KENT COUNTY COUNCIL

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 Wednesday, 4 March 2026.

PRESENT: Miss D Morton (Chair), Dr B Bowes (Vice-Chair), Ms L Kemkaran, Mr M Mulvihill, Waller, Cllr M Blakemore, Dr A Ghosh, Mr R Goatham, Ms S Hill (Substitute for Mrs S Hammond), Cllr Mrs H Perkin, Cllr K Moses and Ms C McInnes

UNRESTRICTED ITEMS

67. Chairman's Welcome
(Item 1)

68. Apologies and Substitutes
(Item 2)

Apologies for absence were received from Mr Doyle, Mrs Palmer and Sarah Hammond. Sydney Hill was in attendance as a substitute for Sarah Hammond.

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

No declarations of interest were made by Members in relation to items on the agenda.

70. Minutes of the Meeting held on 25 September 2025
(Item 4)

RESOLVED that the minutes of the meetings held on 25 September 2025 were an accurate record and that they be signed by the Chairman.

71. Chairman's General Update
(Item 5)

1. The Chair provided a verbal update. She welcomed new attendees and particularly welcomed representatives from the Local Government Association (LGA), who were attending to support the forthcoming workshop.

2. The Chair explained that a workshop would be held following the meeting to support the refresh and reinvigoration of the Health and Wellbeing Board, which included consideration of its membership, scope, ways of working and future focus.

3. She reported on recent discussions with the Director of Public Health and NHS colleagues regarding neighbourhood health, the NHS 10-Year Plan and opportunities to strengthen partnership working. She emphasised that the Board was not a political forum and that its focus must remain on improving outcomes for Kent residents and achieving value for money.

4. The Chair provided a detailed update on the Better Care Fund (BCF). She explained that, due to the timing of national guidance and the ongoing development of local budgets, it had not been possible to bring a substantive report to the Board at this meeting on the 2026/27 Better Care Fund. She advised that guidance required BCF plans to be developed collaboratively and agreed by the Health and Wellbeing Board; however, where deadlines had previously fallen between Board meetings, sign-off had been undertaken by the Chair on the Board's behalf.

   The Chair advised that the 2026/27 Better Care Fund guidance had recently been updated to align with proposed reforms linked to the NHS 10-Year Plan. The guidance required Integrated Care Boards and local authorities, working with Health and Wellbeing Boards, to submit an assurance return demonstrating compliance with national funding conditions and planning requirements. This included information on the use of Better Care Fund expenditure, local priorities, and assurance statements in relation to value for money.

   It was reported that the assurance return was required to be submitted to the national team by 19 May 2026. As the Health and Wellbeing Board was not scheduled to meet before this deadline, the Chair sought the Board's support to review the assurance return in detail once received and to sign it off on behalf of the Board. She confirmed that a full report would be brought back to a future meeting of the Board for information and scrutiny.

5. RESOLVED that, by general agreement, the Chairman's update be noted.

72. Director of Public Health Verbal Update
(Item 6)

1. Dr Anjan Ghosh, Director of Public Health, reported on recent local and national events he had attended, along with Dr Ellen Schwatrz, Assistant Director of Public Health. He advised that the events focused on work and health, as well as the links between planning and public health, and that he had contributed to a panel discussion on how planning could support healthier places and improved health outcomes.

2. He advised that Kent continued to be a training site for future public health consultants and that a recent visit from training programme directors had provided positive assurance regarding the breadth and quality of work being undertaken.

3. Dr Ghosh outlined early work with Kent universities to explore the development of a centre of excellence for public health, aiming to strengthen research, innovation and national recognition.

4. He highlighted the forthcoming Marmot Coastal Region launch on 13 March 2026 as a key milestone in Kent's commitment to addressing health inequalities.

5. In terms of other updates, Dr Anjan Ghosh, Director of Public Health, advised that the Kent Public Health Observatory had developed a new alcohol licensing tool in collaboration with partners. He explained that the tool brought together data on hospital admission rates, mortality, deprivation scores, and the proximity of off-licences, pubs and schools, and would support more informed decision-making in relation to alcohol licensing. He confirmed that public health continued to have a role within the alcohol licensing process.

6. In preparation for the launch of the Kent Marmot Coastal Region Programme, Dr Ghosh reported that analysis had been undertaken on inequalities between coastal and non-coastal areas. He noted that this was a complex and nuanced issue, but highlighted a key finding that life expectancy in coastal communities was, on average, 2.1 years lower than in non-coastal areas.

