

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 Thursday, 25 April 2024.

PRESENT: Mr D Watkins (Chairman), Dr B Bowes (Vice-Chairman),
Cllr M Blakemore, Mrs S Chandler, Dr A Ghosh, Mr R W Gough Mrs S Hammond
Mr R Smith, Ms Malti Varshney, Ms Bisi Dada

IN VIRTUAL ATTENDANCE: Cllr A Harrison

UNRESTRICTED ITEMS

36. Chairman's Welcome

(Item 1)

37. Appointment of co-opted member(s)

(Item 2)

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

38. Election of Chair

(Item 3)

Mr Gough proposed and Mrs Chandler seconded that Mr Watkins be elected as Chairman of the Kent Health and Wellbeing Board. No other nominations were received.

RESOLVED that Mr Watkins be elected as Chairman of the Kent Health and Wellbeing Board.

39. Election of Vice-Chair

(Item 4)

Mr Gough proposed and Mrs Chandler 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

40. Apologies and Substitutes

(Item 5)

Apologies for absence were received from Mr Vincent Badu and Mr Paul Bentley who were substituted by Ms Malti Varshney, Mr Robbie Goatham who was substituted by Ms Bisi Dada and Cllr Howes. Cllr Harrison, was present virtually.

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

There were no declarations of interest.

42. Minutes of the Meeting held on 6 December 2023
(Item 7)

RESOLVED that the minutes of the meeting held on 6 December 2023 were an accurate record and that they be signed by the Chairman.

43. Director of Public Health Verbal Update
(Item 8)

1. Dr Ghosh provided a verbal update on the following:
 - (a) Measles infections continued to rise nationally, particularly in London. Kent and Medway partners were working together to target areas where the uptake of vaccinations was low. To date, there had not been a confirmed case of measles in Kent.
 - (b) In regard to infection prevention and control, KCC Public Health had a dedicated team of two nurses who were working to reduce the risk of infection and outbreaks in various settings. These settings included care homes, refugee, and asylum seeker settings.
 - (c) Work was ongoing around the implementation of the Family Hubs delivery plan. The strategic emphasis was centred around the sustainability of the activity and ensuring its integration created better outcomes for families and children.
 - (d) The public consultation on two co-created strategies had closed on 3rd April 2024. These strategies were:
 - Nurturing little hearts and minds: a perinatal mental health and parent-infant relationship strategy; and
 - Nourishing our next generation: a 5-year infant feeding strategyThe feedback from the consultation was being collated and final versions of the strategies were due to be presented to the Health Reform and Public Health Cabinet Committee in July for consideration.

(e) Two papers were presented to the Association of Directors of Public Health (ADPH) South East conference in March. These papers focussed on shared learning objectives and covered the following topics:

- 'Tackling complex public health issues using combined methodologies: improving dads' perinatal experiences through systems thinking and co-production'; and
- 'Through a mother's eyes: Using co-discovery and co-creation to understand barriers and motivators to breastfeeding among the most deprived communities within Kent'

In association with perinatal mental health, in October 2023 KCC launched a free 24-hour text and phone line for those with low to moderate perinatal mental health needs and had also launched a number of social media campaigns earlier in the year (2024). The helpline could be accessed via text message by sending the word KENT to 85258 or via phone on 08001070160.

(f) Work was underway to deliver the Public Health Transformation Programme which sought to deliver services in a more efficient and collaborative way.

(g) In October 2023 the government published *Stopping the Start: our plan to create a smoke free generation*. Kent received £1.9m to deliver a nationwide comprehensive offer to increase the rate of quits and reduce the prevalence of smoking. In Kent, it was estimated that 11.6% of the adult population smoked, however, smoking rates were much higher among certain groups, particularly those in lower socio-economic and vulnerable communities, making smoking a major risk factor for health inequalities. Within Kent, the aim was to achieve 26,937 quits in the next 5 years, with 1,347 quits due to be achieved in the first year (25% increase on current performance). Dr Ghosh highlighted that the grant presented KCC with an opportunity to do things differently and to do them well.

