

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, 18 May 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, Peter Harman, Mr D Jeffrey, Ms J Meade, Mr J Meade, Mrs L Parfitt-Reid, Mr D Ross and Ms L Wright

ALSO PRESENT: Mrs C Bell

IN ATTENDANCE: Dr A Ghosh (Director of Public Health) and Mrs V Tovey (Public Health Senior Commissioning Manager) and Mr D Westhoff (Democratic Services Officer)

UNRESTRICTED ITEMS

251. Introduction
(Item 1)

The Chair made a statement on the passing of Mr Dan Daley.

252. Apologies and Substitutes
(Item 2)

Apologies for absence had been received from Mr Simon Webb. Mrs Trudy Dean was in attendance as a representative for the Liberal Democrats.

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

Mr Baker noted that his fiancée was a communications manager at the East Kent Hospitals University NHS Foundation Trust.

254. Minutes of the meeting held on 16 March 2023
(Item 4)

RESOLVED that the minutes of the meeting held on 16 March 2023 were correctly recorded and that a paper copy be signed by the Chair.

255. 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.

Mental Health Awareness Week - It was noted that this had taken place 15-21 May, the focus this year was on anxiety. Residents were encouraged to think of simple steps they could take to improve their mental health and to recognise where intense anxiety is impacting daily life and when to seek support. Mrs Bell then gave details of services and advice available countywide. Kent and Medway authorities, health services and community groups were coming together to remind residents of locally based support available. Live Well Kent and Medway were a network of voluntary groups and charities offering free mental health support and guidance for young people and adults. Better Health Every Mind Matters website offered advice on stress, anxiety, low mood, and sleep issues. One You Kent, a free local healthy lifestyle service, helps residents set realistic fitness goals and stay motivated. Counselling services were available for a range of concerns through Release the Pressure. It was noted that further information and links to these services were available on the Kent County Council Website and promoted on the Council's social media channels. Please find links to the services below:

- Live Well Kent and Medway: [Welcome | Live Well Kent](#)
- Better Health Every Mind Matters: [Better Health - Every Mind Matters | Campaign Resource Centre \(phe.gov.uk\)](#) One You Kent: [One You Kent - Kent County Council](#)
- Release the Pressure: [Release the pressure - Kent County Council](#)

(b) **Detling Showground Dementia Event** - Mrs Bell said that on 19 May, there was a free event at the Detling Showground showcasing the support available for those living with or caring for those with dementia. The event would be organised by members of the Kent Dementia Action Alliance which includes KMPT, KCC and NHS Kent & Medway. Voluntary organisations would be in attendance with information available. People would be able to meet with experts and professionals and connect with local dementia support services. As well as learn about new research and take part in activities. In the afternoon the Kent dementia friendly awards would take place to recognise individuals and organisations that benefit the lives of those with dementia. The event would be attended by Kent County Council Leader Roger Gough and Minister of State for Social Care, and local Kent MP, Helen Whately.

(c) **Health Watch Recognition Awards** - Mrs Bell noted that she had attended the awards on 29 March 2023, where Kent County Council had won 4 awards. The Council's Public Health directorate had won two of the awards. The first was for Kent and Medway's Listens, a large engagement project that engaged with numerous residents and the findings from which would help inform the interim Integrated Care Strategy. The second award was for their commitment to be involved with and listen to those with lived experiences of suicide. This has further developed the Kent and Medway Suicide Prevention Network and strengthened the support it offers. It was noted that the Adult Social Care directorate had won two awards for work on the People's Panel and the Technology Enabled Care Service.

(d) Mrs Bell mentioned another award that was given to the **Hypertension Heroes** - Mrs Bell said Medway Public Health and NHS Kent and Medway had been recognised for their outreach work to those who would not normally go to a GP to check blood pressure

made possible by a group of volunteers working in the community called 'hypertension heroes'. 830 individuals had been encouraged to get their blood pressure checked, 2/3 from the most deprived areas of Kent and Medway and 50% self-described as from non-white backgrounds, 206 had high or very high blood pressure.

2. In response to questions from Members, it was said:

(a) The Chair noted that he and Mr Meade were available as Kent's Mental Health Champions to go into the community and raise awareness.

(b) Concerns were raised that the County Showground in Detling was not the most accessible of locations and queried if any arrangements could be considered to improve ease of access. Mrs Bell noted the concern.

