AGENDA

KENT AND MEDWAY JOINT HEALTH AND WELLBEING BOARD

Tuesday, 15th March, 2022, at 2.00 pm	Ask for:	**Matt Dentten**
Council Chamber, Sessions House, County Hall, Maidstone.	Telephone	**03000 414534**

Membership

Mrs C Bell (Chairman), Cllr D Brake (Vice-Chairman), Ms L Ashley, Mr P Bentley, Dr B Bowes, Ms J Brown, Sir Paul Carter, CBE, Mrs S Chandler, Cllr H Doe, Mr M Dunkley CBE, Dr L Farach, Dr J Findlay, Dr A Ghosh, 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, Dr C Rickard, Mr M Riley, Mr J 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 7 December 2021 (Pages 1 - 6)

To consider and approve the minutes as a correct record.

5. COVID-19 Local Outbreak Control Plan (Pages 7 - 14)

6. Joint Health and Wellbeing Board Close Down (Pages 15 - 20)

7. Development of the Integrated Care Board (Pages 21 - 34)

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, 7 March 2022

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 in relation 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 heath 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 sustained improvements. 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 confirmed 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 links.

3. Cllr Doe raised his concerns at the level of access to primary care and noted that 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. 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.

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KENT AND MEDWAY JOINT HEALTH AND WELLBEING BOARD

15 MARCH 2022

COVID-19 LOCAL OUTBREAK CONTROL PLAN

Report from: Anjan Ghosh, 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 will provide an update on the Local Outbreak Management Plan (LOMP) and other recent updates in light of the Governments living with COVID-19 strategy. This report will focus on new updates since the last brief was presented to the Board on 7 December 2021.

1. Budget and Policy Framework

1.1 As part of the Department of Health and Social Care's (DHSC) 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 The DHSC requested that the LOMP be updated to reflect the changed landscape of the pandemic and to consolidate the 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 LOMPs 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 and local and regional level– 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 policy
- To ensure there is effective governance and clarity on roles/responsibilities at all levels of response
- To ensure LOMPs reflect cross-cutting considerations, such as inequalities

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

1.3 The COVID-19 contain framework sets out how national, regional, and local partners will work with each other, the public, businesses, institutions, and other local partners in the community to prevent, contain and manage COVID-19 outbreaks. The latest version of the LOMP was published in January 2022 and includes updates to align the LOMP with the move back to Plan A by the UK government after a temporary implementation of Plan B.

2. Background

2.1 Responding to the Reduction in Cases Nationally & Locally

2.1.1 Since the last convening of the Joint Health and Wellbeing Board in December 2021, transmission rates of COVID-19 nationally and in Kent and Medway have reduced. Reduction in cases have been attributed to the successful vaccination campaign in England, with emphasis on the speed of the vaccine rollout and the targeted nature of vaccination for those with highest risk of COVID-19.

2.1.2 The COVID-19 Autumn and Winter Plan was published by the Government on 14 September 2021. Plan A focused on pharmaceutical interventions, test and trace and reducing pressure on the NHS while the measures in Plan B were mandatory face coverings, working from home guidance and COVID-19 certification. On 8 December the Government announced a move to Plan B following the rise in cases due to the Omicron variant. However, the ramping up of the vaccination campaign in the winter led to the Government reverting back to Plan A on January 27.

2.1.3 In line with the release of the UK Government COVID-19 Response: Living with COVID-19 strategy, from 31st March 2022, COVID-19 functions are expected to become part of business as usual response to infectious diseases. The Governments response will now be structured around 4 main principles:

- Living with COVID-19: removing domestic restrictions while encouraging safer behaviours through public health advice, in common with longstanding ways of managing most other respiratory illnesses

- Protecting people most vulnerable to COVID-19: vaccination guided by Joint Committee on Vaccination and Immunisation (JCVI) advice, and deploying targeted testing

- Maintaining resilience: ongoing surveillance, contingency planning and the ability to reintroduce key capabilities such as mass vaccination and testing in an emergency

- Securing innovations and opportunities from the COVID-19 response, including investment in life sciences.

