HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Tuesday, 12th July, 2022

10.00 am

Council Chamber, Sessions House, County Hall, Maidstone

AGENDA

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Tuesday, 12 July 2022 at 10.00 am
Council Chamber, Sessions House, County Hall, Maidstone

Ask for: **Katy Reynolds**
Telephone: **03000 422252**

Membership (16)

Conservative (12):	Mr A Kennedy (Chairman), Mr N Baker (Vice-Chairman), Mr D Beaney, Mrs P T Cole, Ms S Hamilton, Mr D Jeffrey, Mr J Meade, Mr D Ross, Mr S Webb, Ms L Wright and Mrs L Parfitt-Reid
Labour (2):	Ms K Constantine and Mr B H Lewis
Liberal Democrat (1):	Mr D S Daley
Green and Independent (1):	Mr P Harman

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

1 Introduction/Webcast announcement

2 Apologies and Substitutes

To receive apologies for absence and notification of any substitutes present

3 Membership

To note that Mrs Lottie Parfitt-Reid has replaced Mr Andy Weatherhead as a member of this committee.

4 Declarations of Interest by Members in items on the agenda

To receive any declarations of interest made by Members in relation to any matter on the agenda. Members are reminded to specify the agenda item number to which their interest refers and the nature of the interest being declared

5 Minutes of the meeting held on 17 May 2022 (Pages 1 - 6)

To consider and approve the minutes as a correct record.

6 Verbal updates by Cabinet Member and Director

7 Update on COVID-19

8 Risk Management: Health Reform and Public Health (Pages 7 - 26)

9 Public Health Performance Dashboard (Pages 27 - 32)

10 Social Prescribing - Presentation

11 Update on the One You Kent Smoking Cessation Service (To Follow)

12 Development of a Kent System Wide Public Health Strategy (Pages 33 - 50)

13 Update on Public Health Campaigns/Communications (Pages 51 - 60)

14 Work Programme (Pages 61 - 66)

EXEMPT ITEMS

(At the time of preparing the agenda, there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Benjamin Watts
General Counsel
03000 416814

Monday, 4 July 2022

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KENT COUNTY COUNCIL

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Health Reform and Public Health Cabinet Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 17 May 2022.

PRESENT: Mr A Kennedy (Chairman), Mr N Baker (Vice-Chairman), Mr D Beaney, Mrs P T Cole, Ms S Hamilton, Mr P M Harman, Mr D Jeffrey, Mr B H Lewis, Mr J Meade, Mr D Ross, Mr S Webb, Ms L Wright and Mrs T Dean, MBE

ALSO PRESENT: Mrs C Bell

IN ATTENDANCE: Miss K Reynolds (Democratic Services Officer), Ms E Kennedy (Democratic Services Officer), Dr A Ghosh (Director of Public Health), Ms C Holden (Interim Head of Strategic Commissioning, Public Health), Ms A Petters (Risk Manager), Ms L Bush (Senior Commissioner) and Ms W Jeffreys (Consultant in Public Health)

UNRESTRICTED ITEMS

189. Apologies and Substitutes
(Item 2)

Apologies for absence had been received from Mr Daley, Ms K Constantine and Mr Weatherhead. Mrs Dean was present as a substitute for Mr Daley.

190. Declarations of Interest by Members in items on the agenda
(Item 3)

In relation to agenda item 8, Mr D Jeffery declared that he organised annual fundraising appeals for the Society for the Protection of Unborn Children.

191. Minutes of the meeting held on 20 January 2022
(Item 4)

It was RESOLVED that the minutes of the meeting of the Health Reform and Public Health Cabinet Committee held on 20 January 2022 were correctly recorded and that they be signed by the Chair.

192. Verbal updates by Cabinet Member and Director
(Item 5)

1. The Cabinet Member for Adult Social Care and Public Health, Mrs Clair Bell, gave a verbal update on the following:
   (a) At the beginning of May 2022 Mrs Cole, Mr Meade and Mrs Bell had visited the Harmonia Dementia Village in Dover which offered homes for up to 30 people living with dementia. It was said that, based on a concept originating in the Netherlands, the six houses in the village were designed to look and feel like everyday homes. The design model was intended to promote the independence of the residents and to remove stigma around those living with dementia. The village had an onsite team of carers and nurses who were available 24 hours a day, daily activities, a hub for residents and guest rooms for overnight stays. In November 2021 the Harmonia Village won the 2020 award for Best Dementia Care Development at the Building Better Health Care Awards.

   (b) Mental Health Awareness week, highlighting loneliness, had taken place in the week commencing 9th May 2022. Mrs Bell said that community support services, Live Well Kent and Kent Sheds had reminded residents of the help available. Activities had taken place both online and in person at various locations across the county. Members and the public were reminded that further information about support services was available online at: https://www.kent.gov.uk/social-care-and-health/health/one-you-kent/every-mind-matters.

   (c) Mr Jordan Meade, Deputy Cabinet Member for Adult Social Care, had visited Faversham's Men's Shed Project on Friday 13 May 2022. He said he was impressed by the significant partnership working within the community to deliver social prescribing and peer-to-peer support. Mr Meade congratulated the staff on their adaptation and resilience over the COVID-19 pandemic.

   (d) Mr Kennedy said he had visited Woodwork for Wellbeing in his capacity as mental health champion. The project provided a safe creative space for people to participate in woodwork activities and aimed to improve mental health and wellbeing and reduce isolation. It was said that the work produced through the project was sold to raise money for the charity. Mr Kennedy also drew attention to the significant work undertaken by Communigrow who offered gardening and outdoor activities for those faced with mental health challenges to support community resilience.

2. Dr Anjan Ghosh, Director of Public Health, gave a verbal update on the following:
   (a) Members were told that Public Health were cautiously removing the infrastructure that had been set up to tackle the COVID-19 pandemic. Going forward, the intention was to treat COVID-19 as another infectious respiratory disease. There was limited data available due to the discontinuation of universal testing. However, the Public Health response was based on triangulation of data including that provided by the ONS survey, local hospitalisation rates and information on outbreaks. Case rates were consistently higher in older residents. However, care homes cases and hospital admissions were on a downwards trend and case rates overall had reduced by half over the two weeks prior. The dominant strain was said to be the BA.2 variant in Kent, although there were continuous mutations of the virus.

   In response to questions from Members it was said:
      i. COVID-19 rates in people aged over 75 remained higher due to their vulnerability. Comorbidity - the simultaneous presence of two or more

diseases or medical conditions in a patient - in many older patients was associated with slower recovery rates within this age category.

ii. The stockpile of testing kits was being made available to nationally recognised KCC key workers and to a small group of key workers that were not covered by the national guidance. It was anticipated that the surplus stock would be depleted by the end of June 2022.

iii. Long COVID-19 figures would be provided to the Committee Members outside of the formal meeting. A report on Long COVID-19 could be brought back to the Committee at a later date once research had been conducted at the national level.

(b) Dr Ghosh said that Public Health were in the process of developing a five-year system-wide Public Health strategy for Kent which would set out the strategic priorities for Public Health. It was anticipated that this would act as the Health and Wellbeing strategy for Kent and would form significant part of the Integrated Care Strategy. It was said that one of the key focus areas was the tackling of health inequalities, of which 80% were structural in nature. Members were told that a system-wide commitment to ambitious, large-scale agendas would be required to address these inequities.

The development of the strategy was taking place in three parts: a policy research piece, a COVID-19 impact assessment, and research to understand the experience of the lived community. In the meantime, Dr Ghosh said he was also hoping to work with the four Health and Care Social Partnerships under the Integrated Care Strategy to develop trial interventions.

In response to questions from Members it was said that the strategy would take the national NHS England and NHS Improvement Core20PLUS5 approach to reducing health inequalities. The approach defines a target population cohort – the most deprived 20% of the national population – and five clinical areas requiring accelerated improvement. The Kent strategy would also include the consideration of additional areas such as addiction and obesity.

3. RESOLVED that the verbal updates be noted.

193. Risk Management: Health Reform and Public Health
(Item 6)

1. Dr Ghosh introduced the paper which presented the strategic risks relating to health reform and public health that featured on either Kent County Council's (KCC) Corporate Risk Register or the Public Health risk register. The paper also explained the management process for review of key risks.

It was highlighted that many of the risks were set in the context of the COVID-19 pandemic. Dr Ghosh said that timing was critical in standing down some of the risks as the pandemic environment shifted. However, the risks were in the process of being reviewed.

In terms of Corporate Risk, Dr Ghosh highlighted that "CBRNE incidents, communicable diseases and incidents with a public health implication" was still rated as a high risk as it was the risk directly linked to COVID-19. However, it was

said that this would be stood down in future if the current COVID-19 trends continue.

There were 18 risks featured in the Public Health risk register of which three were rated high, 13 medium and two low. The key changes in the risk register included the withdrawal of risks related to contact tracing which had been discontinued and the COVID-19 funded programmes being separated from Public Health grant risks. Members' attention was drawn to the Adult Social Care risk related to Integrated Care Systems for which Public Health played a key role in the delivery.

2. In response to questions from Members it was said:
   i. Nuclear risks were always dealt with on a national scale. The team of nuclear risk specialists based at the United Kingdom Health Security Agency (UKHSA) would initiate any response if triggered but would involve local engagement.
   ii. Dr Ghosh said that acute events relating to communicable diseases were dealt with by the UKHSA. The consequence management of these events were carried out by local government, particularly the Public Health departments.
   iii. The number of Health Visitor student places funded by Health Education England had declined and this was partly attributed to COVID-19. However, the health visiting service was being reviewed as a whole, and the risk was one under review by Public Health.

3. RESOLVED to consider and comment on the risks presented.

194. New Public Health Director

(Item 7)

Please refer to minute 192.2.b.

195. Sexual Health Services - COVID-19 Impact and Recovery

(Item 8)

1. Laura Bush, Senior Commissioner, introduced the report which provided an update on the impact that COVID-19 had had on Sexual Health Services commissioned by Kent County Council. Members were told that there was an error relating to the Overall LARC budget (GP procedures and LARC devices) referenced in Appendix 2 of the report. The variance had been incorrectly stated as an overspend rather than an underspend for both 2020/21 and 2021/22.

2. It was highlighted that during the COVID-19 pandemic face-to-face delivery of Sexual Health Services had been halted. A telephone triage service had been introduced and appointments were moved online, except where the appropriate measures were put in place for necessary in-person consultations. Furthermore, symptomatic online testing was introduced in addition to the pre-existing asymptomatic online testing. Members were told that the service providers were able to maintain a reasonable level of service delivery despite challenging circumstances and walk in clinics had not been reintroduced as there was no decline in services users' ability to access a service. It was highlighted that the pandemic had accelerated the implementation of new delivery models.

3. In response to questions from Members it was said:
    i. A hybrid, patient-choice model of delivery would continue going forward and would be based on risk analysis. Service delivery levels were being monitored to establish whether this model was meeting demand.
    ii. A Sexual Health campaign co-designed with young people was launched in August 2021 for six weeks. There is learning from the campaign to build on.
    iii. Public Health Fingertips data showed a decrease in sexually transmitted infections and in teenage pregnancies for 2020/21 in Kent compared to the previous four years.

4. RESOLVED to note the information contained within the report and comment on the delivery model and approach of Sexual Health Services through the global COVID-19 pandemic.

196. Public Health Performance Dashboard
(Item 9)

1. Christy Holden, Interim Head of Strategic Commissioning (Public Health), provided an overview of the Key Performance Indicators (KPIs) for the Public Health commissioned services. In the latest available quarter, Quarter 3 covering October to December 2021, twelve of fifteen KPIs were RAG rated Green, two Amber and one Red. The Red KPI, 'the number and percentage engaged with One You Kent', had increased from 365 to 425 over the last quarter and the direction of travel was good.

2. It was highlighted that the Strategic Commissioning Public Health team were working with service providers and consultants to review the KPIs on an annual basis in order to accurately reflect the activity and to encourage continuous improvement.

3. In response to questions from Members it was said that:
    i. Specialist infant feeding services were provided directly through children's centres. The delivery continued through the COVID-19 pandemic albeit with a reduced face-to-face service. The provision of online triage increased over this pandemic period to meet demand.
    ii. Inappropriate referrals to One You Kent for the wrong tier of weight management was impacting the performance figures.
    iii. Public Health England hold national performance datasets which can be used for comparison purposes. However, as local public health services are commissioned by local authorities in different ways, there is local variation with regards to what is measured and reported on.

4. RESOLVED to note the performance of Public Health commissioned services in Q3 2021/2022 and the proposed target changes for 2022/2023.

197. Decisions Taken Outside of the Cabinet Committee Meeting Cycle
(Item 10)

1. Mrs Bell gave an overview of the decision and explained why this had been taken outside of the Cabinet Committee meeting cycle.

2. RESOLVED to note that the following decision had been taken in accordance with the process as set out in Part 2 paragraph 12.35 of the Constitution: 22/00041 - Supplementary Substance Misuse Treatment and Recovery Grants 2022/23 to 2024/25.

198. Work Programme

(Item 11)

Members noted the work programme.

199. Future Meeting Dates

(Item 12)

Members noted the future meeting dates for the Health Reform and Public Health Cabinet Committee.

From: Clair Bell, Cabinet Member for Adult Social Care and Public Health

Dr Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee – 12 July 2022

Subject: **Public Health Risk Management update: Health Reform and Public Health**

Classification: **Unrestricted**

Past Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This paper provides an update on the changes to risks relating to health reform and public health that currently feature on either KCC's Corporate Risk Register or the Public Health risk register. The paper also explains the management process for review of key risks.

Recommendation(s):

The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the risks presented in appendices 1 and 2.

1. Introduction

1.1 Risk management is a key element of the Council's Internal Control Framework and the requirement to maintain risk registers ensures that potential risks that may prevent the Authority from achieving its objectives are identified and controlled.

1.2 The process of developing the registers is important in underpinning business planning, performance management and service procedures. Risks outlined in risk registers are taken account of in the development of the Internal Audit programme for the year.

1.3 Directorate risk registers are reported to Cabinet Committees annually and contain strategic or cross-cutting risks that potentially affect several functions. These often have wider potential interdependencies with other services across the Council and external parties. The Public Health risk register is attached in appendix 1.

