

## KENT COUNTY COUNCIL

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### HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Health Reform and Public Health Cabinet Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 7 November 2023.

PRESENT: Mrs L Game (Chair), Mr D Beaney, Mrs P T Cole, Ms K Constantine, Ms S Hamilton, Peter Harman, Mr A R Hills, Mr A Kennedy, Mr J Meade, Mrs L Parfitt-Reid, Mr D Ross, Ms L Wright and Mr R G Streatfeild, MBE

ALSO PRESENT: Mr D Watkins and Mr P Oakford

IN ATTENDANCE: Dr A Ghosh (Director of Public Health) and Dominic Westhoff (Democratic Services Officer)

### UNRESTRICTED ITEMS

**283. Apologies and Substitutes**

*(Item 2)*

Apologies were received from Mr Cole, Ms Grehan and Jenni Hawkins.

**284. Declarations of Interest by Members in items on the agenda**

*(Item 3)*

There were no declarations of interest.

**285. Minutes of the meeting held on 5 September 2023**

*(Item 4)*

RESOLVED the minutes of the meeting held on 5 September 2023 were correctly recorded and that a paper be signed by the Chair.

**286. Initial Draft Budget 24/25 and 24/27 Medium Term Financial Plan**

*(Item 6)*

*Zena Cooke, Corporate Director Finance, and Jane Blenkinsop, Finance Business Partner Public Health, were in attendance for this item.*

1. Mr Oakford, Deputy Leader and Cabinet Member for Finance, Corporate and Traded Services, noted that the current financial position of the Council was challenging but that the impact on Public Health was limited due to the grant being ringfenced. Mr Oakford said that £46 million of savings had been identified for the next financial year but a £50 million as yet unidentified savings gap remained which would need to be found before the budget was finalised in

February 2024 as the budget must be balanced. It was said that the Council cannot be reliant on reserves this financial year or the next one.

2. Mr Watkins said there would be a modest increase in the core revenue grant from central Government. It was noted that there would be increased cost pressures from inflation and salary increases, but plans were in place to offset the impact of these pressures. Mr Watkins said Public Health would be able to maintain its core programme alongside some efficiency projects. The Public Health Transformation programme was underway and would be central to the ongoing sustainability of the directorate.
3. Dr Ghosh said that the budget was mainly ringfenced but recognised the financial struggles that the Council, as a whole, was facing. Dr Ghosh noted that there were measures, including the preventative agenda, that Public Health were developing, that would support the Council's position going forward.
4. A Member raised a concern that Members had not been given sufficient information, with limited context provided on the wider impact of the proposals. The Member noted that they would like to know what else Public Health would be able to do with the budget available and the extent of the issues facing Kent. Mr Oakford said that the grant was ringfenced for specific reasons and that the budget was balanced around what was required. The Public Health team could look at where the money is spent within government guidelines. Dr Ghosh noted that the grant was £74 million, which was in the middle to low range for Southeast England per capita. Many parts of the programme were prescribed by the government, so they were not flexible. It was said more could be achieved through integration with partners. Mr Watkins provided details on how the budget was modest but would support the work of the Integrated Care Strategy (ICS), as this was the best way to bring about systemic change going forward. It was noted that preventive and proactive action was being driven forward over maintaining reactive services.
5. A Member said that Members needed to know the impact of the budget lines on the delivery of Public Health services, as there was no rating on how impactful the changes would be. Ms Cooke said that there were two elements to the Public Health budget, firstly, the element of the Public Health budget that funds eligible Council services, about 10% of the overall budget, which the committee could look at and comment on the allocation of it. The second element which is the majority of the budget was very constrained in how it could be delivered as it is largely prescribed by central Government. It was said that a breakdown of the public health budget, as a subset of the overall budget, could be provided if helpful. Dr Ghosh said that the quarterly Performance Dashboard was where the effectiveness of the budget spend could be viewed by committee Members.
6. It was asked by a Member how optimistic they could be about the preventative agenda going forward and its impact on finances. Dr Ghosh said this would not have an immediate impact, but benefits would be seen

in the medium to long term. The diversion of services to the community rather than statutory care would create savings. Reducing demand through prevention would create savings in the long term, which was a key aim of the ICS as a system-wide approach.