7. Dr Ghosh advised that Kent Public Health had worked with colleagues across the Integrated Care System to produce an updated set of mental health indicators, strengthening the shared evidence base to support system-wide planning and improvement.

8. The Board was informed that, as part of work focused on older adults, Ashford and Gravesham had applied for and been formally accepted into the UK Age-Friendly Communities Network. Dr Ghosh explained that age-friendly communities aimed to support people to age well and to live healthy, independent later lives.

9. Dr Ghosh reported that the former postural stability and falls prevention service had been subject to extensive consultation and redesign. The re-imagined service, now known as Forever Active, was an evidence-based programme supporting Kent residents aged over 50 to remain active, mobile, strong and independent, and was showing early signs of success.

10. It was further reported that health alliances had now been established across all districts and boroughs. Dr Ghosh highlighted that Canterbury Health Alliance had recently received a Healthwatch Award for Excellence in Integrated Working at Local Level, in recognition of targeted work. He advised that this demonstrated how a hyper-local neighbourhood model could operate effectively in practice.

11. Dr Ghosh also advised that work was continuing to prepare for the opening of the Discovery Centre sexual health clinic in Dover later in the month.

12. RESOLVED that the Director of Public Health's verbal update be noted.

73. 2026 Kent Joint Strategic Needs Assessment (JSNA) Summary Report *(Item 7)*

Davinia Springer (Public Health Specialist) was in attendance for this item

1. Dr Ghosh (Director of Public Health), introduced the item and set the context for the annual Kent Joint Strategic Needs Assessment (JSNA) Summary Report. He explained that the report was produced each year at this time and provided an overview of the state of health and wellbeing in Kent. He advised that the summary report was underpinned by extensive detailed analysis and acted as a comprehensive, single source of population health intelligence. He recommended the report to the Board as a valuable tool for understanding current trends and future direction across different aspects of health. Dr Ghosh invited Davinia to present the key findings.

2. Ms Davinia Springer (Public Health Specialist) explained that the JSNA Summary Report brought together key changes in population health needs, findings from in-depth thematic analysis, and intelligence work completed over the previous year, alongside improvements and developments across the system. She highlighted that, as a local authority, Kent County Council had a statutory duty to continually assess both current and future population health needs and health inequalities. She confirmed that the JSNA was overseen by a JSNA Steering Group which was in its fourth year.

3. In relation to demographic change, Ms Springer reported that Kent remained the most populous county council area in the South East, with an estimated population of 1.61 million residents. Population growth had remained steady at approximately 1%, in line with national trends. Population density varied significantly across the county, ranging from 16.6 people per hectare in Dartford to 2.4 in Ashford, and this variation continued to influence patterns of service demand and access.

4. Across the four Health and Care Partnerships, several consistent themes were identified. Levels of overweight and obesity remained high across Kent, with some districts exceeding national averages. Accident and Emergency attendances for children under five years of age remained above pre-pandemic levels in several areas. Smoking prevalence had improved in some districts but remained high in others, particularly Thanet. Mental health indicators continued to show pressure points, with self-harm admissions being of particular concern among young people. Alcohol-related hospital admissions were notably high in Dartford, Gravesham and Swanley. These patterns reinforced the importance of targeted, place-

based prevention approaches. The National Child Measurement Programme data showed rising levels of excess weight in both Reception and Year 6 children. Districts including Folkestone and Hythe, Dover, Ashford, Gravesham and Thanet were significantly above national averages.

5. The Pharmaceutical Needs Assessment concluded that there were no significant gaps in pharmaceutical provision across Kent. However, the sector continued to face national workforce and financial pressures. Overall access remained good, with the majority of residents able to reach a pharmacy within 20 minutes.

6. Adult obesity continued to increase, with 67% of adults in Kent living with excess weight. Davinia highlighted the influence of environmental factors, including the concentration of fast-food outlets in deprived and urban areas, uneven access to affordable healthy food, and variable awareness and use of green spaces, particularly among higher-risk groups.

7. The Special Educational Needs and Disabilities (SEND) Needs Assessment identified continued growth in Education, Health and Care Plans, which had reached approximately 21,000 children. Swale and Thanet had the highest rates, and inequalities persisted for Gypsy, Roma and Traveller communities.

8. Physical activity levels among older adults had improved overall; however, participation in muscle-strengthening activity remained very low. Inequalities continued to exist across gender, ethnicity and levels of deprivation.