1.4 Corporate Directors also lead or coordinate mitigating actions in conjunction with other Directors across the organisation to manage risks featuring on the Corporate Risk Register.

1.5 A standard reporting format is used to facilitate the gathering of consistent risk information and a 5x5 matrix is used to rank the scale of risk in terms of likelihood of occurrence and impact. Firstly, the current level of risk is assessed, taking into account any controls already in place to mitigate the risk. If the current level of risk is deemed unacceptable, a 'target' risk level is set and further mitigating actions introduced with the aim of reducing the risk to a tolerable and realistic level.

1.6 The numeric score in itself is less significant than its importance in enabling categorisation of risks and prioritisation of any management action. Further information on KCC risk management methodologies can be found in the risk management toolkit on the KNet intranet site.

2. Financial Implications

2.1 Many of the strategic risks outlined have financial consequences, which highlight the importance of effective identification, assessment, evaluation and management of risk to ensure optimum value for money.

3. Policy Framework

3.1 Risks highlighted in the risk registers relate to strategic priorities and outcomes featured in KCC's Interim Strategic Plan, as well as the delivery of statutory responsibilities.

3.2 The presentation of risk registers to Cabinet Committees is a requirement of the County Council's Risk Management Policy.

4. Public Health-led Corporate Risks

4.1 The Director of Public Health is the designated risk owner for the corporate risk relating to Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) incidents, communicable diseases, and incidents with a public health implication. The risk was in the context of Coronavirus response and recovery and was originally escalated to corporate level in early 2020. The corporate risk is presented for comment in appendix 2.

4.2 The corporate risk has been reviewed recently and the risk rating has been reduced slightly to reflect the national response alongside infections rates. There is still a need to maintain key controls in relation to the management of Coronavirus as prevalence and new variants are still fluctuating.

5. Public Health Risk Register

5.1 Since the last risk report, we are still responding to an ever-changing risk profile in relation to the pandemic. We are still experiencing an impact post covid

restrictions that could possibly have some built up latent demand, which is reflected in the slight reduction of risks currently on the register.

5.2 There are currently 13 risks featured on the Public Health risk register, three of which are rated as ‘High’, 10 medium (appendix 1).

5.3 The following changes have been made:

- New risk
  - PH0119 – Non, reduced or delayed delivery of medication supplies and/or test kits. This is to replace PH0101 to reflect supply chain challenges post covid.
- Withdrawn risks:
  - PH0002 – Implementation of new models and recommissioning of services
  - PH0087 – EU transition
  - PH0101 – covid 19 – supply chain
  - PH0103 – Covid -19 – Negative health outcomes
  - PH0110 – Covid -19 – Tier 4 Drug & Alcohol Services
  - PH0111 – Covid -19 – School based screening services

5.4 Inclusion of risks on this register does not necessarily mean there is a problem. On the contrary, it can give reassurance that they have been properly identified and are being managed proactively.

5.5 Monitoring and review – risk registers should be regarded as ‘living’ documents to reflect the dynamic nature of risk management. Directorate Management Teams formally review their risk registers, including progress against mitigating actions, on a quarterly basis as a minimum, although individual risks can be identified and added to the register at any time. The questions to be asked when reviewing risks are:

- Are the key risks still relevant?
- Have some risks become issues?
- Has anything occurred which could impact upon them?
- Have the risk appetite or tolerance levels changed?
- Are related performance / early warning indicators appropriate?
- Are the controls in place effective?
- Has the current risk level changed and if so, is it decreasing or increasing?
- Has the “target” level of risk been achieved?
- If risk profiles are increasing what further actions might be needed?
- If risk profiles are decreasing can controls be relaxed?
- Are there risks that need to be discussed with or communicated to other functions across the Council or with other stakeholders?

6. Recommendation

Recommendation:

The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the risks presented in appendices 1 and 2.

7. Background Documents

7.1 KCC Risk Management Policy on KNet intranet site.

http://knet/ourcouncil/Management-guides/Pages/MG2-managing-risk.aspx

7. Contact details

Report Author:

Pam McConnell
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Relevant Director:

Dr Anjan Ghosh
Director of Public Health
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Appendix 1

Full Risk Register

Risk Register - Public Health

	Green	Amber	Red	Total
Current Risk Level Summary	0	10	3	13
Current Risk Level Changes			1 -5	1 -5

0	1	0	0	0
0	0	4	2	1
0	0	2	0	0
0	0	0	3	0
0	0	0	0	0

Risk Ref	*PH0001*	Risk Title and Event	Owner	Last Review da	Next Review
CBRNE incidents, communicable diseases and incidents with a public health implication Failure to deliver suitable planning measures, respond to and manage these events when they occur.			Anjan Ghosh	20/06/2022	20/09/2022

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
The Council, along with other Category 1 Responders in the County, has a legal duty to establish and deliver containment actions and contingency plans to reduce the likelihood, and impact, of high impact incidents and emergencies. The Director of Public Health has a legal duty to gain assurance from the National Health Service and Public Health England that plans are in place to mitigate risks to the health of the public including outbreaks of communicable diseases e.g. Pandemic Influenza. Ensuring that the Council works effectively with partners to respond to, and recover from, emergencies and service interruption is becoming increasingly important in light of recent national and	Potential increased harm or loss of life if response is not effective. Increased financial cost in terms of damage control and insurance costs. Adverse effect on local businesses and the Kent economy. Possible public unrest and significant reputational damage. Legal actions and intervention for failure to fulfil KCC's obligations under the Civil Contingencies Act or other associated legislation.	High 20 Major (5) Likely (4)	25 -5	• KCC and local Kent Resilience Forum partners have tested preparedness for chemical, biological, radiological, nuclear and explosives (CBRNE) incidents and communicable disease outbreaks in line with national requirements. The Director of Public Health has additionally sought and gained assurance from the local Public Health England office and the NHS on preparedness and maintaining business continuity	Anjan Ghosh	Control		Medium 12 Serious (4) Possible (3)
				• Local Health Planning Group PHE work locally to ensure NHS are ready and have plans in place for example for Winter Flu, and Avian Flu	Anjan Ghosh	Control		
				• The Director of Public Health works through local resilience fora to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to public health.	Anjan Ghosh	Control		
				• Kent Resilience Forum has a Health sub-group to ensure co-ordinated health services and Public Health England planning and response is in place	Anjan Ghosh	Control		

international security threats and severe weather incidents.				• DPH now has oversight of the delivery of immunisation and vaccination programmes in Kent through the Health Protection Committee DHP has regular teleconferences with the local Public Health England office on the communication of infection control issues DPH or consultant attends newly formed Kent and Medway infection control committee	Anjan Ghosh	Control		

Review Comments	Agreed to reduce the likelihood by one level to reflect current situation 20/06/2022

Strategic and Corporate Services

Risk Register - Public Health

Risk Ref	PH0005	Risk Title and Event	Owner	Last Review da	Next Review
Health Inequalities			Anjan Ghosh	25/03/2022	25/06/2022

These areas have high rates of premature mortality (deaths occurring under the age of 75 years) due to causes such as cardiovascular disease, respiratory disease and alcohol-related disease and cancer; causes that are strongly linked to unhealthy behaviours such as poor diet, physical inactivity, smoking and excessive alcohol. The risk is that whilst health is improving in general these communities health would not improve at the same rate as less deprived communities

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Analysis of health inequalities in Kent shows that health outcomes are much worse in the most deprived decile areas in Kent. Covid has affected different communities in different ways a consequence of which is widened health inequalities Reduced screening rate e.g. in maternity (smoking) and sexual health (STIs) which could contribute to poor health outcomes. Increased demand on GP services and sexual health services may result in people having less access to contraception and emergency contraception. There is a risk that the lockdown period has exacerbated unhealthy behaviours and potentially increased future demand on primary care services	The average life expectancy in the most deprived decile areas in Kent is 76 years for men and 80 years in women, compared to 83 years and 86 years respectively in the most affluent areas. These inequalities will lead to rising health and social care costs for the council and its partners amongst those groups least able to support themselves financially Reduced screening will make it harder to identify health risks and intervene. For example, non delivery of vision screening, STI screening, late HIV diagnosis and non delivery of NHS health checks may prevent identitifcation of CVD, STIs, increase risk of poor outcomes and may prevent intervention.	High 16 Serious (4) Likely (4)		• Strategic piece of work around population health management with accompanied set of actions that will be implemented by the ICS working with PH	Anjan Ghosh	A -Accepted	30/06/2022	Low 6 Moderate (2)
				• Specific work around health inequalities is being targeted at specific communities	Anjan Ghosh	Control		
				• Ensure that commissioning takes account of health inequalities when developing service based responses. 'One You Kent'	Anjan Ghosh	Control		Possible (3)
				• Strategic commissioning and services to develop a recovery plan that will minimise impact	Clare Maynard	Control		
				• Services are being stepped up where possible or a risk based approach is being taken to develop and shared targeted advice. More work is taking place in relation to campaigns and health promotion messages	Clare Maynard	Control		
				• Ensure that an analytical focus remains on the issue of health inequality, providing partners and commissioners with the detail needed to focus support on this issue	Rachel Kennard	Control		

Review Comments Reviewed with AG and PM Feb 22
Reviewed further with PM 25/3
25/03/2022

Strategic and Corporate Services

Risk Register - Public Health

Risk Ref	PH0102	Risk Title and Event	Owner	Last Review da	Next Review
		Increased prevalence of Mental Health conditions Increased risk of social isolation during the pandemic as well as in the recovery phases. Prolonged isolation could contribute to mental health problems. Potential fear/anxieties of returning to normal day to day living prior to Covid-19 due to worry of being infected. Health Care Staff - Impact of wellbeing and mental health. It is anticipated that mental health conditions may develop/increase due to post traumatic stress disorder from experiences during the Covid-19 pandemic.	Anjan Ghosh	25/03/2022	25/06/2022

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
	Countywide could see and increase in mental health conditions within the general population increasing pressure on services. Increased mental health conditions within health care staff which could decrease service capacity and have a long-term effect on the individual following their experiences in fighting the Covid-19 pandemic Fear of returning to normal work.	High 16 Serious (4) Likely (4)		• Mental Health Cells created. Follow current national guidelines. Sign-posting to relevant services including Every Mind Matters.	Anjan Ghosh	Control		Medium 12 Significant (3) Likely (4)
				• Mental health support for health care staff - to tackle Covid-19 associated PTSD.	Anjan Ghosh	Control		
				• Regular communication of mental health information and open door policy for those who need additional support. Promote mental health & wellbeing awareness to general population and staff during the Covid-19 outbreak and offering whatever support they can to help.	Anjan Ghosh	Control		
				• Co-design is needed to bridge the gap between mental and physical health. Ensure stakeholders from mental health and those delivering psychological therapies are engaged to ensure that the approach is delivered in the most effective way to bring about change.	Anjan Ghosh	Control		
				• Joint work with NHS to target suicide prevention	Jessica Mookherjee	Control		

Review Comments Reviewed with AG and PM Feb 22
Reviewed further with PM 25/3
25/03/2022

Strategic and Corporate Services

Risk Register - Public Health

Risk Ref	PH0098	Risk Title and Event	Owner	Last Review da	Next Review
		Covid - Reduced ability to identify safeguarding concerns Reduced contact and limited face to face delivery will make it more challenging for practitioners to identify safeguarding concerns.	Anjan Ghosh	25/03/2022	25/06/2022

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
	potential risks include increases in domestic violence self harming or suicide, child sexual exploitation	Medium 12 Significant (3) Likely (4)		• Use of virtual delivery, effective prioritisation of clients who need face to face delivery and working with partner agencies to share information on shared clients. Where practical one agency will lead on face to face contact to mitigate risk to staff.	Christy Holden	Control		Medium 9 Significant (3) Possible (3)

Review Comments

Reviewed with AG and PM Feb 22
Reviewed further with PM 25/3

Likely withdraw but need to agree with CH at next SMT
25/03/2022

Strategic and Corporate Services

Risk Register - Public Health

Risk Ref	*PH0100*	Risk Title and Event	Owner	Last Review da	Next Review
Covid-19 non delivery of Public health Services and functions There is a risk that there is inadequate capacity in the Public Health workforce and /or providers due to reassignments to other regional areas within that sector. Increasing demand to phone lines, redistribution of nursing staff and lack of capacity in pharmacy and primary care may limit the ability of service delivery. For example, pharmacy have indicated they may not be able to delivery smoking pharmacotherapy and emergency contraception.			Anjan Ghosh	25/03/2022	25/06/2022

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Inadequate capacity in the Public Health workforce and/or provider workforce This includes NHS Health Checks, mandated visits in NHS Health Visiting, National Child Measurement Screening and Oral health survey	Inability to deliver the necessary level of intervention to match population and service need. Increase in unwanted pregnancies or increase demand on health services in the longer term as preventative services unable to respond to demand. backlog of Health Checks for those who were eligible during the time of the pandemic lockdown	Medium 12 Significant (3) Likely (4)		• Workplans are in place for PH Consultants. Performance reviewed on a monthly basis with Director for Public Health.	Anjan Ghosh	A -Accepted	30/06/2022	Medium 9 Significant (3) Possible (3)
				• Recruitment of public heath consultants. Two new posts and one to replace resignation	Pam McConnell	A -Accepted	30/06/2022	
				• Reporting into CMT and ASCH DMT	Anjan Ghosh	Control		
				• Regular performance reporting to Health Reform and Public Health Cabinet Committee, Cabinet	Anjan Ghosh	Control		
				• Public Health Consultants have lead portfolios for example Child Health, Prevention, Health Equalities, Health Protection.	Anjan Ghosh	Control		
				• Clear demonstration of need for qualified, specialist public health staff. Staff capacity is reviewed regularly in order to be used effectively. Services are being adapted to ensure they move forward within capacity levels acknowledging the limitations.	Anjan Ghosh	Control		
				• Putting in place alternative arrangements, virtual solutions, effective prioritisation and communication will help to mitigate this risk.	Anjan Ghosh	Control		

Review Comments Reviewed with AG and PM Feb 22
Reviewed further with PM 25/3
25/03/2022

Strategic and Corporate Services

Risk Register - Public Health

Risk Ref	*PH0099*	Risk Title and Event	Owner	Last Review da	Next Review
Covid - Supplier Sustainability Suppliers unable to remain operational due to financial distress			Clare Maynard	28/04/2022	28/07/2022

