

**HEALTH REFORM AND PUBLIC HEALTH CABINET
COMMITTEE**

Tuesday, 5th September, 2023

10.00 am

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



AGENDA

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Tuesday, 5 September 2023 at 10.00 am
Council Chamber, Sessions House, County Hall,
Maidstone

Ask for: **Dominic Westhoff**
Telephone: **03000 412188**
dominic.westhoff@
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Membership (17)

Conservative (12): Mr A Kennedy, Mr D Beaney, Mrs P T Cole, Mr P Cole,
Ms S Hamilton, Mr J Meade, Mrs L Parfitt-Reid, Mr D Ross,
Ms L Wright and Mrs L Game

Labour (2): Ms K Constantine and Ms K Grehan

Liberal Democrat (1): Mr R G Streatfeild, MBE

Green and Independent (2): Peter Harman and Jenni Hawkins

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 Election of Chair
- 4 Election of Vice Chair
- 5 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.
- 6 Minutes of the meeting held on 11 July 2023 (Pages 1 - 8)
To consider and approve the minutes as a correct record.
- 7 Verbal updates by Cabinet Member and Director

- 8 23/00075 - Family Hubs - Star for Life, Perinatal Mental Health and Parent Infant Relationship Interventions (Pages 9 - 28)
- 9 23/00076 - Family Hubs- Start for Life, Infant Feeding (Pages 29 - 44)
- 10 Public Health Performance Dashboard - Quarter 1 2023/24 (Pages 45 - 50)
- 11 Public Health Service Transformation Update (Pages 51 - 58)
- 12 Vaping in Kent - with a focus on underage use (Pages 59 - 66)
- 13 Work Programme (Pages 67 - 72)

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

Friday, 25 August 2023

KENT COUNTY COUNCIL

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Health Reform and Public Health Cabinet Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 11 July 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 K Grehan, Ms S Hamilton, Peter Harman, Jenni Hawkins, Mr D Jeffrey, 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) Ms J Mookherjee (Consultant in Public Health) and Mr D Westhoff (Democratic Services Officer)

UNRESTRICTED ITEMS

260. Apologies and Substitutes
(Item 2)

Ms K Constantine and Kelly Grehan were in attendance virtually.

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

Mr Jeffrey declared an interest in item 7 on the agenda and noted that he received remuneration from the Roman Catholic Arch Diocese of Southwark and fundraises for the Society for The Protection of Unborn Children.

262. Minutes of the meeting held on 18 May 2023
(Item 4)

RESOLVED that the minutes of the meeting held on 18 May 2023 were correctly recorded and that a paper copy be signed by the Chair.

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

1. Mrs Bell provided an update on the following:

National Awareness Weeks Update – Mrs Bell noted that in June: Carers Week, Learning Disability Week and Shared Lives Week had taken place with support from Kent County Council (KCC). The 2-9 July 2023 was Alcohol Awareness Week and to mark this KCC and partners were encouraging residents to take the ‘Know Your Score’ test, an online quiz which would help show how drinking was affecting yourself and others, depending on the score it would offer appropriate advice on where to find help. Specialist help was available for dependent drinkers. Mrs Bell said that last year KCC support services provided help to over 5000 people to cut down their drinking or break the cycle of alcoholism. These services were discussed at the bi-monthly Kent Substance Misuse Alliance meeting, which Mrs Bell chaired. More advice and support can be found on the KCC website: [Alcohol and drug support - Kent County Council](#)

Kent and Medway Integrated Care Strategy Focus Group - Mrs Bell thanked Members of the committee, Dr Anjan Ghosh and the Public Health Team for their attendance at the focus group on 13 June 2023 and welcomed any further feedback on the 6 priorities of the interim strategy. The feedback would be reported back and contribute to the engagement activities that would take place across the summer and the results from a survey that was open to the public, which could be found on the Lets Talk Page of the KCC website and here: [Kent and Medway Integrated Care Strategy | Have Your Say In Kent and Medway](#).

Deputy Chief Medical Officer Visit to Kent – Mrs Bell said that on 26 May 2023 one of the three deputy Chief Medical Officers for England, Dr **Jeanelle de Gruchy**, visited Kent to see first-hand Public Health funded initiatives across the county. Mrs Bell, Public Health officers, local Members and KCC Leader Mr Roger Gough accompanied Dr Jeanelle de Gruchy to services in Gravesend, Sheerness and Maidstone. Services visited included: Hypertension Heroes, a voluntary organisation that goes into the community to get those at risk to get blood pressure readings, Sheppey Matters, a healthy living centre and Change, Grow Live Maidstone, a community substance misuse treatment and recovery services and an inpatient centre for those with alcohol addiction issues. Mrs Bell noted that Dr de Gruchy was very interested in the facilities visited and they spoke on health inequality and wider determinants of health challenges.

1. Dr Anjan Ghosh provided an update on the following:

Integrated Care Strategy Update – It was said that workshops were taking place with all district Councils across Kent, 5 had taken place and the rest were expected to be completed by early August 2023. These workshops would be similar in format to the one which had taken place for Kent County Council Members. The workshops aimed to identify local priorities to shift the dial on prevention and inequalities. There was also an upcoming Health and Well-being conference with The Kent Association of Local Councils on 17 July 2023 which would explore similar themes with Parish Councils. Work was also ongoing with KCC directorates and Health and Care Partnerships to inform and develop the strategy.

Public Health Service Transformation Programme – Dr Ghosh said this was a significant programme with work due to begin. It was noted that 80-90% of Public Health contracts were with two major NHS providers, and both provider contracts were due to expire in March 2025. There had also been a change in the commissioning landscape with the new Integrated Care Board (ICB) and Health and Care Partnerships which provided new opportunities for alignment. Dr Ghosh informed the committee that The Public Health grant had a 3.3% increase this year and a 1.3% increase in 2024/2025, due to inflationary and cost pressures this was in effect a real terms cut, which was a further driver of the service transformation programme. It was noted that a change to

procurement regulation was anticipated later in the year in the Provider Selection Regime. An ongoing review would be monitored. The process was about to start and would be a yearlong review programme with three phases, the first of which, planning and scoping, was complete. Between July and December, the main body of the review would take place, an update on which would be provided at the September meeting of the committee.

Public Health Update – Dr Ghosh provided an update on the work being undertaken by the Public Health team, including:

- Health protection including work with refugees and asylum seekers ongoing with a concern about infectious diseases being monitored.
- Work was ongoing on the wider determinants of health.
- 18 July 2023 an event would take place at the Turner Contemporary in Margate on suicide prevention. This would showcase 11 projects, 8 funded by a £1,000 grant and 3 with a £5,000 grant, which would highlight the issue of hope in suicide prevention.
- Work was ongoing with prevention under the NHS framework Core20PLUS5, Public Health were in the process of identifying the plus group, outside the 20% most deprived. It was noted that Gypsy, Roman and Traveller (GRT) was a priority being considered as part of the plus group.
- The three sub-committees of the ICB, Prevention chaired by Dr Ghosh, Health Inequalities chaired by James Williams and Population Health Management chaired by Vincent Badu, were at the final stage of developing work plans.
- The Joint Commissioning Manging Group had agreed to create a joint ageing well strategy to build on the World Health Organisation (WHO) model of creating an age-friendly community. Work had not yet started but was being scoped.
- It was noted that Public Health had not been successful in its bid to become a Health Determinants Research Centre this year due to very strong competition but would try again next year. It was noted that brick-by-brick development was ongoing with some funding secured for at least 5 projects totalling £300,000 and a small team was in place to see how this work would proceed.
- An update was provided on Public Health as a teaching base, with work experience offered.
- The whole system obesity work was ongoing, the Public Health team had rolled out an approach for a Healthy Weight Management Programme in all four Health and Care Partnerships, a cultural shift to partnership working utilising place-based strategies that promoted healthy weight amongst the population. Primary care providers and their network had been given physical activity and healthy eating resources and GPs and practice nurses were given training on child weight management. It was also noted that an agreement had been reached to restrict advertising of high fat, salt and sugar products in Greenhithe, Gravesend and Dartford bus shelters and was expected to be enacted county-wide at the end of 2023 or the beginning of 2024. Work was ongoing with rail stations to redistribute abandoned bicycles back into the community at targeted groups.
- Work was ongoing with the Active Kent Team to provide bicycle training to black, Asian and minority ethnic groups. Also, to promote physical activity among those

with mental health challenges. It was noted that Active Kent had released their Move Together Strategy for 2023-27.

- Public Health was working proactively with trading standards officers and the KCC communications team to address the rise of young people taking up vaping and to reduce sales of vapes and e-cigarettes to young people and children.
2. In response to questions from Members, it was said:
- (a) The Chair asked if the Kent-wide bus shelter advertising code was legally enforceable or voluntary. Dr Ghosh said he would come back to the committee on this.
 - (b) The Chair asked for an update on the number of cases of Monkey Pox and Covid-19. Dr Ghosh said Kent's rate was at 2.4 per 100,000, the lowest rate recorded for Covid-19. It was noted that there was no cause for concern regarding Monkey Pox cases at this time but would be monitored going forward.
 - (c) A Member asked about cycling training and why it was only being provided to black, Asian and minority ethnic groups and not wider. Dr Ghosh said it was being targeted at specific groups, this was a starting point and would expand further going forward.
 - (d) Asked by a Member if local children's partnerships groups came up during the District Council workshops. Dr Ghosh said they did come up and the critical role they had was recognised.
 - (e) Asked how the evidence of wider determinants of health was being collected. Dr Ghosh explained that a literature review had been done to understand what evidence was available. Overall, the evidence was patchy due to the use of national data not applying directly to the local challenges found in Kent and it was difficult to link prevention measures with outcomes, but work was ongoing. A range of other tools were available to Public Health, including cohort modelling and system dynamics modelling, to collect richer data. This was a novel approach not believed to be happening elsewhere in the country.
 - (f) In response to a question on where medical school students were placed, it was said that they come under the Kent and Sussex deanery and they would decide on placements.
 - (g) A Member asked how closely they were able to monitor emerging global threats and their potential impact on Kent. Dr Ghosh and the UK Health Security Agency (UKHSA) had a national and international surveillance team. The UKHSA had local branches, including one in Kent, that work closely with Kent Public Health and would share information if any threats became likely to reach the UK or Kent.
 - (h) A Member praised the communications campaign on vaping and underage use and requested further details on the plan going forward. Clarification was sought on the Public Health position of using vapes and e-cigarettes as part of the strategy to get adults to quit smoking. Dr Ghosh responded that vapes were still part of the strategy to get adults to quit smoking but the fear that vapes could be a gateway to a tobacco habit was recognised but overall vaping was seen as a less harmful alternative to smoking. There was a concern that vaping was being pushed by the tobacco industry onto young people and children and actions were being taken to proactively mitigate this. Jo Allen gave a further update on the advertising and communications campaigns going forward. Further materials

were expected to be provided in time for school summer holidays and a national campaign was expected to follow, a Kent-based campaign was ongoing to be targeted at young people, schools, parents and carers expected to go live in autumn and winter 2023/24.

- (i) Asked if alternative campaigns on social media and utilising influencers were being looked at as this was what most engaged children. Jo Allen responded that currently most channels were focussed on older people, but work was being done to understand exactly how best to reach out to young people.

264. 23/00032 - Kent Drug and Alcohol Contract Commissioning
(Item 6)

Matthew Wellard, Interim Senior Commissioner - Public Health, was in attendance for this item.

1. Matthew Wellard introduced and provided an overview of the report. 10-month extension for 3 contracts, East Kent, West Kent and Young Persons, which would extend the contracts from April 2024 to January 2025. And an endorsement was sought for a re-procurement of recovery housing due to changes in the service specification.
2. In response to questions from Members, it was said.
 - (a) Asked by the Chair if there could be earlier notice to discuss extensions on re-procurement rather than at the end of the contract so that other options could be considered.
 - (b) A Member asked that it is ensured in this instance, and with all other service re-procurements, that the users be protected during the cross-over phase.
3. RESOLVED recommendations agreed as outlined in the report.

265. 23/00062 - Long-Acting Reversible Contraception in Primary Care Service
(Item 7)

Laura Bush, Senior Commissioner - Public Health, was in attendance for this item.

1. Laura Bush introduced and gave an overview of the report. It was noted that Local Authorities were mandated to provide sexual health services, and Long-Acting Reversible Contraception in Primary Care (LARC) commissioning was part of supporting population health. The committee was asked to approve commissioning arrangements and award new contracts for delivering LARC in primary care.
2. In response to questions from Members, it was said.
 - (a) Asked by a Member if the costs of meeting demand were reimbursed through the public health grant down the line or if the money would have to be found elsewhere. Ms Bush said that the average cost was calculated and there would be a return on investment. Mrs Tovey noted that very high demand would be a cost pressure.

- (b) Asked about the 1-year contract with the two 1-year extensions and if this was the most appropriate way to award the service contract rather than a fixed longer-term contract. Ms Bush said the reason for the extension was due to the potential impact of the Service Transformation Programme and the role of the ICB which could affect how the service could be commissioned. Mrs Tovey said that providers were used to 1-year contracts as that had been the norm previously, however after the completion of the Transformation Review they would be looking at a longer-term plan.
3. RESOLVED that the recommendations be agreed as outlined in the report.

266. Performance of Public Health Commissioned Services (Quarter 4 2022/2023)
(Item 8)

Victoria Tovey, Head of Strategic Commissioning – Public Health, was in attendance for this item.