2.1.4 The Omicron variant remains the dominant strain within England. No other Variants of Concern (VOCs) have been detected in Kent and Medway since the detection of the Omicron Variant in the UK in November 2021. Additionally, no surge testing for variants has been required or undertaken in Kent and Medway. Detailed information on all variants and variants under investigation can be found on the Government website under Technical Briefing 37 published by UKHSA and recently updated on 25 February 2022.

2.2 Removal of the last domestic restrictions

2.2.1 The Government (from 24 February 2022), have removed the legal requirement to self-isolate following a positive test.

2.2.2 The Government will no longer ask fully vaccinated close contacts and those under the age of 18 to test daily for 7 days and have removed the legal requirement for close contacts who are not fully vaccinated to self-isolate.

2.2.3 The Government has ended self-isolation support payments and national funding for practical support. Also, the medicine delivery service has now ceased.

2.3.4 From 24 March 2022, the COVID-19 provisions within Statutory Sick Pay and Employment and Support Allowance regulations will end.

2.3.5 As for businesses, from 24 February 2022, workers will not be legally obliged to tell their employers when they are required to self-isolate.

2.3 Updates to Local Testing and Tracing Capabilities

2.3.1 Routine contact tracing has now ceased (as of 24 February 2022). Hence, contacts will no longer be required to self-isolate or advised to take daily tests. However, guidance will set out precautions that contacts can take to reduce risk to themselves and other people - and those testing positive for COVID-19 will be encouraged to inform their close contacts so that they can follow that guidance.

2.3.2 As from 1 April 2022, the Government would no longer provide the England population with free asymptomatic and symptomatic tests. However, this will still be available in private markets. Although, testing would continue within Adult Social Care, NHS settings (for patients and staff) and for some vulnerable populations.

2.3.3 From 1 April 2022, the Government will also remove the current guidance on domestic voluntary COVID-status certification and will no longer recommend that certain venues use the NHS COVID Pass.

2.4 The Vaccination Programme

2.4.1 The management and roll-out of the vaccination programme is the responsibility of the 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 March 4, 2022, over 49

million people in the UK have been offered the second dose of a COVID-19 vaccine while over 38 million have had a booster.

2.4.2 As of March 4, 2022, 1,218,120, 1,149,910 and 924,036 people have received their first, second and booster doses respectively in Kent. Whilst in Medway, 204,526, 191,148 and 146,218 people have received their first, second and booster doses respectively.

2.4.3 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.

2.4.4 Vaccinations have also started to be offered to at-risk 5- to 11-year-olds since the week commencing 31 January 2022.

2.4.5 Based on extensive assessment of the risks and benefits of vaccinations for 5 to 11-year-olds, the Joint Committee on Vaccination and Immunisation (JCVI) now advises that children aged 5 to 11, who are in a clinical risk group or who are a household contact of someone who is immunosuppressed, should be offered a primary course of vaccination.

2.4.6 Primary course vaccination for these children should be with the Pfizer-BioNTech COVID-19 vaccine with an interval of 8 weeks between the first and second doses.

2.4.7 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.

2.4.8 All vaccination delivery options remain available in Kent and Medway. Also, for people who are yet to take up their initial vaccine offer, the NHS continues to make vaccines available across the UK to ensure that every eligible person can be vaccinated.

2.5 Management of Local outbreaks in education and childcare settings

2.5.1 The contingency framework for education and childcare settings sets out the principles of managing local outbreaks of COVID-19 (including responding to VOC) in education and childcare settings. This framework was updated in February 2022 and includes amendments in light of the Governments living with COVID-19 announcement.

2.5.2 Guidance for twice weekly testing for staff and student in mainstream education and childcare settings has been removed.

2.5.3 However, staff and pupils in specialist Special Education Needs and Disabilities (SEND) settings, Advanced Placement and SEND units in mainstream schools or equivalent in Further Education colleges, are currently advised to continue regular twice weekly testing.

2.5.4 In managing COVID-19 risks in childcare and educational settings, the operational guidance sets out the infection prevention and control measures for these settings:

- Pupils, staff and other adults with COVID-19 symptoms, a positive test result, or who are a close contact of a case should stay at home and avoid contact with other people

- Pupils and staff should return to school on having two negative LFD tests, (taken from 5 days after symptoms started) if they feel well enough and in the absence of a temperature

- All education and childcare settings should continue to ensure good ventilation in occupied spaces and appropriate cleaning regimes.