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
	non delivery of services and the provider going into administration	Medium 12 Significant (3) Likely (4)		• KCC has written to all suppliers in line with national guidelines and has put in place a number of ways to mitigate risk to suppliers as a result of financial distress. The majority of Public Health providers will be paid as they will continue to delivery services, albeit in a different way.	Christy Holden	Control		Low 6 Significant (3) Unlikely (2)
				• For GP and Pharmacy who may be unable to deliver services a fair payment has been worked up with the LPC and LMC.	Christy Holden	Control		

Review Comments no change
28/04/2022

Strategic and Corporate Services

Risk Register - Public Health

Risk Ref	PH0091	Risk Title and Event	Owner	Last Review da	Next Review
Increased Demand on Services There is a risk that services may not have the capacity to deal with the additional demand and associated cost pressures Increasing demand on services both with people coming into services and expectations of being part of the new health structures Multi-Disciplinary Teams			Christy Holden	28/04/2022	28/07/2022

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Increasing demand for Public Health Services due to changes in demography - for example growth in new births will increase the number of mandated contacts that Health visiting need to complete. Sexual health services have seen a continue rise of services. There is a risk that Durg and Alcohol services do not have capacity to see people being referred into the service Some of the increasing demand seen is as a result of Covid-19	We may be overspent or be unable to deliver against mandated requirements eg Health Visiting. Which will lead to: Increasing waiting list, quality of services may reduce as case loads increase, service may not be able to meet targets due to capacity of providing a good, quality interventions. Staff wellbeing reduce due to additional case loads/work	Medium 12 Significant (3) Likely (4)		• Working with Analytics and KPHO monitoring demographic data trends to support forward service planning. • Utilise underspend from other services to fund digital demand pressures. • Capacity modelling make sure services have the ability to meet need and activity can be adjusted accordingly. • Support service innovation to introduce more digital solutions to assist with increasing demand. • Open book accounting with providers to monitor costs where appropriate. • Performance monitoring meetings provide opportunities to discuss service provision and for both parties to raise any concerns regarding levels of service, quality or risks • Regularly review service models to ensure running as efficiently as possible.	Christy Holden Christy Holden Christy Holden Christy Holden Christy Holden Christy Holden Christy Holden	Control Control Control Control Control Control Control		Low 5 Minor (1) Very Likely (5)

Review Comments no change
28/04/2022

Strategic and Corporate Services

Risk Register - Public Health

Risk Ref	PH0090	Risk Title and Event	Owner	Last Review da	Next Review
		Difficulties in recruiting and retaining nursing staff, specifically Health Visitors and School Nurses. There is a national shortage of qualified Health Visitors. The number of Health Visitor student places funded by Health Education England has declined. Service Failure Kent is currently experiencing issues across all commissioned services in recruiting good quality staff which is making it difficult in meeting the needs of the population that require Public Health Services.	Christy Holden	28/04/2022	28/07/2022

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
	Service delivery is impacted. Clinical and Safeguarding risk to children within the Health Visiting and School Public Health Service. Some visits may have to be postponed or reprioritised.	Medium 10 Moderate (2) Very Likely (5)		• A safe staffing, safe working protocol has been agreed to effectively manage the workload of the Health Visiting teams in a safe and consistent manner.	Christy Holden	Control		Medium 8 Moderate (2) Likely (4)
				• Contract management meetings investigate any poor KPI reporting and meeting the set targets. This is usually reported as recruitment issues Escalation through usual routes to DPH.	Christy Holden	Control		
				• Band 5 Community Public Health Nurse role has been introduced to provide additional support to cover universal workloads.	Christy Holden	Control		
				• Bank and agency staff are being recruited to support teams where possible to cover vacant posts.	Christy Holden	Control		
				• Recruitment and retention action plan is in place and monitored through the Quality Action Team and governance meetings.	Christy Holden	Control		

Review Comments no change
28/04/2022

Strategic and Corporate Services

Risk Register - Public Health

Risk Ref	*PH0104*	Risk Title and Event	Owner	Last Review da	Next Review
Covid-19 Inequitable access to health improvement services There is a risk that some groups within the population may be disproportionately affected by COVID -19. Those in low paid or insecure work, or with existing health conditions or who were already socially isolated, may find it increasingly difficult to afford bills and food and also struggle to access the services they need e.g. weight management and physical activity services. .			Anjan Ghosh	25/03/2022	25/06/2022

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Inequitable access to health improvement services	Potentially increasing the health inequality gap - exacerbating a problem that already exist. Likely to have a significant toll on both their physical and mental health. Digital alternative service offerings may not be accessible due to certain groups not having access to resources required e.g. laptops, scales, smart phones	Medium 9 Significant (3) Possible (3)		• Digital pilot launches. Where access, skills or confidence is an issue, services are offering face to face support.	Christy Holden	Control		Medium 9 Significant (3) Possible (3)
				• Subsidised equipment costs	Christy Holden	Control		
				• Targeted promotion of services. Alternative methods of service delivery e.g. telephone, video. Supporting the target audience to have access to online communication and engagement methods. Targeted promotion of services to lower quartiles where engagement has been significantly impacted	Christy Holden	Control		
				• Reducing Health Inequality is at the core of the NHS LTP response and sets the expectation that all parts of the system will incorporate this into their work. Telephone delivery offered where feasible. Continue following national guidelines.	Christy Holden	Control		
				• Equality Impact Assessments to take place for work involving service redesign. Relevant workstreams to review/input into EIAs Monitoring of engagement and alternative methods used as needed to ensure representation	Christy Holden	Control		

Review Comments Reviewed with AG and PM Feb 22
Reviewed further with PM 25/3

Linked to PH0005 and PH0002
25/03/2022

Strategic and Corporate Services

Risk Register - Public Health

Risk Ref	*PH0119*	Risk Title and Event	Owner	Last Review da	Next Review
Non, reduced or delayed delivery of medication supplies and/or testing kits Public Health related issues on Supply Chain (Brexit, Ukraine) The supply chain risk for medications is an NHS risk, however there are Public Health service-related risks for the supply of medications resulting in people not receiving the treatment and medication from the commissioned services such as Drug and Alcohol Treatment services and Sexual Health services			Christy Holden		31/08/2022

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
	Inadequate supply of necessary resources reaching the services and population in a timely manner	Medium 9 Significant (3) Possible (3)		• Regularly review Providers Business Continuity Plans against service disruption • Continue to follow national guidelines and protocols	Christy Holden Christy Holden	Control Control		Low 4 Moderate (2) Unlikely (2)

Review Comments

Strategic and Corporate Services

Risk Register - Public Health

Risk Ref	PH0083	Risk Title and Event	Owner	Last Review da	Next Review
Public Health Ring Fenced Grant Ensuring/assuring the Public Health ring fenced grant is spent on public health functions and outcomes, in accordance within National Guidance			Anjan Ghosh	25/03/2022	25/06/2022

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Public Health Ring fenced Grant is spent in accordance within National Guidance	If it does not comply with national guidance could result in the DPH not being able to sign the Annual Public Health Grant declaration which could result in an external audit taking place leading to similar consequences to that of Northamptonshire County Council (i.e. Public Health England seeking a return of Public Health Grant)	Medium 8 Serious (4) Unlikely (2)		• Agreed funding for Staff apportionment across Public Health, social care Adult, Social Care Children, business support and analytics functions to support public health outcomes functions and outcomes	Anjan Ghosh	Control		Low 2 Minor (1) Unlikely (2)
				• Agreement of money flow between Public Health ring-fenced grant and the Strategic Commissioning Division	Anjan Ghosh	Control		
				• DPH and Section 151 Officer are required to certify the statutory outturn has been spent in accordance with the Department of Health & Social care conditions of the ring fenced grant	Anjan Ghosh	Control		
				• Continued budget monitoring through collaborative planning	Avtar Singh	Control		
				• Commissioners to conduct regular contract monitoring meetings with providers	Christy Holden	Control		
				• Providers to complete timely monthly performance submissions to ensure delivery of outcomes	Christy Holden	Control		
				• Regular review of public health providers, performance, quality and finance are delivering public health outcomes	Christy Holden	Control		

Review Comments Reviewed with AG and PM Med feb.
Reviewed again with PM 25/3
25/03/2022

Strategic and Corporate Services

Risk Register - Public Health

Risk Ref	PH0116	Risk Title and Event	Owner	Last Review da	Next Review
		Asymptomatic Testing programme funding budget management	Anjan Ghosh	25/03/2022	25/06/2022

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Grant monies are allocated, funds are requested via draw down from allocated monies	Mismanagement of the grant could require KCC to repay the monies spent that are either not connected with the agreement or sit outside the grant criteria directly from the Public Health budget	Medium 8 Serious (4) Unlikely (2)		• Monthly returns provided to Dept for Health and Social Care to evidence spend. two tier sign off from Section 151 Office and Director of Public Health. • continued monitoring of the budget to ensure that it is spent within the perameters of the Grant's agreement	Anjan Ghosh Anjan Ghosh	Control Control		Low 4 Moderate (2) Unlikely (2)

Review Comments

Reviewed with AG and PM med Feb 2022
Reviewed again with PM March 22
Updated controls
25/03/2022

Strategic and Corporate Services

Risk Register - Public Health

Risk Ref	*PH0118*	Risk Title and Event	Owner	Last Review da	Next Review
COVID Funded Programmes Monies spent that are not connected within the agreement may have to be repaid back to central government			Anjan Ghosh		25/06/2022

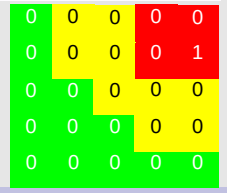
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Ensuring/assuring the grant is spent in accordance within National Guidance and framework	Mismanagement of the grant could require KCC to repay the monies spent that are either not connected with the agreement or sit outside the grant criteria	Medium 8 Serious (4) Unlikely (2)		• Weekly/monthly monitoring of the budget to ensure that it is spent within the parameters of the Grant agreement and spending remain within the financial envelope.	Anjan Ghosh	Control		Low 4 Moderate (2) Unlikely (2)

Review Comments

PH led Corporate Risk

Risk Register - Corporate Risk Register

Current Risk Level Summary	Green	Amber	Red	Total
	0	0	1	1
Current Risk Level Changes			-5	-5



Risk Ref	*CRR0050*	Risk Title and Event	Owner	Last Review da	Next Review
CBRNE incidents, communicable diseases and incidents with a public health implication			Anjan Ghosh	30/06/2022	30/09/2022

Insufficient capacity / resources to deliver response and recovery concurrently for a prolonged period, alongside other potential incidents, including potential future wave(s) of Covid-19.

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
The Council, along with other Category 1 Responders in the County, has a legal duty to establish and deliver containment actions and contingency plans to reduce the likelihood, and impact, of high impact incidents and emergencies. The Director of Public Health has a legal duty to gain assurance from the National Health Service and UK Health Security Agency that plans are in place to mitigate risks to the health of the public including outbreaks of communicable diseases e.g. Pandemic Influenza.	Potential increased harm or loss of life if response is not effective. Increased financial cost in terms of damage control and insurance costs. Adverse effect on local businesses and the Kent economy. Possible public unrest and significant reputational damage. Legal actions and intervention for failure to fulfil KCC's obligations under the Civil Contingencies Act or other associated legislation.	High 20 Major (5) Likely (4)	25 -5	• Utilising data sets from Public Health England and local health partner to give a picture of Covid-19 across Kent. • DPH now has oversight of the delivery of immunisation and vaccination programmes in Kent through the Health Protection Committee DPH has regular teleconferences with the UK Health Security Agency UK Health office on the communication of infection control issues DPH or consultant attends newly formed Kent and Medway infection control committee • Kent Resilience Forum has a Health sub-group to ensure co-ordinated health services and UK Health Security Agency planning and response is in place	Anjan Ghosh Anjan Ghosh Anjan Ghosh	Control Control Control		Medium 15 Major (5) Possible (3)

				• KCC and local Kent Resilience Forum partners have tested preparedness for chemical, biological, radiological, nuclear and explosives (CBRNE) incidents and communicable disease outbreaks in line with national requirements. The Director of Public Health has additionally sought and gained assurance from the local UK Health Security Agency office and the NHS on preparedness and maintaining business continuity	Anjan Ghosh	Control		
				• The Director of Public Health works through local resilience fora to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to public health.	Anjan Ghosh	Control		
				• Multiple governance – e.g. Health Protection Board , Kent Pandemic Response Cell	Anjan Ghosh	Control		
				• Kent Resilience Forum Outbreak Control Plan published, building on existing health protection plans already in place between Kent County Council, Medway Council, UK Health Security Agency , the 12 Kent District and Borough Council Environmental Health Teams, the Strategic Coordinating Group of the Kent Resilience Forum, Kent and Medway Clinical Commissioning Group and other key partners	Anjan Ghosh	Control		
				• Mass testing and vaccination rollout supported, including Spring booster and aged 5-12 cohort.	Anjan Ghosh	Control		
Review Comments	. 30/06/2022							

From: Clair Bell, Cabinet Member for Adult Social Care and Public Health

Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee 12 July 2022

Subject: **Performance of Public Health commissioned services**

Classification: Unrestricted

Previous Pathway: None

Future Pathway: None

Electoral Division: All

Summary: This report provides an overview of the Key Performance Indicators (KPIs) for Public Health commissioned services. This report covers Quarter 4, January to March 2022. In this period, 10 of the 15 KPIs were RAG rated Green, one Amber, one Red. For the final three KPIs, the data is only available annually for the National Child Measurement Programme and the data for PH11 was not available at the time the report was written.

The one Red KPI is the One You Kent Service, which was due to a reduction in outreach work by the Providers and is the same red indicator as Q3. The service is proactively targeting work within this cohort through increasing outreach and engagement with events in relevant areas.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q4 2021/22.

1. Introduction

1.1. A core function of the Cabinet Committee is to review the performance of services which fall within its remit.

1.2. This report provides an overview of the Key Performance Indicators (KPIs) for the Public Health services that are commissioned by Kent County Council (KCC) and includes the KPIs presented to Cabinet via the KCC Quarterly Performance Report (QPR). Appendix 1 contains the full table of KPIs and performance over the previous five quarters.

