

## KENT COUNTY COUNCIL

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### KENT HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the Kent Health and Wellbeing Board held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 25 April 2023.

PRESENT: Mrs C Bell (Chairman), Dr B Bowes (Vice-Chairman), Dr A Ghosh, Mr R W Gough, Cllr Mrs A Harrison and Mrs R Hewett

IN ATTENDANCE: Mr M Dentten (Democratic Services Officer)

#### UNRESTRICTED ITEMS

##### **16. Appointment of Co-opted Member**

*(Item 2)*

RESOLVED to approve the re-appointment of Dr Bob Bowes as a co-opted member of the Kent Health and Wellbeing Board.

##### **17. Election of Chair**

*(Item 3)*

1. Cllr Harrison proposed and Mr Gough seconded that Mrs Bell be elected as Chairman of the Kent Health and Wellbeing Board. No other nominations were received.

RESOLVED that Mrs Clair Bell be elected as Chairman of the Kent Health and Wellbeing Board.

##### **18. Election of Vice-Chair**

*(Item 4)*

1. Mrs Bell proposed and Mr Gough seconded that Dr Bowes be elected as Vice Chairman of the Kent Health and Wellbeing Board. No other nominations were received.

RESOLVED that Dr Bob Bowes be elected as Vice Chairman of the Kent Health and Wellbeing Board.

##### **19. Apologies and Substitutes**

*(Item 5)*

Apologies for absence were received from Mrs Chandler, Penny Graham, Sarah Hammond, Cllr Hollingsbee and Vincent Badu who was substituted by Rachel Hewett.

**20. Declarations of Interest by Members in items on the agenda for this meeting**  
(Item 6)

There were no declarations of interest.

**21. Minutes of the Meeting held on 23 September 2022**  
(Item 7)

RESOLVED that the minutes of the meetings held on 23 September 2022 were an accurate record and that they be signed by the Chairman.

**22. Director of Public Health Verbal Update**  
(Item 8)

1. Dr Ghosh (Director of Public Health, KCC) gave a verbal update. The contents of his update included: Covid-19; Integrated Care Partnership (ICP) sub-committees; and Public Health operational developments.
  - a. Concerning Covid-19, he confirmed that the case rate in Kent stood at 20 per 100,000, its lowest level in recent months, and was on a downward trajectory, a reduction in the burden of disease and testing were cited as key factors. He explained that Kraken, a subvariant of Omicron, was the most common Covid-19 variant in Kent. Regarding global Covid-19 developments he noted that the Arcturus had spread rapidly in India, being responsible for two thirds of cases, though with a low severity. He cautioned the Board that the overall picture could change rapidly if a more severe variant developed.
  - b. In relation to ICP governance, he explained that four sub-committees of its Inequalities, Prevention and Population Health Committee had been established each covering: Prevention; Health Inequalities; Population Health Management; and NHS Sustainability and the Green Agenda. He explained that the sub-committees would coordinate the work of partners on each issue.
  - c. Regarding recent KCC Public Health developments, he updated the Board on commissioning activity as well as collaboration with other departments of the Council and district councils to improve wider determinants of health. He added that they had worked with Kent Housing Group, including supporting their develop of a health implementation plan for housing, and district councils on major town developments, embedding planning for health places. He reassured the Board that there had been constant activity in relation to the statutory health protection responsibility, encompassing the assessment, preparation for and handling of health threats, which included extensive multi-agency work and collaboration through the Kent Resilience Forum. He noted that Public Health had worked with the Growth, Environment and Transport directorate to develop a small grants programme on the theme of hope in relation to suicide prevention, eleven projects receiving £1,000 and three receiving £5,000, with a showcase of the projects taking place at the Turner Contemporary on 18 July. It was also explained that a lived experience programme and

advocacy programme for people with addictions was in development, to combat rising deaths from substance misuse. He concluded by explaining that Public Health were working closely with the Children's, Young People and Education directorate, in relation to the Family Hubs programme, especially on perinatal mental health, parent infant relationships, infant feeding and start of life from conception until the age of two.

2. In relation to health inequalities, Dr Bowes commented that many residents identifying hypertension were not registered with a GP or engaged with the health system. He asked whether Primary Care Networks (PCNs) could be provided with data on the overall picture for Kent.
3. Members discussed the importance of data sharing between partners, noting both the complexity of the issue and benefits improvements would have on services. Consideration of the issue by the Integrated Care Partnership was suggested by Mr Gough.

RESOLVED to note the verbal update.

