capacity, Crisis Care, Improvements for Community Mental Health.

3.1.1 This is part of a national programme to establish new, integrated, and transformational models of primary and community Mental Health care to improve care to adults and older adults by end of 2024 for people with Serious Mental Illness (SMI).

This programme involves the redesign community mental health services, including CMHTs, at Place (ICS) and Primary Care Network level to improve access and treatment for adults and older adults with a diagnosis of complex emotional disorder, eating disorder and for people with mental health community-based rehabilitation needs.

Kent and Medway have received over £10 million for this work.

3.1.2 In addition, there are programmes underway to improve crisis care, provide better care to those people already receiving mental health care in the community, and increase equity and access to these services – inclusive of CMHT, voluntary (civil society) and primary care.

Another priority is to increase the number of people with severe mental illness receiving a comprehensive physical health check in the community.

3.1.3 In response to COVID19 a data modelling of demand and capacity was carried out.

During the pandemic there was ‘supressed demand’ alongside a ‘shift’ in demand i.e., many people did not seek help for problems in the usual ways.

There was a belief that there would be a ‘surge’ in demand as the lockdowns relaxed. However, the surge has not been seen – but a change in the way people access help has been noticed.

The levels of referrals to community mental health are returning to pre-covid levels. It will be important to monitor changes in need and demand.

3.2 Tackling Health Inequalities and Disparities, including Coastal Health Plans

There are a variety of programmes that feature tackling health inequalities in Kent and Medway. These include the Kent and Medway Prevention Board’s commitment to ensure equity of access to prevention plans across the patch.

Digital poverty was an important area. A working group was set up to investigate BAME (Black and Asian Minority Ethnic) health needs and this work is being taken forward via the ICS Prevention Board.

The Cancer Alliance is developing equity tools to monitor improvements to cancer prevention.

Locally each health and care partnership has a commitment to tackling local inequalities via population health management workshops. There are localised projects set up to pilot tackling inequalities in mental health such as the mental health and social prescribing project in East Kent and Medway.

In addition, public health teams are working with partners to create an inequalities report on coastal poverty.

3.3 Vulnerable People: Rough Sleepers, Co Occurring Conditions and Autism, Prevent and Looked After Children.

3.3.1 There are workstreams across Kent and Medway committed to tackling the health and social care needs of these vulnerable groups. The NHS systems work alongside district and county authorities to improve support for rough sleepers. T

his also links to quality improvements underway for people with co-occurring mental health and substance misuse problems e.g., a joint working agreement has been developed to ease barriers to treatment and recovery for those with mental health problems and addiction needs.

3.3.2 Children and adults with neurodiversity issues and those with learning disabilities were also vulnerable during the pandemic. There is an increased focus on this group and acknowledgement that work needs to progress to meet these needs.

3.3.3 The issues of increased vulnerability for children in care, asylum seekers and vulnerable adults are also being tackled. During the pandemic, mobilising resources to tackle their needs raised important issues around how agencies work together.

The county-wide Prevent group became an important check and balance both for consistent messages, surveillance and direct support for vulnerable people as well as preventing harm from radicalisation and terrorist threats.

3.4 Workforce and Well Being Hubs

During COVID19 the mental well-being of essential workers and health and social care workers, was paramount. NHSE commissioned a staff mental health wellbeing service for Kent and Medway. KMPT are hosting the service and working closely with the CCG. The service is still evolving and will continue for at least a year funding permitted.

The service is for all NHS and Social Care staff and consists of a clinically supported website. Staff can visit the website where there is self-help information supported by a chat function and staff will have access to a clinician or a referral to psychological services if needed.

3.5 Engagement and Wellbeing

One of the key elements in the public mental health toolkits was engagement with local people, listening to how people had coped during the pandemic and learning from people's experiences.

Kent and Medway public health teams are collaborating with the CCG and KMPT in an engagement project called Kent and Medway Listens. The aims are:

- To allow individuals the time and space to reflect on their own mental wellbeing
- To hear what they feel they need to relive these pressures
- To enable communities and system leaders to co-design solutions and to take action to improve mental wellbeing in all communities of Kent and Medway
- To understand what pressures the people of Kent and Medway are facing

This is a public mental health programme addressing all issues relating to mental wellbeing (it is not looking at mental health crisis pathways). The engagement has started and will result in a series of summits, wellbeing pledges and an including well being plan for Kent and Medway.

3.6 Suicide and Self Harm: Debt, Children and Young People and Domestic Abuse

Kent and Medway's Suicide Prevention Strategy was mobilised during to the pandemic to focus on work in the emerging risk areas.

The Strategy has several programme areas and recent additions are debt, the creation of a children and young people's suicide prevention network and actions, and a focus on domestic abuse. It reports regularly to the Health and Wellbeing Boards.