7. A Member said that they were only seeing a rising demand for public health needs and were concerned the budget could not meet this need. It was noted that Public Health must be cautious with further fragmentation of services as many patients may not know the most appropriate service for them.
8. RESOLVED the Health Reform and Public Health Cabinet Committee to:
  - a) Note the initial draft capital and revenue budgets including responses to consultation.
  - b) Suggest any changes which should be made to the section of the budget related to the Cabinet Committee's portfolio area before the draft is considered by Cabinet on 25th January 2024 and presented to Full County Council on 19th February 2024

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

1. The Cabinet Member for Adult Social Care and Public Health, Mr Dan Watkins, provided a verbal update on the following.

**Update on Vaping** – Mr Watkins updated the committee on the follow-up actions since the recent discussions on vaping at the committee and full council. Leader of the Council Roger Gough's letter had been responded to by the Department for Health and Social Care and shared with the committee. It was noted that the Department for Environment, Food and Rural Affairs (DEFRA) had published the result of its consultation on the environmental impact of disposable vapes. The Prime Minister had made the statement at the Conservative Party Conference and launched a consultation focussed on restricting the flavours and appearance of vapes, restricting the sale of disposable vapes and looking at giving Councils more powers to hand out on the spot fines to those selling vapes to underage people. Mr Watkins said that this was in the direction of travel that the Council had advocated for.

**World Mental Health Day** – Mr Watkins noted that 10 October 2023 was World Mental Health Day, the theme for this year was mental health as a universal human right. It was said that Kent and Medway Suicide Prevention Team announced 11 new projects dedicated to preventing suicide, saving lives and reducing self-harm. The team had given out grants of between £500 and £1,500 to community initiatives. On 10 October 2023, Mr Watkins attended a roadshow in Herne Bay with Samaritans and other mental health community groups who were raising awareness for mental health. A representative from the Suicide Prevention Team was also in attendance to promote Release the Pressure. Mr Watkins said that Deputy Cabinet Member, Mr Kennedy, spoke at the Kent Mental Wellbeing Awards, on 20 October 2023.

**Healthy Start Card** – Mr Watkins said that this new initiative would help parents buy healthy food, milk and vitamins. The initiative was the Council supporting the NHS's Healthy Start Scheme, by supporting low-income parents purchasing essentials. Those eligible, more than 10 weeks pregnant or have a child under 4 or under 18 and pregnant even if not in receipt of benefits, would be sent a Healthy Start Card pre-loaded with

money that could be used in many UK shops. The would-be worth £1,230 per child, with the money loaded onto the card every 4 weeks. Mr Watkins urged those eligible to apply and to the Committee Members to raise awareness in their communities. More information could be found through the NHS, GPs, health visitors and midwives, and on the following websites:

Kent County Council: [Help to buy food, milk and vitamins - Kent County Council](#)

NHS: [Get help to buy food and milk \(Healthy Start\)](#)

**Kent and Medway Health and Care Symposium** – Mr Wakins said that he had attended, alongside Dr Ghosh and other Public Health officers, the event at Canterbury Cricket Ground, on 20 October 2023. It was an opportunity for partners in Health and Social Care from across the county to come together and discuss progress on the integrated care system and explore new ideas to accelerate progress. It was noted a large number of voluntary organisations were in attendance to give their contributions to improve the health and wellbeing of Kent residents.

2. In response to comments and questions, it was said.

(a) The Chair said that the Healthy Start Card could make a real difference for families.

(b) A Member asked that further details on the Healthy Start Card be circulated with Members so they could support their local communities. Mr Kennedy said that he was very impressed with the large number of voluntary organisations across Kent that were supporting Public Health and mental health with limited funding. It was noted that the network across Kent was extensive, and the Council had a key role in enabling these organisations to continue their work.

(c) A Member asked if there was a directory of these voluntary organisations available as it could be really useful for several residents if they could be pointed in the right direction. It was noted that at this time such a directory does not exist, but Members were working on facilitating this and conducting trails in their division. If these efforts were successful, they could be rolled out across Kent.

(d) A Member said that the tax credit to universal credit change represented a structural change that could pose a significant risk to the mental health and well-being of many Kent residents. Mr Watkin said that the Council and partners would support those people affected by this. Mr Watkins gave details of the services that the Council provided, both reactive and outreach. It was noted that the Integrated Care Strategy (ICS) was the method by which systemic change could be enacted that aimed to tackle health inequalities.

