# HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

**Thursday, 18th May, 2023**

**2.00 pm**

**Council Chamber, Sessions House, County Hall, Maidstone**

Kent County Council
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# AGENDA

# HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

**Thursday, 18 May 2023 at 2.00 pm**
**Council Chamber, Sessions House, County Hall, Maidstone**

Ask for: **Dominic Westhoff**
Telephone: **03000 412188**

**Membership (16)**

Conservative (12): Mr A Kennedy (Chairman), Mr N Baker (Vice-Chairman), Mr D Beaney, Mrs P T Cole, Mr P Cole, Ms S Hamilton, Mr D Jeffrey, Mr J Meade, Mrs L Parfitt-Reid, Mr D Ross, Mr S Webb and Ms L Wright

Labour (2): Ms K Constantine and Ms J Meade

Liberal Democrat (1): Vacancy

Green and Independent (1): Mr P Harmen

**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 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

4 Minutes of the meeting held on 16 March 2023 (Pages 1 - 6)

To consider and approve the minutes as a correct record.

5 Verbal updates by Cabinet Member and Director

6 Gypsy, Roma and Traveller Health Needs Assessment (Pages 7 - 14)

7 Kent and Medway Interim Integrated Care Strategy Update (Pages 15 - 20)

8 Implementing the Research, Innovation & Improvement Unit in Kent County Council (Pages 21 - 26)

9 Work Programme (Pages 27 - 32)

## 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

**Wednesday, 10 May 2023**

# KENT COUNTY COUNCIL

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## 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 20233/2023.

## 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 disproportionally 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 actors 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.

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| **From:** | Clair Bell Cabinet Member for Adult Social Care and Public Health<br><br>Dr Anjan Ghosh, Director of Public Health |
| **To:** | Health Reform and Public Health Cabinet Committee - 18 May 2023 |
| **Subject:** | Gypsy, Roma and Traveller Health Needs Assessment |
| **Classification:** | Unrestricted |
| **Past Pathway of Paper:** | None |
| **Future Pathway of Paper:** | None |
| **Electoral Division:** | All |

**Summary**: It is recognised nationally that Gypsy, Roma and Traveller people have significantly poorer health outcomes than the general population of England and these inequalities in health are a result of interactions between adverse environments (living, working and social), lifestyle behaviours and poor access to health, care and wider support services. Kent has a higher percentage of Gypsy and Traveller people than the England average and many Roma communities. Nationally there is a lack of focus on Gypsy, Roma and Traveller communities in Joint Strategic Needs Assessments which results in these communities being overlooked when planning services. In response to these issues the council's Public Health Team carried out a Gypsy, Roma and Travellers Health Needs Assessment (HNA) to update the previous HNA of 2015.

Findings were in line with what is known about the health needs of these communities nationally. The report makes several recommendations covering the following areas:

- Instigating and monitoring Gypsy, Roma and Traveller ethnicity reporting in health, social care and Voluntary Community Social Enterprise (VCSE) services across Kent.
- Using policy levers and system leadership to develop a system-wide approach to addressing health needs.
- Increasing more joined up working between services and co-design with service users.
- Investing in developing trust and culturally competent services.
- Addressing health and mental health literacy through accessible information sources, peer support and adult education.
- Training trusted individuals in Making Every Contact Count (MECC) to support healthy lifestyles and uptake of preventative services.
- Identifying primary care champions, developing communities of practice and promoting inclusion health audits.
- Developing innovative solutions to support those living nomadic lifestyles attend screening and routine appointments.
- Investing in and training of community members to increase employment opportunities.

- Developing granular understanding of community needs though furthered in-depth research with community members.

Next steps will be to undertake qualitative interviews with Gypsy, Roma and Traveller community members to sense-check these HNA findings and gain insights into and decide priorities dependant on community-expressed need.

**Recommendation**:
The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the information contained within this report, and to **COMMENT** on the findings and next steps.

## 1. Introduction

1.1 Established research evidence demonstrates that Gypsy, Roma, and Traveller people have poorer health experiences and outcomes than non-Travellers across the life course. They also experience more poverty, worse living and working conditions and face numerous barriers to accessing health and other services.