(h) KCC Public Health had launched a survey which would help to identify the behaviours of young people in relation to vaping and aimed to compare this to national data. The information would be used to inform the targeting of clear, helpful public health messages and to support schools, key partners and agencies, along with young people and their parents, to help reduce the take up and use of vaping. A total of 31 schools had signed up to the survey, which would generate circa 210 surveys per school, totalling 6510 surveys.

(i) Public Health continued to work alongside the Kent and Medway Partnership Trust and other stakeholders to improve the Mental Health Needs Assessment

- (j) Work had also progressed amongst the districts in relation to the Healthy Alliance Model, particularly within Thanet which was linked to the community mental health transformation programme. Dr Ghosh advised that should health inequality reduce in Thanet, this would also eradicate inequality within Kent as a whole.
 - (k) Dr Ghosh announced the launch of the 2024/25 Better Mental Health and Wellbeing Community Fund. The fund offered grants to support mental health and wellbeing initiatives in Kent & Medway and aimed to test innovative ideas and develop evidence of what works. It also supported grassroots projects that continued to serve their communities. The deadline for applications was 29th April.
 - (l) In relation to substance misuse, a significant amount of work had taken place to plan the next phase of commissioning for the Kent Substance Misuse Services. There had also been the launch of Kent Substance Misuse Lived Experience Research Organisation (Kent ROAR).
 - (m) The building of Kent's Health Alliances had progressed well with the establishment of 11 alliances amongst the 12 districts. Dr Ghosh confirmed that Swale was not included in the alliance.
 - (n) Work was underway to develop a prevention plan between adult social care and public health with the aim of reducing social care demand through identifying and implementing the correct interventions at the right level to ensure residents could continue to receive care closer to home.
 - (o) A focussed piece of work was underway regarding health improvements within the Gypsy Roma traveller community.
 - (p) A statutory requirement of the Kent Health and Wellbeing Board included the production and publication of the Pharmaceutical Needs Assessment. The next statement was due to be published in October 2025 and would be presented to the Board in due course.
2. In relation to the additional work on substance misuse, Dr Ghosh confirmed that the findings from the independent review of drugs carried out by Dame Carol Black highlighted the challenges related to drug deaths and the need to boost levels of inpatient admissions. The Government allocated additional money to all Local Authorities with the aim of reducing demand for drugs by getting those suffering from addiction into treatment and deterring recreational drug use. Kent had also seen a rise in the number of deaths linked to synthetic opioids and work was underway to address this.
3. RESOLVED to note the verbal update.

44. Kent and Medway Integrated Care Strategy/Joint Local Health and Wellbeing Strategy

(Item 9)

1. Dr Ghosh introduced the report which provided the Board with the final version of the Kent and Medway Integrated Care Strategy for approval, which would also perform the role of the Kent Joint Local Health and Wellbeing Strategy. Dr Ghosh noted the extensive engagement with partner organisations and that the Strategy would be the catalyst for tackling health and wellbeing challenges together with an aligned approach. It was noted that whilst previous iterations of the strategy separated Kent and Medway, the majority of the population served and the action required focussed on the people of Kent. For this reason, a single strategy was agreed to help optimise NHS alignment along with the interest and actions of the Health and Wellbeing Board and the Integrated Care Partnership.
2. Ms Varshney commented on both the aligned approach and the strength of the partnerships in Kent which had been enabled through the development of the Strategy.
3. In response to comments and questions from Members of the Board, it was noted:
 - (a) That the Strategic Oversight Board would be responsible for monitoring the work, however, overall accountability sat with the Integrated Care Partnership to scrutinise and challenge the impact of delivery of those shared outcomes within the Strategy.
 - (b) Members of the Board were reminded that there was a national requirement for all Integrated Care Partnerships to publish the first iteration of the Integrated Care Strategy by the end of December 2022, a request which inevitably created a number of challenges and presented limitations on what could be achieved. Partners committed to refreshing the Strategy by the end of 2023 to allow engagement with stakeholders and the public which created time and scope to identify deliverable outcomes and an action plan. There had also been a number of participatory workshop sessions which addressed the major projects within the Strategy, the first of which focussed on work and health. A significant amount of work had been done since the first iteration of the strategy to ensure the correct structures were in place to effectively engage and report on the deliverable outcomes.
4. RESOLVED to approve the Integrated Care Strategy in its role as Kent's Joint Local Health and Wellbeing Strategy.