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

**Covid-19 Update** – Dr Ghosh said that there had been a slight rise from a very low base in October, but the rate had dropped since with a low case rate in both Kent and England. The current rate was noted as 7.9 per 100,000. Dr Ghosh said that the Chief Medical Officer had noted there could be an increase in cases as part of the risks associated with the winter pressure and Covid-19 and flu vaccinations were key to preventing this. Dr Ghosh encouraged Members to share vaccination information around their communities. There was a concern that the vaccine uptake amongst health and social care staff was very low. Public Health was awaiting the data from the autumn vaccination drive before deciding where to best promote vaccination take up.

**Mental Health and Wellbeing Awards** – Dr Ghosh said that the awards were just for the East Kent region and noted that all 33 organisations in attendance had won awards for their work. Public Health Kent won an award for the Hope Community Arts Project, a suicide prevention awareness project.

**Active Kent and Medway Conference** – Dr Ghosh attended the event on 18 August 2023, where Active Kent and Medway launched their 4-year strategy, 'moving together', which was specifically targeted at those suffering from inequalities.

**Public Health Transformation Programme.** Dr Ghosh said that this was still at the stage of reviewing all ongoing work across all commissioned services and 21 templates had been completed that gave details of what was going on in each area. In November 2023 the stakeholder engagement stage would also be completed as part of the review. Following this for two months would look at revised service models and develop options for how to improve services. It was noted that a report would be brought to the committee at an appropriate time.

**Start-for-Life** – Dr Ghosh said that as part of the Family Hubs work, an evaluation was undertaken with staff on their experience at the two pilot sites, in Millmead and Seashells. A lot of feedback had been provided on the workforce development at the Seashells site provided on the key elements of the Start-for-Life programme. Dr Ghosh said that significant engagement was ongoing on the co-creation of the key elements of the programme and the development of new strategies on infant feeding and parent and infant relationship and perinatal mental health. It was also noted that a 24-hour text line and phone line for perinatal mental health had gone live.

**Prevention Concordant** – Dr Ghosh said that the Kent and Medway Integrated Care Board (ICB) had signed the prevention concordant on mental wellbeing, one of the few ICBs to do so. The concordant had been approved by the Office for Health Improvement and Disparities. Dr Ghosh noted that it was a call to action with an action plan on the 5 domains of mental health.

4. In response to comments and questions, it was said.

(a) A Member commended the work of Charlton Athletic in schools.

(b) The Chair asked if the Covid number might have been much higher as many people did not know if they had it. Dr Ghosh said yes it could be possible, as living with Covid strategy meant that testing has dropped. Many symptoms were very similar to the common cold or flu.

1. (c) The Chair asked how vaccination uptake could be encouraged. Dr Ghosh said that only certain groups were eligible. Dr Schwartz said that when The Cabinet Member for Adult Social Care and Public Health, Mr Dan Watkins, provided a verbal update on the following.

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**288. 23/00091 - Kent and Medway Integrated Care Strategy**  
*(Item 7)*

*Jenny Dixon-Sherreard, Policy Officer, was in attendance for this item.*

1. Dr Ghosh introduced the report and referenced how it was different from the interim strategy that was last brought to the committee. It was noted that the document was a top-line strategy to outline the six shared objectives for the whole Integrated Care System. Dr Ghosh said that extensive engagement with the public, all 12 district councils, parish councils, Health and Care Partnerships, the Police as well as with Kent County Council (KCC) colleagues and workshops with Members had informed the refreshed version. Dr Ghosh said that the next stage was to turn the strategy into action, including through local plans which were in development based on three or four locally identified priorities identified by each District. More work on delivery was expected, and county-wide plans were being developed within KCC and with partners. A named Public Health specialist would be linked with each District to provide Public Health support.
2. Jenny Dixon-Sherreard provided some further details. Ms Dixon-Sherreard said that the document had been guided by developing shared outcomes to be delivered by work across all partners. It was noted that the document set out the ambition with work on the details and delivery ongoing with the relevant partners that provided the expertise in their area. It was said that the prevention and the wider determinants of health were central guiding principles of the document. Ms Dixon-Sherreard provided some further detail on the specific outcomes outlined in the document. It was noted on governance that the strategy was owned by the Integrated Care Partnership (ICP). The ICP would recommend the document for approval by the three statutory bodies, KCC, NHS Kent and Medway and Medway Council. It was expected that the ICP would recommend the strategy in December 2023, to be followed by approval from the KCC Cabinet in early January 2024.
3. Dr Ghosh said that the ICS was also the Joint Health and Wellbeing Strategy for Kent, a statutory requirement of each Health and Wellbeing Board.
4. In response to comments and questions, it was said.