1.2 Gypsy, Roma, and Travellers also experience multiple overlapping risk factors for poor health, face stigma and discrimination and are not consistently accounted for in electronic records such as healthcare databases. As such these communities are considered to be inclusion health groups; inclusion health is a 'catch all' term to describe people who are socially excluded and typically experience multiple overlapping risk factors for poor health such as poverty, violence and complex trauma, experience stigma and discrimination and are not consistently accounted for in electronic records such as healthcare databases. People belonging to inclusion health groups frequently suffer from multiple health issues and have extremely poor health outcomes, often much worse than the general population. Gypsy Roma, and Traveller communities are also identified as a priority within the 'PLUS' element of the NHS CORE20PLUS5 framework which seeks to reduce health inequalities.

1.3 Nationally there is a lack of focus on Gypsy, Roma, and Traveller communities within Joint Strategic Needs Assessments (JSNAs). The Women and Equalities Select Committee has highlighted that this omission results in these communities being overlooked when planning services.

1.4 In response to these issues the council's Public Health Team carried out a Gypsy, Roma, and Travellers Health Needs Assessment (HNA) to update the previous HNA of 2015. A mixed methods approach was used to describe the scale of health needs faced by Gypsy, Roma, and Traveller communities in Kent. A variety of stakeholders from health and social care, Kent County Council, Voluntary Community Sector Enterprise (VSCE) services, community advocates and other statutory services were interviewed to obtain views on the needs for health and social care services amongst Gypsy, Roma and Traveller communities and the extent to which these needs are currently being met and barriers faced. Where possible stakeholder findings were triangulated with findings from other recent projects supporting Gypsy, Roma, or Traveller communities in Kent.

1.5 The groups in scope for this HNA were the Romany Gypsies, Irish Travellers and Roma groups. These are ethnically and culturally diverse groups although share

the tradition of a nomadic lifestyle. When referred to collectively in this paper, it is with the understanding that there are differences between these communities which are recognised and acknowledged; equally, there are aspects of similar shared experiences which are also recognised.

## 2. Findings

2.1 The 2021 Census recorded that 5,405 people in Kent (0.3%) identified themselves as being from Gypsy and Irish Traveller ethnic groups, compared with the England average of 60,073 (0.1%). The corresponding figures for people identifying as Roma were 2,255 people (0.1%) in Kent compared to 99,138 (0.2%) in England; 1.1% of pupils on the school roll in Kent (Spring 2022) are Gypsy, Roma, and Traveller of Irish Heritage. Many Gypsy, Roma and Traveller individuals are housed or live on traveller sites.

2.2 Stakeholders reported poor health outcomes across the life course for all Gypsy, Roma, and Traveller groups. High rates of childhood illnesses such as asthma were observed, and very poor dental health was noted in children as young as 4. There was a predominance of non-communicable disease such as cardiovascular disease and chronic obstructive respiratory disease amongst adults. Additional concerns for older community members included musculoskeletal issues, especially in men, and the care of individuals in dementia. All groups have a strong tradition of elder care which may deter seeking help for older relatives.

2.3 Poor mental health was reported across the life course, specifically perinatal mental health for Gypsy and Traveller mothers and bullying of children and young people. Stakeholders highlighted that the concept of mental health is unfamiliar amongst Roma communities which negatively impacts seeking help and treatment. Mental health issues were reported to be high especially amongst Roma men of working age. Isolation of Roma women and reliance on others to access services was also thought to contribute to poor mental health.

2.4 Members of the Gypsy, Roma, and Traveller communities face multiple barriers to accessing healthcare, many of which are common across all communities. A major theme was a lack of trust resulting from experiences of discrimination and a lack of cultural awareness amongst healthcare providers. For first generation Roma communities this is compounded by an unfamiliarity of the UK healthcare system and knowledge of healthcare entitlements. All communities were reported to be wary of authorities having powers such as the ability to take children into care.

2.5 Despite this a survey of KCC and district and borough council's Gypsy and Traveller site managers found that respondents thought that most residents on their sites were registered with a GP. This aligns to findings from a survey of 10 Gypsy and Traveller community members carried out in 2022 in which all respondents reported to be registered with a GP. However, high use of Accident and Emergency (A&E) services were also reported.

2.6 Healthcare access issues relating to a nomadic way of life included not being able to register with services due to having no fixed address and being unable to attend routine appointments if travelling. Healthcare providers reported workarounds, such as using the GP practice address, but this is not standard

practice across the system. Overall, it was noted that many members of Gypsy, Roma, and Traveller communities had difficulty navigating healthcare services.

