

## 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 Friday, 23 September 2022.

PRESENT: Mrs S Chandler, Dr A Ghosh, Mrs P Graham, Mrs S Hammond, Cllr Mrs A Harrison, Cllr Mrs J Hollingsbee and Mr R Smith

IN ATTENDANCE: Ms K Cook (Policy and Relationships Adviser (Health)), Mrs J Dixon-Sherreard (Policy Adviser) and Mr M Dentten (Democratic Services Officer)

IN VIRTUAL ATTENDANCE: Mrs C Bell

#### UNRESTRICTED ITEMS

##### **9. Election of Chair for the duration of the meeting**

1. Due to the absence of the Chair and Vice Chair, a Chair was elected from the Board for the duration of the meeting.
2. Dr Ghosh proposed and Mrs Chandler seconded that Mr Smith be elected Chair for the duration of the meeting. No other proposals were received.

RESOLVED that Mr Smith be elected Chair for the duration of the meeting.

##### **10. Declarations of Interest**

*(Item 3)*

No declarations were made.

##### **11. Minutes of the Meeting held on 24 May 2022**

*(Item 4)*

RESOLVED that the minutes of the meeting held on 24 May 2022 were an accurate record and that they be signed by the Chair.

##### **12. Director of Public Health Verbal Update**

*(Item 5)*

1. Dr Ghosh provided a verbal update. Concerning Covid-19 he explained that at the time of the meeting the prevalence was low, despite the latest data indicating an uptick in cases. He informed the Board that, as of 18 September, Kent had a pillar one case rate of 53.4 per 100,000. It was stated that pillar one, which were predominantly tested in hospitals, was a proxy indicator which was not indicative of the population estimate which would be higher. He noted that the highest rate was observed between the 50+ age group, with the sharpest increase in cases recently amongst primary school aged children. He confirmed that 110 people were currently hospitalised with Covid-19 in Kent,

which had remained stable over previous weeks. He warned that there was a possibility that Kent could experience a mid-October surge in cases and that there was a risk of a flu and Covid-19 'twindemic,' which had been experienced in Australia during their winter and saw an early peak in cases followed by a sharp decline. He gave reassurance that Kent continued Covid-19 modelling, with current models extending to early December. Regarding flu and Covid-19 vaccinations, he reminded the Board that they began on 5 September and encouraged those eligible to get vaccinated. Addressing the Kent and Medway Integrated Care Strategy, he noted that the Kent and Medway Integrated Care Partnership had a statutory responsibility to form a strategy, with an interim version expected for December. He commented that disparities in health and social care, prevention and wider determinants were expected to be among some of the strategies focuses. He concluded by emphasising the importance of the Strategy as a means for ensuring closer integration across the Partnership, with a view to create a single set of unifying principles for a resilience and effective Integrated Care System.

2. In response to questions from the Board, Dr Ghosh confirmed that:

- as of the week beginning 12 September, 65.8% of eligible residents had received their third Covid-19 vaccination and booster;
- communication and engagement with elderly residents, concerning their eligibility and access to a third Covid-19 vaccination and booster, had been and would continue to be raised with local partners in Swale;
- following concerns raised regarding the inflexibility and variable rollout of the Covid-19 seasonal booster, that the supply-based model meant that delivery was dependent on how many vaccinations were available, which influenced timings.

RESOLVED that the verbal update be noted.

### **13. Kent Pharmaceutical Needs Assessment**

*(Item 6)*

*Sarah Leaver (Pharmacist, KCC Public Health) was in attendance for this item.*

1. Dr Ghosh introduced the Kent Pharmaceutical Needs Assessment (PNA) for the Board's approval. He explained the statutory requirement to produce a PNA every three years, which had been extended in this instance due to the Covid-19 pandemic, with a deadline of 1 October 2022 set by government. A breakdown of the PNA's core functions was given, which included an assessment of the current provision of pharmaceutical services in the county and anticipated future gaps in service. He noted that the assessment contained analysis of provision in each of Kent's 12 districts, as well as their unique demographics and needs.
2. Mrs Leaver gave a technical overview of the PNA. She began by clarifying that the Assessment analysed NHS commissioned provision required to meet population needs only. She outlined the functions of community pharmacies, which included: prescriptions; advanced services; flu vaccinations; new

medical service; and advanced services commissioned by NHS England which were not currently commissioned in Kent. It was noted that pharmacy services commissioned locally by KCC or the ICB were not included in the PNA. The work of the PNA steering group and focus on individual districts needs was explained, with it noted that health needs, deprivation and public access were the core considerations. The Board were informed that a series of field investigations had taken place to understand public access. Regarding the overall assessment, she confirmed that it was representative of June 2022, noting that following public consultation, the equalities impact assessment and mapping had been adapted, taking on board the feedback received. The Assessment's conclusions were summarised with particular emphasis placed on how future developments required additional pharmacy services in Ashford, Folkestone and Hythe and Maidstone.