### **23. Update on Kent and Medway Interim Integrated Care Strategy** *(Item 9)*

1. Dr Ghosh introduced the report which updated the Board on the development of the Integrated Care Strategy. He noted that the interim strategy represented a statement of intent from partners to tackle health inequalities, the wider determinants of health and prevention. He explained that the next version of the strategy was anticipated for late autumn. He explained that the final Integrated Care Strategy, once approved, would be the de facto Joint Local Health and Wellbeing Strategy for Kent. He noted that work was underway with Health and Care Partnership (HCPs) to develop plans and with district councils on public health plans. It was confirmed that Kent Police as well as district and parish councils were consulted as part of the strategy development process. He added that definitive plans on how the strategy would be monitored were to be completed in July. The Board were reminded that the ICP provided oversight of the strategy and that operational implementation would be monitored by sub-committees.
2. Mr Gough asked which body would own the work addressing wider determinants of health at a local level and whether it would be appropriate for that to be an HCP responsibility. Dr Ghosh emphasised the importance of local system ownership at the HCP level with the broader involvement of local partners including PCNs. Partnership arrangements in east and west Kent were explained.
3. Concerning the interim Strategy's pledge and shared outcomes, Mr Gough commented that it was important that partners fully understood the link between health and wider socio-economic outcomes.
4. Cllr Harrison commented that the economic impact of delays in treatment, including the years of economic activity lost, should be investigated as part of the strategy development process and to address the Strategy's pledge.

5. Dr Bowes commented that HCPs were the ideal footprint for local accountability and strategy setting. He asked that PCNs be effectively utilised for delivery and emphasised the importance of empowering local partners.

RESOLVED to consider and comment on the contents of the report.

POST MEETING NOTE: NHS Kent and Medway confirmed that the online platform for feedback on the Kent and Medway Integrated Care Strategy could be accessed at: <https://www.haveyoursayinkentandmedway.co.uk/hub-page/kent-and-medway-integrated-care-strategy-hub>

## **24. NHS Kent and Medway Draft Joint Forward Plan**

*(Item 10)*

1. Mrs Hewett (Director of System Strategy, NHS Kent and Medway) introduced the report which contained NHS Kent and Medway's draft Joint Forward Plan and set out the requirement for the Board to consider whether the Plan took full account of the interim Integrated Care Strategy, as Kent's interim Joint Local Health and Wellbeing Strategy. She explained that the Plan would be refreshed annually and that the Board would be provided with the refreshed plans for its consideration. She clarified that the Plan was joint amongst NHS Kent and Medway and local Trusts rather than the wider Integrated Care System. The challenges of consulting with the public and stakeholders within the time available was noted, with it explained that the Plan had incorporated Strategy community engagement responses to avoid duplication. The Plan's incorporation of the Strategy's six shared outcomes was explained.
2. Following a question from the Chair, Mrs Hewett gave assurance that there would be further opportunities to receive public feedback on the Plan.
3. Cllr Harrison suggested the Isle of Sheppey as a pilot area for future communication and engagement activities.
4. Mr Gough asked for an explanation of the interplay between NHS population health management and KCC Public Health in relation to inequalities and preventing ill health, as well as the Joint Forward Plan's linkage to other statutory partners within the ICS. Mrs Hewett confirmed that the population management roadmap would be refreshed and that it along with many other NHS strategies interlinked and would be further developed. It was noted that following the interim Integrated Care Strategy refresh and development of delivery plans, metrics and measurements the linkage to other statutory partners would become clearer.

RESOLVED to endorse the NHS Kent and Medway Joint Forward Plan as a plan that takes proper account of the Interim Integrated Care Strategy.

**25. Kent and Medway Safeguarding Adults Board Annual Report 2021-2022**  
*(Item 11)*

*Andrew Rabey (Chair, Kent and Medway Safeguarding Adults Board) was in virtual attendance for this item.*

1. Mr Rabey introduced the report. He confirmed that the Safeguarding Adults Board had published its Strategic Plan for 2022-2025 and that twelve safeguarding adults reviews (SARs) had been published since the previous annual report. The recommendations arising from the reviews were addressed and included making safeguarding personal, safe discharge from hospitals and improving working with individuals who were dependent on alcohol or substances. An overview of the workshops and training delivered by the Safeguarding Adults Board was provided. He reminded members that Safeguarding Adults Week had taken place in November 2022, raised awareness and shared material in multiple languages. It was also explained that a monthly newsletter was circulated to 290 local organisations.

RESOLVED to endorse the Kent and Medway Safeguarding Adults Board Annual Report, 2021-2022.