2.7 Stakeholders reported low levels of health literacy amongst some community members. This was partly attributable to general low literacy levels, language difficulties (for first generation Roma migrants) and in-going cultural beliefs/taboos of issues such as sexual health, mental health, and cancer. It was strongly felt that services should do more to be more accessible to these communities. Key areas included cultural competence training for health and social care staff, the provision of accessible health information and greater availability of translation services (often Roma individuals use children as translators).

2.8 Barriers to healthcare result in low uptake of preventative and screening services across all communities. Uptake of antenatal and cancer screening services were of particular concern. NHS patient survey data for Kent residents found a higher proportion of Gypsy, Roma, and Traveller individuals reporting a cancer diagnosis compared to the general population.

2.9 Smoking rates are high, especially amongst Gypsy, Roma, and Traveller men and high take up of smoking and/or vaping amongst Roma adolescents. Many stakeholders reported poor diets and obesity as issues. Bottle feeding is preferred amongst Roma women and practices such as adding sugar to infant formula was thought to contribute to obesity in childhood.

2.10 Gypsy, Roma, and Traveller children experience the worst educational outcomes of all groups in England. The percentage of pupils meeting the expected standard KS2 in reading, writing and maths is significantly lower for Gypsy-Roma and Traveller of Irish Heritage children and young people at 14.9% compared with the Kent pupil population at 59% (Census, 2021).

2.11 There was a higher percentage of Gypsy, Roma, and Traveller children and young people, recorded as educated at home between 6 September 2021 and 31 August 2022 when compared to the pupil population; 8.2% compared to 1.1% respectively. In the 2020/21 academic year, 37.7% R-6-year group students and 33.3% 7–11-year group students identifying as a traveller of Irish heritage were removed from the school admission register (referred to as being ‘removed from roll’), this compares to 1.4% at the Kent level in both year groups. In the Autumn 21 and Spring 22 terms 7.5% of Gypsy, Roma and Irish Traveller pupils were excluded from school compared with 2% for the whole of Kent.

2.12 For Gypsy and Travellers there was concern around living conditions on traveller sites; poor water sanitation, high levels of pollution and air quality, as sites are often near motorways, issues of contaminated land and the suitability and safety of sites in the height of winter and summer and unsafe environments for children were also acknowledged. Overcrowding and individuals not being aware of the benefits and support they might be entitled to was highlighted.

2.13 Although this HNA found significant health inequalities entrenched in all communities, encouragingly a generational shift was noted with younger generations more able to engage and build knowledge around health conditions and services they can access.

2.14 There are several pockets of good practice in Kent where individuals and services have recognised and responded to specific needs of the Gypsy, Roma, and Traveller communities. This had both fostered trust and engagement with communities and supported better health outcomes. However, these services are often reliant upon the commitment of individuals and can be subject to short term funding. There is a need for system-wide recognition of inequalities faced and development of sustainable services and practices to address these.

2.15 The report makes several recommendations covering the following areas:

- Instigating and monitoring Gypsy, Roma and Traveller ethnicity reporting in health, social care and Voluntary Community Social Enterprise (VCSE) services across Kent.
- Using policy levers and system leadership to develop a system-wide approach to addressing health needs.
- Increase more joined up working between services and co-design with service users.
- Investing in developing trust and culturally competent services.
- Addressing health and mental health literacy through accessible information sources, peer support and adult education.
- Training trusted individuals in Making Every Contact Count (MECC) to support healthy lifestyles and uptake of preventative services.
- Identifying primary care champions, developing communities of practice and promoting inclusion health audits.
- Developing innovative solutions to support those living nomadic lifestyles attend screening and routine appointments.
- Investing in and training of community members to increase employment opportunities.
- Developing granular understanding of community needs though furthered in-depth research with community members.

## 3. Next steps

3.1 Although this HNA describes significant health inequalities within the Gypsy, Roma, and Traveller communities, it has not been able to investigate many of these in depth. **Wave 2** of this research will undertake qualitative interviews with Gypsy, Roma, and Traveller community members to understand the lived experience of these communities and in the absence of data to undertake a health and wellbeing survey in order to accurately capture the health needs of different subsets. Findings will then be triangulated with Wave 1 (stakeholder engagement findings) to determine priorities and generate a final set of recommendations. The council's Public Health Team is currently working on a Clinical Research Network Kent Surrey Sussex (CRN KSS) Under-served Funding Programme bid application enabling this work to progress.

3.2 The Public Health Team is also working with regional and national fora to identify opportunities to share best practice, advocate for and identify funding and other national resources which can be deployed in Kent.