2. Overview of Performance

2.1. Of the fifteen targeted KPIs for Public Health commissioned services, ten achieved target (Green), one was below target although did achieve the floor standard (Amber), and one did not achieve the floor standard (Red). This KPI

relates to the number of individuals from quintiles 1 and 2 seen by One You Kent Lifestyle Advisors.

2.2. Three indicators have not been RAG rated as the data was not available at the time the report was written, two due to annual data as part of the National Child Measurement Programme.

3. Health Visiting

3.1. The Health Visiting Service delivered 16,980 mandated contacts in Q4 2021/22, reaching a total of 72,530 for 2021/22. All five mandated contacts were on or above target. Face-to-face delivery has increased for all contacts from 31.3% in Q4 2020/21 to 58.7% in Q4 2021/22. Calls to the duty line remain high, with 13,428 calls received in Q4 and 50,897 calls received in total throughout 2021/22. Referrals to the Specialist Infant Feeding service have remained elevated throughout the year; 4,040 in total for 2021/22.

4. Adult Health Improvement

4.1. The NHS Health Check Programme continues to recover after the service resumed delivery in Q2 2020/21, following a nationally mandated pause in March 2020 due to COVID-19. There were 4,844 Health Checks carried out in Q4 2021/22, which exceeds the target. A risk-stratified approach to NHS Health Checks has been developed which targets those at highest risk of cardiovascular disease and the pilot phase is due to be rolled out at the end of Q1 2022/23.

4.2. In Q3 2021/22, the smoking cessation service resumed some face-to-face delivery utilising previous host sites which the service had been reconnected with. Unfortunately, the rise of the Omicron variant in December halted face-to-face sessions. These were subsequently transferred to digital interventions. The service has managed to keep the waiting list at zero throughout Q3 2021/22Q4 2021/22 data was unavailable at the time of writing the report.

4.3. Referrals into the One You Kent Healthy Weight service increased again in Q4 2021/22 as GPs continued to make referrals via the NHS enhanced service funding arrangement. This has led to an increase in inappropriate referrals. This funding arrangement is continuing into 2022/23 and KCC is working with the services to better inform referrers about the criteria for referring an individual to the service. Utilising money received through the Adult Healthy Weight Management Grant, the Services continued to deliver Healthy Weight BAME and Learning Disability support groups and KCC has received confirmation that these services can continue through to December 2022/23, utilising any funding not spent in 2021/22.

4.4. Individuals being supported from deprived areas by One You Kent increased in Q4 2021/22 and this was in part due to services being able to undertake more outreach activities in Q4 2021/22. Services were able to advertise at events in deprived areas and utilise analytical information to better target services at these communities.

5. Sexual Health

5.1. In Q4 2021/22, the Sexual Health Service has continued to perform well. This is reflected in the continued increase in the use of online services, with in-person testing only taking place once a telephone triage is completed. A full sexual health screen can be completed through the home testing service or at a clinic. In Q4 2021/22, the indicator recorded 96% of first-time patients being offered a full sexual health screen, exceeding the target of 92%.

6. Drug and Alcohol Services

6.1. The Adult Drug and Alcohol Services for Q4 2021/22 shows performance continued above the target. The adult services had 5,108 individuals accessing support in Q4 2021/22, with support offered both in-person and digitally, according to individual preference and level of risk. The services continue to enhance their digital offer, taking learning from the pandemic forward into the core service offer. All other aspects of service delivery and interventions have resumed in person.

6.1. The Young Person's Service received 95 referrals in Q4 2021/22, which is lower than Q4 last year (126). Additional promotion will be taking place in Q1 2022/23 in areas where referral numbers were low. The amount of young people exiting treatment in a planned way has decreased in Q4 2021/22 to 83%; of this number 13% of the young people reported abstinence.

7. Mental Health and Wellbeing Service

7.1. Live Well Kent (LWK) referrals increased in Q4 2021/22, with self-referrals continuing to be the most common referral route, demonstrating how well-known the service is in Kent. Client satisfaction rates remain above target at 99%. Mental health awareness week was promoted across the Live Well Kent network. A timetable of events was developed which was linked to KCC social media promotion.

8. Conclusion

8.1. Ten of the fifteen KPIs remain above target and were RAG rated Green.

8.2. Commissioners continue to explore other forms of delivery, to ensure current provision is fit for purpose and able to account for increasing demand levels in the future.

9. Recommendations

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q4 2021/22

10. Background Documents

None

11. Appendices

Appendix 1 - Public Health Commissioned Services KPIs and Key.

12. Contact Details

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Appendix 1: Public Health Commissioned Services – Key Performance Indicators Dashboard

Service	KPI's	Target 20/21	Target 21/22	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	DoT**
Health Visiting	PH04: No. of mandated universal checks delivered by the health visiting service (12 month rolling)	65,000	65,000	71,932 (g)	72,763 (g)	73,695 (g)	73,559 (g)	72,530 (g)	⇩
	PH14: No. and % of mothers receiving an antenatal contact with the health visiting service	43%	43%	2,821 72% (g)	3,061 83% (g)	2,616 70% (g)	2,183 62%(g)	1,809 54%(g)	⇩
	PH15: No. and % of new birth visits delivered by the health visitor service within 30 days of birth	95%	95%	3.815 99%(g)	4,036 99%(g)	4,280 99%(g)	4,213 99%(g)	3,820 99%(g)	⇔
	PH16: No. and % of infants due a 6-8 week who received one by the health visiting service	85%	85%	3,474 92%(g)	3,764 93%(g)	3,956 93%(g)	4,038 92%(g)	3,530 91%(g)	⇩
	PH23: No. and % of infants who are totally or partially breastfed at 6-8 weeks (health visiting service)	-	-	1,739 48%	1,943 50%	2,144 52%	2,125 51%	1,836 49%	-
	PH17: No. and % of infants receiving their 1-year review at 15 months by the health visiting service	85%	85%	3,745 91% (g)	3,647 92% (g)	3,833 93% (g)	3,828 92%(g)	3,631 91%(g)	⇩
	PH18: No. and % of children who received a 2-2½ year review with the health visiting service	80%	80%	3,911 87% (g)	3,735 91% (g)	3,701 93% (g)	3,691 92%(g)	3,772 91%(g)	⇩
Structured Substance Misuse Treatment	PH13: No. and % of young people exiting specialist substance misuse services with a planned exit	85%	85%	40 85%(g)	44 71%(r)	34 74%(r)	55 89%(g)	30 83%(a)	⇩
	PH03: No. and % of people successfully completing drug and/or alcohol treatment of all those in treatment	25%	25%	1,362 28% (g)	1,411 28% (g)	1,456 29% (g)	1,475 29%(g)	1,467 29%(g)	⇔
Lifestyle and Prevention	PH01: No. of the eligible population aged 40-74 years old receiving an NHS Health Check (12 month rolling)	41,600	9,546	3,490 (r)	6,341 (r)	10,476 (g)	13,378 (g)	16,740 (g)	⇧
	PH11: No. and % of people quitting at 4 weeks, having set a quit date with smoking cessation services	52%	52%	905 65% (g)	911 59% (g)	632 56% (g)	547 51%(a)	nca	⇩
	PH21: No. and % of clients engaged with One You Kent Advisors being from the most deprived areas in the County	60%	60%	307 47% (r)	317 54% (a)	365 45% (r)	425 51%(r)	540 53%(r)	⇧
Sexual Health	PH24 No. and % of all new first-time patients (at any clinic or telephone triage) offered a full sexual health screen (chlamydia, gonorrhoea, syphilis, and HIV)	-	92%	4,295 87%(a)	6,014 86%(a)	5,987 90%(a)	6,245 97%(g)	5,990 96%(g)	⇩
Mental Wellbeing	PH22: No. and % of Live Well Kent clients who would recommend the service to family, friends, or someone in a similar situation	90%	90%	462 100.0% (g)	433 98% (g)	467 98% (g)	363 99.7% (g)	384 99% (g)	⇔

Commissioned services annual activity

Indicator Description	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	DoT
PH09: Participation rate of Year R (4-5 year olds) pupils in the National Child Measurement Programme	97% (g)	93% (g)	95% (g)	95% (g)	85% (g)**	nca	⇩
PH10: Participation rate of Year 6 (10-11 year olds) pupils in the National Child Measurement Programme	96% (g)	96% (g)	94% (g)	94% (g)	9.8%(a)**	nca	⇩
PH05; Number receiving an NHS Health Check over the 5-year programme (cumulative: 2013/14 to 2017/18, 2018/19 to 2022/23)	157,303	198,980	36,093	76,093	79,583	96,323	-
PH06: Number of adults accessing structured treatment substance misuse services	4,616	4,466	4,900	5,053	4,944	5,108	⇧
PH07: Number accessing KCC commissioned sexual health service clinics	78,144	75,694	76,264	71,543	58,457	65,166	⇧

** In 2020/21 following the re-opening of schools, the Secretary of State for Health and Social Care via Public Health England (PHE) requested that local authorities use the remainder of the academic year to collect a sample of 10% of children in the local area. PHE developed guidance to assist Local Authorities achieve this sample and provided the selections of schools. At request of the Director of Public Health, Kent Community Health NHS Foundation Trust prioritised the Year R programme, achieving 85%.

Key:

RAG Ratings

(g) GREEN	Target has been achieved
(a) AMBER	Floor Standard achieved but Target has not been met
(r) RED	Floor Standard has not been achieved
nca	Not currently available

DoT (Direction of Travel) Alerts

⇧	Performance has improved
⇩	Performance has worsened
⇔	Performance has remained the same

**Relates to two most recent time frames

Data quality note

All data included in this report for the current financial year is provisional unaudited data and is categorised as management information. All current in-year results may therefore be subject to later revision.

From: Clair Bell, Cabinet Member for Adult Social Care & Public Health,

Dr Anjan Ghosh Director of Public Health

To: **Health Reform & Public Health Cabinet Committee 12 July 2022**

Subject: **Development of a Kent System Wide Public Health Strategy**

Key decision: Not applicable at this time

Classification: **Unrestricted**

Past Pathway of Paper: CMT , Kent and Medway Integrated Care Partnerships

Future Pathway of Paper: Nil

Electoral Division: Whole County

Summary: The Cabinet Committee is asked to endorse and support a radical shift in the breadth and scale of public health action within the council and wider system of partners.

The health of the people of Kent is not improving as we would wish it to and inequalities persist and in some areas are increasing. This is driven by a range of wider determinants including socio-economic and lifestyle factors. A historic commissioning focussed public health approach will not significantly impact on this challenge and a new system wide strategic approach is required.

The paper discusses the Case for Change, a model to consider the impacts of health and a proposed approach to developing a Kent Public Health Strategy that will be owned by the whole system. It is proposed this strategy becomes the Kent Joint Health and Welbeing Strategy. A timescale for production is included with a plan to launch the five year strategy in October 2023.

Recommendation:
The Cabinet Committee is asked to **CONSIDER, COMMENT** on and **ENDORSE** the development of the Kent Public Health Strategy as outlined in the report.

1. Introduction

1.1 This report outlines for consideration by colleagues the approach proposed to develop a Kent Public Health Strategy for the years 2023 to 2028.

1.2 The Strategy will not start from a blank page but will build on the considerable work that has already taken place across system partners to define key issues, priorities and actions.

1.3 Colleagues are asked to consider, comment and endorse the proposed approach.

1.4 Reducing health inequalities and improving health and wellbeing outcomes of those we serve will require a clear strategic approach owned by partners and stakeholders across and within the whole System.

1.5 Kent is faced with a range of key health challenges, many of which are common across the country. There are widening inequalities in health and wellbeing across both geographical areas and amongst people with different vulnerabilities influenced by a range of wider determinants of health.

1.6 The new Kent County Council (KCC) Strategy "Framing Kent's Future" outlines an ambitious plan to improve the lives of those we serve. Improving health and well being and particularly reducing inequalities is a key theme. The public health strategy will start with recognition of the importance of wider factors such as employment, skills and education in health improvement. These areas are discussed further below

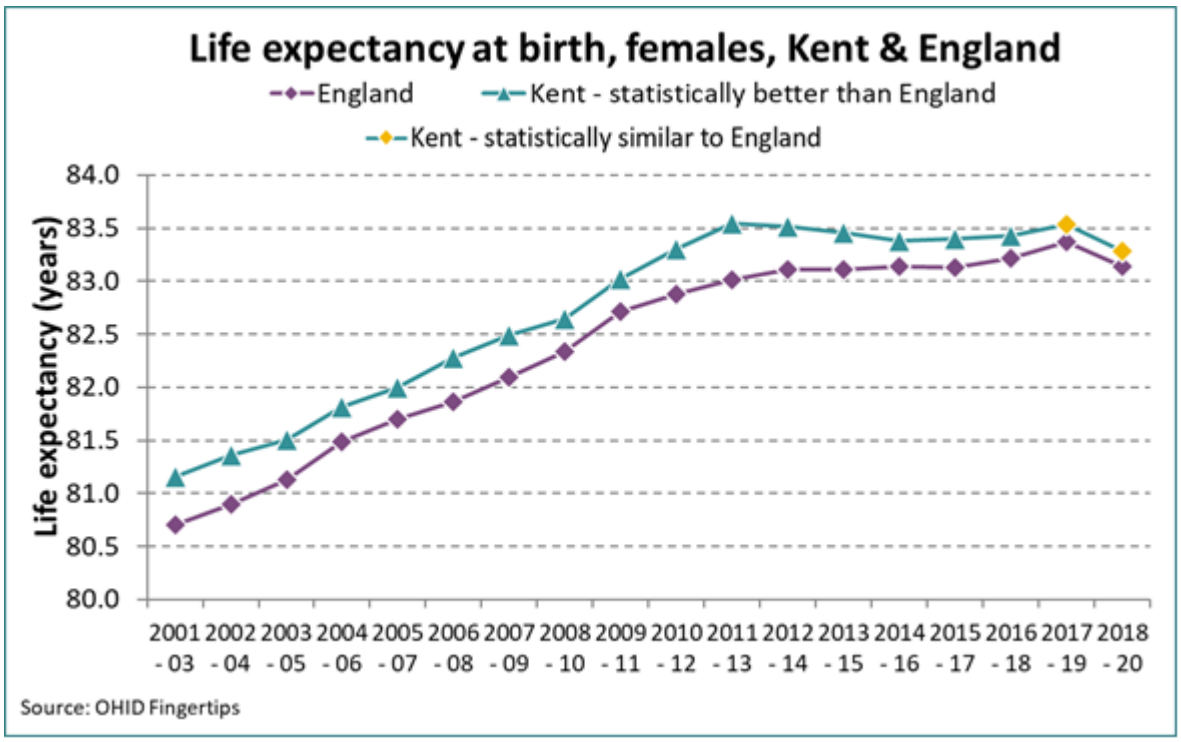
1.7 "Framing Kent's Future" makes clear the vital importance of joined up system wide working in delivering its ambitions. The Kent Public Health Strategy will be system wide and owned by all key stakeholders to ensure coordinated system delivery.