3. The Director of Public Health, Dr Anjan Ghosh, gave a verbal update on the following.

(a) **Mental Health Statistics** – Dr Ghosh noted that 1 in 6 adults in England and Kent had a common mental health problem such as anxiety or depression. Those 16-29 years old were 28% more likely to have some form of anxiety. Women reported higher rates of anxiety than men, 37.1% of women and 30% of men.

(b) **Covid-19 Update** – Dr Ghosh said that the rates of Covid-19 were at the lowest levels recorded since the start of the pandemic. All indicators nationally are falling and the rate per 100,000 in Kent was lower than the rate for the South-East, at 17 per 100,000, which equated to an average of 20 daily reported cases. Dr Ghosh noted that despite this a close watch was still needed as there were increases in case numbers seen in the West Pacific. It was said that the World Health Organisation (WHO) had downgraded covid-19 pandemic from being a global public health emergency. Dr Ghosh said that the vaccine rollout had been key to the current situation and noted that spring booster appoints were ongoing until June and available for those 75 and over, those in care homes including staff and those 5 and over with weakened immune systems.

(c) **Public Health Services update**

- Dr Ghosh said Public Health was working with other Council departments on improving the wider determinants of health, for example, working with Kent Housing Group to support their housing implementation plans. Much work on mental health concerns. Also, work was ongoing with district Councils in Kent on developing healthy new towns and including health in the planning process.
- It was said that considerable work was underway on gambling due to the attention brought to the issue by the Cabinet Committee and Mr Barry Lewis, Mr Lewis would be involved in the process going forward on a strategy focussed on problem gambling. Would be working with other health bodies and taking a regional leading role on this issue.
- A new suicide prevention strategy had been launched in England, which would be an opportunity for Kent Public Health to refocus its own work.
- The Substance Misuse Act was now in place following a public consultation.
- A new approach to Commissioning was being developed, a report was due to be presented at the next Cabinet Committee meeting.

- A literature review of prevention interventions had just been completed, which would help identify which interventions had the greatest impact.
- Public Health had been working closely with Children's colleagues in the Council and the NHS on the establishment of Family Hubs, which involves the Public Health programme Start for Life.
- Work was ongoing on developing a Research, Innovation and Improvement unit within Kent County Council, a paper which would be discussed later in the meeting.
- An update was provided on the training provided by Public Health, for example, to medical students, junior doctors and others.
- Work on resolving challenges with Data sharing was ongoing alongside colleagues from across Kent County Council.
- On tobacco control, Public Health was working with trading standards officers and communications colleagues on e-cigarettes and vapes with the aim to reduce the sale of these products to children and young people following a marked increase in use amongst the age cohort 11-17.
- NHS Health Checks won an award for innovative delivery of health checks with Ramsgate Fishermen.
- Deputy Chief Medical Officer, Dr Jeanelle de Gruchy, would visit Kent on 26 May to Kent. As part of a round of regional visits, with a focus on hypertension and substance misuse treatment.

4. In response to questions from Members, it was said:

(a) Asked about Covid-19 variant XBB1.16 and if there had been any detection in Kent or other control measures put in place. Dr Ghosh said variants were becoming less severe but more transmissible, as part of the natural selection process. Dr Ghosh confirmed that variant XBB1.16 had been recorded in the United Kingdom and in Kent but there was less data on this available than in the past. National surveillance and local triangulation procedures were ongoing and if there were any changes to severity additional measures would be put in place.

(b) Dr Ghosh said he was aware of the issue of nitrous oxide abuse and would bring further information on this issue back to the committee.

(c) Asked about the effects of long covid on absenteeism from employment and in schools, numbers increasing. Dr Ghosh noted that long covid and its effects were of ongoing concern and research was being conducted. It was confirmed that long covid was a recognised condition but there was a challenge as a definition had yet to be found, due to a broad range of symptoms and complications. Dr Ghosh said that a previous paper on long covid may be reviewed and updated. Dr Ghosh and the Chair noted that in a paper on covid-19 and its impact on mental health, especially amongst younger age cohorts, anxiety to return to school or the workplace may be responsible for absenteeism.

(d) On data sharing Dr Ghosh said the Kent and Medway Care Record, a combined record of Adult Social Care and NHS, and considerable amounts of information was held by district councils. It was noted the importance of complying with information governance regulations, the due diligence process with the safety of sharing data and

getting consent from individuals to share their data. Attempts were made to speed up the process but would take time.

