

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, 6 December 2023.

PRESENT: Mr D Watkins (Chairman), Dr B Bowes (Vice-Chairman), Mr V Badu, Cllr M Blakemore, Mrs S Chandler, Dr A Ghosh, Mr R Goatham, Cllr Mrs A Harrison and Mr R Smith

IN ATTENDANCE: Mr M Dentten (Democratic Services Officer)

IN ATTENDANCE VIRTUALLY: Cllr J Howes

UNRESTRICTED ITEMS

26. Membership

(Item 2)

It was noted that Cllr Mike Blakemore, Cllr Joe Howes and Mr Dan Watkins had joined the Board.

27. Election of Chair

(Item 3)

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

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

28. Apologies and Substitutes

(Item 4)

Apologies for absence were received from Mr Gough and Cllr Howes.

29. Declarations of Interest

(Item 5)

There were no declarations of interest.

30. Minutes of the meeting held on 25 April 2023

(Item 6)

RESOLVED that the minutes of the meetings held on 25 April 2023 were an accurate record and that they be signed by the Chairman.

31. Director of Public Health Verbal Update

(Item 7)

1. Dr Ghosh provided a verbal update. He explained that Covid-19 and flu rates remained low, which had been supported by broad immunity and high vaccination rates. He addressed Public Health service transformation which was in progress and looked at service performance and optimising joint commissioning. Concerning Family Hubs and the Start for Life programme, he noted the focus on perinatal mental health and £4.5m funding for three sub programmes. Recent developments in national smoking policy and the anticipated generational impact was addressed.
2. Following a question from Mrs Chandler, Dr Ghosh reassured the Board that though there had been outbreaks in London and surrounding areas, measles rates were low in Kent and continued to be monitored locally.
3. In response to a question from Cllr Harrison, Dr Ghosh explained that the Start for Life programme focused on a child's first 1001 days and included a family coaching model to support parenting skills.

RESOLVED to note the update.

32. Joint Strategic Needs Assessment Exception Report

(Item 8)

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

1. Dr Ghosh introduced the report which highlighted the health needs assessments, reports and analyses completed in 2023, as well as key population health figures. He reminded members that commissioning and approving the JSNA was a statutory responsibility of the Board. He explained that the JSNA allowed the Kent and Medway Integrated Care Partnership to be aware of the relevant issues and trends which needed to be addressed and reflected in the key priorities and outcomes of the Integrated Care Strategy and district local plans. He highlighted the completed West Kent HCP assessment and confirmed that further assessments were being progressed on a rolling basis.
2. Mr George added that the Kent JSNA Steering Group was formed in January 2023 to provide oversight of the development process and supported shared governance between health and local government over the JSNA development process which contributed to its embedding in the Integrated Care Partnership. He summarised HCPs profiles, which included health and care indicators. It was noted that there had been an overall reduction in smoking, improvement in cancer screening, though suicide rates, self-harm related hospital admissions, obesity and flu vaccination rates had worsened. He confirmed that a veteran and serving armed forces health needs assessment would be completed in 2024 and reported to the Board. Development of the local evidence base and research capability were addressed.

3. Following a question from Mrs Chandler, Mr George explained that existing service provision was sufficient to address substance abuse.
4. Cllr Harrison commented that primary care needed to do more to highlight the health risks obesity posed to patients. Minimum primary care standards were also highlighted, with it noted that they would inform public expectations. Mr Badu explained that NHS Kent and Medway had worked with local partners to develop primary care plan for Kent and Medway, including recruitment and developing other primary care roles. He added that opportunities to provide other primary care services were being investigated. Dr Ghosh noted that 65% of adults in Kent were overweight and that the adult weight management programme was only able to support 6,000 residents per year.
5. Mr Badu welcomed the focus on 20 plus 5 and highlighted the link between population health management and lowering health inequalities.
6. Mr Graham welcomed the assessments and ways to engage the public and promote their findings more widely.
7. The Vice Chair stressed the importance of the JSNA feeding into combined data sets to support clinical teams, with a particular focus on patient identifiable information.
8. The Chair highlighted the value of data sharing and artificial intelligence innovations in enhancing prevention services.