1. Victoria Tovey said that the overall position was positive, with 11 green and 4 amber Key Performance Indicators (KPIs). Mrs Tovey highlighted the One You Kent deprivation metric, and that due to a refresh there had been some data improvement moving the target from amber to green. The position had stabilised post-Covid-19 and would be looking at stretching the targets going forward.
2. In response to questions from Members, it was said.
 - (a) Asked about what pressure points had been identified going forward. Mrs Tovey said that reviews were ongoing, and some targets would be increased in the following year. Health Checks were being looked at as they had been green for some time. But others would be reviewed and stretched as part of a continuous review process.
 - (b) Asked by a Member about the Mental Health and Wellbeing Services metric and that the satisfaction rates reported did not correspond with her experience or with the reports from residents. It was noted that younger people were struggling to access these services. Mrs Tovey responded that the metric only focussed on adults and those who used the service not all those with a mental health or wellbeing need. Mrs Tovey noted that there was a range of services available for young people, but some areas were a challenge with long waits. More information would be provided outside the meeting and the Member was invited to discuss any specifics they had. Jessica Mookherjee said that it was recognised the challenges faced in Thanet with a higher suicide rate seen in the east of the county. It was said that improvements were needed in the provision of mental health support and the service was aware of this and active work was ongoing.
3. RESOLVED The Performance of Public Health Commissioned Services (Quarter 4 2022/2023) was noted.

267. Public Health Communications and Campaigns Update
(Item 9)

Jo Allen, Marketing and Resident Experience Partner was in attendance for this item.

1. Jo Allen introduced the update. Ms Allen gave an overview of the paper and highlighted some key areas, including new colour-coded weather alerts, adult obesity campaign, drug and alcohol support services and vaping campaign.
2. In response to questions from Members, it was said.
 - (a) Asked about the immunisation campaigns and the plans going forward. Ms Allen said work was taking place with Public Health colleagues about the next stage and more information would be provided later in the meeting.
 - (b) Asked by a Member about internet bullying and campaigns related to this. Ms Allen said the point would be taken away and reported back.
3. RESOLVED the Public Health Communications and Campaigns Update was noted.

268. Update on the Start for Life Programme including Infant feeding
(Item 10)

Wendy Jeffreys, Consultant in Public Health, was in attendance for this item.

1. Wendy Jeffreys introduced the update. In an update since the report was published, it was said that two centres would open on 13 July 2023 as test sites. The sites had been identified as areas with greater needs, in Millmead Margate, which would focus on children 0-5 and their families, and the other in Seashells Sheerness, which would focus on the wider 0-25 provision. An update was also provided to Members on the public consultation on Family Hubs Start for Life Programme due to begin on 19 July 2023 for 8 weeks. As Kent was a trailblazer authority it would have to demonstrate how it was going further than other Local Authorities.
2. Dr Ghosh wanted it to be noted that Start to Life was a part of the overall Family Hubs model, the governance of which sits with the Children and Young People directorate. However, infant feeding, prenatal mental health and parent-infant relationship were all widely recognised as Public Health issues so there would be a separate governance pathway under a Start for Life board that would be chaired by Dr Ghosh, while the Family Hub board would be chaired by the director for Children and Integrated Services. Both would report formally to the Children's Transformation Board, within the ICB, which was chaired by Sarah Hammond. The executive decision-making route would take place within the Health Reform and Public Health Cabinet Committee to be taken by the Cabinet Member for Adult Social Care and Public Health.
3. In response to questions from Members, it was said.
 - (a) Asked by a Member to ensure that the approach be cohesive going forward given the cross-over between Public Health and Children's, Young People and Education (CYPE). Ms Jeffreys confirmed that close working with CYPE was ongoing.
 - (b) Asked by a Member about the divergent breast-feeding figures found across the county and if a further breakdown of each hospital could be provided so that the methods used in higher-performing hospitals could be studied and replicated. Ms Jeffreys said there can be many reasons why there was a difference in the rate of those babies receiving the first feed of breast milk, including health needs and

personal choices. It was noted that differences between the trusts were longstanding and may reflect generational decisions.

4. RESOLVED that the recommendations be agreed as outlined in the report.

269. Update on the Immunisation Coverage in Kent with a Focus on Children
(Item 11)

Dr Ellen Schwartz, Deputy Director of Public Health, was in attendance for this item.

1. Dr Ellen Schwartz introduced the update and highlighted some key points. It was noted that immunisation rates had stabilised following a dip witnessed during the Covid-19 pandemic.
2. In response to questions from Members, it was said.
 - (a) Asked by a Member about the geographical data and why the lowest uptake areas were not uniform across the different vaccine types, was there any reason to explain this. Dr Schwartz said this was difficult to answer. It was noted there had been disruption with the MMR vaccine due to now discredited links with autism. Uptake rates were usually associated with deprivation level and family and community attitudes and values.
 - (b) A Member asked what strategy was needed to overcome the spread of disinformation and conspiracy theories found on the internet. Dr Schwartz noted that the Council did not provide or commission the immunisation services but there were options available by working across the ICB and the Prevention sub-committee. There was a need to ensure that all system partners were clear on the importance of immunisation and to utilise a communications campaign which would target specific concerns.
 - (c) A Member expressed concerns that Thanet was consistently at the lower end of the immunisation take-up rate and without intervention, the gap between those areas with lower and those with higher rates of take-up would continue to grow. Dr Schwartz said that the effectiveness of core childhood immunisations was overwhelmingly beneficial, and this should be expressed to residents. It was noted that they were not aware of any areas where the trend was indicating that the position was worsening but areas with low take-up should be supported and targeted.
3. RESOLVED the update was noted.

270. Work Programme
(Item 12)

RESOLVED that the Work Programme 2023/24 be noted.

From: Dan Watkins – Cabinet Member for Adult Social Care and Public Health

Sue Chandler - Cabinet Member for Integrated Children's Services

Rory Love - Cabinet Member for Education and Skills

Dr Anjan Ghosh – Director of Public Health

Sarah Hammond, Corporate Director of Children, Young People and Education

**To: Health Reform & Public Health Cabinet Committee 5 September 2023
And
Children, Young People and Education Cabinet Committee – 12 September 2023**

Subject: Overarching Report – Public Health and CYPE Key Decisions

Classification: Unrestricted

Past Pathway of report: Decision 22/00094 – Family Hub Transformation Funding
Decision 23/00015 – Family Hub Transformation Funding

Future Pathway of report: Individual Key Decisions

Electoral Division: All

Summary: In October 2021, as part of the Autumn budget, the Government announced £301.75m to transform Start for Life and Family Hub services in 75 upper-tier local authorities across England.

Local authorities were ranked based on Income Deprivation Affecting Children Indices (IDACI).

This metric was selected to best align with the programme's focus of bringing investment to areas with the greatest need. IDACI shows the proportion of children in each area that live in families that are income deprived; those that are in receipt of Income Support, income-based Jobseeker's Allowance, Universal Credit (where no adult is in 'Working – no requirements' conditionality regime), Pension Credit Guarantee or Child Tax Credit below a given threshold.

The Key Decisions relate to the spend on four mandatory areas of activity as outlined by the Department for Education (DfE), they are Early Language and the Home Learning Environment, Parenting Support, Infant feeding and Perinatal Mental Health. The planned decisions build on the prior authority to progress with

Transformation and Design of the Family Hub Model, confirming the specific allocation of the Family Hub Grant funding to approve and enable delivery of the required service developments and improvements, in accordance with the stipulations of the Family Hub agreement with the DfE. The aim of this report is to provide an overarching view of the mandatory areas of activity within the context of the Family Hub model and to explain the connections between the CYPE and Public Health workstreams.

Recommendations:

There are no recommendations attached to this report as this is for information only.

The related Key Decisions are:

- Early Language and the Home Learning Environment (HLE) - CYPE
- Parenting Support - CYPE
- Infant Feeding – Public Health
- Perinatal Mental Health – Public Health

1. Context

- 1.1 In September 2020, Dame Andrea Leadsom MP undertook a review of outcomes for babies and the first 1,001 days of a child's life. Following this review, the Department for Education (DfE) and Department for Health and Social Care (DHSC) developed a framework to support successful and ambitious local authorities (councils) to work with health partners to develop a Start for Life concept and the Family Hub model.
- 1.2 We know that reducing health inequalities and improving health and wellbeing requires organisations to work closely together. KCC's proposal is to integrate youth services, Children's Centre services, Health Visiting and community-based midwifery care, with other key community services into a 0-19 years of age (and up to 25 years of age for young people with special education needs and disabilities [SEND]) countywide service. This will bring services and organisations together to provide a single point of access for family support services.
- 1.3 The 1,001 critical days from conception to the age of two are crucial for development and impact a child's health for the rest of their life. The Start for Life offer targets these first 1,001 days and is part of the core offer that the DfE requires us to provide. This includes parent/carer support with Infant Feeding, Perinatal Mental Health (parents' mental health during pregnancy and the first 12 months after birth) and parent/carer– infant relationships. The DfE Family Hub model fits perfectly into KCC's 'Framing Kent's Future' strategic vision for children, young people, and families. It also supports the wider national and community challenges following the pandemic.
- 1.4 Our goals for Family Hubs are to:

- Offer support to all parents and carers through the Start for Life offer: from the early stages of preparing to become a parent, and throughout the child's first two years
 - Offer support to all children and families from pre birth to adulthood
 - Reduce inequalities in health, wellbeing, and education
 - Create a supported, capable informed workforce who work in partnership with children and their families
 - Ensure children and families are listened to
 - Provide targeted, timely and accessible support to those in greatest need
 - Support teenagers and their parents as the young people move into adulthood
 - Provide services based on evidence and need
- 1.5 Our data shows us that there are differences in outcomes for people across Kent depending upon where they live. This means that we need to take a data-driven approach to how and where we focus services and will need to consider different approaches to engage those children, young people, and their families in the different locations.
- 1.6 A health needs assessment of 0–4-year-olds in Kent published in November 2022 summarised:
- Differences and worsening health outcomes for 0–4-year-old children
 - Services should be for the whole family
 - The approach to prevention of poor health outcomes is inconsistent
 - Services need to identify and meet infant and parental needs
 - We need to understand and focus on infant emotional health and wellbeing
 - The provision of universal and targeted support is inconsistent
- 1.7 These Department for Education sets out minimum expectations for the core services within the Family Hub model, these include:
- Parent-infant relationships and Perinatal Mental Health support
 - Infant feeding support
 - Parenting support
 - Support with early language development and the home learning environment
 - Special Educational Needs and Disabilities (SEND)
 - Safeguarding
- 1.8 These core services are not subject to the outcome of the current consultation as they are core services that we have already committed to developing when funding was agreed, therefore we are able to progress with these four areas without any risk of predetermination. As a result, our four Key Decision reports are being considered in order for us to allocate spend, approve the service development activity and begin with implementation when appropriate. How these updated service arrangements will, in future, fit within the final model of Family Hub delivery will be referenced in the future Key Decision to be taken on the Family Hub arrangements, post consultation.
- 1.9 KCC's proposal is to bring together services currently being run by Children's Centres, Youth Centres, Health Visiting and community-based midwifery care

as a “Family Hub service” alongside a range of other services and partners, (known as the “Family Hub network”) who will support residents to get the help they need.

1.10 The Family Hub network will deliver a full programme of activities in community locations across Kent. This includes universal health provision, specific sessions and groups for children, young people and their families, parenting support and education, and opportunities for early years learning and development. Services will be available in the following three ways:

- Face to face at a Family Hub site
- Elsewhere in the community (e.g., via outreach, a clinical setting, community organisation or a faith setting)
- Digitally - including online information or interactive virtual services

2. Financial Implications

2.1 The financial implications are outlined on the table below.

2.2 We have an agreement with the DfE that we are able to rollover funds from year 1 on the understanding that we spend the funds within this year’s budget.

2.3 The figures for 2024-25 are provisional at present and will be agreed with DfE at a later date.

2.4 To keep the development of the Family Hub model in KCC on track we need to progress key workstreams and expenditure of carried over monies and planned year two expenditure. An important part of this planned is the expenditure outlined in our four Key Decisions. This is necessary to meet delivery targets and access ongoing funding as part of this programme. The decisions confirm the approval of the spend through the lifetime of the grant period under the family Hub Programme.

2.5 Future spends on non-mandatory areas are subject to the Family Hub services consultation and will be decided by further Key Decisions.

Programme Strand	Year 1 Grant	Year 1 Actuals	Roll forward from yr. 1 into yr. 2	Year 2 Grant	Year 3 Grant	TOTAL Grant
	2022-23	2022-23	2023-24	2023-24	2024-25	
Parent-Infant Relationships and Perinatal Mental Health	£654,563	£110,338	£544,225	£1,283,284	£1,224,300	£3,162,147
Parenting Support	£388,475	£20,319	£368,156	£821,790	£821,800	£2,032,065
Infant Feeding	£310,538	£15,000	£295,538	£461,094	£499,700	£1,271,332

Early Language and Home Learning Environment	£554,442	£73,860	£480,582	£529,793	£241,200	£1,325,435
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3. Legal implications

- 3.1 The Council has entered into a Memorandum of Understanding (MoU) in October 2022 with the DfE which creates obligations to meet specific deadlines and timescales set by them or risk losing further funding or funding claw back.
- 3.2 Access to the associated funding of up to £11m, depending on the type and level of transformation activity eventually progressed, is conditional on compliance with the terms of the MoU and demonstration of progress toward an effective Family Hub Model.
- 3.3 Specific contracts and legal agreements will be entered into as necessary across the relevant work areas, under the authority from the decisions. All contracting, procurement or staff changes will be subject to normal KCC governance and regulations.