## 4. Equalities implications

4.1 This report focuses solely on Gypsy, Roma, and Traveller people who are protected against discrimination under the Equality Act 2010 in England. All groups with protected characteristics within these communities are considered equally within the Health Needs Assessment, including recommendations made.

## 5. Conclusions

5.1 This report highlights the significant health inequalities faced by Gypsy, Roma, and Traveller groups across Kent which are in line with what is known about the health needs of these communities nationally. These health inequalities result from longstanding inequalities in the wider determinants of health as well as inequities in access to preventative, screening, and treatment services. These are exacerbated by experiences of stigma and discrimination faced by these communities. Additionally, levels of health literacy, cultural and health beliefs shape the way community members view the need for services. It is important for culturally competent services to build trust to address needs.

5.2 Action taken at system, place-based and service level will improve health outcomes for Gypsy, Roma, and Traveller people. This will contribute to the Integrated Care Strategy (ICS) commitment to reducing health inequalities and will support NHSE Core20Plus5 priorities. The ICS (pp30) highlights the importance of addressing the prevention and health protection needs of these vulnerable communities. System leadership will foster joint working between health, social care and wider services and support the co-development of service improvements with community members.

5.3 Improving ethnicity recording in all services will ensure that Gypsy, Roma, and Traveller health needs are visible to all service planners and outcomes can be routinely monitored.

5.4 Further research work with community members will consolidate findings of this Health Needs Assessment, underpin priority setting and co-creation of future service developments.

## 6. Recommendations

6.1 The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the information contained within this report, and to **COMMENT** on the findings and next steps.

## 7. Background Documents

https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/

**https://www.kmhealthandcare.uk/application/files/4316/7171/0774/Kent_and_Medway_Interim_Integrated_Care_Strategy_-_December_2022.pdf**

## 8. Contact Details

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**Relevant Director**

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| **From:** | Clair Bell, Cabinet Member for Adult Social Care and Public Health<br><br>Dr Anjan Ghosh, Director of Public Health |
| **To:** | Health Reform and Public Health Cabinet Committee - 18 May 2023 |
| **Subject:** | Kent and Medway Interim Integrated Care Strategy Update |
| **Classification:** | Unrestricted |
| **Past pathway of paper:** | None |
| **Future pathway of paper:** | None |
| **Electoral Division:** | All |

**Summary**: Improving the health of those we serve across Kent is increasingly a challenge and a shift to tackling the full range of health determinants rather than a more narrow health and care service focused approach is required. This requires partnership working across the system. Kent County Council has confirmed its commitment to partnership in its strategic document, Framing Kent's Future.

Against this backdrop, the Kent and Medway Integrated Care Partnership was required to produce an interim Integrated Care Strategy for Kent and Medway by the end of December 2022.

The draft Interim Integrated Care Strategy was approved by Cabinet on 1 December 2022 and discussed at County Council on 15 December 2022. It was agreed by the Integrated Care Partnership Joint Committee on 8 December 2022.The Health Reform and Public Health Cabinet Committee considered the draft at its January meeting and the item was also discussed at the Kent Health and Wellbeing Board on 25 April 2023.

The Interim Strategy will be further developed into a version 2 of the Integrated Care Strategy by October 2023, including through extensive consultation with partners and the public, to better define the priorities, ambitions, and commitments of partners. Comments from Members on the Interim Strategy will be used to shape the development of the Strategy.

Importantly, against the background of the Strategy, Public Health colleagues will work closely with local partners to develop local actions to tackle the full range of Wider Determinants of Health locally.

**Recommendation**: The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the contents of the report.

## 1. Introduction

1.1 This paper provides an update on progress around the development and delivery of the Kent and Medway Integrated Care Strategy following the paper received in January 2023. Kent County Council KCC) has a key role within the Integrated Care Partnership (ICP) in developing the strategy in partnership with the Integrated Care Board (ICB, known as NHS Kent and Medway), and Medway Council.

1.2 The health challenges facing those we serve in Kent have been well rehearsed. Life expectancy is no longer increasing in the way it was and relative performance on many health outcome measures is declining in Kent compared with the national level. Measures of poor mental health such as depression are increasing in Kent more than nationally, and socioeconomic challenges including children in poverty are not improving as much as we see nationally. Lifestyle behaviours remain problematic with two thirds of people overweight and an increase in smoking levels in Kent for the first time in many years.