3. Mrs Chandler highlighted discrepancies in provision between local community pharmacies, she asked what information could be shared with residents to explain the services available and how complaints could be relayed to the appropriate authority. Mrs Leaver explained that public concerns related to the provision of services were forwarded to NHS England who were responsible for investigation, as the service commissioner. She informed the Board that pharmacy governance and standards were the subject of a national review, with the scope extending to recruitment and the workforce more generally.
4. Cllr Hollingsbee remarked that opportunities to establish pharmacies alongside future GP practices should be encouraged by partners, particularly in the three districts with anticipated future gaps in service. She noted that irregular or short opening hours had a sizeable impact on public access, with improvements to public communication required by some providers. Mrs Leaver agreed follow up the points raised with NHS England and ensure that, when consulted in relation to the commissioning of new community pharmacies, that sufficient opening hours were highlighted as an area requiring consideration.
5. Mrs Hammond asked in relation to the health and wellbeing of children and young people, especially SEND or unaccompanied asylum-seeking children, that the data included in the PNA be updated to reflect the latest picture across Kent. She also asked that an officer representative from KCC's Children, Young People's and Education directorate be involved in the PNA steering group going forward. Mrs Leaver informed the Board that the PNA would be a live document and agreed to refresh the highlighted information before the final Assessment was published.
6. Mrs Bell highlighted the benefits of postal prescription services, which could be arranged online. She noted that the service reduced demand on community pharmacies and prevented contact with vulnerable or ill residents. Mrs Leaver noted that distance selling had increased in use over recent years and that whilst some community pharmacies in Kent offered delivery, they were not paid for this service. She explained that whilst advanced services were unable to be provided online, national investigations were underway to explore future delivery options.

7. Cllr Harrison commented that the deployment of pharmacies alongside satellite GP practices should be investigated as means of bridging future gaps in the provision of necessary and essential pharmaceutical services in rural or hard to reach areas.

RESOLVED to approve the Pharmaceutical Needs Assessment and note that the previously approved PNA process had occurred.

#### **14. Kent and Medway Integrated Care System, Integrated Care Partnership and Kent Health and Wellbeing Board Update**

*(Item 7)*

- 1) Mrs Cook and Mrs Dixon-Sherreard gave a summary of their report which addressed the development of Kent and Medway's Integrated Care System and its component parts, which included a new Integrated Care Board (ICB) and multi-partner Integrated Care Partnership (ICP), following the introduction of the Health and Care Act 2022 in July. They explained that the Health and Wellbeing Board's core duties, principally commissioning Kent's Joint Strategic Needs Assessment (JSNA); Joint Local Health and Wellbeing Strategy (JLHWS); and Pharmaceutical Needs Assessment (PNA), remained unchanged. It was noted that the Act had placed a series of new requirements on the Integrated Care Board to consult the Health and Wellbeing Board, including on how the ICB had implemented Kent's Joint Local Health and Wellbeing Strategy. Board Members were reassured that the Board would continue to meet, at least annually, to meet its statutory duties and would collaborate with the Integrated Care Partnership. It was noted that the Kent and Medway of Integrated Care System was coterminous. The report's recommendations were addressed. Concerning the Board's membership, it was explained that following the replacement of Clinical Commissioning Groups (CCGs) with ICBs, that it was proposed to appoint two new ICB representatives in place of the two CCG representatives. In relation to recommendation 4, it was explained that the proposed delegation did not extend to the Board's statutory responsibilities and that the delegation would be exercised through delegation to the relevant Officers to draft and the Board's Clerk to submit the response on behalf of the Board, following consultation with and approval by the Chair. In relation to the development of the Board's terms of reference, it was explained that a refreshed draft terms of reference would be presented to the Board, for approval, at a future meeting following further local and national developments and guidance. Board Members were invited to comment on how best the Board should engage with Kent's place-based Health and Care Partnerships (HCPs).
- 2) Following comments from Board Members, it was agreed that a summary of the decisions taken by the Integrated Care Partnership would be circulated to the Board for information.
- 3) In response to a question from Dr Ghosh on the Board's place-based role and the impact it could have with annual meetings, Mrs Cook emphasised the importance of developing strong Health and Wellbeing Board-HCP relationships and giving the Board an overview of HCP work and plans.

- 4) The Board commented that governance duplication in the system should be reduced where possible, in order to reduce the resource constraints and enhance integration between key health and social care partners.