1.8 The wide impacts on health, the challenges we face and our opportunities to secure improvement mean a system wide strategy rather than a county council strategy is required

2. Background

2.1 Health Challenges in Kent

2.1.1. While overall the people of Kent continue to enjoy somewhat better health than the England average, there are many causes for serious concern within the trends and levels we are seeing. The graph below shows that the life expectancy for females in Kent has levelled out and is starting to decline. It is also no longer significantly better than the England average. (Green dots are significantly better than England average and amber are not significantly different). The picture for males is also showing a worrying closing of the gap between England and Kent but the life expectancy in males is still significantly higher than the England average. The most recent figure is impacted by Covid and there will be some improvement from this in future years..

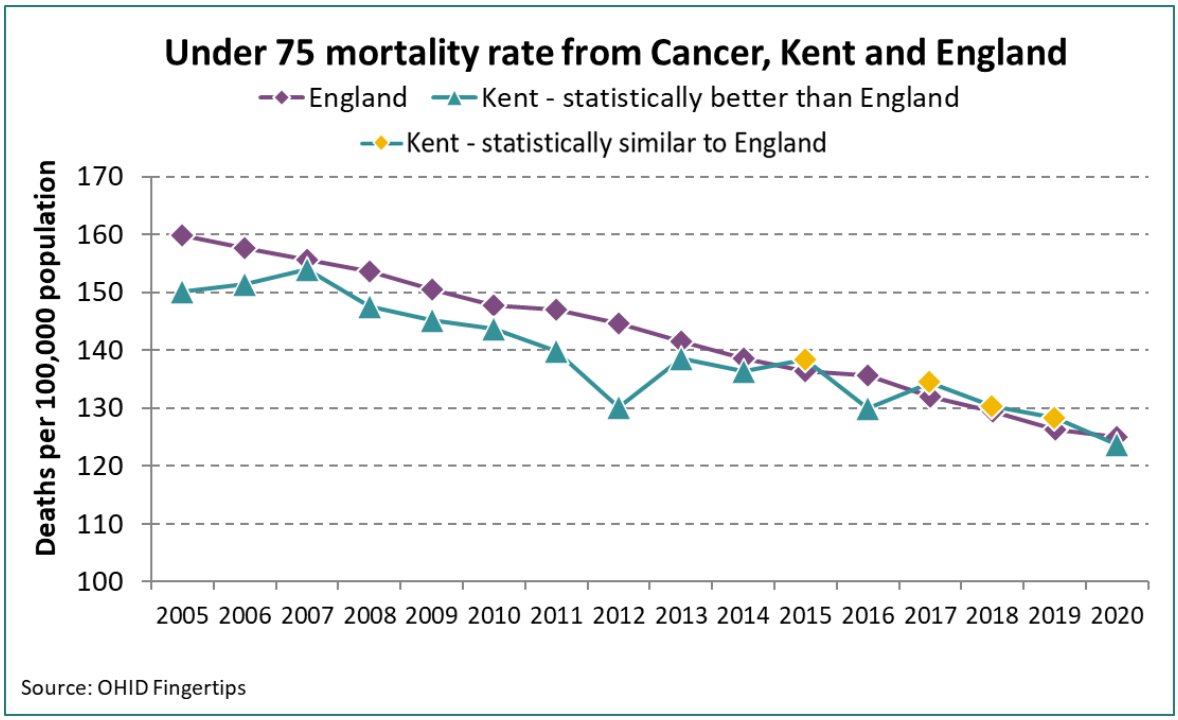


2.1.2 Life expectancy also varies considerably within Kent.

2.1.3 There are a number of areas with significantly lower life expectancy in females than the national average including Dartford, Swale and Thanet as well as many with rates less favourable compared to the national average than in the past including Ashford, Maidstone, Canterbury and Folkestone and Hythe all of which at some point over recent years has a life expectancy in females significantly better than the England average but now have rates that do not significantly differ from the National rate.

2.1.4 The position for life expectancy in men within Kent districts shows a similar pattern with Thanet men historically and still suffering significantly lower life expectancy than the England average and with Swale recently deteriorating to significantly below national average. Ashford, Canterbury, Folkstone and Hythe and Gravesham now have male life expectancy similar to the national average having at some time in recent years been significantly better than the England average. The pattern is somewhat less consistent in men however with Dartford (was significantly below England and now similar) and perhaps Maidstone (was at England average and now significantly better) showing some evidence of improvement.

2.1.5 Similarly, while the rate of cancer deaths in Kent in people under 75 is thankfully still falling, it has slowed so much less than elsewhere that rates are now slightly above the England average having historically been significantly below. The percentage of cancers diagnosed at stages 1 and 2 in Kent had not improved in 2018 compared to 2014, and data for England shows an increase in the gap between the most and least deprived deciles from 5 percentage points in 2014, to 6 percentage points in 2018.

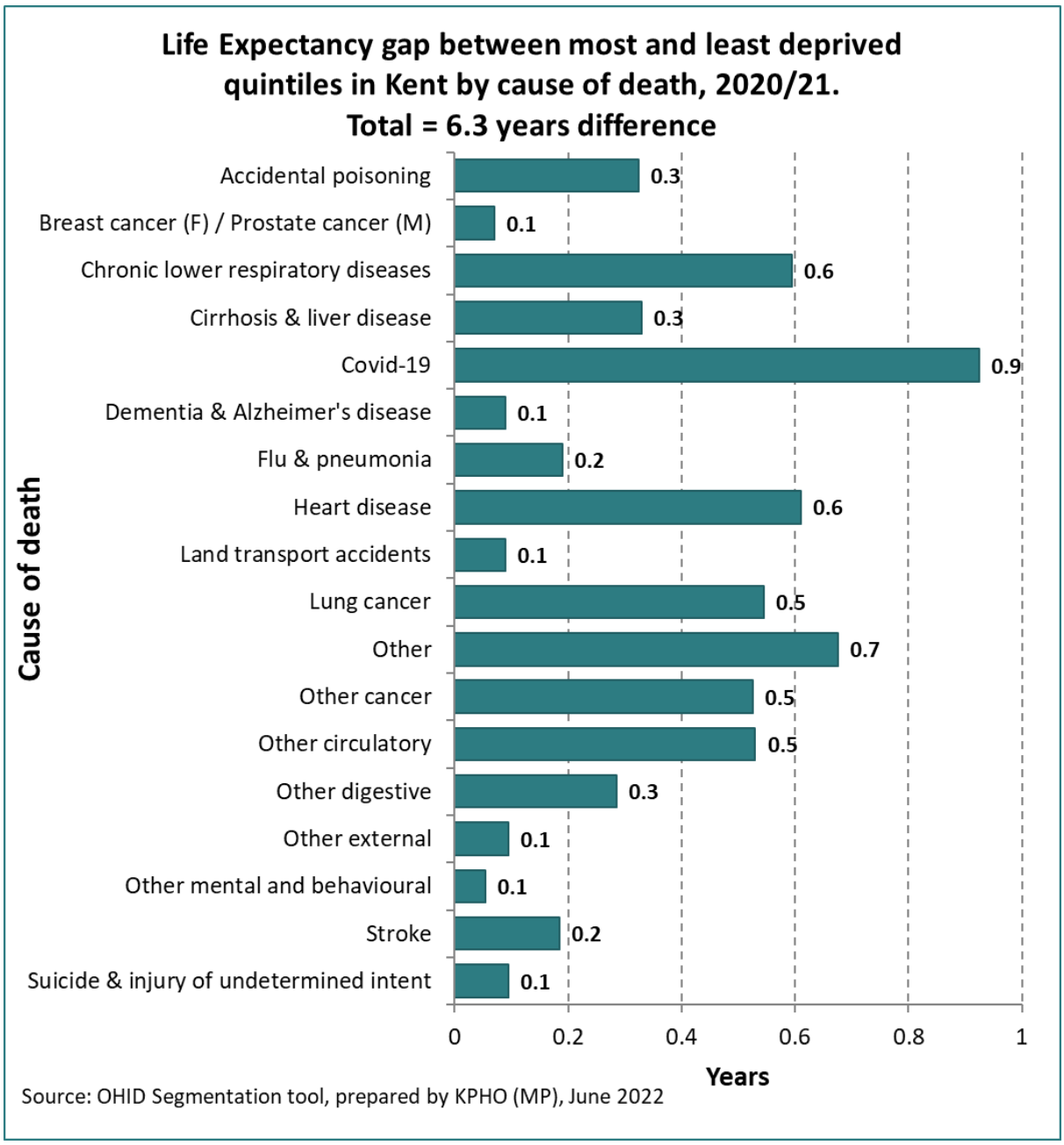


2.1.6 The situation is also of concern in mental health, and we are now seeing significantly higher rates of suicide than the England average across Kent. This is driven by a very high rate in Thanet, 50% above the England average.

2.1.7 If we look at life expectancy in Kent from 2020 to 2021, the level of inequality (or gap) between the most and least deprived areas was 7.3 years for males and 5.4 years for females. COVID-19 was the single biggest contributor to these inequalities in life expectancy, accounting for around one seventh of the gap in males and one sixth of the gap in females.

2.1.8 This gap in life expectancy between the most and least deprived areas has widened since 2010-12, with an increase of 0.8 years for males and 1.2 years for females. Furthermore, not only has the gap widened, but life expectancy itself has fallen over this period for both males and females in the most deprived areas.

2.1.9 The causes of death contributing to the differences in life expectancy in the whole Kent population can be summarised:



2.1.10 It must be remembered however that upstream wider determinants such as low income, poor education, unemployment and lifestyle choices in large part underline these differences.

2.1.11 Life expectancy inequality varies within districts as well. Broadly speaking, those districts which are most deprived also have the largest disparity in life expectancy within their boundaries.

2.1.12 In males, Gravesham has the highest life expectancy gap at 9.1 years, above the Kent average but below the England average of 9.7 years. Thanet and Folkestone and Hythe also have differences in Life expectancy above the Kent average at 8.5 years. In contrast the difference in Tunbridge Wells and Sevenoaks is 3.3 years.

2.1.13 In females the greatest inequality in life expectancy is in Thanet at 9.7 years, higher than the England level of 7.9 years and the Kent level of 5.6 years.

Dover has the second highest inequality at 6.1 years while Tunbridge Wells and Sevenoaks the gap is 1.6 years and 1.5 years respectively.

2.1.14 There is also data of concern within the elements impacting on the wider determinants of health. Kent is seeing a more rapid rise in violent crime leading to hospital admissions than the England average, although the rate is still lower. In Maidstone however levels of violent crime leading to hospital admission are significantly above the national average.

2.1.15 It is well recognised that wider determinants and in particular deprivation are major drivers of health. Additionally educational attainment is a key driver of future affluence and deprivation. Education is measured using the Attainment 8 score[1] at the end of key stage 4 in all maintained secondary schools, academies and free schools, by local authority of pupil residence.

2.1.16 Kent has an average attainment 8 score of 47 with a national average score of 46.9 and is in fact improving relative to that national average. However, Kent is a relatively affluent area with an Index of Multiple Deprevation (IMD) of 18.8 against the England average of 21.8. The level of educational attainment is therefore somewhat below what one would expect given the county's level of overall affluence. This could be of concern as it may mean Kent's children may struggle to achieve the same relative level of affluence their parents enjoy.

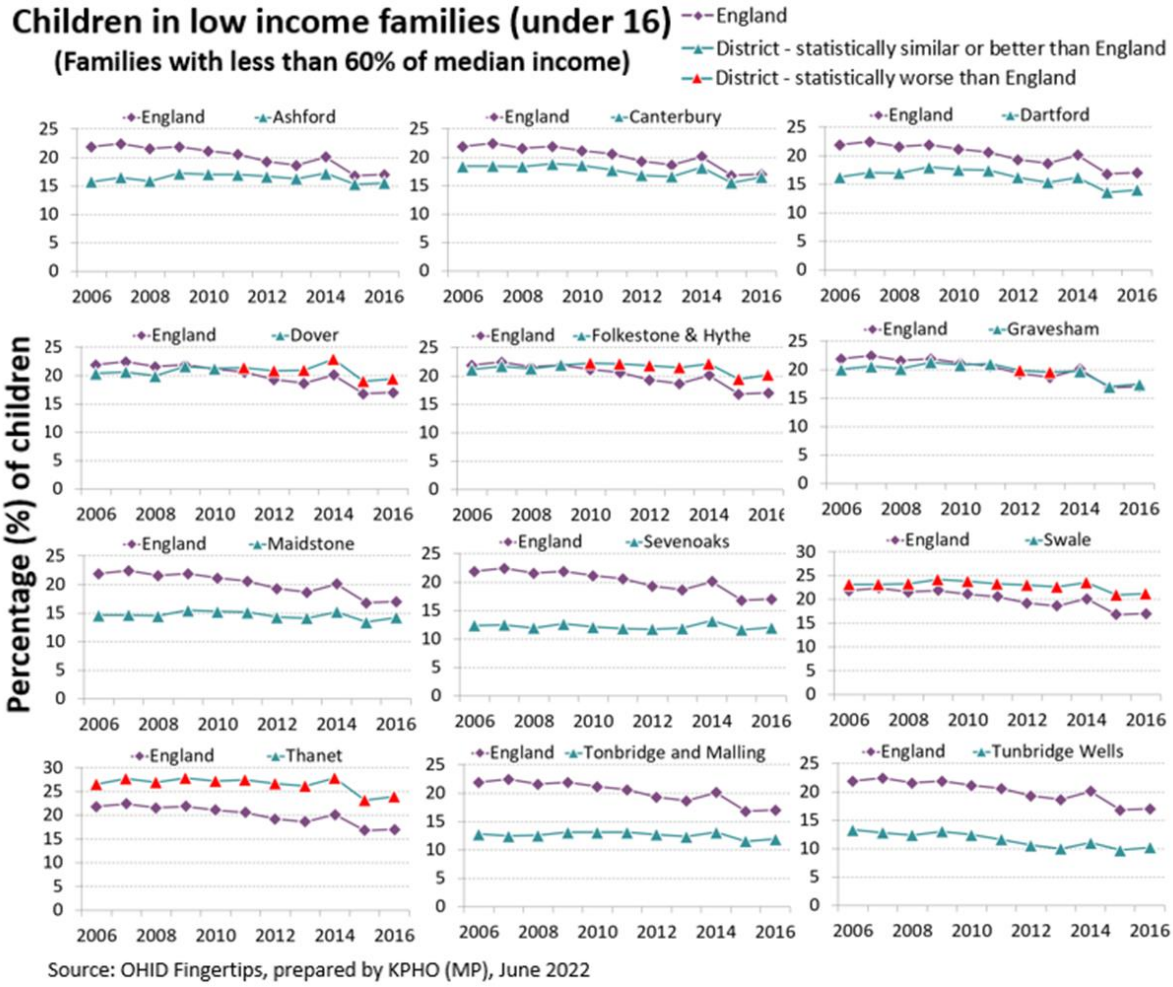
2.1.17 Further, attainment 8 scores are particularly low in Thanet, Dover and Swale perpetuating some of the challenges to health in these areas. Improvement in school readiness will be key with currently the proportion of children having not reached a good level of development by the end of Year R across Kent - 20 percentage points higher in those eligible for free school meals.

