KENT AND MEDWAY
JOINT HEALTH AND WELLBEING BOARD

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PROPOSAL TO DEVELOP A STRATEGIC PLAN TO MITIGATE THE IMPACT OF COVID-19 ON HEALTH INEQUALITIES

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Summary

The Kent and Medway Joint Health and Wellbeing Board is asked to discuss and consider how it will respond to the widening health inequalities experienced in Kent and Medway and exacerbated by Covid-19. The Joint Board is asked to consider developing a joint plan setting out how partners could work together to improve health outcomes and reduce health inequalities and, as part of this work to hold a development session to explore the emerging impact of Covid-19 on the health and wellbeing of our communities in greater depth.

1. Budget and policy framework

1.1 The Kent and Medway Joint Health and Wellbeing Board (the Joint Board) has been established as an advisory Joint Sub Committee of the Kent Health and Wellbeing Board and the Medway Health and Wellbeing Board under Section 198(c) of the Health and Social Care Act 2012.

1.2 The Joint Board was established for a time limited period of two years commencing from 1 April 2018. During their February 2020 meetings the respective Health and Wellbeing Boards of Kent County Council and Medway Council considered and determined that the Kent and Medway Joint Health and Wellbeing Board should continue to function for a further period of four years with an annual review clause built in to ensure the Board remains fit for purpose.

1.3 Sustainability and Transformation Partnerships (STPs) are now evolving into Integrated Care Systems (ICS), a closer form of collaboration in which the NHS and local authorities take on greater responsibility for managing resources and performance. The NHS in Kent and Medway is transforming its structures and has moved from eight Clinical Commissioning Groups (CCG) to one Kent and Medway CCG. Over time, the emphasis has shifted towards developing and strengthening local place-based partnerships working in co-operation.

1.4 This emerging policy framework and new CCG organisational structure provide the Joint Board with an opportunity to renew its vision and purpose

and ensure its work remains relevant in the context of Covid 19. It is therefore timely to ask the Joint Board to explore how it wishes to use its position to strengthen partnership working across communities, local government and the NHS. It can be the place where Members and senior leaders explore, understand and recommend priorities for the system as it sets out to mitigate the impact of Covid on health inequalities.

2. The impact of Covid 19 on Health Inequalities and the role of the Board

2.1 Covid 19 has impacted on our citizens and our workforce in ways that are only just becoming clear. Certain populations were affected more than others and poverty, ethnicity, housing conditions, obesity, smoking and underlying health conditions such as diabetes and asthma have contributed to the risk of poorer outcomes. Some people are facing job loss, debt and homelessness, whilst others are facing new or more serious mental health illness. Our workforce has been tremendous in responding to the demands of the pandemic, but has faced traumatic and challenging events, particularly our front line health and social care staff. So, whilst there have always been health inequalities in Kent and Medway, the expected effect of Covid-19 will be to exacerbate and increase the inequalities experienced by our population.

2.2 Covid 19 response measures have also led to some services being stepped down, leading to concerns that there is latent demand developing in the population that will lead to poorer health outcomes, for example from delayed cancer screening, vaccinations, postponed elective care or fears about visiting a GP at this time.

2.3 Health inequalities are caused by much more than an individual's actions or access to traditional health care. Green spaces; social activities; education and employment opportunities; healthy food; good housing and transport services all play a hugely important role, and all have been disrupted by the pandemic.

2.4 There has been a great deal of excellent partnership working across public bodies through the Kent Resilience Forum (KRF) to respond to and prepare for recovery from Covid-19. However, as the KRF closes down the response work, the Kent and Medway Joint Health and Wellbeing Board remains in the unique position of having a wide partnership membership and is able to promote health integration and support partners to address health inequalities.

2.5 Public Health are currently assessing the impact of the pandemic on inequalities and outcomes. Appendix one presents initial findings from the Public Health South East Sector Working Group which includes Medway and Kent Public Health colleagues.

2.6 In light of this emerging information this paper invites the Joint Board to consider how it might wish to advance a whole system response to tackling Health Inequalities. In order to do this the Board will need to take the broadest view of its purpose to include more focus on children and young people, those with a learning disability, autism or mental health problems and those

environmental and lifestyle factors (the wider determinants of health- such as housing) that have the greatest impact on health outcomes.

In considering the role of the Joint Board, the Joint Board may wish to consider and discuss:

i. developing a plan to publicly set out its vision, strategic aims and ambitions regarding how the partnership could work together to tackle those areas of health inequalities identified as priorities for the system.

ii. holding a development session in private at a future date after the Joint Board meeting in December to be informed about the emerging impact of Covid-19 and understand the wider health inequalities found in Kent and Medway.

iii. the Executive Director of Strategy and Population Health for Kent and Medway CCG leading this work on behalf of the Joint Board, informed by the Public Health Directors of both Medway and Kent who are currently leading Kent's and Medway's response to the pandemic and have limited capacity.