4. Conclusion

- 4.1 The aim of this report has been to show how the four current Key Decisions, Early Language and the Home Learning Environment, Parenting Support, Perinatal Mental Health and Infant Feeding are key to the Family Hub model and how they sit within the overall vision. KCC has received significantly more funding for the development and transformation of children and family services within the Start for Life and Family Hub model, than any other part of the country. The sheer scale of the transformation and ambition of the authority provide an exciting opportunity to improve the wellbeing of future generations, from birth through to adolescence.

5. Background Documents

- 5.1 Key Decision reports for:
- Early Language and the Home Learning Environment
 - Parenting Support
 - Perinatal Mental Health
 - Infant Feeding

6. Contact details

Report Author: Danielle Day

Relevant Director: Carolann James

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From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health
Dr Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee, 5 September 2023

Subject: **Family Hubs -Start for Life, Perinatal mental health and parent infant relationships**

Decision Number: **23/00075**

Classification: **Unrestricted**

Past Pathway of report:

- Decision 22/00094 – Family Hubs Transformation Funding
- Decision 23/00015 – Family Hub Transformation Funding
- Update on the Start for Life Programme - Health Reform and Public Health Cabinet Committee, 11 July 2023

Future Pathway of report:

Children's, Young People and Education Cabinet Committee for information on 12 September 2023.

Electoral Division: All

Summary: Kent County Council has been successful in receiving Family Hub Transformation Authority status and has therefore received designated Family Hub Transformation Funding.

Following key decision 23/00015, which relates to the allocation of expenditure for financial year 2022-2023, a further key decision is now required to approve the service development presented and the proportional expenditure allocated for Perinatal mental health and parent infant relationships in 2023-24 and 2024-25 in order to: improve outcomes for families and access ongoing allocated funding from the Department for Education (DfE).

Utilisation of the grant provided by DfE will enable us to enhance our current infant feeding activity. Allocation of this expenditure will allow further work to be undertaken to develop more detailed and co-designed proposals.

A Start for Life Programme update was provided to Health Reform and Public Health Cabinet Committee on the 11 July 2023. This provided an opportunity for members to ask any questions, help shape the programme of work and explained the governance route for future decisions.

Recommendations:

The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE**, or make **RECOMMENDATIONS** to the Cabinet Member for Adult

Social Care and Public Health, on the proposed decision (Attached as Appendix 1) to:

APPROVE the service workforce development in regards to low to moderate perinatal mental health and parent-infant relationships, as detailed in the report.

APPROVE the required expenditure to deliver this activity via Family Hub Grant Funding up to £3,051,809 for the period ending April 2025.

DELEGATE authority to the Director of Public Health, in consultation with the Cabinet Member for Integrated Children's Service and the Cabinet Member for Adult Social Care and Public Health, to take necessary actions, including but not limited to allocating resources, expenditure, entering into contracts and other legal agreements, as required to implement the decision.

1. Introduction

- 1.1 Three key areas of grant funding to support transformation to Family Hubs relate to Start for Life and are relevant to Public Health are infant feeding, perinatal mental health and parent infant relationships.
- 1.2 Start for Life is a component of the family hubs model with a specific focus on the first 1001 days, between conception and the age of two, essential for the healthy development of babies. This focus for support was identified by the Dame Andrea Leadsom Review in 2020 and further articulated in March 2021 in publication of The Best Start for Life: A Vision for the 1,001 critical days. This was followed by the announcement of £300m government funding to support Family Hubs with a focus on parent carer panels, parenting programmes, parent infant relationships, perinatal mental health and infant feeding in April 2022. Kent was one of 75 local authorities provided with the opportunity to benefit from the £300m funding.
- 1.3 On 4 October 2022 the Cabinet Member for Integrated Children's Services took an executive decision (Decision number 22/00094) to adopt the principle of Kent becoming a Family Hub Transformation Authority.
- 1.4 On 23 March 2023, a further executive decision was taken under decision number 23/00015 Family Hub Transformation Funding:
 - a) To commence development and co-design of the Family Hub model for Kent in line with Government Family Hub framework for delivery and associated plans.
 - b) To allocate and spend funding allocated via the Family Hub Transformation Authority for 2022/23 financial year.

2. Family hub transformation programme.

- 2.1 To support the delivery of the Family Hub Transformation Programme, KCC will receive a one-off grant from the DfE over the next three-years. The grant is to support system transformation through work-force development and supporting development of new services.
- 2.2 The DfE has set out their priorities for how the local authority should spend the grant in achieving the outcomes of the Family Hub and Start for Life

Programmes with 4.5 million [40 %] allocated for parent infant relationships, perinatal mental health and infant feeding to deliver mandated and go further elements of work across a three-year programme to March 2025. We are currently in year 2.

2.3 The grant provides opportunity to build on our learning from our work on a Health in Europe programme to March 2023, which focused on low to moderate perinatal mental health, to develop the workforces understanding of parent infant relationships and commission parent infant relationship interventions.

2.4 An overview of the core and additional activities directed by the DfE listed below illustrate the breadth of the family hub transformation programme.

Table 1: Core and additional family hubs activity presented in the family hubs consultation documentation.

Core Activities (funded by DfE Family Hub grant)	Additional activities proposed (delivered through Service Transformation)
Develop Early Language skills through the Home Learning Environment	Expand and promote our offer for parents of adolescents
Preparation and support for pre-conception, pregnancy, and parenthood	Expand and promote support available for emotional wellbeing
Enhanced Infant feeding support	Improved access to information and support for children with SEND
Introduce a Family Hub Digital offer	Co-ordinate Family Hub networks
Implement a new range of outreach support	Development of Family Coaches and peer support groups
Improve and diversify our Information, advice, and support	Additional activities as identified through the consultation
Integrate our recording and reporting	Adoption of the Whole Family approach
Co-design and evaluation	
Workforce development	

3. Finance

3.1 In July 2023 Kent County Council (KCC) launched a public consultation www.kent.gov.uk/familyhubservices to gain a better understanding of how services can be best integrated to meet local needs, through a Kent Family Hub network, bringing services and partners together to provide a single point of access for family support services. This consultation will finish on September 13th, 2023. The outcome and information gathered from the public consultation and the learning from the two tester sites will be available in November 2023.

3.2 We are progressing with the core service requirements, such as the co-creation of a perinatal mental health and parent-infant relationships strategy for Kent as outlined by the DfE whereas the discretionary service elements will not be progressed until completion of the family hub consultation process.

3.3 The additional funding provides opportunity to increase workforce capability and capacity to expand the reach of low to moderate perinatal mental health and

parent infant relationship support; raise awareness of support available for those with low to moderate perinatal mental health; delivery of parent infant relationship interventions.

4. Legal implications

- 4.1 The Council entered into a Memorandum of Understanding (MoU) with the Department for Education (DfE) which creates obligations to meet specific deadlines and timescales set by the DfE or risk losing further funding or funding claw back.
- 4.2 Access to the associated funding, depending on the type and level of transformation activity progressed, is conditional on compliance with the terms of the MoU and demonstration of progress toward an effective Family Hub Model.
- 4.3 The Council has and will enter into a number of contractual agreements to support delivery in line with Spending the Council's Money and Public Contract Regulations 2015.

5. Equalities implications

- 5.1 Initial assessment and attached Equalities Impact Assessment (EqIA) (Appendix A) has identified that emotional and regulation needs may impact on access and communication; race and faith may impact on access to perinatal mental health support with proposed mitigations outlined. Funding for these workstreams will enable transformation activity to enhance, improve and add to existing provision.

6. Governance

- 6.1 The Cabinet Member decision provides the required authority to allocate and spend Family Hub Grant funding on specific workstreams within the mandated Family Hub plan set out by DfE. The decision builds upon the previous 'in principle agreement' to Family Hub development decision-making and allows for the implementation of service improvement in the relevant area.
- 6.2 Detailed service development and spend activity to progress the Peri-natal Mental Health work is delegated in accordance with the Executive Scheme of Delegation.
- 6.3 This service specific decision is without prejudice to the wider Family Hubs consultation on the discretionary aspects of the Family Hub programme, which will inform the overall model when the relevant decisions are taken. These future decisions on the model will influence how this specific service fits within the Family Hub system.

7. Conclusion

- 7.1 This is a good opportunity to further develop and commence activities based on the funding provided for perinatal mental health and parent infant relationships through the family hub grant allocation, enhancing our support for families.

8. Recommendations:

The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE**, or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health, on the proposed decision (Attached as Appendix 1) to:

APPROVE the service workforce development regards low to moderate perinatal mental health and parent-infant relationships, as detailed in the report.

APPROVE the required expenditure to deliver this activity via Family Hub Grant Funding up to £3,051,309 for the period ending April 2025.

DELEGATE authority to the Director of Public Health, in consultation with the Cabinet Member for Integrated Children's Service and the Cabinet Member for Adult Social Care and Public Health, to take necessary actions, including but not limited to allocating resources, expenditure, entering into contracts and other legal agreements, as required to implement the decision.

9. Background Documents

[The Best Start for Life: Early Years Healthy Development Review Report](#)

<https://www.gov.uk/government/collections/family-hubs-and-start-for-life-programme>

10. Report authors

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Cabinet Member for
Adult Social Care and Public Health

DECISION NO:

23/00075

For publication Yes

Key decision: Yes

Title of Decision: Family Hubs – Start for Life - Perinatal Mental Health and Parent Infant Relationship Interventions

Decision: As Cabinet Member for Adult Social Care and Public Health, in consultation with the Cabinet Member for Integrated Children’s Services, I propose to:

- a) **APPROVE** the development and improvement activity to deliver Perinatal Mental Health and Parent Infant Relationship Interventions; approve the required expenditure, via the Family Hub Grant Funding, to deliver this activity; and
- b) **DELEGATE** authority to the Director of Public Health, to take necessary actions, including but not limited to allocating resources, expenditure, and entering into contracts and other legal agreements, as required to implement the decision.

Reason(s) for decision: Research has shown the importance and need to improve awareness and understanding of low to moderate perinatal mental health and extending the reach of this across the family hub workforce is invaluable. This links with parent infant relationships so improving knowledge and understanding of this with the family hub workforce is of equal importance.

Currently there is no service in Kent which provides a parent infant relationship specialist intervention however it is highly probable that this is required as ‘Around 15% of children in the general population have a disorganised attachment with their primary caregiver.’

The proposal to use the Family Hub Grant Funding to develop and improve activity to deliver Perinatal Mental Health and Parent Infant Relationship Interventions provides an opportunity to increase workforce capability and capacity to extend the reach of low to moderated perinatal mental health and parent infant relationship support, raise awareness of support available for these individuals with low to moderate perinatal mental health and delivery of parent infant relationship interventions.

This service will contribute to ‘*Priority 1: Levelling up Kent*’ of the *Framing Kent’s Future Our Council Strategy 2022-2026*’ as providing additional support for families at the start of their infant’s life which is a preventative approach to improve the populations health and narrowing health inequalities.

Financial Implications: To support the delivery of the Family Hub Transformation Programme, KCC is receiving a grant of £3,051,809 from the Department for Education (DfE) to March 2025 which is to support system transformation through work-force development and supporting development of new services. This funding relates to the financial year 2023-2024, including rollover from year 1 and the allocation for financial year 2024/2025.

Legal Implications: The Council will enter into a number of contractual agreements to support delivery in line with *Spending the Council’s Money and Public Contract Regulations 2015*.

Equality Implications: Initial assessment and attached Equalities Impact Assessment (EqIA) (appendix A) has identified that emotional and regulation needs may impact on access and communication; race and faith may impact on access to perinatal mental health support with proposed mitigations outlined. Funding for these workstreams will enable transformation activity to enhance, improve and add to existing provision.

Data Protection Implications: The scoping of a business case for a service offering parent infant relationship interventions to be delivered is in progress. A Data Protection Impact Assessment process will be undertaken at the point in procurement when a service provider is identified.

Cabinet Committee recommendations and other consultation: In July 2023 Kent County Council (KCC) launched a public consultation www.kent.gov.uk/familyhubservices to gain a better understanding of how services can be best integrated to meet local needs, through a Kent Family Hub network, bringing services and partners together to provide a single point of access for family support services. This consultation will finish on 13 September 2023.

The proposed decision will be considered at the Health Reform and Public Health Cabinet Committee on 5 September 2023 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

The paper will be presented at Children's, Young People and Education Cabinet Committee for information on 12 September 2023.

Any alternatives considered and rejected:

A targeted approach in a small geography was initially considered but discarded as this could create inequities in the provision of support.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

.....
signed

.....
date



EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):	Perinatal mental health [PNMH] and parent-infant relationships [PIR] - Family hubs
2. Directorate	Adult social care and health
3. Responsible Service/Division	Public health

Accountability and Responsibility

4. Officer completing EQIA Note: This should be the name of the officer who will be submitting the EQIA onto the App.	Wendy Jeffreys
5. Head of Service Note: This should be the Head of Service who will be approving your submitted EQIA.	Wendy Jeffreys
6. Director of Service Note: This should be the name of your responsible director.	Dr Anjan Ghosh

The type of Activity you are undertaking

7. What type of activity are you undertaking?	
Tick if Yes	Activity Type
Yes	Service Change – operational changes in the way we deliver the service to people.
Yes	Service Redesign – restructure, new operating model or changes to ways of working
Yes	Project/Programme – includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.
Yes ✓	Commissioning/Procurement – means commissioning activity which requires commercial judgement.
Yes	Strategy /Policy – includes review, refresh or creating a new document
✓	Other – workforce development

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

Since the inception of EHPS in 2015, Kent County Council (KCC) has been able to maintain a comprehensive Open Access offer, including both universal and targeted provision, delivered through internal staff and settings and commissioned services across 0-19 years.