(a) A Member raised a concern about the fragmentation of services, as this creates a complex situation for residents to access the services they require. There is a large



range of voluntary organisations that is hard to keep across and may leave some residents falling through gaps in the system. Dr Ghosh said that the ICS was about addressing this system challenge. It was noted there were around 3500 of these organisations in operation across the county and the District Council workshops repeatedly raised the need for a directory. Work was ongoing to find a solution to this issue.

(b) A Member said that the metrics and graphics in the document were very helpful and will be useful to follow in the years ahead to ensure that targets are met. It was asked if more absolute figures could be used in the future. Ms Dixon-Sherreard said that the indicators were currently in draft form and the Public Health teams in Kent and Medway were in the process of finalising them across the system, working with local experts to ensure that robust and realistic targets would be set against each indicator.

(c) Following a question from a Member, Dr Ghosh said that he would look into adding the health benefits of music into Outcome 2 of the document as schemes for both early years and older people had proved effective.

(d) Mr Watkins noted that this was an ongoing process, and the report would be presented to other Cabinet Committee between now and the next meeting. Mr Watkins welcomed any further comments to be sent to Ms Dixon-Sherreard. Ms Dixon-Sherreard said that a report on the delivery and implementation of the ICS is planned to be presented to County Council in March next year.

5. RESOLVED the Health Reform and Public Health Cabinet Committee agreed to the recommendations as outlined in the report.

**289. Public Health Annual Quality Report for 2022/2023**  
(Item 8)

*Dr Ellen Schwartz, Deputy Director of Public Health and Laura Bush, Senior Commissioner, were in attendance for this item.*

1. Dr Ellen Schwartz introduced the report and provided a brief overview. It was noted that a Public Health Quality Committee had been set up which was working through the recommendations. Dr Schwartz said that it would work closely with the Public Health Transformation Programme on how quality processes and best practices could be implemented across all commissioned services.

2. In response to comments and questions, it was said.

(a) A Member asked if there was scope for the coroner's reports on preventable deaths to be included in the Annual Quality Report going forward. Dr Schwartz said that there was scope to include and consider such evidence. Dr Ghosh said that the idea was a good one but there were issues with accessing the coroner's reports for data protection reasons. The Member said this was the public notice of preventable deaths.

(b) It was noted that there were few complaints and compliments in the report as most would go directly to the provider of the service who would then analyse the data.

(c) In response to a question about whistleblowing and internal information from the staff on the services. Dr Schwartz said that it was included in the report at an assurance level as it would be embedded in all contracts.

(d) A Member asked if there was an obligation for the service providers to share complaints data with the Council. Ms Bush said that there were regular contract monitoring meetings with all commissioned providers which included a standard agenda item on complaints and compliments. Any comments or learning that could be implemented system-wide would be taken away and reviewed.

3. RESOLVED the Health Reform and Public Health Cabinet Committee considered and commented on the content of the report.

**290. Sexual Health Services - Current Commissioning Arrangements**  
*(Item 9)*

*Laura Bush, Senior Commissioner, and Wendy Jeffrey, Consultant in Public Health, were in attendance for this item.*

1. Ms Bush introduced the update.
2. In response to comments and questions, it was said.

(a) Mr Watkins said that this was an area where demand was growing and asked what the drivers of this were. Ms Bush said demand growth had been seen in the online Sexually Transmitted Infections (STI) testing service. It was noted that during the COVID-19 pandemic, this service was opened to asymptomatic people and demand growth has occurred since and more testing was a good sign. How this demand would be managed would be reviewed as part of the Public Health Transformation programme.

(b) A Member raised a concern that coastal areas of the county were neglected by services such as these, it was asked if this service was actively working to ensure it was accessible in these areas. Ms Jeffreys noted that Sexual Health Services had outreach workers and the services were provided through community pharmacies. It was also said that many services could be accessed online or over the phone.

3. RESOLVED the Health Reform and Public Health Cabinet Committee noted the report.

**291. Work Programme**  
*(Item 10)*

RESOLVED that the Work Programme 2023-2024 was noted.