1.3 While there has been action across the county focused on tackling the Wider Determinants of Health (WDH) and tackling inequalities, the deteriorating position persists. We need to think what further or expanded action is needed to improve health.

1.4 The new NHS architecture, and the increased focus on system working and tackling the full range of health determinants will ensure the NHS, with partner colleagues, best consider both their impact on the WDH and how to optimise a whole system response, building on the work and approaches already in place in many districts and boroughs and with Voluntary Community Sector (VCS) partners.

1.5 Linked to this is the renewed focus within Kent County Council Public Health on tackling the wider determinants of health at scale with a recognition of the increased challenges and the need for a different, ambitious approach within both the team and the wider system. This will include closer links and working between aligned Consultants in Public Health with districts and boroughs and Health and Care Partnerships (HCPs).

1.6 The Integrated Care Strategy provides the framework in which local partners will work. It will support the council to fulfil its commitment made in Framing Kent's Future to integrate our planning, commissioning and decision making in adults, children's, and public health services. It further will help align delivery of Framing Kent's Future commitments around the key priorities of Levelling up, Infrastructure for Communities and, Environmental Step Change through an enhanced focus on tackling WDH by the NHS as well as wider ICP partners.

1.7 In summary, the strategy presents an opportunity to meet the health challenges we face, reaching beyond 'traditional' health and social care services to consider the wider determinants of health and joining-up health, social care and wider services.

## 2. The Interim Integrated Care Strategy journey to date

2.1 Members will recall that the Department for Health and Social Care (DHSC) mandated that ICPs must publish an initial strategy by December 2022 to inform the local NHS Five-Year Joint Forward Plans due to be published in June 2023. While the Interim Strategy was informed by the existing priorities developed by partners across Kent, the nationally dictated timescale necessitated a rapid development, with limited engagement and consultation to date. As a result, the Strategy produced is an Interim version and further public, partner and stakeholder engagement will take place over spring and summer to allow a final, more informed Strategy to be agreed in autumn.

2.2 As the Committee was advised in January, the Interim Strategy was approved by Cabinet in December 2022 and the Interim Strategy was noted at the County Council meeting the same month. The Interim Strategy has separately been approved by Medway Council. The ICP approved the Interim Strategy at its Joint Committee meeting in December 2022, providing their endorsement of the document and a recommendation that it is approved by partner organisations. It was also discussed at the Kent Health and Wellbeing Board in April 2023.

2.3 As the system matures, it is expected that ICPs will refresh and further develop their Integrated Care Strategy. To that end, extensive consultation and engagement with partners and the public is planned through until autumn 2023. Comments from the Health Reform and Public Health Cabinet Committee on the Interim Strategy are therefore sought and will be fed into the next iteration along with feedback from the planned consultation and engagement activity.

2.4 The Committee has been previously informed about the process of development to date and the content of the published interim Strategy. Importantly, the strong involvement of Kent Public Health and the focus on WDH and prevention has led to the Director of Public Health agreeing that the planned Kent System Public Health Strategy be subsumed within the Integrated Care (IC) Strategy with the latter being the single overarching strategy around this. Further, it is agreed that the IC Strategy should additionally fill the role of the Kent Joint Health and Wellbeing Strategy.

2.5 The content was informed by work that Kent Public Health had undertaken to develop the planned Public Health Strategy and included existing priorities of both districts and boroughs and as well as Health and Care Partnerships (HCPs). This work defined a raft of draft proposed priorities that have been largely subsumed within the IC Strategy in addition to more centrally driven NHS priorities.

2.6 Members were previously advised around the limited wider engagement possible before the December publication date for the interim strategy. This included the launch of an online platform for public and professionals to provide feedback. This can be accessed on https://www.haveyoursayinkentandmedway.co.uk/

## 3. Activity since the last update

3.1 Broader public consultation has now commenced to shape the further development of the strategy and a Kent and Medway system-wide communication, and engagement plan has been approved by the ICP. Healthwatch Kent and Medway, as members of the ICP, and experts in engaging with the public on issues relating to their health and wellbeing, are supporting this work. The Voluntary and Community Social Enterprise (VCSE) is also represented on the ICP and will be part of the engagement and consultation process.

3.2 A survey has been published to obtain a baseline reading of public perception of their own health and wellbeing which can then be used over time to detect any change. It also asks at a very high level if anything is missing from the six strategy outcomes.