Open Access services work closely with partners including public health services such as Health Visiting services through co-location. There are also currently two Commissioned Children's Centre in Kent (Millmead and Seashells) and 12 district-based commissioned youth service contracts.

In his budget announcement in October 2021, the then Chancellor, Rishi Sunak, outlined his plans for the roll out of a national Family Hubs programme launching the programme in November 2021. The programme is led by the

Department for Education (DfE) in collaboration with the Department of Health and Social Care (DHSc) to ensure there is policy integration at national level to develop an enhanced multiagency partnership. The framework was developed following the Early Years Healthy Development Review published in 2021 (The Best Start for Life, A Vision for the 1001 Critical Days). The in-depth research and engagement was conducted by a review team including parents, carers, sector professionals, volunteers and academics.

KCC is committed to the implementation of Family Hubs in Kent as part of its ambition to deliver the best outcomes for all children, young people, and their families, delivering services identified through the Family Hub guidance.

The DfE launched the national Family Hub Programme Framework in August 2022 alongside an application for 75 Local Authorities to apply for transformation funding to create multiagency community-based provision. Kent was identified as one of the eligible Local Authorities for funding aligned to the Family Hub and Best Start for Life strategy.

The DfE sets out key funded areas as part of the Family Hubs model and transformation within the Start for Life offer. This includes Perinatal mental health and parent infant relationships.

The analysis from the available evidence suggests that the development and implementation of Family Hubs in Kent with the breadth of workforce development re PMH and PIR, implementation into practice and pilot delivery of parent infant relationships interventions may have impacts for all protected characteristic groups due to the mixed client base:

- Age
- Disability
- Sex
- Race
- Religion and Beliefs
- Pregnancy and Maternity
- Carer Responsibilities

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

9. Do you have data related to the protected groups of the people impacted by this activity? <i>Answer: Yes/No</i>	No
10. Is it possible to get the data in a timely and cost effective way? <i>Answer: Yes/No</i>	No
11. Is there national evidence/data that you can use? <i>Answer: Yes/No</i>	No
12. Have you consulted with Stakeholders? <i>Answer: Yes/No</i> <i>Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.</i>	Yes
13. Who have you involved, consulted and engaged with?	

Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.

Initial informal engagement with staff, and partners including health visiting, PMH leads, and commissioners.
 Shared with range of partners in system PMH workshop and engaged with PMH/PIR steering group members.

14. Has there been a previous equality analysis (EQIA) in the last 3 years? Answer: Yes/No
 Yes family hubs EqIA

15. Do you have evidence/data that can help you understand the potential impact of your activity? Answer: Yes/No
 Limited

Uploading Evidence/Data/related information into the App
 Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.

'There is no robust data on the number of babies experiencing poor relationships with their primary caregivers in the UK but a range of research suggests that a significant number are living in circumstances that might put their emotional wellbeing and development at risk. Around 15% of children in the general population have a disorganised attachment with their primary caregiver, although prevalence depends on the social profile of the community and is much higher in vulnerable groups.'
 Source: <https://parentinfantfoundation.org.uk/tools/implementation-toolkit/chapter-2/>

Section C – Impact

16. Who may be impacted by the activity? Select all that apply.

Service users/clients Answer: Yes/No	Yes	Residents/Communities/Citizens Answer: Yes/No	
Staff/Volunteers Answer: Yes/No	Yes		

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? Answer: Yes/No
 Yes

18. Please give details of Positive Impacts

The principles and framework for the Family Hubs model, as set out by central government, are built based on improving user experience by :

1. increasing access to a wider range of services in one place or under one shared umbrella;
2. improving the interface and join-up between services; and
3. having services working within practice that builds on strengths and puts families at the centre of services.

The positive impacts that we anticipate:
Service Users/Clients
 Increased communication and support regards PNMH and PIR

Staff and Volunteers
 Improved awareness about low to moderate perinatal mental health and confidence to have conversations about it.

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19. Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for age? Answer: Yes/No (If yes, please also complete sections b, c, and d).	No
b) Details of Negative Impacts for Age	
c) Mitigating Actions for age	
d) Responsible Officer for Mitigating Actions – Age	

20. Negative Impacts and Mitigating actions for Disability

a) Are there negative impacts for Disability? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
b) Details of Negative Impacts for Disability	Potential emotional and regulation needs may impact upon access and communication regards PMH and PIR.
c) Mitigating Actions for Disability	Assurance of up to date awareness and understanding of autism and ADHD in the provider organisation.
d) Responsible Officer for Mitigating Actions - Disability	

a) Are there negative impacts for Sex? Answer: Yes/No
(If yes, please also complete sections b, c, and d).

a) Are there negative impacts for Sex? Answer: Yes/No (If yes, please also complete sections b, c, and d).	No
b) Details of Negative Impacts for Sex	
c) Mitigating Actions for Sex	
d) Responsible Officer for Mitigating Actions - Sex	

22. Negative Impacts and Mitigating actions for Gender identity/transgender

a) Are there negative impacts for Gender identity/transgender? Answer: Yes/No (If yes, please also complete sections b, c, and d).	No
b) Details of Negative Impacts for Gender identity/transgender	
c) Mitigating actions for Gender identity/transgender	
d) Responsible Officer for Mitigating Actions - Gender identity/transgender	

23. Negative Impacts and Mitigating actions for Race

a) Are there negative impacts for Race? Answer: Yes/No (If yes, please also complete sections b, c, and d).	Yes
b) Details of Negative Impacts for Race	Different ways of 'feeling' expressing emotional mental health needs
c) Mitigating Actions for Race	Including this in training on PMH and encouraging the workforce to listen to the cues and enable individuals to articulate their needs which may be presented as physical symptoms.
d) Responsible Officer for Mitigating Actions - Race	
24. Negative Impacts and Mitigating actions for Religion and belief	
a) Are there negative impacts for Religion and Belief? Answer: Yes/No (If yes, please also complete sections b, c, and d).	yes
b) Details of Negative Impacts for Religion and belief	Faith may preclude access to and engagement with support and services available.
c) Mitigating Actions for Religion and belief	Promote and provide different ways of accessing support.
d) Responsible Officer for Mitigating Actions - Religion and belief	
25. Negative Impacts and Mitigating actions for Sexual Orientation	
a) Are there negative impacts for sexual orientation. Answer: Yes/No (If yes, please also complete sections b, c, and d).	no
b) Details of Negative Impacts for Sexual Orientation	
c) Mitigating Actions for Sexual Orientation	
d) Responsible Officer for Mitigating Actions - Sexual Orientation	
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity	
a) Are there negative impacts for Pregnancy and Maternity? Answer: Yes/No (If yes, please also complete sections b, c, and d).	no
b) Details of Negative Impacts for Pregnancy and Maternity	
c) Mitigating Actions for Pregnancy and Maternity	
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity	
27. Negative Impacts and Mitigating actions for marriage and civil partnerships	
a) Are there negative impacts for Marriage and Civil Partnerships? Answer: Yes/No (If yes, please also complete sections b, c, and d).	no
b) Details of Negative Impacts for Marriage and Civil Partnerships	
c) Mitigating Actions for Marriage and Civil Partnerships	
d) Responsible Officer for Mitigating Actions -	

Marriage and Civil Partnerships	
28. Negative Impacts and Mitigating actions for Carer's responsibilities	
a) Are there negative impacts for Carer's responsibilities? Answer: Yes/No (If yes, please also complete sections b, c, and d).	
b) Details of Negative Impacts for Carer's Responsibilities	
c) Mitigating Actions for Carer's responsibilities	
d) Responsible Officer for Mitigating Actions - Carer's Responsibilities	

From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health
 Dr Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee, 5 September 2023

Subject: **Family Hubs – Start for Life, Infant feeding**

Decision Number: **23/00076**

Classification: **Unrestricted**

Past Pathway of report:

- Decision 22/00094 – Family Hubs Transformation Funding
- Decision 23/00015 – Family Hub Transformation Funding
- Update on the Start for Life Programme - Health Reform and Public Health Cabinet Committee, 11 July 2023

Future Pathway of report:

Children's, Young People and Education Cabinet Committee for information on 12 September 2023.

Electoral Division: All

Summary: Kent County Council has been successful in receiving Family Hub Transformation Authority status and has therefore received designated Family Hub Transformation Funding.

Following key decision 23/00015, which relates to the allocation of expenditure for financial year 2022-2023, a further key decision is now required to approve the service development presented and the proportional expenditure allocated for infant feeding activities in 2023-24 and 2024-25 in order to: improve outcomes for families and access ongoing allocated funding from the DfE.

Utilisation of the grant provided by DfE will enable us to enhance our current infant feeding activity. Allocation of this expenditure will allow further work to be undertaken to develop more detailed and co-designed proposals.

A Start for Life Programme update was provided to Health Reform and Public Health Cabinet Committee on the 11 July 2023. This provided an opportunity for members to ask any questions, help shape the programme of work and explained the governance route for future decisions.

Recommendations:

The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (Attached as Appendix 1) to:

APPROVE the service development for the Infant Feeding Service and wider workforce development, as detailed in the report.

APPROVE the required expenditure to deliver this activity via Family Hub Grant Funding up to £1,256,332 for the period ending April 2025.

DELEGATE authority to the Director of Public Health, in consultation with the Cabinet Member for Integrated Children's Service and the Cabinet Member for Adult Social Care and Public Health, to take necessary actions, including but not limited to allocating resources, expenditure, entering into contracts and other legal agreements, as required to implement the decision.

1. Introduction

- 1.1 Three key areas of grant funding to support transformation to family hubs relate to Start for Life and are relevant to Public Health are infant feeding, perinatal mental health and parent infant relationships.
- 1.2 Start for Life is a component of the family hubs model with a specific focus on the first 1001 days, between conception and the age of two, essential for the healthy development of babies. This focus for support was identified by the Andrea Leadsom Review in 2020 and further articulated in March 2021 in publication of The Best Start for Life: A Vision for the 1,001 critical days. This was followed by an announcement of £300m government funding to support Family Hubs with a focus on parent carer panels, parenting programmes, parent infant relationships, perinatal mental health and infant feeding in April 2022. Kent was one of 75 local authorities provided with the opportunity to benefit from the £300m funding.
- 1.3 On 4 October 2022 the Cabinet Member for Integrated Children's Services took an executive decision (Decision number 22/00094) to adopt the principle of Kent becoming a Family Hub Transformation Authority.
- 1.4 On 23 March 2023, a further executive decision was taken under decision number 23/00015 Family Hub Transformation Funding:
 - a) To commence development and co-design of the Family Hub model for Kent in line with Government Family Hub framework for delivery and associated plans.
 - b) To allocate and spend funding allocated via the Family Hub Transformation Authority for 2022/23 financial year.

2. Family hub transformation programme.

- 2.1 To support the delivery of the Family Hub Transformation Programme, KCC will receive a one-off grant from the DfE over the next three-years. The grant is to support system transformation through work-force development and supporting development of new services.
- 2.2 The DfE has set out their priorities for how the local authority should spend the grant in achieving the outcomes of the Family Hub and Start for Life

Programmes with approximately 4.5 million [40 %] allocated for parent infant relationships, perinatal mental health and infant feeding to deliver mandated and go further elements of work across a three-year programme to March 2025. We are currently in year 2.

2.3 The funding allocated for infant feeding is being utilised on four key areas:

- Support for the most deprived communities to help increase uptake and sustainability of breastfeeding e.g., providing access to handheld breast pumps.
- Development and implementation of resources to increase knowledge and understanding with workforces across the system and families to help provide consistent messaging and support which encourages and builds confidence in women to breast feed e.g., production and promotion of an animation on infant feeding following a c-section.
- Development and implementation of an enhanced infant feeding service which offers an infant feeding antenatal contact and regular infant feeding contacts during the first 12 weeks following birth to encourage and help sustain breastfeeding.
- Co creation of a five-year infant feeding strategy with incorporation of insights in regard to barriers to breastfeeding in the most deprived communities currently being identified to further inform priorities and actions e.g., procurement of an organisation to undertake the insights work.

2.4 The intended outcomes are: increased prevalence of breastfeeding – noting that this could be fully breastfeeding or partially breastfeeding, more women breastfeed for as long as they would like to and families feel that they have been supported to feed their infants.

2.5 An overview of the core activities directed by the DfE and additional activities listed below illustrate the breadth of the family hub transformation programme.

Table 1: Core and additional family hubs activity presented in the family hubs consultation documentation.

Core Activities (funded by the DfE Family Hub grant)	Additional activities proposed (delivered through Service Transformation)
Develop Early Language skills through the Home Learning Environment	Expand and promote our offer for parents of adolescents
Preparation and support for pre-conception, pregnancy, and parenthood	Expand and promote support available for emotional wellbeing
Enhanced Infant feeding support	Improved access to information and support for children with SEND
Introduce a Family Hub Digital offer	Co-ordinate Family Hub networks
Implement a new range of outreach support	Development of Family Coaches and peer support groups
Improve and diversify our Information, advice, and support	Additional activities as identified through the consultation
Integrate our recording and reporting	Adoption of the Whole Family approach

Co-design and evaluation	
Workforce development	

3. Finance

- 3.1 In July 2023 Kent County Council (KCC) launched a public consultation www.kent.gov.uk/familyhubservices to gain a better understanding of how services can be best integrated to meet local needs, through a Kent Family Hub network, bringing services and partners together to provide a single point of access for family support services. This consultation will finish on 13 September 2023. The outcome and information gathered from the public consultation and the learning from the two tester sites will be available in November 2023.
- 3.2 We are progressing with the core service requirements, such as the co-creation of an infant feeding strategy for Kent as outlined by the DfE whereas the discretionary service elements will not be progressed until completion of the family hub consultation process.
- 3.3 The additional funding provides opportunity for enhancement of the current service provision and to extend the reach in regards to awareness of feeding infants across the workforces and families.