2.5.5 The guidance also sets out when these settings should consider extra action and seek for public health advice:

- a higher than previously experienced and/or rapidly increasing number of staff or student absences due to COVID-19 infection

- evidence of severe disease due to COVID-19, for example if a pupil, student, child or staff member is admitted to hospital due to COVID-19

- a cluster of cases where there are concerns about the health needs of vulnerable staff or students within the affected group.

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 The most recent stress test was completed on the 9th of September 2021. This was conducted via MS Teams, 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 Kent and 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.

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 Coronavirus Act 2020** was first introduced in March 2020 and has enabled the Government to support individuals, businesses, and public services during the pandemic. The Government will expire all remaining non-devolved temporary provisions within the Coronavirus Act 2020. Half of the original 40 temporary non-devolved provisions have already expired, as the Government has removed powers throughout the pandemic which were no longer needed.

5.4 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.

5.5 The Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020 ("No.3 Regulations") have been in place since 18 July 2020. These powers were revoked on 24 February. Local authorities will now be required to manage outbreaks through local planning, and pre-existing public health powers, as they would with other infectious diseases.

5.6 The Health Protection (Coronavirus, Restrictions) (Self-Isolation) (England) Regulations 2020 have been in place since 28 September 2020, and impose a legal duty on individuals who test positive and certain close contacts to self-isolate. As set out in chapter 3, the legal duty to self-isolate has been lifted on 24 February and replaced by guidance.

6 Recommendation

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

Lead Officer Contact
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Appendices
None

Background papers
None

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KENT AND MEDWAY
JOINT HEALTH AND WELLBEING BOARD
15 MARCH 2022

JOINT KENT AND MEDWAY HEALTH AND WELLBEING BOARD: CLOSE DOWN REPORT

Report from: Mrs Clair Bell, Chairman
Cllr David Brake, Vice-Chairman

Author: Karen Cook, Policy and Relationships Adviser (Health): Kent County Council

Summary

A decision has been made by both Medway and Kent's Health and Wellbeing Boards that the Joint Kent and Medway Health and Wellbeing Board should be disestablished as an advisory Joint Sub Committee. It will, in effect, be replaced by the Kent and Medway Integrated Care Partnership.
This report reviews the role and impact of the Joint Board during the 4 years it has been operating.
The Chairman and Vice-chairman would like to take this opportunity to thank all those who have supported the Joint Board and laid the foundations for system wide leadership as we move into the Integrated Care System.

1. Budget and Policy Framework

1.1 The Kent and Medway Joint Health and Wellbeing Board (Joint Board) was established in 2018 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. The decision to disestablish the Joint Board was taken by the Kent Health and Wellbeing Board on 16 September 2021 and the Medway Health and Wellbeing Board on 10 February 2022.

2. Background

2.1 The Health and Care Bill has been delayed but is now continuing its journey through Parliament. It is expected to receive Royal Assent at the end of March and to be implemented from July 2022, rather than the original launch date of 1st April 2022.

2.2 The Bill sets out the requirement for all Health and Care Systems to put an Integrated Care Partnership (ICP) in place. This will be a Joint Committee between the NHS Integrated Care Board (ICB), Kent County Council and Medway Council, and will, in effect, duplicate the role and purpose of the existing Joint Board. Therefore, it has been agreed that the Joint Board is

disestablished from 31 March 2022, in preparation for the formal establishment of the Integrated Care Partnership in July 2022. As part of these interim arrangements, it is also proposed that the Integrated Care Partnership will run in shadow form until July 2022, for which discussions are ongoing.

2.3 As the Joint Board is closing down this paper aims to report on its work and impact during the last four years.

3. Review

3.1 The Joint Board was formed to secure a collaborative approach between the Kent and Medway Health and Wellbeing Boards and the NHS as the health and care system began to work in closer partnership across the County. It was originally set up for a period two years but after that time all partners agreed to continue.