2.1.18 While Kent overall has a lower-level of children living in poverty than the England average, the latter is seeing a marked decrease that is much less evident in Kent. This means that the lot of our children is improving less year on year than the national average. As the graphs below show the decline in low income families is worse in almost all Kent areas than the England average. The gap has closed considerably in Ashford, Canterbury and Gravesham and has become significantly worse than the England average in

[1] **Attainment 8 measures the achievement of a pupil across 8 qualifications.**

1. A double weighted maths element that will contain the point score of the pupil's English Baccalaureate (EBacc) maths qualification.
2. An English element based on the highest point score in a pupil's EBacc English language or English literature qualification. This will be double weighted provided a pupil has taken both qualifications.
3. An element which can include the three highest point scores from any of the EBacc qualifications in science subjects, computer science, history, geography, and languages. For more information see the list of qualifications that count in the EBacc. The qualifications can count in any combination and there is no requirement to take qualifications in each of the 'pillars' of the EBacc.
4. The open element contains the three highest point scores in any three other subjects, including English language or literature (if not counted in the English slot), further GCSE qualifications (including EBacc subjects) or any other DfE approved technical awards.

Dover, Folkstone and Hythe and Swale as well as remaining very high in Thanet. While still well below national rates, the reductions in Maidstone, Sevenoaks and Tonbridge and Malling are far less than those seen across England.



2.1.19 In summary then, the people of Kent are not in absolute terms seeing improved health and there are serious and increasing levels of inequality. A public health strategy that can impact at scale on this position will require a radical departure from traditional public health approaches that have often been limited in both breadth and scale.

2.2 What impacts on health?

2.2.1 The Robert Wood Johnson (RWJ) model is increasingly recognised as a good starting point for identifying the factors contributing to health.

SOURCE: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute in US to rank countries by health status

2.2.2 Factors that need to be addressed to improve health therefore include Socio-Economic Factors, Health Behaviours, Clinical Care and the Built Environment

2.2.3 The RWJ model ascribes 40% of what impacts on health to socio-economic factors. The importance of these factors is recognised in “Framing Kent’s Future” and is increasingly recognised by the Kent ICS as a key area. Key elements, covering 30%, include income, which is linked to employment and this in turn to education. Long term strategy requires best start in life and school readiness to drive optimal educational attainment and then realisation of potential in the workplace. Income will also include ensuring maximum availability and access to benefits for those who require additional support. Adult Community learning is also key to help people achieve what they can in the workplace, as well as the development of local public sector anchors especially where private sector employment is limited. We also need ensure people with vulnerabilities including people with mental health issues of learning difficulties have the best chance to gain and retain employment.

2.2.4 The remaining 10% includes Community Safety (highlighting a key role for the Office of the Kent Police Crime Commissioner (OPCC) and Kent Police and local safety partnerships), and the benefit of families, friends and communities. Evidence shows social contacts are as strongly associated with good health outcomes as are controlling high blood pressure or smoking.

2.2.5 The second key area are the Lifestyle choices more commonly linked with public health. These include diet and exercise, smoking, alcohol misuse and sexual health. While there is some success in reducing the use of tobacco across the developed world and indeed the whole world now, we are seeing little progress around diet and exercise. This will require preventative approaches in early life that can be delivered at scale such as the Daily Mile

programmes and where two thirds of adults are already overweight, peer led weight loss support at scale with better signposting from primary care.

2.2.6 Access and quality of clinical care account for around 20%. The development of Population Health management offers the opportunity to better understand the needs of populations and could form a powerful resource allocation tool to ensure that spend is in the areas of greatest need. Clinicians can also support wider determinants including loneliness, lifestyle and access to benefits using social prescribers and other services. For example, families attending paediatric clinics from areas of high child poverty could be signposted as required to benefits and loneliness support.

2.2.7 The final 10% is associated with the built environment and environmental quality. This includes access to green and blue spaces as well as the quality of housing. Key factors will include affordable transport where this may be a barrier to employment, education and social contact as well as active transport opportunities to improve physical activity.

2.2.8 In summary, it is of note that much is broadly within the gift of local authorities. This includes the commissioning of lifestyle services, and early years including opportunities especially around school readiness, family and social support, community safety and the built environment as well as influence around employment, income and benefits.

2.3 Strategic approaches

2.3.1 The role of wider determinants and the action required to tackle inequalities forms a key part of a number of important national documents and approaches. These include the Marmot Review, the Public Health England work “COVID-19, Health Inequalities and Recovery” and the Governments work on Levelling Up.

2.3.2 The Marmot report highlighted inequalities across the country and proposed a range of areas where action was required. In 2019 a Review was published 10 years on from the initial report highlighting that the position had not improved.

2.3.3 The review sets out a framework for action under two policy goals: to create an enabling society that maximizes individual and community potential; and to ensure social justice, health and sustainability are at the heart of all policies.

2.3.4 Central to the Review is the recognition that disadvantage starts before birth and accumulates throughout life. This is reflected in the 6 policy objectives and to the highest priority being given to the first objective:

1. Giving every child the best start in life
2. Enabling all children, young people and adults to maximize their capabilities and have control over their lives
3. Creating fair employment and good work for all
4. Ensuring a healthy standard of living for all
5. Creating and developing sustainable places and communities
6. Strengthening the role and impact of ill-health prevention

2.3.5 The erstwhile Public Health England (Now UKHSA – UK Health Security Agency) led by Prof. Kevin Fenton considered the unequal impact of Covid on society highlighting how those in ethnic minority groups and poorer communities suffered disproportionately as the disease exacerbated existing inequalities. While focussed largely on London a key set of Outcomes to optimise recovery are of wider value:

1. Reverse the pattern of rising unemployment and lost economic growth caused by the pandemic
2. Narrow social, economic and health inequalities
3. Help young people flourish with access to support and opportunities
4. Support our communities including those most impacted by Covid
5. Accelerate delivery of a cleaner greener London.

2.3.6 The Government recognise the importance of addressing differences across the country and introduced the Levelling Up and Regeneration Bill. The Levelling Up White Paper unveiled an ambitious programme to reduce inequality and close the gap – in productivity, health, incomes, and opportunity across the country. It set out four broad objectives for achieving this:

1. Boost productivity, pay, jobs and living standards by growing the private sector, especially in those places where they are lagging
2. Spread opportunities and improve public services, especially in those places where they are weakest
3. Restore a sense of community, local pride and belonging, especially in those places where they have been lost
4. Empower local leaders and communities, especially in those places lacking local agency

2.4 Our Ambition

2.4.1 There are many opportunities to improve health where public health leadership sits within a Local authority. However there has been limited real evidence of gains to date because of this move, almost ten years ago, in any system across the country. Kent has the opportunity to significantly shift the dial, but this will require a bolder and more ambitious approach to what has been done historically.

2.4.2 Much work to date while of merit has expectedly had limited impact. Tier 2 weight loss services, the key tool in managing people who are overweight and obese reach around 3000 adults per year in Kent while over 600, 000 are overweight. Traditional commissioning models will not work in addressing very common wellbeing challenges such as obesity, low physical activity and loneliness

2.4.3 The RWJ model gives us a sense of where we need focus our work to deliver change. Securing progress does not in many areas sit within the public health team and success will require delivery of wider council and system-wide actions. “Framing Kent’s Future” with its key priorities of Levelling up, Infrastructure for Communities, Environmental Step Change and New Models

of Care and Support will help deliver improved public health outcomes. The focus on Levelling Up is particularly important as a way to tackle economic and educational challenges that are key underlying determinants of health.

2.4.4 We cannot deliver on improved public health outcomes alone – especially when dealing with intractable and wicked issues such as health inequalities, inequity and multifactorial issues like obesity, poor mental health, etc. All our key statutory and third sector partners and stakeholders have a role. This strategy is only likely to succeed when all partners understand and embrace it and play their part. This means that everyone must be engaged and own it and it must be supported by a single page output that people will ideally hold close to them.

2.4.5 While this paper will not "second guess" the contents of the strategy, a successful approach is likely to require several areas of progress. These would need to shift from traditional public health practice and commissioning to whole system action to tackle key challenges. These could include for example (list not exhaustive):

- Development of public sector anchors to deliver local social value in employment and procurement with particular focus on areas with higher unemployment and less job opportunities.
- Political and Officer Action at district and county level to secure increased public and private investment in employment in Kent and especially in areas with higher unemployment and less job opportunities.
- Accelerated work with communities based on our work to date including work with the Kent Association of Local Councils (KALC) to enable communities to identify and act on local issues. This could include at scale peer support for weight loss, movement to tackle loneliness, improved physical activity. Co-production and collaboration will be key.
- New commissioning models that are user led where possible.
- System-wide prevention across all aspects of people services, policies and practices, place, communities and growth.
- Enhanced links between health providers and community groups to enable more holistic assessment and interventions linked to social prescribing.
- New infrastructure developments to be planned with consideration to health and health impacts and opportunities for existing local communities.
- Optimal support in Early Years to ensure school readiness.

2.4.6 In order to play a full role in contributing to improving health and wellbeing, and tackling health inequalities and inequities in Kent, there will additionally be a need to repurpose and develop the Council's public health function. The ambition is to improve health in Kent at scale driven by a Centre of Excellence in Public Health developed in the council. Through delivery and action research Kent will become a major force in informing public health service

practice delivering demonstrable impact on reducing inequalities, examples of best practice, education and training, and research, innovation and improvement. This will involve enhanced approaches to partnership working, to systems solutions, to the role of communities and to new commissioning models.

2.5 Partnership and Stakeholders

2.5.1 To tackle the above factors requires the engagement of a wide range of stakeholders including (indicative list);

- **District and Boroughs**, as Anchor institutions, system leadership, around Lifestyles and around housing, planning and development including access to green spaces
- **NHS including the Integrate Care System ((ICS) Integrated Care Board (ICB) and Integrated Care Partnership (ICP)), and the four Kent ICP Health Care Partnerships,** as Anchor institutions, system and clinical leadership, around health and care services, and lifestyles as well as mental health
- **Parish and town councils** including Kent Association of Local Councils (KALC)
- **Communities**
- **Employers** (Chamber of Commerce)
- **Voluntary Sector**
- **Kent Police, OPCC**
- **Kent Count Council** - Growth, Economy and Transport, Children's services, Education, Adult Education, Adult social care, corporate role as an Anchor Institution
- **Academic partners** – University of Kent, Canterbury and Christchurch University, University College of London (Institute of Health Equity), National Institute of Health Research (NIHR), Health Education England (HEE)

2.6 Existing Priorities

2.6.1 Key to delivering the Strategy will be to identify shared and agreed priorities. We are not starting with a blank sheet. Most partners have already defined the areas that they feel are most important to health locally and that they wish to prioritise. Our starting point must be these agreed areas. These will be a balance of local priorities agreed by districts and boroughs as well as the national priorities defined by the NHS.

2.6.2 ICS has four key stated "purposes". These are Improving Population health and healthcare, Tackling Unequal Outcomes and Access, Supporting Broader Social and Economic Development and Enhancing Productivity and Value for Money. Below these, key priorities identified in work across the system are Mental Health and Areas of High Deprivation. It is also essential to understand local priorities agreed at District, Borough and Health Care Partnership level.

2.6.3 As discussed “Framing Kent’s Future” with its key priorities of Levelling up, Infrastructure for Communities, Environmental Step Change and New Models of Care and Support will help deliver improved public health. There are clear alignments between the ICS purposes and the KCC priorities around inequalities and Levelling Up and around new models of services.

2.6.4 The evolving public health strategy needs to recognise agreed priorities within the ICS and KCC and to embrace agreed County Council ambitions and priorities around Levelling up, Best Start in Life, Adult Social Care, Education, skills, and economic growth.

2.6.5 The Strategy will also help inform ICP thinking around tackling health inequalities through local flexibilities built into the national Core 20 plus 5[2] approach. There is flexibility to define local vulnerable and high-risk populations who would be subject to the identified areas of intervention. Additionally in Kent we plan to further expand the opportunity using a Core 20 plus 5 PLUS approach with additional focus on the “vital five” areas defined by the King’s Health Partnership. The additional PLUS will include reducing obesity, tobacco control and stopping smoking, identifying and improving poor mental health, and reducing alcohol dependency and other addictions.

2.6.6 We need to further consider what priorities might be informed by evidence, this will include both local epidemiological data with a focus on the impact on communities of the covid pandemic and qualitative data from the people and communities we serve. This will be further considered in the section below

2.7. Development of the Strategy

2.7.1 This will require:

- ✓ Partner engagement at District, Borough and Health Care Partnership level using existing organisational boards and groups where they exist
- ✓ Work with the ICS ideally through the existing and proposed system Health Inequalities groups (one health service and one wider focussed)
- ✓ Work with Communities including with KALC, Healthwatch and through the Council’s Engagement team
- ✓ Work with the voluntary sector
- ✓ Work with the Chamber of Commerce and SELEP (South East Local Enterprise Partnership)
- ✓ Work with OPCC and Kent Police

2.7.2 There will need to be full ownership and engagement with Kent County Council leadership colleagues around economic growth, children services, education and adult social care.