4. Legal implications

- 4.1 The Council entered into a Memorandum of Understanding (MoU) with the Department for Education (DfE) which creates obligations to meet specific deadlines and timescales set by the DfE or risk losing further funding or funding claw back.
- 4.2 Access to the associated funding, depending on the type and level of transformation activity progressed, is conditional on compliance with the terms of the MoU and demonstration of progress toward an effective Family Hub Model.
- 4.3 The Council has and will enter into a number of contractual agreements to support delivery in line with Spending the Council's Money and Public Contract Regulations 2015.

5. Equalities implications

- 5.1 Initial assessment and attached Equalities Impact Assessment (EqIA) (Appendix A) identified implications for those who may require translation or have hearing loss and presented mitigations. Funding for these workstreams will enable transformation activity to enhance, improve and add to existing provision.

6. Governance

- 6.1 The Cabinet Member decision provides the required authority to allocate and spend Family Hub Grant funding on specific workstreams within the mandated Family Hub plan set out by DfE. The decision builds upon the previous 'in

principle agreement' to Family Hub development decision-making and allows for the implementation of service improvement in the relevant area.

- 6.2 Detailed service development and spend activity to progress the Infant Feeding work is delegated in accordance with the Executive Scheme of Delegation.
- 6.3 This service specific decision is without prejudice to the wider Family Hubs consultation on the discretionary aspects of the Family Hub programme, which will inform the overall model when the relevant decisions are taken. These future decisions on the model will influence how this specific service fits within the Family Hub system.

7. Conclusion

- 7.1 This is a good opportunity to further develop and commence activities based on the funding provided for infant feeding through the family hub grant allocation, enhancing our support for families.

8. Recommendation(s):

The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (Attached as Appendix 1) to:

APPROVE the service development for the Infant Feeding Service and wider workforce development, as detailed in the report.

APPROVE the required expenditure to deliver this activity via Family Hub Grant Funding up to £1,256,332 for the period ending April 2025.

DELEGATE authority to the Director of Public Health, in consultation with the Cabinet Member for Integrated Children's Service and the Cabinet Member for Adult Social Care and Public Health, to take necessary actions, including but not limited to allocating resources, expenditure, entering into contracts and other legal agreements, as required to implement the decision.

9. Background Documents

[The Best Start for Life: Early Years Healthy Development Review Report](#)

<https://www.gov.uk/government/collections/family-hubs-and-start-for-life-programme>

10. Report authors

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Cabinet Member for
Adult Social Care and Public Health

DECISION NO:

23/00076

For publication Yes

Key decision: Yes

Title of Decision: Family Hubs- Start for life - Infant feeding

Decision: As Cabinet Member for Adult Social Care and Public Health, in consultation with the Cabinet Member for Integrated Children's Services, I propose to:

- a) **APPROVE** the service development to increase current infant feeding activity; approve the required expenditure, via the Family Hub Grant Funding, to deliver the activity; and
- b) **DELEGATE** authority to the Director of Public Health to take necessary actions, including but not limited to, allocating resources, expenditure, entering into contracts and other legal agreements, as required to implement the decision.

Reason for decision: The proposal to use the Family Hub Grant to increase current infant feeding activity provides the opportunity to deliver an increased offer of infant feeding contacts as well as providing an opportunity to build confidence in women as they are assured, supported and encouraged in the first six to eight weeks whilst breastfeeding is established. There will be an antenatal infant feeding contact, an early contact postnatally and regular contacts for the first twelve weeks. Breastfeeding takes time to learn and can be challenging to persevere without support around a family. Research has shown that various forms of support may be required and offering additional contacts is an appropriate approach which the opportunity provided through the Family Hub Grant funding presents as this aligns with the Department for Education (DfE) expectations.

This service will contribute to 'Priority 1: *Levelling up Kent*' of the *Framing Kent's Future Our Council Strategy 2022-2026*' as providing parents/mums the support in giving their babies the best start in life to improve the population's health and narrowing health inequalities.

Financial Implications: To support the delivery of the Family Hub Transformation Programme, KCC is receiving a grant of £1,256,332 from the DfE to March 2025 which is to support system transformation including work-force development and supporting development of new services. This funding relates to the financial year 2023-2024, including rollover from year 1 and the allocation for financial year 2024/2025.

Legal Implications: The Council will enter into a number of contractual agreements to support delivery in line with Spending the Council's Money and Public Contract Regulations 2015.

Equality Implications: A draft Infant feeding Family hubs Equality Impact Assessment has been developed and identified a potential impact on communication with neurodivergent individuals and those with hearing loss which could be mitigated through ascertaining whether the individual has additional needs at the outset of the first communication with this service and recording this information with the client's permission. Recognition that English may not be a spoken language which could be mitigated through provision of a translation service or offer of contact in a written digital format.

Data Protection implications: Data Protection and General Data Protection Regulations are part of KCC contract documentation. This includes a Schedule of Processing, Personal Data and Data Subjects and confirms the data relationship(s) between the Parties. Data Protection Impact Assessments are undertaken with providers as appropriate.

Cabinet Committee recommendations and other consultation: In July 2023 Kent County Council (KCC) launched a public consultation www.kent.gov.uk/familyhubservices to gain a better understanding of how services can be best integrated to meet local needs, through a Kent Family Hub network, bringing services and partners together to provide a single point of access for family support services. This consultation will finish on 13 September 2023.

[Shaping the Family Hubs and Start for Life Offer | Let's talk Kent](#)

The proposed decision will be discussed at the Health Reform and Public Health Cabinet Committee on 5 September 2023 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

It will also be presented at the Children's, Young People and Education Cabinet Committee on 12 September 2023 for information.

Any alternatives considered and rejected:

A targeted approach in a small geography was initially considered but discarded as this could create inequities in the provision of support.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

.....
signed

.....
date



EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):	Family hubs – Infant feeding
2. Directorate	Adult social care and health
3. Responsible Service/Division	Public Health

Accountability and Responsibility

4. Officer completing EQIA Note: This should be the name of the officer who will be submitting the EQIA onto the App.	Wendy Jeffreys
5. Head of Service Note: This should be the Head of Service who will be approving your submitted EQIA.	Wendy Jeffreys
6. Director of Service Note: This should be the name of your responsible director.	Dr Anjan Ghosh

The type of Activity you are undertaking

7. What type of activity are you undertaking?	
Tick if Yes	Activity Type
Yes	Service Change – operational changes in the way we deliver the service to people.
Yes	Service Redesign – restructure, new operating model or changes to ways of working
Yes	Project/Programme – includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.
Yes	Commissioning/Procurement – means commissioning activity which requires commercial judgement.
Yes	Strategy /Policy – includes review, refresh or creating a new document
	Other – Please add details of any other activity type here.

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

Since the inception of EHPS in 2015, Kent County Council (KCC) has been able to maintain a comprehensive Open Access offer, including both universal and targeted provision, delivered through internal staff and settings and commissioned services across 0-19 years.

Open Access services work closely with partners including public health services such as Health Visiting services through co-location. There are also currently two Commissioned Children's Centre in Kent (Millmead and Seashells) and 12 district-based commissioned youth service contracts.

In his budget announcement in October 2021, the then Chancellor, Rishi Sunak, outlined his plans for the roll out of a national Family Hubs programme launching the programme in November 2021. The programme is led by the Department for Education (DfE) in collaboration with the Department of Health and Social Care (DHSc) to ensure there is policy integration at national level to develop an enhanced multiagency partnership. The framework was developed following the Early Years Healthy Development Review published in 2021 (The Best Start for Life, A Vision for the 1001 Critical Days). The in-depth research and engagement was conducted by a review team including parents, carers, sector professionals, volunteers and academics.

KCC is committed to the implementation of Family Hubs in Kent as part of its ambition to deliver the best outcomes for all children, young people, and their families, delivering services identified through the Family Hub guidance.

The DfE launched the national Family Hub Programme Framework in August 2022 alongside an application for 75 Local Authorities to apply for transformation funding to create multiagency community-based provision. Kent was identified as one of the eligible Local Authorities for funding aligned to the Family Hub and Best Start for Life strategy.

The DfE sets out key funded areas as part of the Family Hubs model and transformation within the Start for Life offer. This includes infant feeding.

The analysis from the available evidence suggests that the development and implementation of Family Hubs in Kent and the delivery of an enhanced infant feeding offer of contact for families ante and post natally may have impacts for some protected characteristic groups due to the mixed client base:

- Age
- Disability
- Sex
- Race
- Religion and Beliefs
- Pregnancy and Maternity
- Carer Responsibilities

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

9. Do you have data related to the protected groups of the people impacted by this activity? <i>Answer: Yes/No</i>	yes
10. Is it possible to get the data in a timely and cost effective way? <i>Answer: Yes/No</i>	yes
11. Is there national evidence/data that you can use? <i>Answer: Yes/No</i>	no
12. Have you consulted with Stakeholders? <i>Answer: Yes/No</i> <i>Stakeholders are those who have a stake or interest in your project</i>	yes

which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.

13. Who have you involved, consulted and engaged with?
 Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.

The service offer is based on programmes taking place in other local authorities. The service provider has consulted with internal staff and commissioners.
 There has not been consultation about this specific aspect of infant feeding support with service users but engagement with mums and mums to be is currently taking place in areas where breastfeeding prevalence is lower to better understand their barriers to breastfeeding.
 Co-creation of an infant feeding strategy has commenced.

14. Has there been a previous equality analysis (EQIA) in the last 3 years? Answer: Yes/No

Yes a family hub consultation

15. Do you have evidence/data that can help you understand the potential impact of your activity? Answer: Yes/No

Yes

Uploading Evidence/Data/related information into the App
 Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.

Babies first feed breast milk [proportion], Kent and England, 2020/21

Recent trend: Could not be calculated

Period	Count	Value	Kent		South East	England
			99.8% Lower CI	99.8% Upper CI		
2020/21	9,420	68.1%	66.9%	69.3%	74.4%	71.7%

Source: Maternity Services Dataset (MSDS v2.0)

Breastfeeding prevalence 6-8 weeks [current method], 2015/16 – 2021/22

Period	England (%)	Kent (%)
2015/16	~44	~44
2017/18	~44	~44
2019/20	~48	~48
2021/22	~50	~50

Source: PHE fingertips accessed 11/8/2023

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Section C – Impact

16. Who may be impacted by the activity? Select all that apply.

Service users/clients <i>Answer: Yes/No</i>	Yes	Residents/Communities/Citizens <i>Answer: Yes/No</i>	
Staff/Volunteers <i>Answer: Yes/No</i>	Yes		

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? *Answer: Yes/No*

Yes

18. Please give details of Positive Impacts

The principles and framework for the Family Hubs model, as set out by central government, are built based on improving user experience by :

1. increasing access to a wider range of services in one place or under one shared umbrella;
2. improving the interface and join-up between services; and
3. having services working within practice that builds on strengths and puts families at the centre of services.

The positive impacts that we anticipate:

Service Users/Clients
Early awareness and subsequent engagement during the ante natal period of the new service offer
Uptake of the new service increasing confidence in mums fully or partially breastfeeding.

Staff and Volunteers
Knowledge and assurance that there is additional support which is available up to the first 12 weeks of life.

Pregnancy and maternity
Reassurance that there is an additional service offer available to them and not necessarily needing them to seek it out.

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19. Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for age? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
b) Details of Negative Impacts for Age	
c) Mitigating Actions for age	
d) Responsible Officer for Mitigating Actions – Age	

20. Negative Impacts and Mitigating actions for Disability

a) Are there negative impacts for Disability? <i>Answer: Yes/No (If yes, please also complete sections b, c, and</i>	Yes
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d).	
b) Details of Negative Impacts for Disability	Communication with neurodivergent individuals. Communication with hearing loss.
c) Mitigating Actions for Disability	Ascertaining whether the individual has additional needs at outset of first communication with this new service and recording this information with the clients permission.
d) Responsible Officer for Mitigating Actions - Disability	
22. Negative Impacts and Mitigating actions for Gender identity/transgender	
a) Are there negative impacts for Sex? Answer: Yes/No (If yes, please also complete sections b, c, and d).	No
b) Details of Negative Impacts for Sex	
c) Mitigating Actions for Sex	
d) Responsible Officer for Mitigating Actions - Sex	
22. Negative Impacts and Mitigating actions for Gender identity/transgender	
a) Are there negative impacts for Gender identity/transgender? Answer: Yes/No (If yes, please also complete sections b, c, and d).	No
b) Details of Negative Impacts for Gender identity/transgender	
c) Mitigating actions for Gender identity/transgender	
d) Responsible Officer for Mitigating Actions - Gender identity/transgender	
23. Negative Impacts and Mitigating actions for Race	
a) Are there negative impacts for Race? Answer: Yes/No (If yes, please also complete sections b, c, and d).	yes
b) Details of Negative Impacts for Race	Recognition that English may not be a spoken language
c) Mitigating Actions for Race	Provision for translation or offer of contact in a written digital format.
d) Responsible Officer for	

Mitigating Actions - Race	
24. Negative Impacts and Mitigating actions for Religion and belief	
a) Are there negative impacts for Religion and Belief? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
b) Details of Negative Impacts for Religion and belief	
c) Mitigating Actions for Religion and belief	
d) Responsible Officer for Mitigating Actions - Religion and belief	
25. Negative Impacts and Mitigating actions for Sexual Orientation	
a) Are there negative impacts for sexual orientation. <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
b) Details of Negative Impacts for Sexual Orientation	
c) Mitigating Actions for Sexual Orientation	
d) Responsible Officer for Mitigating Actions - Sexual Orientation	
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity	
a) Are there negative impacts for Pregnancy and Maternity? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
b) Details of Negative Impacts for Pregnancy and Maternity	
c) Mitigating Actions for Pregnancy and Maternity	
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity	
27. Negative Impacts and Mitigating actions for marriage and civil partnerships	
a) Are there negative impacts for Marriage and Civil Partnerships? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
b) Details of Negative Impacts for Marriage and Civil Partnerships	
c) Mitigating Actions for Marriage and Civil Partnerships	
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships	
28. Negative Impacts and Mitigating actions for Carer's responsibilities	

a) Are there negative impacts for Carer's responsibilities? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
b) Details of Negative Impacts for Carer's Responsibilities	
c) Mitigating Actions for Carer's responsibilities	
d) Responsible Officer for Mitigating Actions - Carer's Responsibilities	

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From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health

Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee – 5 September 2023

Subject: **Performance of Public Health Commissioned Services (Quarter 1 2023/2024)**

Classification: Unrestricted

Previous Pathway: None

Future Pathway: None

Electoral Division: All

Summary: This report provides an overview of the Key Performance Indicators for Public Health commissioned services. In the latest available quarter, April to June 2023, of 15 Key Performance Indicators nine were RAG rated Green and one Amber. Five Key Performance Indicators were not available at the time of writing this report. These are detailed below:

Number of people successfully completing drug and/or alcohol treatment of all those in service.