3.2 The Board was set up to:

i. Ensure collective leadership to improve health and well-being outcomes across both local authority areas,
ii. to enable shared discussion and consensus about the emerging Health and Care Partnership across the Kent and Medway footprint in an open and transparent way.
iii. Help to ensure the Partnership has democratic legitimacy and accountability, to seek assurance that health care services paid for by public monies are provided in a cost-effective manner.
iv. Consider the work of the Partnership and encourage persons who arrange for the provision of any health or social care services in the area to work in an integrated manner
v. Take account of and advise on the wider statutory duties of Health and Social Care Partners

3.3 **Action During year 1 and 2 (2018-2019**)

In fulfilling its terms of reference, the Joint Board received reports on the following topics during its first two years:

3.3.1 The development of the Kent and Medway Health and Care System from the informal Sustainability and Transformation Partnership to the Integrated Care System which will be enshrined in law from April 2022. This included

- Overview of the structural changes across the system, including moving from 8 NHS Clinical Commissioning Groups to 1 Clinical Commissioning Group and the subsequent development of the Integrated Care System
- Workforce challenges
- Infrastructure developments including Estates, digital and technological solutions.

3.3.2 Innovation and new models of care

- the development of local care models that supported primary care across Kent and Medway including the introduction of Multi-disciplinary teams.
- Impact of the Encompass Multi Specialty Community Provider Vanguard in East Kent
- Reports on the work of the Design and Learning Centre for Clinical and Social Innovation

3.3.3 The work of preventing ill health and improving health outcomes for the population. Reports have covered

- Progress of the Kent and Medway Prevention Action Plan
- Reducing Tobacco usage
- Understanding patterns of Obesity
- NHS Health Checks for people aged 40-75
- Reducing Alcohol Consumption
- Physical activity
- Health Checks for people who have a Learning Disability

3.3.4 In September 2019 the Joint Board undertook a review to discuss its role and purpose and it was agreed that it would prioritise understanding and tackling deep-rooted health inequalities that were affecting communities across Kent and Medway. This included more focus on children and young people, those with a learning disability, autism or mental health problems and those environmental and lifestyle factors (the wider determinants of health- such as housing, employment and education) that have the greatest impact on health outcomes.

3.4 **Activity during Year 3 and 4** (**2020-2022)**.

3.4.1 In 2020 the emergency response to Covid -19 disrupted business as usual and delayed the development of a work programme focussed on health inequalities.. During this time the Joint Board fulfilled the important role of the Local Outbreak Engagement Board and provided political ownership, public-facing engagement and communication for Kent and Medway's outbreak response as required by National Government.

3.4.2 As it became clear that Covid-19 was disproportionately affecting some parts of the population the Joint Board decided to concentrate its attention on the emerging impact of Covid 19 and the widening health inequalities found in Kent and Medway. A development session took place on June 10th, 2021, and included the members of the Joint Board and the members of the Integrated Care System Partnership Board, bringing together the widest leadership of the Kent and Medway Integrated Care System for the first time. At that session it was agreed that an action plan would be developed to support the systemwide adoption of agreed priorities to tackle Health Inequalities.

3.4.3 At the same time a new programme of work was launched looking at Population Health Management and how, as a System we understand and plan health and care services for our communities. The work of the programme continues with the aim to accelerate changes to care delivery to achieve better outcomes and experiences for selected populations. It was

agreed by the Joint Board that that the learning from this programme should influence the priority setting for the Health Inequalities Action Plan and the two link together to provide a coherent, strategic approach for joint planning and delivery going forward.

3.4.4 In December 2021 the Joint Board received a report called A Health Inequalities Strategic Action Plan: Informing the Priority Areas for Action pulling this significant programme of work together with findings and recommendations for prioritising and focusing our approach to prevention.

3.4.5 During this period, it also considered reports on:

- Case for change: Children and Young People strategic framework
- Kent and Medway prehabilitation programme
- Preventing Suicide in Kent and Medway: strategy 2021-2025
- Public Health Reflections on Impact of COVID19 on Mental Health and Progress on Resilience and Recovery post 2020.
- Health and Wellbeing of Coastal Communities

4. Legacy

4.1 All partners agree that the Joint Board has reached its natural end and the Integrated Care Partnership Committee will replace it. It should be remembered that the Joint Board held the unique position of having a wide partnership membership across NHS and Local authorities including Medway Council, Kent County Council and Districts providing a strong democratic voice in the future design and delivery of health and social care services in Kent and Medway. Wider stakeholders represented the voice of the public and lived experience and it was an open and public facing meeting. The statutory requirement to have an Integrated Care Partnership with a similar role to that of the Joint Board in every System across the Country is an endorsement of the approach that Kent and Medway adopted in 2018.