RESOLVED to:

- 1) note the update on the development of the Kent and Medway Integrated Care System and Integrated Care Partnership;
- 2) note minor amendments to the role and membership of Health and Wellbeing Boards brought about through the Health and Care Act 2022 and draft guidance;
- 3) agree that it will meet once per year and only additionally if required to fulfil its statutory purpose;
- 4) agree the suggested arrangements set out in section 3.16 of the report for delegation of the responsibilities for Health and Wellbeing Boards to comment on specified plans and assessments;
- 5) agree that the Kent and Medway Integrated Care Board will be asked to nominate up to two suitable representatives to join the Health and Wellbeing Board;
- 6) note that the invitation to NHS England to nominate a local representative to join the Health and Wellbeing Board will be renewed;
- 7) note that Kent Council Leaders will be asked to nominate a District Council representative to join the Health and Wellbeing Board;
- 8) agree that the Terms of Reference for the Health and Wellbeing Board will be refreshed and brought to the next meeting of the Health and Wellbeing Board for approval;
- 9) share any initial views about the Board's future relationship and links with place based Health and Care Partnerships covering the Kent area; and
- 10) share any initial views on the engagement of adult social care providers in the work of the Health and Wellbeing Board.

## **15. Kent Joint Strategic Needs Assessment Update**

*(Item 8)*

*Abraham George (Consultant, KCC Public Health) was in attendance for this item.*

- 1) Mr George gave a presentation which supplemented his report to the Board that addressed the latest changes made to the Kent Joint Strategic Needs Assessment (JSNA) development process, priorities, assessments and population profiles over the past two years. The contents of his presentation included: Kent's demographic changes, which saw a 7.7% population increase between 2011-21; locality health profiles and indicators; improvements in the coverage of health checks; higher disease burden and deprivation levels in

coastal areas; increasing 5-11 years demand for Education, Health and Care Plans (EHCPs); Kent's adult obesity rate of 63.2%; increased demand for mental health services; improvements to community engagement through Kent and Medway Listens; and an update of JSNA infographics, health and social care maps, cohort models, stakeholder insight, population segmentation analysis and linked dataset development. Following his presentation, Mr George emphasised the importance of a forward looking JSNA. He reassured the Board that prevention and output impact modelling would continue, taking advantage of new census data and that KCC Public Health worked alongside NHS partners on linked data sets.

- 2) Mr George clarified following a question from Mrs Chandler, that whilst smoking remained the main source of preventable mortality, primarily through smoking related cardiovascular and respiratory conditions, obesity was projected to emerge as the primary cause of preventable mortality in the near future.
- 3) Concerning population segmenting, as addressed in Mr George's presentation, Mrs Chandler asked whether there were any risks to compartmentalising population age groups which could negatively impact a child's health journey. Mr George reassured the Board that the JSNA considered children's needs across all age ranges and that it was largely NHS data which was used for segmentation. He recognised the need to present data in better ways, which required nuanced data analysis.
- 4) Cllr Harrison commended the report and shared her concern at the prevalence of obesity in the county, noting that the significant cost and strain it placed on public services demanded a focused response. She added that an individual's journey to obesity should be further investigated, with at risk groups targeted with hard hitting public health advice. Mr George agreed that obesity was one of the main sources of ill health and required a concerted effort from partners to reduced both the prevalence and impact of it on services. He informed Board Members that glucose meters had been commissioned in Kent and Medway for some patients and noted that diabetes was not a homogenous group. He stressed the importance of tackling individual diabetes groups at scale and pace, with recent modelling suggesting that a targeted approach was most effective.
- 5) Concerning the recommendation to further improve data sharing, Mrs Chandler welcomed further investigation by partners of how the recommendation could be widely adopted and realised, noting the benefits better data sharing would have on services and assessments.
- 6) Mrs Cook explained, following the Board's comments, that whilst the Health and Wellbeing Board did not have the authority to mandate the Integrated Care Partnership, it was entitled to recommend and advise the Partnership on matters concerning health and wellbeing in Kent.

RESOLVED to recommend that:

- 1) the new NHS Integrated Care Board and Health Care Partnerships need to adopt a broader consistent structure for outlining priorities for population

health improvement, encompassing primary prevention, secondary prevention for those at risk of Long Term Conditions;

- 2) as part of the Whole System Approach to Healthy Weight programme, a long-term obesity plan needs to be developed and aligned with the Kent Public Health and Integrated Care Board strategies, optimising existing pathways with better referral criteria, emphasising more on population level focus, and ensuring impact on wider determinants of health;
- 3) greater emphasis from the Integrated Care Board and KCC is required on smoking prevention as well as cessation, integrating directly into local care and acute care models. Better emphasis on workforce planning to enhance Making Every Contact Count particularly on frontline services that have yet to implement as such, and increase referrals into existing One You and other relevant social prescribing services; and
- 4) local senior leadership go further and faster in better data sharing with the NHS and instruct their data infrastructure teams to work with their respective NHS counterparts in moving towards a common solution for data sharing and linkage, linking into the NHS led Population Health Management programme.