RESOLVED to endorse the following actions to:

1. Address health inequity in all the commissioned health improvement services, for example a more targeted approach to stop smoking service delivery.
2. Identify and apply for funding opportunities to invest in large-scale training for Making Every Contact Count (MECC) for the wider public as well as selected frontline health professional groups.
3. Maximise the potential of social prescribing schemes linked to an up-to-date directory of local services and other provisions.
4. Refresh Health Needs Assessments (HNAs) for other inclusion health groups, where needed, and develop local research capacity to identify solutions for improvement and tackle health inequalities. Undertake further health needs assessment of adults experiencing severe and multiple disadvantages (SMD) particularly homelessness, substance misuse, and criminal justice systems in Kent.
5. Advocate for mandatory cultural competence and intersectionality as part of Diversity, Equity and Inclusion (DEI) training for healthcare providers, including those within the NHS Integrated Care Board (ICB) and Health Care Partnerships (HCP), to improve equitable care delivery to diverse patients.
6. Complete Area-based Needs Assessments for the remaining HCP areas.

7. Kent and Medway Substance Misuse Services, Mental Health providers and Adult Social Care staff and managers to adopt the operational protocol to provide person centred, timely, joined up care and recovery support for all people.
8. Develop the JSNA cohort model to include and simulate the effect of wider health determinants which will support better health policy analysis and decision making for investing in population health improvement.
9. KCC to actively participate in population health management programmes with the NHS, this includes action on council data sharing integration with the ICB and NHS partners for analytics including research. For example, integration in the risk stratification work by Xantura with similar risk stratification activities by the NHS.
10. KCC Public Health to utilise emerging links with districts and key partners to support and facilitate the delivery of the Violence Reduction Unit's priorities.
11. Promote vaccinations and tackle vaccine hesitancy particularly among marginalised communities and inclusion health groups.
12. Focus on ensuring mental health crisis and recovery services are joined up between community, primary and urgent care – particularly prioritising East Kent (Thanet in particular) and Maidstone.

33. Update on Integrated Care Strategy development - To follow (Item 9)

Jenny Dixon-Sherreard (Policy Adviser, KCC) was in virtual attendance for this item.

1. Dr Ghosh introduced the report which updated the Board on the Integrated Care Strategy, in its role as Kent's Joint Local Health and Wellbeing Strategy (JLHWS). He noted that the Integrated Care Strategy was expected to be approved by partners in early 2024. The extensive consultation carried out and consensus amongst local leadership was acknowledged. He explained the strategy triangle of public value, the right authorising environment and capacity to deliver. He advised that the Strategy was not a short-term initiative and would take 4 to 5 years to bear fruit.
2. Mrs Dixon-Sherreard explained that the Strategy focused on areas that required system response to make the best use of resources. It was noted that the wider determinants of health were weaved throughout and that development of the delivery plan was the current focus. She highlighted the provisional strategic indicators which would be used to provide assurance.
3. Mr Badu noted the importance of enablers, including data, research and outcome measurement.
4. The Chair noted the importance of partner support at the delivery plan stage.
5. Cllr Blakemore welcomed the Strategy and commended the engagement with district councils.

6. Mr Gotham asked that public engagement continue throughout the delivery plan development stage.
7. Mrs Chandler commended system collaboration during the development of the Strategy and noted the importance of prevention and personal responsibility in implementation.
8. The Vice Chair asked that absolute rather than relative measures be used when developing the strategic indicators.

RESOLVED to note and comment on the Integrated Care Strategy in its role as Kent's Joint Local Health and Wellbeing Strategy.

34. Update on Inequalities, Prevention and Population Health Management Sub Committees

(Item 10)

1. Dr Ghosh introduced the report which updated the Board on Kent and Medway ICB's Inequalities, Prevention and Population Health Committee and its three Sub-Committees. He noted that the three Sub-Committees were chaired by himself, James Williams (Director of Public Health, Medway Council) and Vincent Badu (Chief Strategy Officer, NHS Kent and Medway). He acknowledged the interface and crossover between the three Sub-Committees. Concerning the Inequalities Sub-Committee, its focus on wider determinants of health and core 20 plus 5 was noted.
2. Concerning the Population Health Management Sub-Committee, Mr Badu explained its focus on the support and development of tools which give practitioners a better understanding of the population, improving interventions and prevention. He recognised the importance of the JSNA in population health management. On integration, he explained that it was also working to ensure that the Kent care record was joined up and that information could be effectively shared between partners, with training and development to support joint thinking at the delivery level.
3. Dr Ghosh confirmed that the Health Inequalities Sub-Committee oversaw £5.95m funding from NHS England for addressing inequalities, taking account of core 20 plus 5, with 80% of the funding passported into health and care partnerships and 20% is for system level working.

RESOLVED to note the report.

35. Kent and Medway Safeguarding Adults Board Annual Report - To follow

(Item 11)

This agenda item was deferred to a future meeting.