4.2 The work that began through the Joint Board to identify system wide priorities for tackling health Inequalities and promoting population heath management will carry on as a significant work programme in the Integrated Care System.

4.3 The Joint Board has provided the setting for the development of stronger, more collaborative leadership and the emerging Integrated Care Partnership confirms the important role that wider partners have in promoting the health and wellbeing of the population. There is no doubt that the Integrated Care Partnership will build on the foundations laid by the Joint Board and that these foundations stand us in good stead to go forward, working together to improve the health outcomes of all our residents.

6. Financial, Legal and Risk Management Implications

6.1 None

7. Recommendations

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

a) Note the report
b) Reflect on the legacy of the Joint Board

Lead officer contact

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KENT AND MEDWAY
JOINT HEALTH AND WELLBEING BOARD
15 MARCH 2022

UPDATE ON THE DEVELOPMENT OF THE INTEGRATED CARE BOARD

Report from: Rachel Jones, Executive Director of Strategy and Population Health, NHS Kent and Medway Clinical Commissioning Group

Author: Donna Carr, Senior Programme Manager, Population Health, NHS Kent and Medway Clinical Commissioning Group

Summary

This report provides an update on the development of the NHS Integrated Care Board (ICB) and Kent & Medway Integrated Care Partnership (ICP) and outlines the forthcoming governance and oversight arrangements for population health, health inequalities and prevention.

1. Budget and policy framework

1.1. The ICB and ICP will be formally established once the Health and Care Bill receives royal assent.

2. Background

2.1. The implementation of the Integrated Care Board (ICB) has been delayed in parliament (the Health and Care Bill) and is now expected to go live in July 2022.

2.2. As part of these interim arrangements, it is also proposed to run the ICP in shadow form before July 2022. The ICP will be a Joint Committee between the ICB, Kent County Council and Medway Council, and will, in effect, replace the existing Joint Board.

2.3. The Kent and Medway Joint Health and Wellbeing Board (Joint Board) was established in 2018 as an advisory Joint Sub Committee of the Kent Health and Wellbeing Board and the Medway Health and Wellbeing Board. This was originally time limited for a period of two years. Both the Medway and Kent Boards agreed to extend this for a period of four years from 1 April 2020. However, this arrangement can be reviewed annually.

3. Advice and analysis

3.1. Kent County Council, Medway Council and district/borough councils are important partners and stakeholders in the new ICB and ICP. The approach to the development of the ICB and ICP will continue to be agreed with all partners as further submissions to the NHS regulator (NHSE/I) are made.

These have been put back in line with the delay to formal ICB/ICP implementation.

4. Risk management

4.1. As the Joint Board is a non-decision-making body, there are no specific risk management implications arising from these proposals. However, the ICB and the ICP cannot be formally established until the Health and Care Bill receives royal assent.

5. Consultation

5.1. There is ongoing engagement with all partners and stakeholders on the development of the ICB/ICP. Regular discussions are being held at a range of forums with council participation. Support for submitted documents is achieved via the existing system wide K&M Partnership Board.

6. Financial implications

6.1. The cost for supporting the Joint Board is shared, with each local authority supporting the Board for one year in turn within existing resources. The Joint Board itself does not have a budget.

7. Legal implications

7.1. In the case of the Joint Board, the scope for two or more Health and Wellbeing Boards to establish arrangements to work jointly, whilst not mandatory, was provided in section 198 of the Health and Social Care Act 2012. Section 198 allowed for the joint exercise of functions by a Joint HWB or by a Joint Sub Committee or, as was the case for the Joint Board, for the establishment of a Joint Sub Committee to advise the participating HWBs on any matter related to the exercise of their functions.

7.2. The ICP will be established as a Joint Committee of the Integrated Care Board, Kent County Council and Medway Council. The Health and Care Bill proposes that Local Government and Public Involvement in Health Act 2007 shall contain the following provision: "An integrated care board and each responsible local authority whose area coincides with or falls wholly or partly within the board's area must establish a joint committee for the board's area (an "integrated care partnership")".

