

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 Thursday, 16 March 2023.

PRESENT: Mr A Kennedy (Chairman), Mr N Baker (Vice-Chairman), Mr D Beaney, Mrs P T Cole, Mr P Cole, Ms K Constantine, Ms S Hamilton, Ms J Meade, Mr J Meade, Mrs L Parfitt-Reid, Mr D Ross, Mr S Webb and Ms L Wright

ALSO PRESENT: Mrs C Bell

IN ATTENDANCE: Dr A Ghosh (Director of Public Health), Ms J Mookherjee (Consultant in Public Health) and Mrs V Tovey (Public Health Senior Commissioning Manager)

UNRESTRICTED ITEMS

241. Apologies and Substitutes
(Item 2)

Apologies for absence had been received from Mr Dan Daley, Mr Dylan Jeffrey and Peter Harman. Mrs Hamilton, Karen Constantine and Ms Linda Wright were in attendance virtually.

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

Mr Jordan Meade declared an interest in item 8, as he was Chairman of Gravesham Street Pastors who had a role in alcohol prevention.

243. Minutes of the meeting held on 17 January 2023
(Item 4)

RESOLVED that the minutes of the meeting of the Health Reform and Public Health Cabinet Committee held on 17 January 2023 were correctly recorded and that they be signed by the Chair.

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

1. The Cabinet Member for Adult Social Care and Health, Mrs Clair Bell, gave a verbal update on the following:

Level Three Cold Weather warning – As part of the warn-and-inform responsibilities, Public Health had issued a cold weather alert during the previous week and were urging residents to follow simple steps to keep warm, and to help vulnerable families, friends and neighbours stay safe.

Additional Funding for Drug and Alcohol Treatment – Mrs Bell said that in February 2023 the Government had announced £421 million for local authorities across England over the next 3 years to boost drug and alcohol treatment. The funding would mean that the total local authority funds for treatment would have increased by 40% between 2020/21-2024/25. For Kent, this would mean an extra £3 million during the next financial year and then £5 million for each of the following two years. Together with the core grant for drug and alcohol support, this would be a total of over £13 million. The additional funding would be used to enable the Council to focus support on homeless individuals in treatment services, maintain the treatment and recovery for those moving into new accommodation and help individuals into employment as part of their treatment.

No-smoking day 8 March 2023 – Mrs Bell said that Kent smokers were urged on this day to stop smoking to enjoy better health. This was a national awareness day that highlighted that smoking not only caused life-threatening cancers, strokes and diabetes but also increased the risk of dementia. It was noted that the number of people who smoke in Kent was at a record low, 167,000 residents were estimated to continue to face serious health issues from smoking. Only one-fifth of smokers in the South-East were aware that smoking increased the risk of Alzheimer's. Mrs Bell said that stopping smoking can lead quickly to improved health and that much local support was made available through Kent County Council services, such as One You Kent Stop Smoking Free Service. Further details can be found here: [Quit smoking - Kent County Council](#)

2. In response to questions from Members it was said:
 - a. Figures regarding the estimated number of residents who smoke in Kent were to be circulated after the meeting.
 - b. It was confirmed that the extra funding for drug and alcohol services was additional to the core funding already received. Which would be to focus on the key areas mentioned in the update. There would be a close working relationship with the District Councils on areas such as housing. The extra funding was made available following the finding from the Dame Carol Black review.
3. Dr Anjan Ghosh, Director of Public Health, gave a verbal update on the following:

Public Health Grant – On 14 March 2023 the Government announced details of the grant, the figure for Kent was £74 million for 2023/24. It was noted that this represented a 3.3% increase on last year's grant. The allocated growth had been announced for 2024/25 at 1.3% this was noted to be an effective cut, so further budget planning would be required going forward.

Covid-19 update – Dr Ghosh said that the county was in a good and stable position. In England, the estimated number of people testing positive for Covid-19 was 2.38% of the population or 1 in 40. The Zoe survey also suggested the numbers had stayed at a similar level. It was noted that the rates in Kent had seen a week-on-week drop, but this was just hospital testing, with the current rate being 38.1 per 100,000. Dr Ghosh said there was an ongoing review focussed on the next stage called the living with Covid plan. An escalation pathway had been included, for actions to be taken if numbers were to begin to rise again.