Number of people quitting at four-weeks, having set a quit date with Smoking Cessation Services.

Number of Live Well Kent clients who would recommend the service to family, friends, or someone in a similar situation.

Participation rate of Year R (4–5 year olds) pupils in the National Child Measurement Programme.

Participation rate of Year 6 (10–11 year olds) pupils in the National Child Measurement Programme.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q1 2023/2024.

1. Introduction

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

1.2 This report provides an overview of the Key Performance Indicators (KPIs) for the Public Health services that are commissioned by Kent County Council (KCC) and includes the KPIs presented to Cabinet via the KCC Quarterly Performance

Report (QPR). Appendix 1 contains the full table of KPIs and performance over the previous five quarters.

2. Overview of Performance

2.1 Of the 15 targeted KPIs for Public Health commissioned services, nine achieved target (Green) and one was below target although did achieve the floor standard (Amber). Five KPIs were not available at the time of writing this report. These are as follows:

- i. Number of people successfully completing drug and/or alcohol treatment of all those in service.
- ii. Number of people quitting at four-weeks, having set a quit date with Smoking Cessation Services.
- iii. Number of Live Well Kent clients who would recommend the service to family, friends, or someone in a similar situation.
- iv. Participation rate of Year R (4–5 year olds) pupils in the National Child Measurement Programme.
- v. Participation rate of Year 6 (10–11 year olds) pupils in the National Child Measurement Programme.

3. Health Visiting

3.1 In Q1 2023/2024, the Health Visiting Service delivered 16,780 mandated universal health and wellbeing reviews, slightly higher than the previous quarter (16,752). The service delivered 68,713 mandated universal contacts (twelve-month rolling) and remains on track to meet the increased annual target of 68,000 (by the end of the year). Four of the five mandated contacts met or exceeded the targets with the proportion of new birth visits delivered within 10–14 days at 94%, slightly below the 95% target. From 2022/2023, this KPI changed from delivery of the visit within 30 days of birth. Overall, 99% of new birth visits were delivered within 30 days and families with additional needs are always prioritised. At the end of Q1 2023/2023 (June 2023), there were 4,849 children on the health visiting specialist caseload. The specialist caseload includes children and families who require intensive support for complex or multiple needs, and families where there are safeguarding concerns. There are also 3,968 children on the targeted caseload. The targeted caseload includes children and families who require extra help to improve education, parenting, behaviour or to meet specific health needs.

4. Adult Health Improvement

4.1 In Q1 2023/2024, the number of eligible people receiving an NHS Health Check (twelve month rolling) exceeded the target for the second consecutive quarter at 26,565, of which 7,396 were delivered in the current quarter. This represents an increase of 22% compared to the same quarter in 2022/2023 (5,945) and demonstrates improved participation in the NHS Health Checks programme from third party providers. Twenty percent (18,607) of the yearly eligible population were invited to an NHS Health Check during the current quarter. Commissioners are working with Kent Community Health Foundation Trust (KCHFT) to trial the

use of SMS text message invitations to understand whether this improves uptake and increases programme efficiency.

- 4.2 The Smoking Cessation Services data for Q1 2023/2024 was not yet released at the time of writing this report.
- 4.3 The One You Kent (OYK) Lifestyle Service performed above the target for the percentage of individuals across OYK Services being from the most deprived areas in Kent, achieving 62% in Q1 2023/2024. The OYK Lifestyle Service continues to receive a high number of referrals from GPs for weight management services. These referrals are not necessarily for clients residing in areas of deprivation, particularly in districts with lower levels of deprivation. However, service providers continue to hold engagement activities within areas of deprivation, including stalls at community events and offering health MOTs in local settings (e.g., village halls), to ensure engagement with this cohort. One provider has recently changed data management systems and was unable to report their data at the time of writing this report. Conversations are ongoing to clarify when this may be available.

5. Sexual Health

- 5.1 In Q1 2023/2024, the Sexual Health Service performed above the target for the percentage of first-time patients being offered a full sexual health screening, achieving 98%. There were 15,191 attendances at KCC commissioned sexual health clinics during the current quarter, an increase of 10% (+1,413) compared to Q1 2022/2023. Access to the online Sexually Transmitted Infections (STI) Testing Service continues to be high, with 10,852 testing kits ordered throughout the quarter. Works are nearing completion at the new sexual health clinic in Margate (Thanet), which will increase service capacity to meet current and future need. This facility is projected to open in Q2 2023/2024. The service has also continued successful, proactive outreach work, with collaboration taking place between providers.

6. Drug and Alcohol Services

- 6.1 The Community Drug and Alcohol Services data for Q1 2023/2024 was not yet released at the time of writing this report. There is a whole system of work to increase numbers into treatment. This includes rebranding, increasing outreach support and improving pathways of care with NHS agencies and service user/lived experience engagement. There is a whole system stakeholder meeting planned for September 2023 and a package of training being delivered to front line providers.
- 6.2 The Young People's Drug and Alcohol Service received 105 referrals in Q1 2023/2024. A comprehensive referral generation plan is in place, including the Young People's Drug and Alcohol Service seeing all 18–24 year olds that do not require a detox. The substance misuse page on the Kent County Council website is currently undergoing a transformation to increase referrals to the service. The amount of young people exiting treatment in a planned way exceeded the target this quarter, achieving 88% during Q1 2023/2024. This represents 37 planned

exits and 5 unplanned exits. Of those young people who exited treatment in a planned way, 27% reported abstinence. In the last quarter the service has seen a stabilisation in its workforce, with all vacancies now successfully recruited to.

7. Mental Health and Wellbeing Service

7.1 In Q1 2023/2024, the new contract for Live Well Kent and Medway started, with some movement between providers of locations covered. The new service is now fully mobilised and has provided a smooth transition of support for clients accessing the service across Kent and Medway. The transfer of clients necessitated a data reset for the exit survey completions. Therefore, the data is not available for the current quarter.

8. Conclusion

- 8.1. Nine of the fifteen KPIs remain above target and were RAG rated Green.
- 8.2. Commissioners continue to explore other forms of delivery, to ensure current provision is fit for purpose and able to account for increasing demand levels and changing patterns of need. This will include ongoing market review and needs analysis.

9. Recommendations

9.1 Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q1 2023/2024.

10. Background Documents

None

11. Report Authors

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

Service	KPIs	Target 22/23	Target 23/24	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	DoT**
Health Visiting	PH04: No. of mandated health and wellbeing reviews delivered by the health visiting service (12 month rolling)	65,000	68,000	70,923 (G)	69,657 (G)	69,082 (G)	68,852 (G)	68,713 (G)	↓
	PH14: No. and % of mothers receiving an antenatal contact with the health visiting service	43%	43%	1,561 44%(G)	1,846 52%(G)	1,656 53%(G)	1,706 57%(G)	1,901 56%(G)	↓
	PH15: No. and % of new birth visits delivered by the health visitor service within 10-14 days of birth	95%	95%	3,777 94%(A)	3,921 94%(A)	3,868 93%(A)	3,463 93%(A)	3,550 94%(A)	↑
	PH16: No. and % of infants due a 6-8 week who received one by the health visiting service	85%	85%	3,605 91%(G)	3,792 92%(G)	3,899 91%(G)	3,453 90%(G)	3,472 93%(G)	↑
	PH23: No. and % of infants who are totally or partially breastfed at 6-8 weeks (health visiting service)	-	-	1,953 50%	2,051 52%	2,139 52%	1,812 50%	1,866 52%	↑
	PH17: No. and % of infants receiving their 1-year review at 15 months by the health visiting service	85%	85%	3,691 92%(G)	3,908 92%(G)	4,119 92%(G)	3,896 93%(G)	3,796 92%(G)	↓
	PH18: No. and % of children who received a 2-2½ year review with the health visiting service	80%	80%	3,539 87%(G)	3,322 85%(G)	3,452 86%(G)	3,417 85%(G)	3,536 89%(G)	↑
Structured Substance Misuse Treatment	PH13: No. and % of young people exiting specialist substance misuse services with a planned exit	85%	85%	36 78%(A)	25 57%(R)	27 77%(A)	37 90%(G)	37 88%(G)	↓
	PH03: No. and % of people successfully completing drug and/or alcohol treatment of all those in treatment	25%	25%	1,484 29%(G)	1,410 28%(G)	1,306 26%(G)	1,275 25%(G)	nca	↓
Lifestyle and Prevention	PH01: No. of the eligible population aged 40-74 years old receiving an NHS Health Check (12 month rolling)	9,546	23,844	19,834 (A)	20,946 (A)	22,255 (A)	25,114 (G)	26,565 (G)	↑
	PH11: No. and % of people quitting at 4 weeks, having set a quit date with smoking cessation services	52%	55%	661 54%(A)	627 62%(G)	691 57%(G)	786 54%(A)	nca	↓
	PH25: No. and % of clients currently active within One You Kent services being from the most deprived areas in Kent	-	55%	1,525 58%(G)	1,515 53%(A)	1,494 54%(A)	1,929 59%(G)	1,794 62%(G)	↑
Sexual Health	PH24 No. and % of all new first-time patients (at any clinic or telephone triage) offered a full sexual health screen (chlamydia, gonorrhoea, syphilis, and HIV)	92%	95%	6,495 95%(G)	7,571 95%(G)	7,954 96%(G)	8,230 98%(G)	8,517 98%(G)	↔

Mental Wellbeing	PH22: No. and % of Live Well Kent clients who would recommend the service to family, friends, or someone in a similar situation	90%	98%	449 99%(G)	581 97%(A)	388 99%(G)	721 99%(G)	nca	↔
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Commissioned services annual activity

Indicator description	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	DoT
PH09: Participation rate of Year R (4–5 year olds) pupils in the National Child Measurement Programme	93% (G)	95% (G)	95% (G)	85% (G)**	88% (A)	nca	↑
PH10: Participation rate of Year 6 (10–11 year olds) pupils in the National Child Measurement Programme	96% (G)	94% (G)	94% (G)	9.8% (A)**	87% (A)	nca	↑
PH05; Number receiving an NHS Health Check over the 5-year programme (cumulative: 2013/14 to 2017/18, 2018/19 to 2022/23)	198,980	36,093	76,093	79,583	96,323	121,437	-
PH06: Number of adults accessing structured treatment substance misuse services	4,466	4,900	5,053	4,944	5,108	5,084	↓
PH07: Number accessing KCC commissioned sexual health service clinics	75,694	76,264	71,543	58,457	65,166	58,012	↓

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

Key:

RAG Ratings

(G) GREEN	Target has been achieved
(A) AMBER	Floor Standard achieved but Target has not been met
(R) RED	Floor Standard has not been achieved
nca	Not currently available

DoT (Direction of Travel) Alerts

↑	Performance has improved
↓	Performance has worsened
↔	Performance has remained the same

**Relates to two most recent time frames

Data quality note

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

From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health
Dr Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee
5 September 2023

Subject: **Public Health Service Transformation Programme**

Classification: **Unrestricted**

Past Pathway: This is the first committee to consider this report.

Future Pathway: To be confirmed.

Electoral Division: All

Summary: This paper outlines the details of the Public Health service transformation programme that aims to review public health services to ensure they are impactful, cost-effective and robust for the future. The information gathering underpinning the work commenced in July 2023 and the recommendations will be implemented by summer 2025.

The programme responds to a series of strategic developments, challenges and opportunities in the commissioning landscape and will be underpinned by an evidenced-based review of all internal and external Public Health funded services and grants. It will ensure service models are sustainable for the future and explore opportunities for integration and efficiency. The evidence-based methodology will be delivered in collaboration with key partners, providers and residents.

It sits alongside a review of existing partnership arrangements held in public health including those with NHS Trusts, internal departments of KCC and District and Borough councils. It will be important to ensure we have the right contracting mechanisms for delivering the optimal service model.

This is an exciting opportunity to transform public health services and ensure that funding is spent where it can make the biggest impact. It will seek to learn from other areas, evidence-based approaches and find a balance for Kent which ensures delivery of mandated requirements in a lean way that optimises innovation.