3.7 Training and Trauma Informed Care and Practice

This is a key area of partnership between the mental health and social care system and public mental health. Public health has obtained funding for a raft of training to

upskill workers and leaders on the relationship between trauma and mental functioning. In addition, mental health clinical leads are developing supervision skills and training to front line workers. There is a pilot project in East Kent linking supervision to non-clinical staff. There are Trauma Informed networks of practice across the districts including excellent links with the police, youth offending and violence reduction units.

3.8 Wellbeing and Place: Covid 19 brought attention to the importance of local communities. There is a workstream within Kent County Council (KCC), working together to maximise green spaces, local community action alongside districts and build on community assets as well as a broader Civic Strategy.

Much of Medway's wellbeing plans centre on close locality links. Local health and social care partnerships are aligning with district health champions to create locality well being hubs.

In addition, public health in KCC is working to improve the community wellbeing assets Index which gives a score for assets and risks for each locality in Kent.

https://www.kpho.org.uk/health-intelligence/disease-groups/mental-health/kent-mental-health-and-wellbeing-index

3.9 Mental Health and 'Long COVID'

This new and emerging condition, which has been described using a variety of terms including 'long COVID' & Post-Covid Syndrome, can have a significant effect on quality of life. Prevalence estimates are still in their infancy, although around 1 million people across the UK are reported to be affected.

Between March and May 2021, the CCG worked with community organisations, our partners in NHS hospital trusts and GPs, local authorities and Healthwatch to gather local views and opinions. Services are being developed and currently there is a post COVID assessment service that promotes wraparound holistic care including counselling and support.

3.10 Communications and Mental Health & Well Being Website

One of the first steps that was taken by public mental health services and partners during the early stages of the COVID pandemic was to streamline mental health and wellbeing messages. Clear communication was key. A holding web page was developed for local authorities and all communications partners were brought together in a pro-active and fast paced working group.

During the pandemic information of how to keep mentally healthy and how to access services was delivered to every household in Kent and Medway. This led to the development of the mental wellbeing information hub that includes the range of services on offer for mental health and wellbeing, including the award-winning public health Release the Pressure campaign. Please see the link below:

https://www.kentandmedwayccg.nhs.uk/mental-wellbeing-information-hub

Also helpful was Every Mind Matters: National Mental Well Being Campaign which we localised in Kent and Medway.

https://www.nhs.uk/every-mind-matters/

4. Conclusions

There need for mental health care and support for the population has never been as evident as during the COVID19 pandemic. It forms part of the Kent and Medway Resilience Forum's Recovery Strategy.

Improvements to the system fall to the mental health and wellbeing partnerships across the whole system to get right. This report has outlined some key impacts and programmes that are in place to support wellbeing across Kent and Medway. This is not an exhaustive list of public mental health as there are also enormous efforts in social care, children's and education services, local districts councils and local regeneration and environmental elements.

Population health needs will continue to be monitored and the results of the community listening project will be shared later in 2022.

5. Recommendation(s):

The Kent and Medway Joint Health and Wellbeing Board is asked to

- Discuss the impact of COVID19 on public mental health and suggest areas for further development and improvement
- Suggest areas where the system can join together to strengthen public mental health
- Comment on the progress on resilience and recovery taking place in Kent and Medway

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From: Allison Duggal, Interim Director of Public Health

To: Kent and Medway Joint Health and Wellbeing Board

Subject: **The Health and Wellbeing of Coastal Communities in Kent and Medway**

Classification: **Unrestricted**

Past Pathway of report: N/A

Future Pathway of report: N/A

Summary:
Kent has a number of coastal communities, and these communities are often affected by poor life expectancy, poor health outcomes and considerable inequalities – both health inequalities and socioeconomic inequalities.

This is a short paper to introduce some of the themes associated with coastal health inequalities and to note some of the initiative planned in the near future.

Recommendation(s):
The Kent and Medway Joint Health and Wellbeing Board is asked to note the proposed work on improving health and wellbeing and reducing health inequalities in Kent and Medway.

Comment and suggest areas where the system can join to strengthen work to reduce health inequalities in Coastal Areas.

1. Introduction

The past two years have been dominated by work to control the spread and mitigate for the effects of the Covid-19 pandemic. The pandemic has, quite rightly, shone a spotlight on inequalities seen in our communities, particularly health inequalities.

One area that has been highlighted has been the plight of coastal communities in England. These communities reside in settlements that include seaside towns, ports and other areas which have a clear connection to the coastal economy.

Although coastal communities include important places in English culture and our history and include many tourist destinations and areas of critical infrastructure and industrial importance, they often have the worst health outcomes in England, with poor life expectancy and high rates of disease.

Although there is not a ‘One size fits all’ to explain poor outcomes and increased inequalities in our coastal communities, these communities often have more in

common with other coastal communities than communities inland, even when these coastal communities might be some considerable geographic distance away.

Often the granularity of data available prevents sufficient analysis. For instance, there might be considerable deprivation on the coast, but an area of affluence further inland. These two areas might compensate for each other, and the area might appear to be average in public health data – hiding the issues associated with the coastal community.