Integrated Care Strategy – Dr Ghosh said the interim strategy had been published in December 2022, due to time constraints they were unable to extensively consult and co-produce the strategy, so this was now ongoing with

several partners at different levels, the updated version was due to be published in October 2023. Work was ongoing with Health and Care Partnerships to develop prevention plans. Also, work with districts about the wider determinants of health. The governance of the Integrated Care Strategy included the Inequalities Prevention Population Health Committee (IPPH) which directly reports to the Integrated Care Board, it was proposed that there be four work streams under the committee which would focus on preventative health measures as part of the long-term plan to help resolve the NHS permacrisis. Dr Ghosh suggested that the Chair should consider how these workstreams report back to the Cabinet Committee.

4. In response to questions from Members it was said:
 - a. Dr Ghosh was optimistic that rates of Covid-19 would stabilise but there were certain circulating variants and sub-variants of Omicron, and a new strain could change the picture, but the ongoing plan was to live with Covid-19. The Joint Committee on Vaccination and Immunisation (JCVI) had stipulated that further booster jabs were restricted to older groups.
 - b. It was noted that there was a possibility that Covid cases were going unreported, due to the introduction of paid-for test kits.
 - c. The living with Covid plan would include those with long Covid, work was ongoing examining its implications going forward.
 - d. Asked about working with district colleagues on housing and the effectiveness of social prescribing measures as part of the preventative health agenda. It was confirmed that housing was of key concern as one of the Wider Determinants of Health and work with districts would be ongoing about the supply of safe housing. It was noted that there was a review of social prescribing in Kent ongoing with Adult Social Care colleagues. Would be focused on the quality and consistency of outcomes.

RESOLVED the verbal updates were noted.

245. Public Health Performance Dashboard – Quarter 3 2022/23 *(Item 6)*

1. Victoria Tovey, Head of Strategic Commissioning (Public Health), gave an overview of the Key Performance Indicators (KPIs) for the Public Health commissioned services. eight out of 15 indicators were RAG-rated green, five amber and one red. It was explained that One You Kent Services was rated red, due to the challenge of engaging with those from deprived areas there had been ongoing proactive targeting to engage but self-referrals and GP referrals made it challenging. It was noted that three target changes had been proposed as part of the annual target-setting process to drive continuous improvement.
1. In response to questions, it was said:
 - a. Asked about the concern that One You Kent was not meeting the outreach target of those from the most deprived quartiles. It was noted that different approaches were required to target the most deprived residents. Details of targeted measures were given such as putting the services in those deprived areas, mapping pharmacy provision and insight work to understand the barriers that people face in accessing these services. A review of the One You Kent Service was ongoing

to ensure that the offer is the right one. It was noted that the eligibility criteria may be amended from the open access that was currently in place.

- b. Attrition rates would be closely monitored and proactive attempts to contact people were made. There were concerns over the quality of the referrals, as some who had been referred were not aware.
 - c. It was confirmed that the service offered extended hours to be as accessible as possible. There was also a range of self-help tools to use whenever was convenient. Service and access options would be amended based on the insights gathered from users.
 - d. Community assets such as gyms and leisure centres would be signposted to those referred to the service as part of a holistic health care offer.
1. RESOLVED to note the performance of Public Health commissioned services in Q3 2023/2023.

246. Risk Management: Health Reform and Public Health
(Item 7)

1. Dr Ghosh introduced and gave an overview of the report. It was noted that preparedness for chemical, biological, radiological, nuclear and explosives (CBRNE) incidents and communicable disease outbreaks risk had been downgraded from high to medium risk which reflected the ongoing situation with the Covid-19 pandemic. This would be closely monitored, and the risk would be raised if there was a change in the situation. Details were given on two further risks.
2. RESOLVED to consider and comment on the risks presented.