3.3 The Interim Strategy itself has already been published online, in full and shortened form, together with the opportunity for the public to post comments on each of the six strategy outcomes. A programme of public consultation and engagement will commence shortly. There will be engagement with Members to allow their views to better inform the evolving strategy.

3.4 Engagement of key local stakeholders around the strategy and how they can best contribute to improving health locally has commenced. This will include the development of HCP level action plans that will be collated to form a single action plan.

3.5 Discussions have taken place with local VCS Alliances across Kent and further discussions and workshops are planned with parishes and town councils through the Kent Association of Local Councils (KALC) to seek local views on the strategy and the actions that partners can take together to help improve local health.

3.6 Additionally, the Kent Public Health Team has been realigned so that named senior Consultants in Public Health can link with each HCP and district to help support the development of local action plans to best improve the health of local populations building on work already in train. This includes local workshops at a local level, with attendance agreed by partners, to help develop the action plans. It is important that these retain a focus on delivering, at scale, against the WDH.

## 4. Financial implications

4.1 There are no direct financial costs associated with the development of the IC Strategy for KCC other than staff time in supporting the Steering Group and Project Group overseeing its development. It is important however that future allocation of funding reflects, where appropriate, the agreed priorities and actions within the IC Strategy.

## 5. Equalities implications

5.1 An Equality Impact Assessment (EqIA) has been led by the ICB and was attached to the report received in January. The NHS EqIA template and process

has been followed with partners providing commentary and input as appropriate. This is a live document and will be developed further as the consultation and engagement process takes place and the strategy is further iteratively developed throughout 2023.

5.2 The Strategy has a focus on tackling the WDH, many of which relate to inequalities in society and in access to services. Making positive changes to reduce inequalities across the whole system and all groups is central to the strategy.

## 6. Conclusion

6.1 The development of the Kent and Medway Interim Integrated Care Strategy, although against exceptionally tight timescales set by DHSC, provides an opportunity to refocus system action to tackle the key health challenges faced by the people of Kent. This crucially includes a shift to tackle the full range of WDH rather than a more narrow focus around health and social care.

6.2 This is a complex challenge and one that requires strong partnerships with districts, parishes and communities themselves as well as with NHS colleagues.

## 7. Recommendations

7.1 Recommendations: The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the contents of the report.

## 8. Background Documents

The Interim Kent and Medway Integrated Care Strategy can be accessed **here.**

## 9. Report Author

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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 - 18 May 2023

**Subject:** Implementing the Research, Innovation & Improvement Unit in Kent County Council

**Classification:** Unrestricted

**Past pathway of paper:** None

**Future pathway of paper:** None

**Electoral Division:** All

**Summary:** Recent local studies indicate keen interest within the council staff to engage in health-related research to improve strategic planning and frontline practice, but lack the capacity and resource to do so. While some ongoing research related activities are operating in Kent County Council, a central Research Innovation & Improvement Unit has been proposed to build upon and join up these activities, and strategically build Kent County Council into a Centre of Excellence for Research Innovation & Improvement (RI&I). The Council's Public Health Team is applying for funding from the National Institute for Health and Care Research (NIHR), the programme is called Health Determinants Research Collaboration (HDRC). If successful, funding will be used to develop the Research Innovation & Improvement Unit.

**Recommendations:** The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the proposal to establish a central Research Innovation & Improvement Unit.

## 1. Background and rationale

1.1 Over the last few years, the National Institute for Health and Care Research (NIHR) has advocated the need for local government to become more research-active and develop their own capability for building a local evidence base around population health and wellbeing. Research activity demands infrastructure within and owned by local government, mirroring the culture of research that has been successfully embedded in the NHS.

1.2 A recent survey and a group workshop were conducted with senior officers from Kent County Council (KCC), indicating most were keen in using and

participating in research, innovation and improvement projects but lacked the capacity and support to undertake and apply them in frontline practice.

## 2 Research activities in KCC

2.1 Over the last year a team from the University of Kent has been working with KCC's Public Health team to undertake specific engagement and research work such as evaluation of the Violence Reduction Unit.

2.2 More recently, a RI&I subject matter expert has been seconded from the NHS as a programme lead to set up a Centre of Excellence within the Public Health department, kickstarting several infrastructural activities such as participation in funded national research studies.

2.3 Further exploratory work has indicated room for improvement for better governance oversight and reporting arrangements, better workforce learning and development and recognition of staff participation in these activities.