(e) Asked about male mental health and the challenge of engaging with those men who do not reach out for help and support. Dr Ghosh said there was a challenge with men not seeking support early enough with most conditions and ailments. Due to this, there was a specific focus on men, unhealthy habits such as smoking and drinking were affected by wider determinants of health like employment, housing and other environmental impacts. Due to this, it was complicated but active programmes were underway within communities.

256. Gypsy, Roma and Traveller Health Needs Assessment *(Item 6)*

Dr Anita Jolly, Interim Consultant in Public Health, was in attendance for this item.

1. Dr Anjan Ghosh introduced the report. Dr Ghosh noted details of the past reports that had been brought to the committee on Gypsy, Roma and Traveller (GRT) needs and the ongoing focus on the inequalities that they face, however, there was a lack of data available. The paper was part represented part of the ongoing work to gain greater insights into the health needs and inequalities of GRT communities in Kent. The report represents wave 1 which focused on existing data and the results of qualitative engagement with stakeholders who had engaged with the GRT communities. Wave 2 would follow up and involve direct engagement with GRT communities.
2. Dr Jolly gave additional contextual information and provided an overview of the findings of the report. Dr Jolly noted that GRT communities were not homogenous but shared some lifestyle characteristics and health issues and inequalities. It was said that the data suggested that individuals from GRT communities faced poor physical and mental health across their life course. A challenge was identified as the legacy impact of the lack of trust that GRT communities had in health institutions and professionals, leaving many unaware of their healthcare entitlements. It was noted that GRT communities suffered inequalities in the wider determinants of health, for example, educational attainment and housing. Despite the challenges it was noted that progress was being made and a team of committed health professionals were visiting sites and supporting communities' healthcare needs.
3. Dr Jolly provided an overview of the report's recommendations.
4. In response to questions from Members, it was said:

(a) It was said that more needed to be done to get GRT children into schools and support given to those with both physical and mental health conditions, as the provisions were limited or absent. Also, the Members asked who was responsible for training providers and to ensure that the participatory research acquires rich data from the communities. Dr Ghosh said that they were very aware of the challenges they faced going forward. The participatory research would be coproduced with the communities. It was noted that they

had been in contact with providers who exemplified this approach needed by being culturally sensitive and may get them to inform and train other providers on the approaches required. Technology, such as smartphones and AI would be embraced to improve accessibility amongst such communities but would need to be mindful of digital exclusion. Dr Jolly noted that providers were trained in cultural competency before entering communities.

(b) Asked for further clarification on the figure that 45% have housing, as this may relate to several contexts. It was said that 45% came from 2011 census, so this may have changed once the data was received from the 2021 census, no Kent-specific figures were available.

(c) Asked about a mobile clinic and if this could be used to take primary care services into sites. It was said that there were no active examples of this happening but that it could be useful to consider going forward. It was noted that several primary care providers had taken innovative approaches to engage with and register individuals and communities from GRT sites.

(d) Following a question from a Member on a nominated representative scheme, that allowed individuals from GRT sites to act as a go-between between the Council and GRT sites, the Chair asked that the clerk look into this query and circulate the information with the committee outside of the meeting.

(e) The Chair thanked the presenters and Ms Constantine for her insights on the issue.

RESOLVED to note and comment on the report.

257. Kent and Medway Interim Integrated Care Strategy Update *(Item 7)*

Mike Gogarty, Interim Consultant in Public Health, was in attendance for this item.

1. Dr Anjan Ghosh introduced and gave an overview of the progress of the Integrated Care Strategy (ICS). Dr Gosh gave details of a workshop, organised with Cabinet Member Mrs Bell, that all Members were invited to, which would allow them to give feedback on the ICS which would then be inputted into the next iteration of the strategy, this would take place June 13, 2023. Also, an All-Member Briefing, on the Kent and Medway Integrated Care Board, chaired by the Leader would take place on 11 July 2023, the Chair of the Integrated Care Board Cedi Frederick and the Chief Officer Paul Bentley would be in attendance. Dr Ghosh noted that the Inequalities Prevention and Population Health (IPPH) committee, which would sit below the Integrated Care Board, had recently had three sub-committees formed which would drive the work forward, and the challenges and areas of focus had been agreed upon.
2. Mike Gogarty gave an overview of the paper. It was noted that the upstream determinants of health were not improving or detreating, which made greater the challenge of supporting the health of the population. The Integrated Care Strategy would act as a single system-wide approach to health improvement. Member's input was not being encouraged to inform the strategy going forward.