7.3. Whilst it is proposed to run the ICP in shadow form until July 2022, it cannot carry out any functions until it is formally established by the ICB, Medway Council and Kent County Council as a Joint Committee.

8. Oversight of Health Inequalities, Population Health and Prevention

8.1. Currently, the Population Health and Prevention Group, established in July 2021, provides oversight and direction to deliver a shared vision for improving population health, preventing ill health, reducing health inequality, and promoting physical and mental health and wellbeing across Kent and Medway. The Group reports into both the ICS Partnership Board and Joint Health and Wellbeing Board.

8.2. From July 2022, the Inequalities, Prevention and Population Health Committee will be given this role and remit. This will be a formal committee of the ICB with the necessary delegated authority to act on behalf of the ICB on issues within its remit. Both Directors of Public Health will be members of the Committee.

8.3. Due to the nature of its work, the Committee will also be responsible to the Integrated Care Partnership Joint Committee to assist the Joint Committee in its role of developing a wider Kent and Medway Integrated Care Strategy and associated outcome measures. This Committee will continue to oversee the development and implementation of the Health Inequalities Strategic Action Plan, originally agreed by the Joint Health and Wellbeing Board in September 2020.

9. Recommendation

9.1. The Joint Board is asked to note the update on the development of the ICB/ICP and the Inequalities, Prevention and Population Health Committee.

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Appendices

None

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Development of a Kent and Medway Integrated Care System

Mike Gilbert

Executive Director of Corporate Affairs

(ICS development director)

Context

Integrated Care Systems

- NHS White Paper: Integrated Care Systems to be put on statutory footing from July 2022.
- Based on **NHS Triple Aim**:
  - Better health for everyone
  - Better care for all patients
  - Maximise efficient use of NHS resources
- CCG's to be disbanded – new **NHS Integrated Care Boards (ICBs)** to be established
  - Much greater focus on **inclusive decision making** across all partners
- All based on achieving the **four core purposes of integrated care systems**:
  - Improving outcomes (population health and care)
  - Tackling inequalities in outcomes and access
  - Enhancing productivity and value for money
  - Supporting broader social economic development

Context

Integrated Care Systems

Unwritten principles, but critical for stability and system integrity

- Architecture, structures and governance **need to be future-proof and dynamic** to accommodate on-going system and local development and maturity
- **Don't duplicate / replicate**: if things are working well, leave them; if they are not working well replace or stop them
- **Clinical, professional and citizen** input needs to be most effectively utilised and targeted (this is a scarce resource)
- ICS development attracts huge opportunities to work differently, with much greater partnership representation, decision making and influencing possible at all levels

K&M ICS Governance Model

Transforming health and social care in Kent and Medway

Kent and Medway ICS system architecture (post April 2022)

- Regulation
- Scrutiny

Scrutiny committees | **Regulatory bodies**

- Needs analysis
- Strategy design
- Outcome setting

Local Authority Health and Well-being Boards

Kent and Medway Integrated Care Partnership
Broadening Social and Economic Development Sub-committee

- Allocating resource
- Securing services
- System Quality
- Performance Improvement
- Assurance

NHS England *(Specialised Commissioning)*

Kent County Council & Medway Council

District Councils

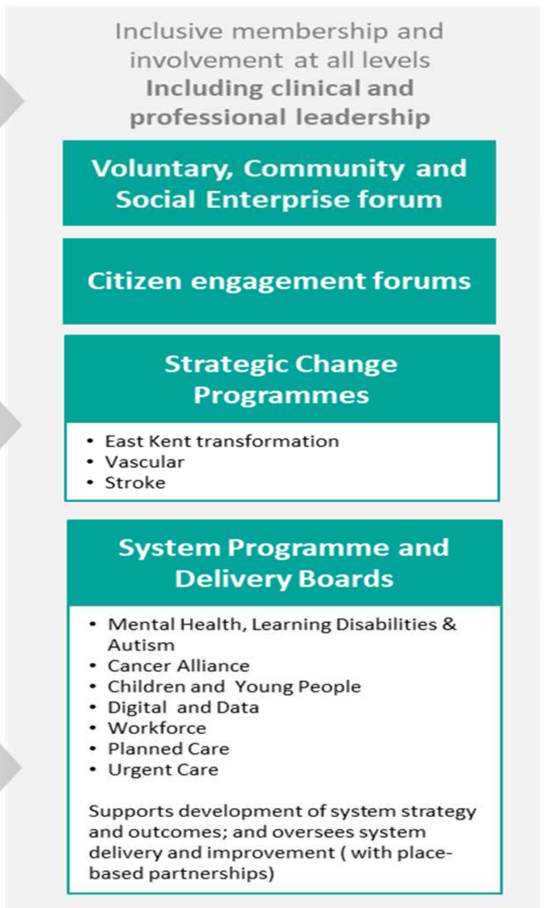
NHS Integrated Care Board (NHS Kent and Medway)
Improving Outcomes Committee
Reducing Health Inequalities Committee
Productivity & Investment Committee *