2.4 Examples of other research activities include: Adult Social Care collaboration with the Kent Research Partnership, funded by the NIHR, who undertake a number of initiatives such as Research Fellowships; Children Services partake in number of national research projects and have recently been awarded 'outstanding' rating by Ofsted as acknowledgment of service improvements implemented in response to evidence collected through research; KCC's Analytics Team also undertake research related activities and provides limited support on research governance.

## 3. Proposal to set up a RI&I unit for KCC

3.1 To address the above challenges, it has been proposed to develop a central RI&I Unit that would perform the following functions:

- Provide oversight for governance and reporting arrangements for research activities in KCC.

- Oversee a consistent approach for research prioritisation aligning with KCC strategic priorities.

- Design and liaise with respective directorate research teams in implementing regular research management pathways around funding opportunities, ethics approval, information governance, data access and research methods.

- Act as focal point and liaison with other teams for collaborative pathway development such as KCC Learning and Development (Challenger), Data Protection and Information Governance, Human Resources (developing funded researcher placements for KCC led research projects), Strategic Commissioning for contract monitoring,

and Communications for professional and public dissemination of research results.

- Act as starting point for initiating research collaboration with universities, charities and other external organisations across mutually agreed research priorities and themes.

- Act as a focal point in collaborating with national and international research projects and programmes e.g.: NIHR Clinical Research Network (CRN) Portfolio of studies which consists of clinical research studies that are eligible for support from the NIHR CRN in England.

- Oversee how the research findings can be transformed into a robust local evidence base and applied towards improving council activities and practice, whilst operating within current financial constraints.

3.2 To ensure maximum utilisation of existing resources, RI&I unit will look to operate within a **'hub and spoke' model**. The Hub will be the RI&I Unit while the spokes will include existing research teams based in different directorates such as the Kent Research Partnership in Adult Social Care or Kent Analytics. New spokes will be established where required, for example in the GET Directorate who have already expressed an interest.

3.3 Over time, the RI&I Unit will engage and collaborate with respective districts and partnership groups such as the Kent Housing Group around designing implementing research activities of mutual interest.

3.4 The Central RI&I Unit will also collaborate considerably with the emerging Research & Design function being established by the Kent and Medway Integrated Care Board (ICB) as per the ambition outlined in the recently published Integrated Care Strategy (ICS) (*We will drive research, innovation and improvement across the system)*.

3.5 To pump prime the setting up of the RI&I unit, it has been proposed to apply for the next funding call of the NIHR Health Determinants Research Collaboration, as explained in the next section.

## 4. Health Determinants Research Collaboration (HDRC)

4.1 The HDRC funding call has been set up by the NIHR who wish to fund a set of innovative research collaborations between local government and the academic sector which focus on improving the wider determinants, or drivers, of health i.e. education, employment and housing, environment, economy and transport. This is intended to be a UK-wide initiative led primarily by local government.

4.2 A successful HDRC site will have to be able to demonstrate, among other things:
- Programmes of work and activities of the HDRC are of equal value to the local authority and to researchers involved in the collaboration.

- Proposed shared posts and projects will address the needs of the local authority and the requirement for academics to demonstrate the impact of their research.

- Increased research capacity and collaboration will at a local level aid evidence driven decision making.

4.3 The HDRC will strengthen a research culture across the organisation, demonstrating co-creation and dissemination of research driven by the policy and decision-making needs of local government.

4.4 The funding available consists of £5 million over 5 years to be led by respective local authority public health teams (£5million/council). Eligible costs include:

- core staff costs (eg: Director's time dedicated to the collaboration, an HDRC manager, Research facilitator posts, IT support, administrators etc).

- training and development; materials and consumables for core HDRC facilities.

- communication and dissemination activity costs.

## 5. Update on HDRC application

5.1 Over the last three months, the Consultant lead and RI&I programme lead have met with the Corporate Management Team, Divisional Management Teams, and other senior officers to describe the proposed vision and approach to setting up the RI&I. All expressed an interest and support for this.

5.2 An initial expression of interest (stage 1) by Public Health on behalf of KCC was submitted to the NIHR in mid-April, accompanied by nine letters of support from local partner organisations including the Kent and Medway Medical School, the University of Kent and Canterbury and Christchurch University, who have all expressed interest to be academic partners in the bid.