247. 23/00021 - Kent Drug and Alcohol Strategy 2023-2028
(Item 8)

1. Jessica Mookherjee introduced the report. It was noted that the strategy had been developed within the context of Dame Carol Black Review. The national "From Harm to Hope" strategy did not require a local strategy but due to the size of Kent and the number of residents requiring support meant a local strategy was developed. The consultation highlighted some areas that needed improvements, such as, improving the focus on children and young people, working more closely with NHS and Integrated Care Boards and an increased focus on more vulnerable people and women.
2. In response to questions, it was said:
 - a. Concerns were raised over the religious background of those that took part in the consultation which was disproportionately overrepresented by Buddhists. It was confirmed that this would be reviewed and reported back to the committee to ensure the validity of the consultation.
 - b. It was confirmed that between 5,000-6,000 residents from across Kent were treated each year. It was said that an advocacy organisation had been commissioned, and providers were encouraged to, meet with those who were

treated, and use report their experience back to inform the strategy going forward. A range of stakeholders had been consulted and a peer-to-peer review was conducted with another Local Authority which enabled the strategy to be co-produced.

- c. There would be engagement with employers and people would be recruited from across Kent to help those who have completed treatment get back into employment.
 - d. Wording on bullet point 2 section 2.1 *Continue improvement to treatment and recovery services* would be changed to make it more definitive that services would be working together across the whole system.
 - e. It was confirmed that there was a robust suicide prevention strategy, but additional measures were needed as part of the strategy to focus on dependent drinkers and those in treatment with high suicidality rates and poor access to mental health services.
 - f. The Police were a key stakeholder as a part of the strategy, Superintendent Peter Steenhuis was a member of the executive group.
 - g. Efforts would be made to reach out and understand the experiences of children and young people to inform the strategy going forward.
3. RESOLVED to consider and endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to:
- a) Adopt the Kent Drug and Alcohol Strategy 2023-2028 and
 - b) delegate authority to the Director of Public Health to refresh and/or make revisions as appropriate during the lifetime of the strategy.

248. Update Report on Gambling Addiction Interventions in Kent (Item 9)

1. Jessica Mookerjee introduced the report. It was hoped that the paper would give a direction of travel on the issue going forward. It was confirmed that gambling addiction was an emerging Public Health Issue. It was noted that it was expected that there would be changes to national legislation on the issue. Nationally only 2% of those addicted to gambling were getting access to treatment services, there would be efforts made to get further details on the situation within Kent. Would work with mental health commissioners and the district councils going forward. It was noted that there were seven NHS treatment centres across the country.
2. Mr Barry Lewis, who had been invited to the Cabinet Committee meeting by the Chair as this report was requested by the Member, Mr Lewis thanked Jessica Mookherjee for her work on the update. Mr Lewis then gave further details and insights on gambling and its wider effects on society and Kent residents. Mr Lewis said more interventions were required to support and treat those with gambling addictions. Mr Lewis also requested that an update be reported back to the Cabinet Committee yearly to monitor progress on the issue in Kent.
3. In response to questions, it was said:
 - a. Further data on suicides from debt and gambling-related reasons within Kent was not available at this time. But the link between gambling debt and suicide was

very important and funding from suicide prevention could be allocated to focus on this area.

- b. Would look at existing services and platforms to offer more support for Kent residents.
 - c. Learning on this issue was ongoing and scoping the most effective measures to tackle the problem in Kent were being explored.
 - d. It was asked that there be a focus on young people and university students as a high number had reported issues with poor mental health as a result of gambling.
4. RESOLVED to comment on the contents of the report.

249. 23/00010 - NHS Health Check System
(Item 12)

1. Victoria Tovey introduced and gave an overview of the report. A 6-month extension was requested to allow for findings from a review of NHS service offer around Health Checks to inform the specification. It was noted that the procurement of the new system would be for 5 years with 2 extensions.
2. In response to questions, it was said:
 - a. It was confirmed that the 6-month extension would equate to £166,000 as a maximum amount. The cost would cover both the price of the system and invites sent to those eligible for checks. The system was used across primary care, community trust providers and pharmacy. There was no additional cost to providers for providing the service. The IT service was provided to ensure that there was consistency, carried out in a robust way and that the data was captured securely.
 - b. The review looked at other IT systems, but it was noted that this may lead to fragmentation and be considered a step backwards. The system Kent used was popular amongst other Local Authorities, but other suppliers were available.
 - c. The Chair expressed concern over the financial commitment to the IT system and if there were possible less costly alternatives. Victoria Tovey offered to provide further details on functionality outside of the meeting.
3. RESOLVED the agree to the recommendations as set out in the report were agreed.

250. Work Programme
(Item 10)

1. The Chair requested that a paper on social prescribing be brought before the Cabinet Committee.
2. RESOLVED to note the work programme.