3. Risk management

3.1 There are no risks arising from the proposals set out within the report.

4. Consultation

4.1 Further advice will be taken about consultation and engagement required if the Joint Board agree to develop a plan.

5. Financial implications

5.1 The Joint Board itself does not have a budget. Any executive decisions or the determination of any matter relating to the discharge of the statutory functions of the Kent and Medway Health and Wellbeing Boards remain a matter for each Council. It should be recognised that the Joint Board has no formal financial support and so capacity to develop the plan would have to be found from within existing resources.

6. Legal implications

6.1 The proposal for a joint plan does not replace the statutory requirement for each upper tier local authority and its partner CCG to prepare a Joint Health and Wellbeing Strategy (JHWS). In this instance the Health and Wellbeing Boards of Kent and Medway have not agreed to formally exercise this function jointly and both Kent County Council and Medway Council maintain their own JHWS development and publication process. The proposed joint plan will be considered by both Medway and Kent's Health and Wellbeing Boards and be approved through each Council's governance processes.

6.2 The functions of Joint Board set out in its Governance Arrangements include:

(a) To consider and influence the work of the STP/Integrated Care System (ICS) focussing on prevention, Local Care and wellbeing across Kent and Medway.

(b) To consider and shape the development of Local Care within the STP/ICS which will impact on adult social care delivery in both authorities, advising the Kent and Medway Health and Wellbeing Boards accordingly.

(c) To give advice to the STP/ICS in developing clear plans and business cases to assist commissioners in making best use of their combined resources to improve local health and well-being outcomes, particularly relating to the Local Care and Prevention work streams, making recommendations to the Kent and Medway Health and Wellbeing Boards on support that could be provided.

(e) To champion integration in local care delivery, including working with the STP/ICS to establish a Kent and Medway Local Care Board

(g) To ensure alignment of the Kent and Medway JSNAs with population health needs.

7. Recommendations

7.1 The Joint Board is asked to agree:

a) to the development of a joint plan setting out how the system could work together to improve health outcomes and reduce health inequalities which will be presented to the Joint Board at a future date for consideration.

b) to hold a development session in private at a future date after the Joint Board meeting in December to be informed about the emerging impact of Covid-19, understand the wider health inequalities found in Kent and Medway and recommend the priority areas for focus.

c) that this work will be led by the Executive Director of Strategy and Population Health for Kent and Medway CCG and that the plan's development will be guided and informed by the Directors of Public Health.

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Appendices

Appendix 1: Extract from Public Health South East sector working group

Background Papers

None

Appendix 1: Information from Public Health South East Sector Working Group

Covid and Health Inequalities

- COVID has an unequal impact on population health and is likely to exacerbate existing health inequalities through the following mechanisms:

Direct impact of the disease itself – the risk of becoming severely ill and dying is greater among people living in socio- economically deprived areas and for black and minority ethnic groups and for those with certain risk factors eg obesity and diabetes

Inequalities in exposure to COVID disease eg people living in overcrowded conditions and in urban areas, certain high risk occupations, having to use public transport

Disruption to usual health and care services as a result of pandemic control measures eg delayed cancer diagnosis and treatment, loss of support for substance misuse

The lockdown and restrictions on 'normal' activity for individuals and society eg impact on education and mental health, isolation

The predicted economic downturn leading to wider and long term impacts on individuals and communities such as poverty, debt, unemployment, housing stress and insecurity, food insecurity

Mental health – impacted as a result of all mechanisms

Who is at greater risk of contracting COVID?

- Evidence is emerging there was a higher risk of contracting COVID in wave 1 for the following groups:

  Individuals from black, Asian and minority ethnic groups
  Adults – Diagnosis rates higher in females under 60 and males
  People born abroad
  People living in areas of socio economic deprivation
  Those living in areas of urban overcrowding and poor quality housing
  Those living in houses of multiple occupancy
  Individuals in certain occupations eg security guards, bus drivers, health and social front line staff
  Care Home residents

Who is most at risk from the long term wider impacts of the COVID pandemic?

- Socio economically deprived individuals and communities
- Those in low paid and insecure occupations and unemployed
- Those living in poverty, including food insecurity and poverty and fuel poverty
- Serious mental Illness/pre-existing mental health problems
- Children and Young people with greatest impact on vulnerable children and those who have experienced Adverse Childhood Events
- Older people
- Black Asian and minority ethnic groups
- People with long term condition and conditions that went untreated and where there was a delay in diagnosis e.g. cancer
- Bereaved families
- Those recovering from COVID
- Vulnerable and marginalised groups – learning disabilities, care home residents, informal carers, people in the justice system, GRT communities, sex workers, victims of modern slavery, vulnerable migrants, substance misuse