Work was ongoing with various partners to support the rollout of the strategy and inform action plans to improve population health.

3. In response to questions from Members, it was said:

(a) A Member thanked officers and NHS staff but noted the decline in health and life expectancy and the difficulty of access for residents to GPs and dentists. It was said that there was evidence of an increase in child poverty in Kent, greater than that seen in the rest of the country and that there were a number of key challenges related to the upstream wider determinants of health including loneliness, education, income and lifestyle choices. It was noted that skills and recruitment challenges were of key concern in primary care. There would also need to ensure that resources were properly allocated, with the right care targeted at the right places.

(b) Asked for a graph on declining life expectancy, area-by-area, in the next paper to inform the Members and the public. It was said that Kent Public Health does have resources available mainly in West Kent but would try to make available more granular data county-wide. It was noted that interested Members and residents should view the Kent Public Health website. It was confirmed that there had been a drop in life expectancy across the OECD but further and faster in the UK, the drop had started before the Covid-19 pandemic. A change in life expectancy takes many years to show in the data.

(c) A Member noted the importance of consulting parish and town councils as they can make a key difference. But they would need support and guidance going forward.

(d) Asked about community pharmacies and the impact of the closure of Lloyds pharmacies in Sainsbury's stores on pharmacy provision. Also, was there any reason behind recent pharmacy closures. It was said that a pharmaceutical needs assessment was part of the statutory responsibilities of the Health and Well-being Board every 3 years. This document informed decisions of when a pharmacy could be closed and if adequate provision was available. Dr Ghosh noted that the pharmacy closures that were being referred to were a commercial decision but that it had not impacted pharmacy provision in that local population.

(e) It was noted by a Member that prevention measures, for example, dementia cafes and walking groups could be done with limited funds.

(f) Dr Ghosh informed Members that a Health and Wellbeing conference was being organised for Parish Councils and would be held online on 17 July 2023. Please find a link to the conference here: [Health and Wellbeing Conference 2023 Tickets, Mon 17 Jul 2023 at 09:30 | Eventbrite](#)

RESOLVED to consider and comment on the report.

258. Implementing the Research, Innovation & Improvement Unit in Kent County Council
(Item 8)

Dr Abraham George, Consultant in Public Health, was in attendance for this item.

1. Dr George introduced and gave an overview of the paper. Dr George said an expression of interest had been made in mid-April 2023 to the National Institute of

Health and Care Research (NIHR) and would expect to know if it was successful by late June or early July 2023. If successful a more comprehensive plan would be required outlining how the funding would be spent over the next 5 years to build up research capability. This would be submitted in September 2023 with a decision on whether to award the funding expected by December 2023. If unsuccessful the research capacity and capability would be scaled up.

2. In response to questions from Members, it was said:

(a) Asked how many projects the Health Determinants Research Collaboration (HDRC) intends to fund and the likelihood to be successful. Dr George noted that the funding was for research facilities, not the research itself, this would allow the Council to facilitate research at pace and scale when required.

(b) Asked about the sustainability of the funding model, and if further alternative funding models were being considered, for example with private sector partners. Dr George said they were highly conscience of the competition for funding and noted that there was a 1 in 5 success rate. It was said that they were actively applying for and exploring funding and collaboration opportunities.

(c) Asked for clarification on how long it would take for Kent residents to benefit from the unit and what strain the unit would put on Council resources.

(d) Dr Ghosh responded that much of the current research was undertaken in London and there would be a benefit to have a facility in Kent as this research had been successful in supporting medical treatments and interventions. It was noted that in many key areas, there was not enough research to show the positive impacts of initiatives. It was stated that this would not be a vanity project of academic research but would directly impact what the council defines as priorities. Dr Ghosh confirmed there was considerable interest in the project from several stakeholders, also there was an opportunity to generate employment and income opportunities for the Council. Overall, the unit was relatively low cost and low risk but a high-value proposition.

(e) A Member asked for a running update over the next 5 years. The request was agreed upon by the Chair.

(f) Asked about the level of risk involved. Dr Ghosh said that risks had been identified and a business proposal would be made. Dr Ghosh noted that it would be a low financial risk to Council but could be a reputational risk.

RESOLVED to note the report.

259. Work Programme *(Item 9)*

The Health Reform and Public Health Committee noted the work programme for 2022/23.