- Place and neighbourhood priority setting
- Operational delivery
- Place based assurance

4 x Place Based Partnerships with 42 Primary Care Networks

Provider Collaboratives

Individual providers:
Health and social care including: primary care; FTs and NHS Trusts; voluntary and community services; independent sector



* Plus ICB Audit Committee , Remuneration Committee and Primary Care Commissioning Committee

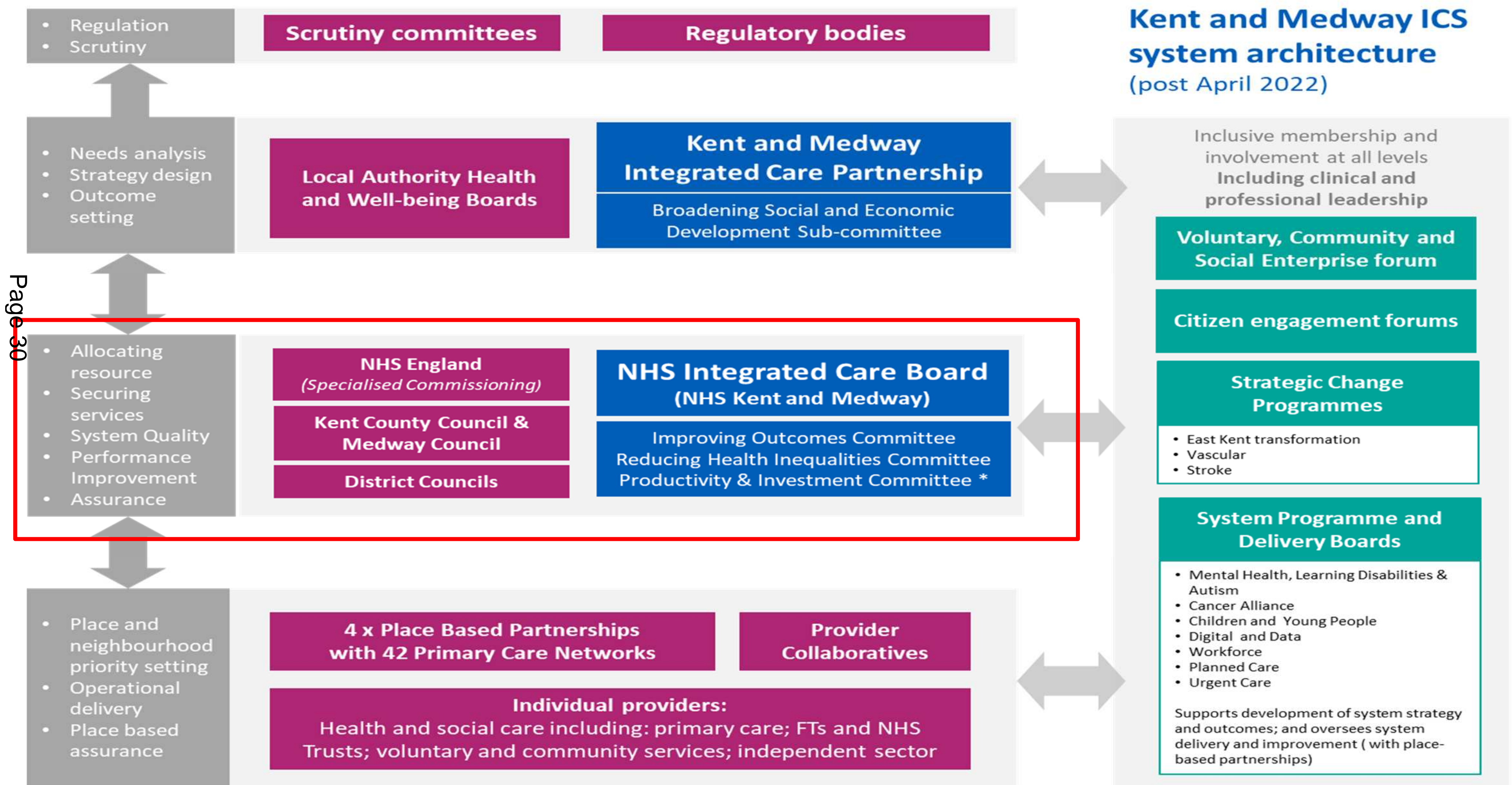
Integrated Care Partnership

Transforming health and social care in Kent and Medway

- A Joint Committee of the Local Authorities and the ICB
- Membership wholly inclusive of health and **well-being** stakeholders. Place-based partnerships will be vital members, including primary care
- Specific responsibility to **develop an 'Integrated Care Strategy' for the whole population** using the best available evidence and data covering health and social care and addressing health inequalities and the wider determinants which drive these inequalities.
- Also responsible for setting system outcomes linked to the integrated care strategy, plus oversight of delivery of the strategy and these outcomes, with partners holding each other to account
- Whilst the four purposes of an ICS will run through the entirety of the Kent and Medway system, the Partnership will have a particular responsibility for ensuring effective strategies are in place for **supporting wellbeing and broader social and economic issues**. This is because this purpose cannot be achieved by health and care services alone
- The Partnership should champion inclusion and transparency and challenge all partners to demonstrate progress in reducing inequalities and improving outcomes. It should support place- and neighbourhood-level engagement, ensuring the system is connected to the needs of every community it covers

K&M ICS Governance Model

Transforming health and social care in Kent and Medway



Integrated Care Board

Transforming health and social care in Kent and Medway

- New Statutory NHS organisation
- CCG functions and duties will transfer to ICB
- **NHSE functions to transfer to ICB**
- The Board of the ICB will include primary care, NHS Trust and Local Authority reps
- The Committees of the ICB will be inclusive of partners

ICB Primary functions:

- Develop and oversee plan to meet health needs of population (as per Integrated Care Strategy)
- Secure provision – through contracts