The Kent and Medway health system has several significant coastal communities. These include:

- Broadstairs
- Deal
- Dover
- Folkestone
- Herne Bay
- Hythe
- Margate
- Minster
- New Romney
- Ramsgate
- Sheerness
- Whitstable

This is a short paper to introduce some of the themes associated with coastal health inequalities and to note some of the initiatives planned soon.

2. The Wider Determinants of Health in Coastal Communities

2.1 Economy and Employment

Employment is a challenge in coastal communities. Where communities benefit from tourism in the summer, this is a boost to the economy, but seasonal work is common with less work available outside of the tourist season.
Some of our communities have suffered due to a decline in traditional industries such as fishing. Also, poor transport connections can impinge on employment opportunities, and we see this in areas such as Sheerness.

Coastal areas will have suffered disproportionately due to Covid-19, particularly in areas where tourism has been adversely affected.

There are opportunities to work with anchor institutions to increase opportunities for the population in coastal communities, offering access to long-term employment and career enhancement whilst increasing the workforce in much needed areas of health and social care.

2.2 Education

Education is affected by many factors and young people growing up in coastal communities often have worse educational attainment compared to those in non-coastal areas. This includes access to higher education. The reasons for this are

multifactorial but are thought to include: transient housing and workforce, lack of access to higher education, lack of employment opportunities that might include training and qualifications and difficulties due to the seasonal nature of work in coastal communities.

There are opportunities for public health to work with education colleagues and early years colleagues, including our commissioned health visitors and school nursing colleagues, to improve health and educational outcomes for children and young people in coastal communities.

2.3 Housing

Coastal communities can be very different in character and some of our coastal communities in Kent have particular issues with housing. Areas such as Margate have former guesthouses which have been converted to HMOs (houses in multiple occupation) and these are often associate with poor quality housing in the private sector.

Static caravan parks are also an issue in Kent, particularly for migrant workers who are often housed in caravan accommodation for part of the year. This type of accommodation often has poor access to health services due to the season al nature and remoteness of the housing. Caravan accommodation has also been a particular issue in the last two years as it has proved difficult for people to self-isolate when they live in this type of accommodation and have been exposed to Covid-19.

2.4 Health

Coastal communities are challenged by issues with transport and access to health services. This is evidenced in part by the high use of emergency departments and higher emergency admissions in coastal areas.

Difficulties with access to primary care services and screening services, sometimes due to transport issues or issues with understaffing due to Covid or difficulties recruiting staff, can affect service levels and contribute to the lower life expectancy and higher prevalence of chronic disease in coastal communities.

There are opportunities for public health commissioned health promotion services to work to reduce the major risk factors for chronic disease seen in coastal communities, especially high rates of smoking in pregnancy, alcohol and substance misuse and high prevalence of smoking behaviours, (partly fuelled by illegal tobacco coming through the ports).

One area that has been highlighted is the challenge of recruitment and retention of health and social care staff in coastal areas. This is a challenge for Kent, particularly East Kent. It is hoped that the new Kent and Medway Medical School will attract new health and social care practitioners to the area and help retain them in Kent.

2.1.5 Physical geography

Coastal areas are more prone to flooding, often due to storm surges and river flooding where communities have been built on flood plains. Flooding can have significant a short term and long-term effects on health, including issues with water

contamination and long-term mental health problems following flooding. Climate change could exacerbate this risk**.**

3. Planned Future Actions

A national strategy is in preparation to address the disproportionately high concentration of chronic disease, mental illness, and poor life expectancy in our coastal areas. Kent and Medway public health will both contribute towards this national work, alongside partners for the Office for Health Improvement and Disparities (OHID, DHSC).

This strategy will be localised by Kent and Medway Public Health Teams who hope to work in partnership with colleagues in economic development to address the wider determinants of health in these areas and affect positive change for our communities.

The KCC 2021/22 Annual Public Health Report is in preparation and is focussed on the Kent's coastal communities and their health and wellbeing. This will be accompanied by a full needs assessment and action plan for improving health inequalities across Kent.

There is ongoing work with the emerging ICS to improve health inequalities across coastal communities. Of note, there is considerable joint work between East Kent Place-Based Partnership and KCC public health to analyse the local issues and publish a health needs assessment focussed on the issues of East Kent's coastal communities. This analysis and accompanying action plan will form a template for future work with other areas within the Kent and Medway Integrated Care System.

4. Conclusion

There are real benefits to living in a coastal area, they are often areas of natural beauty with access to green and blue spaces, historical sites and are often tourist attractions in the summer. However, although coastal communities are important culturally and historically, they are also beset by inequalities and a new strategy is required to enable these inequalities to be addressed.

Kent and Medway partners are working to analyse the data for our coastal communities and to develop a series of recommendations which will address poor health.

5. Recommendations

Recommendation(s):
The Kent and Medway Joint Health and Wellbeing Board is asked to note the proposed work on improving health and wellbeing and reducing health inequalities in Kent and Medway.

Comment and suggest areas where the system can join to strengthen work to reduce health inequalities in Coastal Areas.

5. Contact details

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