9. Accident and Emergency insight work in East Kent indicated that, while some attendances may have been avoidable, difficulty accessing GP appointments was not a major driver, challenging commonly held assumptions.

10. Feedback from mental health crisis services highlighted very positive experiences of voluntary sector provision and safe havens. However, concerns were raised regarding waiting times, coordination of services, and seasonal pressures. Engagement work with veterans identified that expectations shaped by previous military healthcare could influence satisfaction, and that disabled veterans experienced the greatest inequalities.

11. Ms Springer reported significant progress within the intelligence modelling and innovation programme. Kent County Council was described as being at the forefront of linking datasets to enable more sophisticated analysis that revealed needs not visible through population averages. The JSNA cohort model continued to support forecasting and prevention planning. New system dynamics modelling was helping to quantify the impact of prevention on future adult social care demand. A statistical risk score was

being developed to identify older adults most likely to require care, and the research, innovation and improvement function continued to expand, with multiple National Institute for Health Research (NIHR) supported studies underway.

12. Two major research programmes were highlighted. The Kent Marmot Coastal Region Programme focused on skills, employment and long-term health inequalities in coastal communities. The NIHR HOPES project supported youth employment and improved health outcomes across Kent and Medway.

13. Ms Springer summarised that the JSNA Summary Report presented a picture of growing need, persistent inequalities, and significant opportunities to strengthen prevention, improve services and make more effective use of intelligence. She advised that the work completed during the year provided a strong evidence base to support strategic decision-making across the system and drew attention to the collective recommendations for the Board's consideration.

14. Further to questions and comments from Members the discussion included the following:

    (a) Mr Waller (Deputy Chief Executive at NHS Kent and Medway and Chief Commissioning Officer) asked for clarification regarding a conclusion within the report relating to potential duplication in commissioned pharmacy services, noting that the issue was not fully clear as described and seeking further explanation to enable appropriate action. Furthermore, Mr Waller also highlighted an opportunity, in light of the Integrated Care Board's (ICB) move towards a strategic commissioning operating model, for closer and more structured collaboration between public health teams, the County Council and multidisciplinary commissioning teams, and offered support for joining up this work.

    In response, Miss Springer explained that the intention of the conclusion was to emphasise the importance of collaboration and collective working to avoid duplication of effort across the ICB, pharmacy providers and Kent County Council. Dr Ghosh added that the reference was primarily intended to highlight a potential risk, rather than a confirmed duplication, arising from pharmacies delivering both public health-commissioned and NHS-commissioned services, and the need to ensure these were aligned. He confirmed that this aligned with the first point made regarding integrated and strategic commissioning and agreed that the evolving role of the ICB presented a clear opportunity to better join up commissioning activity and expertise across organisations

    (b) Clarity was sought as to how the forthcoming government legislation relating to Special Educational Needs and Education, Health and Care Plans (EHCPs) was expected to impact the report's recommendation to explore the reporting and transition of EHCPs and Special Educational

Needs. In response, Ms Christine McInness (Interim Corporate Director for Children, Young People and Education), advised that the recently published government White Paper, Achieving and Thriving, placed SEND within a wider education reform context rather than being a standalone SEND White Paper, and was accompanied by a consultation proposing a ten-year implementation plan. She explained that the proposals represented significant and potentially contentious reform and were therefore unlikely to progress quickly through Parliament. As a result, she confirmed that the current work around EHCPs would remain relevant for some time and that Public Health and Children's Services would revisit and revise this work once there was greater clarity on the timing and scope of legislative implementation.

(c) A query was raised regarding the variation in breast screening uptake highlighted in the report and whether further work was required to address accessibility, particularly given the loss of mobile breast screening units and the need for some residents to travel to larger centres. In response, Ms Springer agreed that there was an opportunity to better understand local variation and barriers within communities. She noted that previous research indicated that accessibility was a key issue, alongside wider challenges such as competing day-to-day priorities for individuals, and advised that further community-focused work would be beneficial to ensure breast screening services were accessible and available to all who needed them.

(d) Concerns were expressed as the report did not include a specific recommendation on mental health, particularly in light of a reported 20% increase in residents experiencing depression in the Sheppey area and the absence of positive experience indicators for Swale within the report. Dr Ghosh acknowledged that mental health was not as prominent within the recommendations but assured Members that significant work was underway across the system. He highlighted ongoing partnership activity, the forthcoming prioritisation workshop, and plans for an annual Public Health report focused specifically on mental health. He also confirmed that a mental health needs assessment was available via the Kent Public Health Observatory and explained that current challenges related more to fragmentation and inconsistency of provision, despite pockets of good practice. He emphasised that work was ongoing to develop a more coherent and strategic approach to mental health across Kent.