Recommendation(s):

The Cabinet Committee is asked to:

CONSIDER and COMMENT on the decision to embark on a public health service transformation programme.

COMMENT on the aims, objectives and high-level methodology set out in this paper.

1. Introduction

- 1.1 This paper sets out the details of a transformation programme for public health services.
- 1.2 It is an exciting opportunity to transform public health services and will look to learn from other areas, and evidence-based approaches and find a balance for Kent which ensures delivery of mandated requirements in a lean way that optimises innovation.

2. Background

2.1 Public health transferred to local authorities as a result of the Health and Social Care Act (2013) and receives a ring-fenced grant to support the delivery of a range of mandated and non-mandated services. This supports KCC's statutory duty as a local authority to improve the health of the population and reduce health inequalities.

2.2 Key commissioned services include:

- **Health Visiting** including Family Partnership programme and infant feeding.
- **School Public health** including Children and young peoples' counselling services and mandated National Child Measurement Programme.
- **Substance misuse services** including Community Drug and Alcohol Service for adults, young people's services, housing, branding, lived experience and inpatient detox.
- **Lifestyle and prevention services** including smoking, obesity, wellbeing, physical activity NHS health checks, oral health and postural stability.
- **Wellbeing** including community wellbeing, children's and young people counselling services and perinatal services.
- **Sexual health services** including sexual health pharmacy programme.
- **Other services** including campaigns, training, oral health, and public health champions.

2.3 Services are provided via a range of contracts and delivered by a host of providers and partners including NHS Trusts, District and Borough Councils, voluntary sector suppliers, private sector companies and internal KCC departments.

2.4 A number of these contractual arrangements are due to end in early 2025 and the transformation programme will inform future commissioning decisions.

2.5 In addition to external contracts, the public health grant is invested in other KCC services. This includes Adult Social Care services (Live Well, Domestic Abuse Services), Integrated Children's Services, Kent Sport, Trading Standards and voluntary sector support.

2.6 Over the last 10 years, significant work has taken place to renew and transform services including a programme of transformation that was delivered in 2015. However, since this time there has been a series of significant

developments which have resulted in the need to embark on a new transformation programme. These key drivers are listed below:

- COVID-19 Pandemic
- Significant financial pressures and budget uncertainty
- Changing demographic and demand for services
- New programmes of work
- Changes in procurement legislation
- Changes in the health and social care landscape, including the Integrated Care Board and the launch of the Interim Integrated Care Strategy
- Changes in the external market
- Ongoing workforce challenges

3. Overview of the transformation approach

3.1 The main aim of the transformation is to improve service delivery to our communities, targeting those that need them, whilst maximising the impact of our investment; ensuring all services are efficient, evidence-based and delivering the best outcomes possible. Future services need to be innovative, sustainable, responsive and commensurate to the needs of our changing communities.

3.2 In addition, we must embrace opportunities for prevention to underpin service delivery and explore options to further enhance our prevention offer and support aspirations of the Integrated Care Strategy.

3.3 Services in the scope of the transformation programme are:

- Public Health Commissioned Services
- Grant Funded Projects (e.g., Healthy Living Centres)
- Public Health funding to other KCC departments/services

3.4 In addition, the use of communication and campaigns will be considered as part of the programme of work. They can play a key role in motivating people to not just access support of services but to change their behaviours without the need for a service. They can often have a greater reach than services can and are able to support effective targeting e.g., through the use of social media.

3.5 The transformation programme follows five core principles:

- We will place prevention and tackling health inequalities at the centre of all services and ensure that services are person-centred. Changing the shape of demand is critical, so that the reliance on Council services is reduced. When conditions are detected earlier, people are less likely to enter statutory services and when they do it is less in crisis and more in a managed way.
- The review will work collaboratively and transparently across other KCC directorates, considering opportunities to align with other services to improve efficiencies, avoid duplication and co-design services where relevant and possible.

- The review will enable us to consider alignments in commissioning across the system and take into account the impact of other commissioned services and commissioning cycles (such as the ICB) to provide potential opportunities to compliment and join up commissioned services and avoid duplication.
 - The review seeks to work closely with the NHS (Providers, ICB, Primary Care, Health and Care Partnerships (HaCPs)), District Councils, VCSE and other partners and providers to explore wider perspectives on service need and delivery (such as place-based services). We will engage providers to align with all key partners including NHS (ICB, Primary Care, Acute and Community Trusts), (Health and Care Partnerships (HaCPs)), District and Boroughs Councils, localities and Parishes – where each stakeholder must play their part.
 - Value for money. Funding pressures and the changing nature of our communities provides an opportunity to assess need and demand for council services and ensure we can be innovative and commission the right services to the right people and offer value for money.
- 3.6 There are a number of key stakeholders and partners who will be engaged in this programme of work including local residents, providers, District and Borough Councils, other commissioning organisations, other parts of KCC, Elected Members etc.
- 3.7 It will be important to ensure we have the right contracting mechanisms for delivering the optimal service model and as such, a review of existing partnership arrangements held in public health will take place as part of this programme of work. KCC has previously opted for this route permitted within the procurement regulations. This includes:
- Partnership with Kent Community Health Foundation Trust (KCHFT) who delivers a number of mandated services including Health Visiting, Sexual Health, School Health and Lifestyle services.
 - Partnership with Maidstone and Tunbridge Wells NHS Trust for delivery of sexual health services
 - Partnership with District and Borough councils for delivery of lifestyle services

4. Review Methodology and timeframes

- 4.1 The evidenced-based methodology for the transformation has been developed and will be led by Public Health Consultants and senior commissioners in a collaborative, team approach across all portfolio areas. It will be supported by both the performance and analytics functions.
- 4.2 The review will be conducted in four main stages, most of which can run concurrently. The timescales are indicative at this stage and may vary between service areas:
- **Stage 1. Information gathering (July-August 2023)**
Desktop pro-forma exercise to understand population need, service need analysis, description of current service delivery and alternative

options, context, financial analysis, service performance and outcomes.

- **Stage 2. Wider Engagement (September-October 2023)**
Provider and stakeholder workshops to gain a wider perspective of service delivery and external influences. Co-production and feedback of target groups, service users and those not currently engaging in services to gain a greater understanding of needs, motivators and to identify best practice.
- **Stage 3. Options Appraisal (November-December 2023)**
Exploring the external market and summarising intelligence from the completed proforma. The Five Case Business model will be applied to measure against critical success factors and affordability. Outcomes from this process will be peer challenged for robustness and will conclude in final recommendations.
- **Stage 4. Options Finalisation and Implementation (January-July 2024)**
In this final review stage, the recommendations will be presented through the governance process allowing for public consultation if required. Once the final conclusions and recommendations have been agreed, services will be approved, procured, or commissioned in line with the implementation plan.

5. Governance

- 5.1 All decisions relating to this programme of work will be taken in line with KCC governance processes and regular updates will be shared via this committee.
- 5.2 Details of the work will be shared internally with the Directorate Management Team (DMT) and Corporate Management Team (CMT) for their consideration and endorsement.
- 5.3 The Director of Public health is the senior lead and will provide strategic leadership to the programme through the Public Health Service Transformation Steering Group. This group includes representatives from HR, finance, commissioning and communications.
- 5.4 The Assistant Director for Integrated Commissioning will lead a delivery group which will report to the steering group and engage with parties across the team such as communication, commissioners, performance and consultants.

6. Financial Implications

- 6.1 The current public health grant is £74.03m for 2023/24 and an in-year uplift is expected to meet the costs of the nationally agreed pay award for NHS providers.
- 6.2 Although the aims of this programme are not financial (other than ensuring an overall balanced budget), value for money and efficiency of the services

funded is integral to the outcomes of this work. It may be that financial savings can be delivered through new innovative approaches.

7. Legal implications

- 7.1 KCC is bound by the public contract regulations (2015) and as such will adhere to procurement regulations. National changes to the procurement legislation are anticipated to include a new framework called the Provider Selection Regime (PSR) and updates to the Public Contract Regulations (PCR), 2015. Public health procurements are likely to follow PRS which involve a more collaborative approach to contracting such as that taken with Kent Community Health Foundation Trust (KCHFT).
- 7.2 The public health grant also has several mandated services that must be funded by the grant. KCC and the Director of Public Health also has a duty to improve the health of the population and reduce health inequalities as set out in the Health and Social Care Act (2012). In addition, there are services specifically mentioned within the legislation or grant conditions that must be provided such as substance misuse services.
- 7.3 It is likely that legal advice may be taken regarding new models of delivery, consultation and procurement/ contracting approaches. Relevant legal advice will be sought as required and shared with this committee as part of any decision-making processes.

8. Consultation and engagement

- 8.1 Engagement with Kent residents, members, providers, and partners will be a critical part of the delivery of this programme of work. Solutions will be co-produced, and a key part of the methodology involves running collaborative workshops and engagement exercises.
- 8.2 Further information will be shared with the committee members in due course and advice will be sought from KCC's consultation and Engagement Team

9. Equalities Implications

- 9.1 Public Health will refresh relevant Equalities Impact Assessments in due course and take forward relevant recommendations in line with changes to service models.

10. Risks

10.1 Key risks include.

- **Delivery within timeframes and aligning to other commissioning activities** – A project management approach will be applied, and a dedicated Project Manager has been recruited.
- **Resources** – capacity of staff and stakeholders to engage in the programme of work within the timescales given. Careful planning and advanced notification will support this, alongside a team-led approach to the review.

- **Changes in national guidance** – for example, national policy or programme guidance for delivery. To mitigate this, staff will engage with national networks and providers and develop mechanisms for managing change through contracts.
- **Costs** – the preferred model cannot exceed current financial allocations and the methodology will utilise costs effective approaches and analysis tools.

11. Conclusions

11.1 This programme presents an exciting opportunity to apply evidenced-based thinking and collaboration to transform preventive services in Kent. It will support delivery of a number of strategic priorities such as those set out in the Integrated Care Strategy.

11.2 It will aim to improve the offer for local residents with the aspiration of supporting improved health outcomes in the longer term. It will build on existing good practices both locally and nationally but allow for innovation.

11.3 This is an ambitious programme of work which will involve careful planning and organisation to deliver elements on time. It may be that implementation needs to be done in a phased way across the breadth of services.

11.4 Engagement of this committee and its members will be key to its success and the committee is asked to consider the details set out in this paper and make comments.

11.5 Updates will be provided to the committee as this piece of work develops.

12. Recommendation(s)

The Cabinet Committee is asked to:

CONSIDER and COMMENT on the decision to embark on a public health service transformation programme.

COMMENT on the aims, objectives and high-level methodology set out in this paper.

13. Background Documents

[Public Contract Regulations \(2015\)](#)

[Health and Social Care Act \(2012\)](#)

[Integrated Care Strategy](#)

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From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health
Dr Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee – 5 September 2023

Subject: **Vaping in Kent - with a focus on underage use**

Classification: **Unrestricted**

Past Pathway of Paper: This is the first committee to consider this report.

Future Pathway of Paper: None

Electoral Division: All

Summary: This paper provides the Cabinet Committee with a briefing on the use of e-cigarettes and the role of vaping to help smokers quit. 13.5% of our adult population in Kent smoke, similar to the England average and many smokers who are trying to quit choose to vape as part of their quit attempt. Although vaping is not risk free, it is considered safer than smoking and people who do not smoke therefore, should not start vaping.

More recently, we have seen a rise in vaping among young people, particularly in the use of disposable vapes which are flavoured, packaged and marketed to appeal to children despite it being an offence to sell (or proxy-purchase) vape products to anyone under the age of 18.

There are also environmental concerns around disposable vapes. Kent County Council recently voted for a motion to request the Executive write to central Government to request that disposable vapes are banned.

Kent Public Health is working collaboratively with Trading Standards and wider partners to tackle the concern of under-age vape sales at a local level using local intelligence. There is ongoing further partnership work to provide factual information to parents and communities to reduce the prevalence of vaping among children in our society.

Recommendation(s): The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the content of this paper.

1. Introduction

- 1.1 This report on Vaping in Kent has been prepared in response to the request of the Health Reform and Public Health Cabinet Committee members for further information on the use of e-cigarettes and role of vaping in Kent.

- 1.2 E-cigarettes and vapes are popular among smokers trying to quit with more than 3 million people in England vaping. For adults, vapes can be an effective means of quitting smoking and considered to be safer than smoking cigarettes as they do not contain tobacco, tar or carbon monoxide. However, vaping may not be totally risk free with unknown relative long-term harms, therefore non-smokers should not be encouraged to vape. The sale of vapes to people aged under 18 and proxy purchasing for someone aged under 18 is illegal¹ in the United Kingdom.
- 1.3 This report sets out the current position on vaping, its role as a treatment method to quit smoking and the recent concern of the increased use of disposable vapes, particularly among young people.

2. Background

- 2.1 Although further research is needed to understand the long-term health implications, vaping products are the most common method used by people to help them stop smoking. They can be purchased as disposable or rechargeable devices, in refillable tank formats or prefilled cartridges. Most people report purchasing their products from specialist vape shops (40%) and supermarkets or newsagents. Retailers registered with the Independent British Vape Trade Association (IBVTA)² are monitored to conform to product regulations, age of sale laws and are regarded as an approved retailer.
- 2.2 E-cigarettes are regulated as a consumer product. Kent Public Health works closely to support the role of Kent Trading Standards in test purchasing to ensure retailers comply to UK standards and age of sales laws. However, Trading Standards have limited resources to overcome the challenges of such a complex and prolific market. Products sold on street markets or via the internet may have an increased risk of failing to comply with UK regulations. The government has announced £3 million of funding to be made available to create a specialised illicit vape enforcement squad which will focus on online shops selling illicit vapes to under 18s. Although this is welcomed it falls short of the £15 million required by the Khan Report, Making Smoking Obsolete³.