45. Draft Kent and Medway Integrated Care Strategy /Joint Local Health and Wellbeing Strategy Delivery Plan

(Item 10)

1. Dr Ghosh introduced the report which provided an update on the development of the Integrated Care Strategy Shared Delivery Plan, which in turn encompassed the Delivery Plan for Kent's Joint Local Health and Wellbeing Strategy. The final iteration of the Shared Delivery Plan was due to be completed by June 2024 and would be presented to the Integrated Care Partnership for approval before going through the various governance routes of the partnerships within the Strategy. The Shared Delivery Plan had been developed in conjunction with the log-frame matrix which outlined the key health improvements identified in the Strategy. Dr Ghosh noted the challenges with creating a document that synthesised the actions required across both Kent and Medway whilst also encompassing both the local and hyperlocal geographical footprint. However, the Shared Delivery Plan was developed to capture the action in train, and what was required across the whole system to deliver the outcomes agreed, with each health alliance accountable for developing a number of deliverable priorities within their district.
2. Ms Varshney expressed her thanks to Mr Gogarty for the work carried out across the partnerships. She noted that from an NHS perspective, there was a legislative requirement for Integrated Care Boards and their partner trusts to develop a joint forward plan, however, given the strength demonstrated through the joint Integrated Care Strategy, the Integrated Care Board agreed that the Shared Delivery Plan perform the role of the forward plan and this would be submitted from the NHS to NHS England. The draft Shared Delivery Plan was still in the developmental stage and therefore comments were invited from the Board to inform the final edition.
3. Mr Gogarty commended the action plan and advised that everyone had a responsibility in helping to drive the actions forward.
4. In response to comments and questions from Members of the Board, it was noted:
 - (a) There needed to be a holistic approach when delivering on those ambitions set out within the Shared Delivery Plan, specifically in relation to early diagnostics. Whilst measures could be put in place to ensure the population received early diagnostics, it was essential that the appropriate infrastructure was in place to then manage those diagnostics effectively and efficiently.
 - (b) In relation to Children's Services and the way in which it was regulated, there needed to be a clear separation between Kent and Medway. Mr Gogarty confirmed that engagement had taken place with the Children's, Young People and Education Directorate Management Team and confirmed that a separate Kent and Medway plan would be developed to clearly reflect this.

- (c) Concerns were raised regarding the extensive level of commitment and ability to ensure that all organisations who had agreed to lead on those actions could contribute in a meaningful way.
- (d) In response to the effectiveness of utilising Kent Association of Local Councils (KALC) as a means to promote the work being done and ensuring there was a clear and consistent message being relayed to individuals in recognising their responsibility in improving their own health and outcomes, Mr Gogarty advised that the local parishes and districts were all aware of their role, however, the Integrated Care Strategy provided a new approach to the way in which communities and individuals held themselves to account to improve their own health and the new way of working needed to be driven from the bottom up.
- (e) In relation to queries regarding how the ambitions set out within the Shared Delivery Plan would be achieved, with specific reference to tackling loneliness and isolation, Dr Ghosh advised that a number of the district plans had prioritised this and a KALC Strategy had been developed to deliver on a number of initiatives in association with tackling loneliness.
- (f) Dr Ghosh acknowledged the point made in relation to why the Public Health team was not listed within the 'led by' column and confirmed that whilst Public Health did not commission any services for loneliness and isolation, this was delivered indirectly through Live Well Kent and through the Public Health mental health work. The Shared Delivery Plan would be updated to address this.
- (g) In response to concerns regarding the level of support in place for those Young People no longer managed through the Criminal Justice System but with severe Mental Health needs, Mrs Hammond (*Corporate Director for Children's, Young People and Education*) confirmed that there was an increasing cohort of adolescents whom prior to Government reforms would have been managed through the criminal justice system or would have been held in a secure tier 4 hospital. Work was carried out by agencies to increase the number of those living out in the community, however, for many young people this equated to being placed in an alternative institution with increased levels of loneliness and isolation. A collective response was required to ensure those young people led meaningful lives. In addition, Mrs Chandler (*Cabinet Member for Integrated Children's Services*) highlighted the ambition of the Family Hub work which emphasised the need for alternative intervention at an earlier stage in a child or a families life to prevent longer term harm.
- (h) Dr Ghosh advised that a future expectation would be to hold an annual summit which brought together the districts as well as health and care partnerships to both reflect on the achievements and discuss future

ambitions of the health alliances. However, there needed to be democratic accountability.