2.7.3 The work will benefit from analysis of epidemiological data and trends including:

[2] NHS England » Core20PLUS5 – An approach to reducing health inequalities

- Geographical variations
- Experience of vulnerable groups
- Impact of deprivation
- Impact of Covid

2.7.4 Analysis will need to be of relevance to key stakeholders including particularly at district and borough level.

2.7.5 Priorities will need to be shared and agreed.

2.7.6 Actions required by each organisation to deliver agreed improvement in the priority areas will be surfaced by partners with reference to the RWJ model. This will ensure that all the wider determinants that impact on health, identified by the RWJ model, where a partner may positively influence, are identified and actions agreed

2.7.7 An analysis of current policy and strategies, both national and local is being undertaken to best frame the wider policy context for the strategy. This is being led by the public health team and is considering a long list of over two hundred possible policy documents. These will be considered and those that are most key will be summarised within a detailed supporting paper. This will allow the new system public health strategy to be clearly framed within the local and wider strategic and policy context. This will help ensure alignment of opportunities and synergies, identify gaps and ensure duplication with existing strategies and actions.

2.7.5 The third planned input will be detailed qualitative data. There will be three elements to this:

- ✓ a population wide residents survey,
- ✓ a focussed listening campaign (Community Conversations)
- ✓ stakeholder workshops with key groups led by Healthwatch.

2.7.6 The process of Community Conversations has been used for this purpose elsewhere. The planned process would involve community connectors as well as key officers meeting with and listening to individuals and groups within Kent. This would involve pairing senior staff with community connectors and working in pairs meeting local people. It would be framed by workshops before and after the meetings and would take place after summer.

2.7. While it is likely that the agreement of priorities will be driven by existing partner thinking, there will be more discussion about what actions will be agreed that individual organisations and system partners will put in place to deliver agreed health improvement.

2.8 Proposed Process and Governance

2.8.1 Process

2.8.1.1 While the work above around defining policy context and seeking qualitative information progress, early informal discussions will take place with key partners to better understand their key issues, challenges, and priorities. An

operational delivery group and steering group (see governance section below) will be established including key partners at officer level to start to plan next steps.

2.8.1.2 A kick start event is then planned for system partners including elected leaders where the need for the strategy and the approach to its production will be discussed and agreed. This will be a listening event where all partners can share their aspirations and priorities for health in Kent.

2.8.1.3 Development of the strategy will include public consultation on the developed draft likely in early 2023 followed by formal adoption through each partners corporate mechanisms as appropriate. The strategy will also be proposed for adoption by the Kent Health and Wellbeing Board as the Joint Health and Wellbeing Strategy (JHWS). A draft proposed timeline detailing the process within KCC has been developed. This will be further refined over time to include dates when partners will be able to sign off as appropriate.

2.8.2 Structure

2.8.2.1 It is helpful to agree a framework in which priorities might be considered. This could helpfully embrace a life course approach as well as the Robert Wood Johnson Framework. Proposed themes, successfully used elsewhere, could frame a starting place to consider key agreed and evolving local priorities and key actions to address these.

2.8.2.2 The Framework might encompass:

People – Healthy children, healthy adults

Place – Economic growth and work, environment and communities

Policy and practice – System and partner approaches including anchor role, MECC and evidence- based action. HIAP, social value in contracts, workplace wellbeing (examples for anchor institution role)

2.9 Content

2.9.1 The proposal is to have a short, accessible Strategy document that would include a simple plan on a page. This would summarise key, themes, priorities, actions and targets.

2.9.2 The strategy would cover in broad outline

- Where we are now, with key health issues and challenges
- Vison and aspiration for the health of those we serve
- Key enablers and our approach Including subsidiarity, coproduction, partnership, digital, evidence based, community led and delivered
- How we will get there~ Themes, Priorities, Outcomes and Supporting Actions
- How we know we will be on track with key performance indicators

2.10 Strategic Environment

2.10.1 The public health strategy for Kent will be delivered within a system that is already benefitting from a raft of strategies. These will include local organisational strategies, system wide strategies and indeed national strategies. It is essential that this strategy does not duplicate the work being undertaken to deliver these strategies nor supplant them nor create additional delivery mechanisms where these already exist. It will however need to ensure that all areas identified as priorities and the key strategic actions agreed to tackle these are addressed somewhere within the system.

2.10.2 It is important too to recognise that imperative within the NHS that ICS develop Integrated Strategies by December 2022. This sets an external target within the system by when we need to be able to usefully input to that document the evolved considerations falling from the developing Kent Public Health Strategy. It is recognised that this will be prior to any public consultation or sign off of the strategy.

2.11 Governance

2.11.1 The Kent system is complex with county and district organisations as well as a new NHS structure with an ICS footprint covering both Kent County Council and Medway Unitary Council. There is more thought needed around governance and delivery within the Kent County system and the right balance of workload between the ICS and the Health Care Partnerships. It is likely that some actions within the strategy will require leadership at ICS and County level and others at Partnership and District/Borough level.

2.11.2 There also needs to be close working with Medway to inform both the ICS Strategy and the work of the Health Care Partnership covering Medway and Swale

2.11.3 Consideration is needed as to the role of the Kent Health and Wellbeing Board and the ICP in overseeing this strategy although it is likely that the new ICP may discharge many elements of the Kent HWB responsibilities around overseeing delivery of the agreed strategy. The Kent System Public Health Strategy proposed will also be the Kent Joint Health and Wellbeing Strategy.

2.11.4 The work will be overseen by a Steering group chaired by the DPH. This will include Senior KCC Directors, District and borough CEOs and ICP executives. It will report to the Health Inequalities, Improvement and Population Health Committee of the ICB and to the ICP.

2.11.5 The Steering Group will be supported by an operational delivery group with representatives from each DC/BC, ICS and Healthcare partnerships, OPCC, VCS and Kent CC officers in GET, ASC and Children services, Strategy, communications and public health. This group will meet fortnightly.

3. Financial Implications

3.1 There are no direct financial implications to this paper although the developing strategy will likely make recommendations that may have

implications around future use of public health, county council and wider system resources.

4 Legal implications

4.1 There are no legal implications in developing this strategy.

5. Equalities implications

5.1 The proposed strategy will have a strong focus on addressing inequalities in health which in turn are driven by inequalities in opportunity, education and socio-economic factors. The strategy will specifically focus on vulnerable groups and those with protected characteristics as well as geographical inequalities. Development will involve engaging particular vulnerable groups including using Healthwatch.

6. Other corporate implications

6.1 There is a real challenge, that no council over the last decade, has fully tackled how best to optimise the impact of public health within a Local Authority. The Strategic Approach proposed recognises the key importance of wider determinants in impacting on health including economic growth, parenting and school readiness, education, social support, community safety, housing and infrastructure, and lifestyle choices. It is expected therefore that this strategy will have implications for the wider council and our role together in optimally improving public health.

7. Governance

7.1 Adoption of the Strategy by KCC will be via Key Decision, in accordance with the Decision-making rules set out in the Constitution. The development of the Strategy, as per the details in this paper, will be administered by relevant senior officers, in consultation with the Cabinet Member as required.

7.2 Details of the required processes for approval or adoption of the Strategy by other agencies and partners will be outlined once the Strategy is finalised and prepared for adoption by KCC and this will be clarified in relevant committee and decision reports at that stage.

8. Conclusions

8.1 The health of the people of Kent is not improving in the way we would want it to. There is a stalling of improving life expectancy, levels of inequity in health across geographies and vulnerable groups, high levels of unhealthy lifestyles and increases in many upstream wider determinants of health.

8.2 There is therefore a strong case for a new system-wide approach to tackling public health with a strong focus on addressing wider determinants in place. The Robert Wood Johnson model is a helpful starting point defining the importance and contribution of different socio-economic, lifestyle, clinical and environmental determinants of health.

8.3 A new strategic approach would require all partners to understand and play a full part in tackling those key priority areas in which they can make a difference. This would include all Council directorates.

8.4 A process is described to develop the strategy with wide ownership of partners, building on work undertaken across the system to date and existing partner and system priorities supported by a robust public health approach.

8.5 The evolving strategy would inform the Integrated Care System Strategy and would become the Joint Health and Wellbeing Strategy for Kent.

9. Recommendation:

9.1 The Cabinet Committee is asked to **CONSIDER**, **COMMENT** on and **ENDORSE** the development of a Kent Public Health Strategy as outlined in the report.

10. Contact details

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From: Clair Bell, Cabinet Member for Adult Social Care and Public Health

Dr Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee – 12 July 2022

Subject: **Public Health Communications and Campaigns Update**

Classification: **Unrestricted**

Past Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary:
This paper reports on the campaigns and communications delivered through the KCC public health team in 2021/22 and outlines plans for the remainder of the financial year. Plans for 2022/23 are currently being drawn up.

The report notes the ongoing Covid-19 pandemic communications response and other Public Health priorities. A community engagement programme is planned for 2022/2023 to listen and understand the health and wellbeing needs of Kent residents. This will include the impact of the pandemic, alongside other societal pressures and economic conditions. The feedback from this engagement programme will inform the public health priorities and the new strategy due to be published in 2023.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to:

COMMENT on and **ENDORSE** the progress and impact of Public Health communications and campaigns in 2021/22 and the need to continue to deliver throughout 2022/23.

1. Introduction

1.1 Marketing and Communications activity has played a critical role in supporting our residents during the Covid-19 pandemic. Our statutory warn-and-inform responsibilities, as lead for the Kent Resilience Forum Outbreak Control Management Plan, has seen Kent County Council's (KCC) Director of Public Health and the KCC communications team at the forefront of media and PR, social media and marketing, stakeholder and partnership engagement. The profile of Public Health in the public consciousness has risen significantly as a result of such an unprecedented two years. There is a renewed sense of

personal and community responsibility and much more interest in public health issues from the media, across social media and directly from residents.

1.2 There are clear links between some health lifestyle issues and more severe symptoms of the virus, including smoking, obesity and mental health and wellbeing.

1.3 Marketing and Communication activity has continued to focus on three main drivers:

- Promoting healthier behaviours and self help
- Giving information and advice
- Promoting local services where available and also highlighting online and digital support.

1.4 This paper covers communications activity for 21/22, along with key activities and plans for this financial year.

2. Covid-19 Communications

2.1 The media spotlight on Kent and KCC's Director of Public Health has been considerable since March 2020.

2.2 Numerous media briefings and interview opportunities over the past year were carried out, alongside reactive media statements, proactive media releases and considerable social media content and communications activity with partners and stakeholders as part of our role on the Kent Resilience Forum.

2.3 KCC took a leading role in the communications throughout the pandemic, representing KCC at – but also leading on behalf of the system at the Covid Tactical Command Group and Strategic Command Group, the Health and Social Care cell, Testing cell, Enforcement cell Health Protection Board, and the symptom-free testing cell.

2.4 Communications were carefully co-ordinated with partners from Medway Council, Public Health England (now UKSHA), the NHS, district and borough councils, and central Government including the Department of Health and Social Care.

2.5 The launch of symptom-free test sites in December followed by further sites being rolled out across the county, and then the introduction of the Kent Local Tracing Partnership received local, regional and national attention.

2.6 Surge testing in the ME15 area received a national media focus and we worked with colleagues from Maidstone Borough Council, Kent Police and Kent Fire and Rescue Service among others to respond to and manage the intense media interest while communicating with residents and other local stakeholders.

2.7 The 'Don't Be The Reason' campaign was launched to encourage public adherence to the rules following the end of the first lockdown, and the lead up

to Christmas where case numbers were increasing – before the variant was discovered. An online survey was introduced on Kent.gov.uk and collated public opinion around the rules of lockdown and how people felt they were able/not able to comply with them. The second iteration of the survey also explored public feedback about the symptom-free testing that had been launched. Over 12,000 people filled in the survey over a period of 6 weeks and the invaluable insight into people's opinions and behaviours was used to adapt campaigns activity further. 4 surveys were carried out online throughout the pandemic, and it was clear that our residents were keen to give feedback and engage with us which was very encouraging.

2.8 Creative assets have been designed, developed and shared with partners across Kent for use across social media and digital channels. They focussed on different rules and different audiences and themes such as Christmas, young people and university students. Alongside traditional organic marketing channels, a campaign advert was played across digital and local radio channels over a period of 6 weeks to encourage uptake of testing, and reinforce the importance of social distancing, good hygiene and wearing face coverings.

2.9 Relationships with supermarkets were established and Morrisons supermarket offered (for free) the inclusion of leaflets in every home delivery from throughout the winter of 2021. The subject of the leaflet was symptom-free testing and Kent Together, following Government advice for more people than ever to shield.

2.10 Advertising screens at Bluewater and Ashford shopping outlets were secured for free, as part of the retail's commitment to helping protect shoppers.

2.11 Targeted paid for social media advertising was carried out for each district to invite people to come forward for symptom-free testing.

2.12 Digi-vans were hired in four districts to promote symptom free testing in local areas. These digital adverts were very successful and recognition rates across those attending symptom free tests in some areas was as high as 5% (usually it is around 1%).

2.13 KCC published daily case numbers, with a district breakdown for over 2 years. www.kent.gov.uk/covidcases gave a more accurate understanding of case numbers, positivity rates, take up of local testing sites and more recently vaccinations. This page became pivotal in the public understanding of the picture across Kent.

2.14 Health inequalities were a priority for, and local Covid Champions were the connection to specific communities via outreach engagement activity. We supplied Protect Kent materials on Kent.gov.uk in multiple languages, and easy read formats, and we translated national material from central government websites to ensure our diverse Kent communities stayed informed.

2.15 Health inequality research will form the basis of the next step inclusive campaign and communications engagement, finding new innovative ways to reach people who are most at risk of serious illness.