- Allocate resources and oversee collective financial control
- Oversee assurance and performance management
- Establish joint working and governance arrangements for collaborative working
- Lead people plan and digital / data strategies
- Ensure system clinical, professional and citizen leadership and engagement
- Drive system partnership working on estate, procurement and VfM
- Emergency planning and response

Integrated Care Board

	Committees of the ICB *(with delegated authority for decision making)*
Population Health and Inequalities Committee	❖ **Develops and recommends health strategy and outcomes** to address the slope index of widening health inequalities ❖ Develops framework for how population health management will be used at system, place, neighbourhood and provider layer ❖ **Develops and oversees delivery of population health and prevention programmes** ❖ Includes development of strategic and clinical transformation and innovation plans that sit outside of any other dedicated committee, where they impact on health inequalities
Improving Outcomes Committee	❖ **Oversees delivery of outcomes related to the wider integrated care strategy** including clinical and performance outcomes as set by the system in the locally determined domain of the System Oversight Framework (SOF) ❖ **Reviews system quality, safety, safeguarding and patient experience** ❖ Reviews system performance delivery, with a focus on the impact of variation in access and waiting times on quality, patient experience, and outcomes
Productivity and Investment Committee	❖ **Oversees system financial allocations and investment** ❖ Oversees delivery of productivity and value for money ❖ Considers system investment cases where this is outside of another groups delegated authority

Health Inequalities

- Work in the Medway and Swale place will continue to be discussed at the Medway HWBB and the Medway & Swale Health Care Partnership Board.
- The work on developing the K&M Health Inequalities Action Plan will continue through the Population Health and Prevention Steering Group which turn into the Population Health and Inequalities formal sub committee of the ICB.
- The Terms of Reference are drafted and have been reviewed by the current Steering Group and the Directors of Public Health.
- It will also form part of the Integrated Care Strategy to be developed by the Integrated Care Partnership

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