5.2 If shortlisted, KCC will be invited to make a Stage 2 proposal throughout June, July and August, with interviews taking place during September and contracts being signed from December 2023. During the Stage 2 process, Public Health will conduct further work with respective directorates in finalising the agreed structure and governance arrangements, timelines and detailed financial costings.

## 6. Recommendations

6.1 Recommendations: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the proposal to establish a central Research Innovation & Improvement Unit.

## 7. Contact details

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**From:** Benjamin Watts, General Counsel

**To:** Health Reform and Public Health Cabinet Committee – 18 May 2023

**Subject:** Work Programme 2023

**Classification:** Unrestricted

**Past and Future Pathway of Paper:** Standard agenda 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 Work Programme for 2023.

## 1. Introduction

1.1 The proposed work programme, appended to the report, has been compiled from items in the Future Executive Decision List and from actions identified during the meetings and at agenda setting meetings, in accordance with the Constitution.

1.2 Whilst the chairman, in consultation with the cabinet members, is responsible for the programme's fine tuning, this item gives all members of this cabinet committee the opportunity to suggest amendments and additional agenda items where appropriate.

## 2. Work Programme

2.1 The proposed work programme has been compiled from items in the Future Executive Decision List and from actions arising and from topics, within the remit of the functions of this cabinet committee, identified at the agenda setting meetings. Agenda setting meetings are held 6 weeks before a cabinet committee meeting, in accordance with the constitution.

2.2 The cabinet committee is requested to consider and note the items within the proposed Work Programme, set out in appendix A to this report, and to suggest any additional topics to be considered at future meetings, where appropriate.

2.3 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 to support more effective forward agenda planning and allow members to have oversight of significant service delivery decisions in advance.

2.4 When selecting future items, the cabinet committee should consider the contents of performance monitoring reports. Any 'for information' items will be

sent to members of the cabinet committee separately to the agenda and will not be discussed at the cabinet committee meetings.

## 3. Conclusion

3.1 It is vital for the cabinet committee process that the committee takes ownership of its work programme 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 for 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 Work Programme for 2023.

**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 |
| Update on COVID-19 | Temporary Standing Item |
| Key Decision Items | |
| Performance Dashboard | January, March, July, September |
| Update on Public Health Campaigns/Communications | Biannually (January and July) |
| Draft Revenue and Capital Budget and MTFP | Annually (January) |
| Annual Report on Quality in Public Health, including Annual Complaints Report | Annually (November) |
| Risk Management report (with RAG ratings) | Annually (March) |



| 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 | Substance Misuse Services | Key Decision |
| 7 | Sexual Health – Contract Extension for Long Active Reversable Contraception (LARC) Services via GP practices. | Key Decision |
| 7 | Public Health Performance Dashboard – Quarter 4 2022/23 | Regular Item |
| 8 | Update on Public Health Campaigns/Communications | Regular Item |
| 9 | Work Programme | Standing Item |
| **5 SEPTEMBER 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 | Public Health Performance Dashboard – Quarter 1 2023/24 | Regular Item |
| **7 NOVEMBER 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 | Annual Report on Quality in Public Health, including Annual Complaints Report | Annual Item |
| | **23 JANUARY 2024** | |
| 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 | Public Health Performance Dashboard – Quarter 2 2023/24 | Regular Item |
| 7 | Update on Public Health Campaigns/Communications | Regular Item |
| 8 | Draft Revenue and Capital Budget and MTFP | Annual Item |
| | **5 MARCH 2024** | |
| 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 | Public Health Performance Dashboard – Quarter 3 2023/24 | Regular Item |
| 7 | Risk Management report (with RAG ratings) | Annual Item |
| | **14 MAY 2024** | |
| 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 |
| | **2 JULY 2024** | |
| 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 | Public Health Performance Dashboard – Quarter 4 2023/24 | Regular Item |
| 7 | Update on Public Health Campaigns/Communications | Regular Item |

| **ITEMS FOR CONSIDERATION THAT HAVE NOT YET BEEN ALLOCATED TO A MEETING** |
|---|
| Place-Based Health – Healthy New Towns |
| 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) |
| Public Health Inequalities: Report on geographical poverty index figures – Requested by Mr Jeffery on 23/11/2022 |
| Gypsy, Roma and Traveller (GRT) Health: Report on child immunisation and suicide prevention in the GRT community – Requested by Ms Constantine on 23/11/2022 |
| Overview of Health Protection in Kent – 31/03/23 |
| Substantive item on Social Prescribing – added by Andrew Kennedy 31/03/2023 |

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