3. Public Health Campaigns and Communications 2021/22

3.1 While the pandemic was the focus for public health activity, we also continued to create and deliver marketing campaigns for our key public health priorities. Overview of activity:

- Mental health and wellbeing – promotion of Every Mind Matters online tool and Live Well Kent Services.
- Suicide prevention - ongoing targeted promotion of Release the Pressure helpline and text service.
- Children mental health wellbeing - support and sharing of Headstart Kent, Kooth and partners' campaigns and promotions.
- Adult obesity - One You Kent and 'Better Health' healthy weight campaign.
- Alcohol awareness campaign – promoting the 'Know Your Score' online tool and local support services.
- Smoking cessation campaign – signposting to 'One You Kent' local support services.
- Child obesity - Change4Life Facebook 10 Minute Shake Up and Food Scanner App promotions.
- Sexual Health – young people awareness raising campaign
- Severe weather communications – heatwave alerts during the summer and focus on cold weather public health communications (also includes the flu immunisation campaign).
- Pregnancy and breastfeeding - Support 'Get Ready for Pregnancy' campaign and signposting to Beside You.

3.2 Mental Health and Wellbeing – Release the Pressure, Live Well Kent & Every Mind Matters

3.2.1 Campaigns for Mental Health Awareness Week in May and World Mental Health Day in October signposted to local support services including Live Well Kent, One You Kent and Every Mind Matters at www.kent.gov.uk/everymindmatters

3.2.2 Themes have included exploring nature, tackling loneliness, and finding tools and local support to empower people to find help with anxiety, stress, low mood and sleep issues; specifically identifying new mental health and wellbeing concerns which may have risen during and following the impact of Covid-19 and lockdowns/restrictions on people's lives.

3.2.3 Creative assets have been developed for different campaigns and themes and channels used which included Kent Online, Heart FM, Community Ad magazine, Spotify, social media platforms.

3.2.4 There is an ‘always-on’ organic promotion of the NHS ‘Every Mind Matters’ online tool at www.kent.gov.uk/everymindmatters

3.2.5 We also share promotion of Headstart Kent and Kooth mental wellbeing campaigns for children and young people including for Children’s Mental Health Week in February.

3.2.6 KCC Public Health has ongoing promotion of the suicide prevention ‘Release the Pressure’ campaign through Google Adwords and paid-for promotion accompanied media and PR work for World Suicide Prevention Day in September. Channels included Kent Online, Heart FM, Community Ad magazine, Spotify and social media.

3.2.7 A further targeted promotion through mobile phone adverts was held in May 2022 for specific age and geographical audiences identified by the KCC Suicide Prevention lead.

3.2.8 Paid-for promotions have always resulted in an increase to the numbers of people visiting www.releasethepressure.uk for information on the text service and helpline.

3.3 Adult Obesity - One You Kent/Better Health (healthy weight services)

3.3.1 With the support of partners, new creative assets were developed including videos from support services around the county and these formed the basis of a campaign aimed at raising awareness of adult obesity and healthy weight lifestyles.

3.3.2 A countywide campaign was launched in January with a second burst in March; further target audiences identified as men between 45 and 64 years and women between 55 and 74 years. Deciles 1 and 2, areas of deprivation.

3.3.3 Paid-for promotion included a range of media, digital and social media channels: Kent Online; Heart FM radio adverts; Facebook; online sites for Kent Football league clubs and Kent Cricket Club; Spotify and geo targeted mobile ads. This has been complimented with adverts in print and online publications including Thanet Times and Community Ad magazine.

3.3.4 Partners were also encouraged to share the campaign through their own channels to increase reach and engagement.

3.3.5 We have also supported campaigns by partners, sharing social media posts for KCHFT led outreach activity for NHS Health Checks.

3.4 Alcohol Reduction – ‘Know Your Score’ online tool promotion app

3.4.1 The ‘Know Your Score’ Audit C online tool at www.kent.gov.uk/knowyourscore has been refreshed and new creative assets have been developed to support

awareness raising campaigns for Alcohol Awareness Week in November and this was repeated in Dry January. A further campaign burst is due to run in July, signposting to support services through commissioned providers CGL, Forward Trust and One You Kent.

3.4.2 Key messages continue to raise awareness among all drinkers about long term health messages including stroke and impacts on mental health, work and relationships. As with previous campaigns, content is targeted at key behaviours rather than specific age ranges. Channels for promotion included Kent Online, Heart and Smooth FM, Community Ad magazine, Facebook and Spotify adverts, geo-targeted mobile adverts and MTW Hospital magazine, along with media and PR opportunities plus encouraged sharing by partners across Kent.

3.5 Child Obesity - Change 4 Life/Better Health Families

3.5.1 The national 'Change4Life' campaign has been renamed 'Better Health Families' and www.kent.gov.uk/betterhealthfamilies has been amended accordingly. We continue to support national campaigns locally – raising awareness of childhood obesity by focusing on primary school aged children. This includes local promotion of the '10 Minute Shake-up' summer promotion and the 'Food Scanner app' in the winter.

3.5.2 Locally we continue to promote key messages around healthy eating, reducing sugar, being more active and awareness of dental/oral health care through the @BetterHealthFamiliesKent Facebook page.

3.5.3 We encourage KCC's Children's Centres, the Kelsi school bulletin and partners to share content through their own channels.

3.6 Smoking Cessation – One You Kent services promotion

3.6.1 New creative assets were developed for two bursts of campaign activity, timed to support the national Stoptober promotion and No Smoking Day in March, signposting to One you Kent commissioned support services. Where paid-for channels allowed, audiences were further targeted in key geographical areas of Kent as identified by the Public Health Specialist where smoking rates are high and above average.

3.6.2 Channels used included Facebook advertising, Spotify, Kent Online sponsored advertorial content, Spotify, Smooth and Heart FM adverts, Ladbible, and geo-targeted mobile adverts plus A0 posters across East Kent hospitals. 'What the Bump?' smoking campaign materials were used through the Mumsnet platform.

3.6.3 Key messages focused on the physical and mental health harms of smoking plus the financial impact and the quitting benefits to these. The call to action signposted people to www.kent.gov.uk/smokefree where these is information of One You Kent support services plus self-help tools including the NHS Quit Plan app.

3.6.6 The KCC PH Campaigns team also designed leaflets for Live Well Kent service users re smoking cessation support services.

3.6.7 There is an always-on organic sharing of social media posts and we support national campaigns including local NHS assets from the Lung Cancer Alliance. We will be working with health partners to develop future multi-agency campaigns aimed at women who smoke during pregnancy.

3.7 Sexual Health – Young People 'Your Sexual Health Matters' campaign

3.7.1 The 'Your Sexual Health Matters' campaign in August 2021 focussed on 16 to 24-year-olds with the objectives of raising awareness of healthy relationships, contraception, sexually transmitted infections (STIs), pregnancy, alcohol, signposting to local support services at www.kent.gov.uk/sexualhealth

3.7.2 Creative designs were developed with input from commissioned partners and targeted advertising channels included Spotify, Facebook, Acast radio and LadBible.

3.7.3 This led to an increase in visitors to www.kent.gov.uk/sexualhealth compared to previous years (except 2020 where Covid affected services so online support increased); an uptake in registrations to the Get It condom programme and orders for online STI test kits.

3.7.4 We aim to engage further with commissioned providers including KCHFT and the Maidstone and Tunbridge Wells NHS Trust for further campaign opportunities.

3.8 Winter Campaign

3.8.1 KCC has a "warn and inform" responsibility during cold weather alerts and leads on the communications for public health messaging. We also support national government and NHS campaigns, providing partners with appropriate social media, marketing and digital assets for level two and three alerts in Kent during the winter cold weather periods, offering advice and signposting support to enable residents to manage their health during extreme weather conditions.

3.8.2 Messaging this year also incorporated reminders of Covid messaging. We also continue to support the NHS 'Stay Well This Winter' and national NHS flu campaign.

3.9 Pregnancy and Breastfeeding

3.9.1 The 'Get Ready for Pregnancy' campaign materials from KCHFT and Beside You website social media assets continue to be shared through KCC

platforms. We also share national ‘Start4Life’ campaign assets organically through KCC social media channels.

4. Financial update

4.1 £368,000 was spent on campaign and marketing activity in 2021, £130k from the revenue budget allocation, with the rest funded from the Contain Outbreak Management Fund.

5. Conclusion and Next Steps

5.1 It is anticipated that campaigns and communications will continue to focus on the Covid response as well as the new and emerging responsibilities for the KCC Public Health Director and team.

5.2 We will be developing key Public Health campaigns based on priorities identified by the Director of Public Health. These include:

- Mental Health and Wellbeing – adults and children
- Obesity – adult and children
- Smoking
- Alcohol
- Health Checks and high blood pressure
- Sexual Health
- Breastfeeding and infant feeding
- Seasonal health – heatwave and winter

5.3 Data, insight and localised information will be used to shape these campaigns.

5.4 Previous successes and learning will be integrated in future campaigns, focussing on the most effective communications methods and channels to target key groups and issue areas, and on the benefits of developing and utilising social media and digital platforms.

5.5 It has long been recognised that long-term change requires long term, consistent messaging, and it is important to continue working with local partners and nationally with UK Health Security Health Agency (UKHSA) to create and deliver consistent Public Health campaigns and marketing activity.

6. Recommendation

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to:

COMMENT on and **ENDORSE** the progress and impact of Public Health communications and campaigns in 2021/2022 and the need to continue to deliver throughout 2022/23.

7. Contact details

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From: Benjamin Watts, General Counsel

To: Health Reform and Public Health Cabinet Committee – 12 July 2022

Subject: **Work Programme 2022/23**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: Standard item

Summary: This report gives details of the proposed work programme for the Health Reform and Public Health Cabinet Committee.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to consider and agree its planned work programme for 2022/23.

1.1 The proposed Work Programme has been compiled from items on the Forthcoming Executive Decisions List, from actions arising from previous meetings and from topics identified at agenda setting meetings, held six weeks before each Cabinet Committee meeting, in accordance with the Constitution, and attended by the Chairman, Vice-Chairman and the Group Spokesmen. Whilst the Chairman, in consultation with the Cabinet Members, is responsible for the final selection of items for the agenda, this report gives all Members of the Cabinet Committee the opportunity to suggest amendments and additional agenda items where appropriate.

2. Work Programme 2022/23

2.1 An agenda setting discussion was conducted by email, via which items for this meeting were agreed and future agenda items planned. The Cabinet Committee is requested to consider and note the items within the proposed Work Programme, set out in the appendix to this report, and to suggest any additional topics that they wish to be considered for inclusion in agendas of future meetings.

2.2 The schedule of commissioning activity which falls within the remit of this Cabinet Committee will be included in the Work Programme and considered at future agenda setting meetings. This will support more effective forward agenda planning and allow Members to have oversight of significant service delivery decisions in advance.

2.3 When selecting future items, the Cabinet Committee should give consideration to the contents of performance monitoring reports. Any 'for information' or briefing items will be sent to Members of the Cabinet Committee separately from the agenda, or separate Member briefings will be arranged, where appropriate.

3. Conclusion

3.1 It is vital for the Cabinet Committee process that the committee takes ownership of its work programme, to help the Cabinet Members to deliver informed and considered decisions. A regular report will be submitted to each meeting of the Cabinet Committee to give updates of requested topics and to seek suggestions of future items to be considered. This does not preclude Members making requests to the Chairman or the Democratic Services Officer between meetings, for consideration.

4. Recommendation: The Health Reform and Public Health Cabinet Committee is asked to consider and agree its planned work programme for 2022/23.

5. Background Documents

None.

6. Contact details

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HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE
WORK PROGRAMME

Item	Cabinet Committee to receive item
Verbal Updates – Cabinet Member and Corporate Director	Standing Item
Work Programme 2021/22	Standing Item
Risk Management report (with RAG ratings)	Standing Item
Update on COVID-19	Temporary Standing Item
Public Health Strategy	Standing Item
Key Decision Items	
Performance Dashboard	March, June/July, September, November
Update on Public Health Campaigns/Communications	Biannually (January and June/July)
Draft Revenue and Capital Budget and MTFP	Annually (January)
Annual Report on Quality in Public Health, including Annual Complaints Report	Annually (November)

2022/23

20 September 2022		
1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Update on COVID-19	Temporary Standing Item
7	Risk Management report (with RAG ratings)	Standing Item
8	Public Health Strategy	Standing Item
9	Public Health Performance Dashboard - Quarter 1 2022/23	Regular Item
10	Work Programme	Standing Item
23 November 2022		
1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Update on COVID-19	Temporary Standing Item
7	Risk Management report (with RAG ratings)	Standing Item

8	Public Health Strategy	Standing Item
9	Annual Report on Quality in Public Health, including Annual Complaints Report	Regular Item
10	Public Health Performance Dashboard - Quarter 2 2022/23	Regular Item
11	Work Programme	Standing Item
17 January 2023		
1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Update on COVID-19	Temporary Standing Item
7	Risk Management report (with RAG ratings)	Standing Item
8	Public Health Strategy	Standing Item
9	Update on Public Health Campaigns/Communications	Regular Item
10	Draft Revenue and Capital Budget and MTFP	Regular Item
11	Work Programme	Standing Item
16 March 2023		
1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Update on COVID-19	Temporary Standing Item
7	Risk Management report (with RAG ratings)	Standing Item
8	Public Health Strategy	Standing Item
9	Public Health Performance Dashboard - Quarter 3 2022/23	Regular Item
10	Work Programme	Standing Item
10 May 2023		
1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Update on COVID-19	Temporary Standing Item

7	Risk Management report (with RAG ratings)	Standing Item
8	Public Health Strategy	Standing Item
9	Work Programme	Standing Item
11 July 2023		
1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Update on COVID-19	Temporary Standing Item
7	Risk Management report (with RAG ratings)	Standing Item
8	Public Health Strategy	Standing Item
9	Performance Dashboard	Regular Item
10	Update on Public Health Campaigns/Communications	Regular Item
11	Work Programme	Standing Item

ITEMS FOR CONSIDERATION THAT HAVE NOT YET BEEN ALLOCATED TO A MEETING
Place-Based Health – Healthy New Towns
Population Health Management with ICS
Update Report on Gambling Addiction Interventions in Kent – Added by Mr Lewis at HRPH CC 20/01/2022
Lessons Learnt paper from Asymptomatic testing site – added at HRPH CC 20/01/2022
Mental Health for Younger People + Young Minds Presentation – added by Andrew Kennedy on 24/01/2022
NHS Health Check (dependent on the confirmation of national review)

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