(e) In response to what action was being taken to address excess weight in children, particularly in relation to the concentration and expansion of fast-food outlets in deprived areas, Dr Ghosh explained that Kent County Council was working closely with district and borough councils through the Whole Systems Obesity Programme, which addressed both individual behaviours and the wider obesogenic environment. This included work on planning policy, advertising and promotion of fast food, and engagement with local communities to increase awareness of

healthy choices. He advised that where local plans were being reviewed, Public Health was supporting the inclusion of measures such as minimum distances between fast-food outlets and schools and reducing clustering on high streets, with a focus on widening healthy food choices rather than restricting options. He noted that while progress would take time, early data was beginning to show small but positive changes.

(f) In terms of the work that was underway to reduce potentially avoidable Accident and Emergency attendances, Mr Waller advised that that the numbers of primary care presentations at Emergency Departments was not the major issue, the focus was to address underlying causes. He explained that work was underway to redirect patients to appropriate primary care services, including the Pharmacy First model, alongside national and local initiatives to improve GP access, triage and capacity. He further outlined work to strengthen alternative pathways for people experiencing mental health crises and to improve the balance between community and acute mental health services, noting that many individuals attending A&E were already known to community services. He also highlighted the development of neighbourhood health models, using risk stratification to support people with complex needs, including frail residents and care home populations, to remain in their usual place of residence and avoid hospital admission. Dr Bob Bowes added that perceptions of faster access in hospital influenced attendance and emphasised the importance of improved communication and integrated working across community services to support care outside hospital settings.

(g) In response to queries raised as to whether the Council and partners were prepared for a potential increase in mental health need linked to rising unemployment, particularly in deprived areas such as East Kent, Dr Ghosh acknowledged the likely relationship between unemployment and worsening mental health outcomes and confirmed that this risk was recognised. He advised that preventative work was already underway across partners to address emerging need and that efforts were being made to act early and at scale, despite the challenges of delivering consistent support across a large and diverse geography.

(h) Members asked how the recommendations, particularly those relating to improving living and working conditions and other wider determinants of health, would be translated into action and how success would be measured. Dr Ghosh advised that this work was at an early stage and was complex and long term, with Public Health's role focused on highlighting issues, convening partners and building momentum across the system. He explained that the Marmot programme was a key area of activity, currently focused on employment and pathways into work, alongside broader structural factors such as housing, transport, food and access to services, noting that progress would require sustained effort over several years. Dr Ellen Schwartz (Assistant Director of Public

Health) added that many drivers of health inequalities were outside the direct remit of Public Health and the NHS and required collective ownership across local government and the wider system, including through the role of anchor institutions. Mr Waller provided a further example, and advised that the Integrated Care Board was developing a joint bid to the national Work Well programme to support people out of work where improved employment outcomes would also deliver health benefits, particularly in relation to mental health and musculoskeletal conditions.

15. RESOLVED that the Health and Wellbeing Board note and comment on the contents of the Joint Strategic Needs Exception Report, and approve the selected recommendations from the needs assessments summarised in the paper for incorporation into the Joint Strategic Needs Assessment:

- Pharmaceutical service providers must ensure services remain accessible to all; services should be adaptable and cater to the needs of inclusion health groups.
- Kent County Council (KCC) and the Integrated Care Board (ICB) should work collaboratively to avoid duplication and continue supporting the current community pharmacy estate to sign up and deliver services where required.
- There is an urgent need to support a Whole Systems Approach to prevent obesity and to fund more population-targeted programs delivered in the community, workplaces, and schools
- There is a need to expand the range of interventions that address the broader influences on health, such as living and working conditions and other wider determinants, to create a more comprehensive and impactful approach
- Kent's weight management pathway is undersized for the need and requires more comprehensive support to engage priority groups.
- Explore the reporting and transition of Educational Health and Care Plan (EHCP) and special educational needs support to those with Special Educational Needs and Disability (SEND) in education after 16 years.
- Increase the physical activity offer for older adults including frail, older adults through whole system action including infrastructure change, education and accessible service provision.
- Promote the adoption of Age Friendly Communities across Kent to support healthy ageing, physical activity, active travel and allow older adults to help shape the place that they live in.
- Develop and embed Intervention and Brief Advice for Physical Activity (IBA-PA) into health and care professional practice as part of a mandatory workforce education programme.