3. Use of Vaping as an aid to quit smoking

- 3.1 The National Institute for Health and Care Excellence (NICE) Guidance (NG209)⁴ and the National Centre for Smoking Cessation and Training (NCSCT)⁵ recommend that e-cigarettes be used as part of a quit attempt in stop

¹ The Nicotine Inhaling Products (Age of Sale and Proxy Purchasing) Regulations 2015

² Independent British Vape Trade Association, <https://www.ibvta.org.uk/>

³ <https://www.gov.uk/government/publications/the-khan-review-making-smoking-obsolete>

⁴ National Institute for Clinical Excellence, Tobacco: preventing uptake, promoting quitting and treating dependence, 2022 <https://www.nice.org.uk/guidance/ng209/chapter/Terms-used-in-this-guideline#e-cigarettes>

⁵ National Centre for Smoking Cessation and Training, Advice for Services on making e-cigarettes available https://www.ncsct.co.uk/publication_Service_advice_e-cigarettes.php

smoking services. Kent's One You Stop Smoking Service and Totally Wicked (IBVTA approved vape retailer) have been piloting e-cigarette use alongside behavioural support for adults since 2022. The aim is to test the popularity and success rate of e-cigarettes as a quit aid.

- 3.2 Further analysis is being conducted to review outcomes among specific priority groups (such as routine and manual workers). To date, end of year returns show that e-cigarettes have a 74% quit success rate compared to dual Nicotine Replacement Therapy treatment which achieved 55% success. The two pharmacotherapy treatments previously available yielded similar success rates as e-cigarettes but are now withdrawn from supply due to safety concerns. Therefore, local stop smoking services are finding that offering e-cigarettes as part of their quit smoking treatment options are valuable and cost effective in a climate where there are fewer treatments available.

4. Vaping and Young People

- 4.1 Whilst smoking in the under 18 age group is a well-established public health concern, underage vaping is an emerging issue. Although smoking rates have declined among young people (to 3% among 15 year olds in 2021⁶), there are recent reports and public observations showing an increase in e-cigarette use among school aged children which could potentially introduce a new gateway into smoking, particularly as nicotine is so addictive.
- 4.2 Lung damage known as E-cigarette or Vaping Associated Lung Injury (EVALI), increased respiratory infections and chronic coughs are recorded health risks particularly related to vaping among young people⁷.
- 4.3 High nicotine levels present in e-cigarettes targeted to adolescents is a concern as children are more vulnerable to nicotine addiction than adults and it can have a negative effect on brain development⁸. The current evidence suggests it is too early to tell whether vaping is a gateway to smoking despite the nicotine connection, however it is a risk and the underlying concern may cause damage to the reputation and viability of vapes as an alternative for current tobacco users.
- 4.4 There are two national surveys available offering annual estimates on young peoples' attitudes and behaviour on smoking and vaping.
- The NHS Smoking Drinking and Drugs Use among Young People (SDD survey) 2021 surveys vape use among 15 year olds and shows an increase in current and regular use. 18% report using vapes and 10% report using them regularly.

⁶ . NHS Digital, Smoking, Drinking and Drug Use Among Young People in England 2022, <https://digital.nhs.uk/data-and-information/areas-of-interest/public-health/smoking-drinking-and-drug-use-among-young-people-in-england>

⁷ UK Parliament, House of Lords Library, Vaping Among Teens: A Growing Trend 2022, <https://lordslibrary.parliament.uk/vaping-among-teens-a-growing-trend/#:~:text=The%20proportion%20of%2018%2Dyear,than%20smokers%20trying%20to%20quit.>

⁸ Lancet, It's a time to Act, Vol 10 September 2022, Published Online August 16, 2022 [https://doi.org/10.1016/S2213-2600\(22\)00303-4](https://doi.org/10.1016/S2213-2600(22)00303-4)

- The YouGov survey (ASH, 2022⁹) shows that almost half of 18 year olds surveyed (41%) had never tried vaping and 20.2% reported that they currently vape. Most 11-15 year olds who vape regularly say they obtained e-cigarettes from other people (61%), most of whom were friends (45%). Purchasing from shops was the second most common answer (57%) with newsagents being the most common (41%)¹⁰

4.5 Although there is no data available at a local level, Kent Public Health and Trading Standards are working with school nursing, youth services and Kent Youth Voice to explore ways of developing a local survey to gather local insights and intelligence from young people on the attitudes and behaviours of vaping.

4.6 One of the reasons for the marked increased levels of e-cigarette use among young people may be the 14 fold increase in disposable vape use among 18 year olds in the last year, from 0.89% in 2021 to 56.7% in 2022¹¹. There has been a similar trend in under 18s and a 40.9% reduction in rechargeable and refillable e-cigarettes in this age group.

4.7 Disposable vapes cause particular concern due to their appeal to younger audiences, with sweet and confectionary flavourings, brightly coloured packaging, widely available and promoted on social media, all at pocket money prices. The government has launched a call for evidence on youth vaping which will identify opportunities for further government measures to reduce the number of children accessing and using vape products, and is planned to share findings later in the year.

5. Underage Sales

5.1 The sale of nicotine containing vapes is restricted to those aged 18 or over in the UK subject to the Children and Families Act 2014¹². This Act also introduced the offence of proxy sales (buying on behalf of a minor) for both tobacco and vape products to limit accessibility of both categories of product to young people. The age restrictions for both tobacco and vapes are enforced by Trading Standards.

5.2 The growth in popularity of vapes has led to them also being sold by retailers who may not be familiar with selling age restricted goods, providing a challenge in respect to the number of emerging shops on the high street. Intelligence

⁹ Action on Smoking and Health, Use of e-cigarettes (vapes) among young people in Great Britain, 2022
<https://ash.org.uk/uploads/Use-of-e-cigarettes-among-young-people-in-Great-Britain-2021.pdf>

¹⁰ NHS Digital, Smoking, Drinking and Drug Use Among Young People in England 2022,
<https://digital.nhs.uk/data-and-information/areas-of-interest/public-health/smoking-drinking-and-drug-use-among-young-people-in-england>

¹¹ Birch et al, Rapid growth in disposable e-cigarette vaping among young adults in Great Britain from 2021 to 2022: a repeat crosssectional survey, National Library of Medicine , 2022
<https://pubmed.ncbi.nlm.nih.gov/36065820/>

¹² <https://www.legislation.gov.uk/ukpga/2014/6/part/5/crossheading/tobacco-nicotine-products-and-smoking/enacted>

received by Trading Standards has pointed to a 450% increase in complaints around vape products nationally over the last year.

- 5.3 The Advertising Standards Agency prohibit the promotion of nicotine-containing e-cigarettes not registered under the Medicines and Healthcare products Regulatory Agency (MHRA), and restrict the advertisement of non-nicotine containing products among children and young people. However, 72% of those surveyed who have ever tried vaping have reported seeing promotions; 56% of 11–17-year-olds have seen in-store promotions, 45% from Tik Tok and 31% on Instagram (ASH YouGov survey 2022). The government led a call for evidence in June 2023 to consider its approach to tackle the packaging and marketing of vapes overtly targeted to children and is expected to announce its findings later in the year.
- 5.4 Kent Public Health and Trading Standards are working collaboratively to fund and deliver a Kent wide programme to inform and educate vape suppliers of the underage sales regulations. Based on local intelligence, this will include test purchasing, operating a Challenge 25 scheme and taking legal action, where necessary, to repeat offenders.

6. Environmental impact of disposable vaping

- 6.1 In addition to concerns around the issues around young people taking up vaping, there is the environmental impact of single use vapes. They create more plastic waste, and the batteries are difficult to separate from the plastic. To recycle, disposable vapes can only be disposed of at a Household Waste and Recycling Centre in a small domestic appliance container as waste electrical and electronic equipment, or at the shop where they were bought.
- 6.2 The lithium battery within the disposable vape also carries a fire risk, with a potential health and safety risk to workers handling the items¹³.

7. Calls for a ban on disposable vapes

- 7.1 In July 2023, Kent County Council voted for a motion to request the Executive write to the Secretary of State for Health and Social Care and the Secretary of State for Environment, Food and Rural Affairs to request that disposable vapes are banned.
- 7.2 This sentiment has also been echoed by the Local Government Association, who is also calling for the government to ban the sale and manufacture of single use vapes by 2024.
- 7.3 However, it is important to ensure that there are mitigations to ensure that a potential ban on disposable vapes does not prevent adults from accessing vapes as an effective method of smoking cessation.

¹³ Smith L, Sutherland, N. The environmental impact of disposable vapes. The House of Commons Library. 2022 [CDP-2022-0216.pdf \(parliament.uk\)](https://www.parliament.uk/publications/2022/0216)

8. Kent Public Health Action

8.1 The Public Health team are taking a proactive and multi-pronged approach to understanding and tackling the issue of vaping amongst young people in our community. This includes efforts to curb illegal sales, advise and inform children and families about risks, work with young people to co-design interventions for behaviour change, and work with local and national partners to strengthen and align messaging about vaping for the public. In March 2023, the Public Health Team established a working group consisting of Kent Trading Standards, Kent Communications Teams, School Nursing, Youth Service and Kent Youth Voice. The purpose of the group is to respond to concerns of young people vaping. To date the group has:

- Launched 'Vaping the Facts' webpage on the Kent County Council Smokefree website. This is to raise awareness of the harms of children vaping and to provide advice to discourage adults accessing vapes on behalf of children.
<https://www.kent.gov.uk/social-care-and-health/health/one-you-kent/quit-smoking/vaping-the-facts#:~:text=The%20key%20facts&text=Vapes%20are%20not%20recommended%20for,effects%20are%20not%20yet%20known>.
- Shared Managing Vaping in Schools Guidance paper (produced by Office for Health Improvement and Depravities (OHID)).
- Shared recent Personal Social Health Education (PHSE) materials on Vaping for school curriculums.
- Exploring the development of a Kent wide survey to gather information on the attitudes and behaviours of children and young people on vaping.
- Provided evidence and intelligence to Trading Standards on when and where young people are accessing vape products.

8.2 We are funding a two-year Trading Standards project to develop a systematic programme of educating vape suppliers and retailers on the age restrictions of vape sales, providing resources and materials to support compliance and to take legal action, where necessary against retailers that persistently offend. This project is due to commence in early Autumn 2023.

9. Conclusions

9.1 E-cigarettes and vaping have a positive role in supporting smokers to quit smoking. However, although vaping is considered safer than smoking, it is not risk free and people who do not smoke should not vape. E-cigarettes are a cost effective quit smoking aid with good success rates, especially alongside specialist stop smoking service behavioural support.

9.2 The rise in e-cigarette use among young people is a concern. It is an offence to sell vape products to anyone under the age of 18 and yet levels of vaping among our young people is increasing. This may pose health risks to children and potentially open a gateway to smoking.

- 9.3 The use of disposable vapes is popular among many children as they are packaged and marketed in a way that is particularly appealing to them. We welcome effective government action to reduce the appeal and accessibility of vape products overtly targeted to children.
- 9.4 There are also environmental concerns around disposable vapes with regards to disposal and storage of lithium batteries and difficulties with recycling.
- 9.5 Kent County Council recently voted to call on the government to ban disposable vapes. There is a risk that this could affect adults taking up vaping as an effective means of helping them quit. Any potential ban would need actions to mitigate against this.
- 9.6 Kent Public Health is leading with partners on positive actions to raise awareness to parents and the public on the risks and facts about young people vaping and will continue to do more.
- 9.7 The underage sales initiative between Kent Public Health and Trading Standards will help provide the resources needed to reduce the accessibility of vapes and vape products among young people in our Kent communities.

10. Recommendations

10.1 Recommendations: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the content of this paper.

11. Background Documents

All background documents are referenced in this report.

12. Contact details

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From: Benjamin Watts, General Counsel

To: Health Reform and Public Health Cabinet Committee – 5 September 2023

Subject: **Work Programme 2023-24**

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 2023-24.

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.

<p>4. Recommendation: The Health Reform and Public Health Cabinet Committee is asked to consider and agree its Work Programme for 2023-24.</p>

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 (November)
Annual Report on Quality in Public Health, including Annual Complaints Report	Annually (November)
Risk Management report (with RAG ratings)	Annually (March)

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	23/00075 - Family Hubs – Start for Life – Perinatal Mental Health and Parent Infant Relationship Interventions	Key Decision
7	23/00076 - Family Hubs - Start for life - Infant feeding	Key Decision
8	Public Health Performance Dashboard – Quarter 1 2023/24	Regular Item
9	Wider Public Health Implications of Vaping – with a focus on underage use.	
10	Public Health Transformation Update	
11	Work Programme	Standing 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	Kent Communities Programme (TBC)	Key Decision
7	Annual Report on Quality in Public Health, including Annual Complaints Report	Annual Item
8	Contraception Services and Responsibilities Update	
9	Draft Revenue and Capital Budget and MTFP	Annual Item
10	Work Programme	Standing 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
9	Work Programme	Standing 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
8	Work Programme	Standing 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
6	Work Programme	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
8	Work Programme	Standing 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 HRPB CC 20/01/2022

Mental Health for Younger People + Young Minds Presentation – added by Andrew Kennedy on 24/01/2022

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

Implications of Climate Change for Public Health – suggested by Mr Cole 11/07/2023

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