- (i) Ms Varshney noted that the Shared Delivery Plan did not replace the detailed action plans which were the responsibility of the sovereign organisations to deliver on. These were not included within the Shared Delivery Plan as this was primarily focused on a partnership perspective.
- (j) In response to comments made around the enablement teams, Ms Varshney advised that the Integrated Care Strategy would be a catalyst for the transformation of services to improve outcomes for the local population, which included finding efficient ways to provide care closer to home.
- (k) Ms Varshney agreed to deliver on an action and ensure Mr Gogarty was acquainted with the Director of Primary Care.
- (l) Ms Varshney agreed to deliver on the action to share the Delivery Plan with the provider collaboratives.
- (m) Members of the Board were asked to send any additional comments to Dr Ghosh, for inclusion in the final iteration of the Shared Delivery Plan prior to formal submission.

5. RESOLVED to:

- (a) Note the progress and proposed work in developing a Shared Delivery Plan for the Integrated Care Strategy
- (b) Consider their role as partners in delivering the strategy and how this could be reflected in the delivery plan
- (c) Support the continued development of the Shared Delivery Plan, alongside the log-frame matrix, to support assurance on delivery of the Integrated Care Strategy; and
- (d) Agree that a positive statement from the Health and Wellbeing Board be included within the Shared Delivery Plan

46. Kent and Medway Safeguarding Adults Board Annual Report April 2022 - March 2023

(Item 11)

Andrew Rabey (Chair, Kent and Medway Safeguarding Adults Board) and Victoria Widden (Kent and Medway Safeguarding Adults Board Manager) were in attendance for this item.

- 1. Mr Rabey introduced the report which set out the Kent and Medway Safeguarding Adults Board's (KMSAB) Annual Report for April 2022– March 2023. The Annual Report set out in detail the work carried out by the Board and partner agencies. It provides the H&WB with the opportunity to

understand the strategic processes applied to adult safeguarding in Kent and Medway. Mr Rabey noted that the KMSAB continued to implement the Self-Assessment Framework (SAF) to ensure agencies evaluated the effectiveness of their internal safeguarding arrangements and that learning from the safeguarding adults reviews were embedded into their processes. Mr Rabey highlighted some key areas from the Annual Report, which included:

- the updated Safeguarding Adult Review (SAR) policy
- delivery of multi-agency training programmes
- the increase of awareness raising through the Board's website
- the sharing of best practice with district leads through the district forums to drive consistency across Kent
- the increase of section 42 referrals in Kent, which was a possible consequence of a change in practice.
- the introduction of safeguarding leads meeting across health services, Kent Police and the Local Authority to ensure effective collaboration between services; and
- how the national review of Safeguarding Adults Reviews was consistent with the themes identified in the Kent safeguarding reviews, including issues such as self-neglect, Mental Health, dual diagnosis, drug and alcohol misuse; and that the work undertaken by the Board aimed to ensure consistent delivery of services.

2. In response to comments and questions from Members of the Board, it was noted:

(a) In relation to the increased number of section 42 referrals into Kent and how this compared to the national picture, Mr Rabey advised that Kent had moved away from the consultation process. Whilst this change in the system equated to an influx in safeguarding referrals, it placed the onus on the referring service to ensure that those who were identified as not needing further safeguarding support were appropriately signposted. There had been a significant increase nationally in the number of Safeguarding Adult Reviews (SARs).

(b) Mr Rabey confirmed that self-neglect and hoarding were incorporated into the training programmes.

3. RESOLVED to endorse the Kent and Medway Safeguarding Adults Board Annual Report, 2022-2023.