

## 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, 23 January 2024.

PRESENT: Mrs L Game (Chair), Mr P Cole (Vice-Chairman), Mrs P T Cole, Ms K Constantine, Ms K Grehan, Ms S Hamilton, Jenni Hawkins, Mr A R Hills, Mr A Kennedy, Mr J Meade, Mrs L Parfitt-Reid and Mr R G Streatfeild, MBE

ALSO PRESENT: Mr D Watkins and Mr P Oakford

IN ATTENDANCE: Ms J Blenkinsop (Projects Manager), Dr E Schwartz (Deputy Director Public Health), Mr D Shipton (Head of Finance Policy, Planning and Strategy), Mrs V Tovey (Public Health Senior Commissioning Manager) and Mr D Westhoff (Democratic Services Officer)

### UNRESTRICTED ITEMS

**292. Apologies and Substitutes**  
*(Item 2)*

There were no apologies for absence.

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

There were no declarations of interest.

**294. Minutes of the meeting held on 7 November 2023**  
*(Item 4)*

RESOLVED that the minutes of the meeting held on 7 November 2023 were a correct record.

**295. Revised Draft Revenue Budget 2024-25 and 2024-27 MTFP, Draft Capital Programme 2024-34 and Treasury Management Strategy**  
*(Item 5)*

1. Mr Oakford introduced the revised draft budget and provided a high-level overview. It was noted that since the previous meeting, the draft budget had been balanced. Mr Oakford then provided an overview of the key measures taken to produce the draft budget and the financial risks going forward.

2. In response to comments and questions from Members, it was said
  - a. A Member raised a concern about the scale of the public health challenges that would face Kent and the Council in the years ahead. It was said that the budget did not respond adequately to the level of need and that the standard of services was declining. Mr Oakford noted that demand growth in social care was exceeding the funds available and that the Council will continue to operate in difficult conditions until that is resolved. It was said that lobbying for additional funding from the central government was ongoing. Mr Watkins noted that much of the Public Health budget was ringfenced and that the consequence of global events would mean that additional funding would be difficult in the years ahead so the focus would be on transformation projects and integrated care to improve the efficiency of spending while meeting growing health and care needs.
  - b. Mr Oakford said that there was no plan to cut spending on libraries.
  - c. A Member said that negative health outcomes were increasing which would lead to an increase in the number of people with health needs, placing pressure on Council resources.
  - d. Numerous Members noted how challenging local, national and global events and challenges had been on Council finances and resources.
  - e. A Member said that in the past it had been difficult to work effectively with NHS colleagues but the work on the Integrated Care Strategy the preventative agenda was promising.
  - f. A Member said that costing on the level of demand was needed to understand the gap between the capacity of the £4 billion health system in Kent compared with the scale of demand. Mr Watkins noted that the data being requested would be held at the Integrated Care Board (ICB) or Integrated Care Partnership (ICP) levels. It was said that the directorate would decide where to prioritise spending to best meet the needs of Kent residents and an evidenced-based strategy was in place.
  - g. Members raised a concern about the impact of children's services and youth centres, which provided support on cooking skills, sexual health and other life skills and the effect the loss of these places would have on health outcomes. Mr Watkins said that a big investment had been made in the Start-for-Life Programme which would be important for families and young people. Dr Schwartz said that the Family Hubs was an opportunity to bring many of these services together that would provide holistic support for young people and families.
  - h. Members noted that mental health provision and support for young mothers were lacking and difficult to access. Mr Watkins noted that there was a gap between clinical health and mental health provisions and improving this was a work in progress. Dr Schwartz said that the Start-for-Life programme would support young mothers with breast feeding, infant feeding and perinatal mental health.

3. RESOLVED that the Health Reform and Public Health Cabinet Committee noted the updated revenue budget and MTFP, draft capital strategy and programme, and draft Treasury Management Strategy.

**296. Verbal updates by Cabinet Member and Director**  
*(Item 6)*

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

**One You Kent** – The Cabinet Member highlighted the service which would support residents adopt healthier lifestyle changes, 1-1 support was available with a lifestyle advisor who would help overcome barriers, maintain motivation and make manageable changes.

**MMR vaccinations** – Mr Watkins noted that recent data had shown that the rates of measles had increased. It was said that parents were being urged to ensure that their children were up to date with their MMR vaccines and review their child's 'red book' Personal Child Health Record. In Kent 89.6% of children had received their first dose and dropped to 85.2% for their second dose, it was noted that the Government's advised rate was 95%.

**Start For Life Funded Breastfeeding Grants** – Mr Watkins noted that the grant programme for small businesses and community organisations to support their customers and service users with on-premises breastfeeding facilities would be extended until Wednesday, 31 January 2024.

2. In response to comments and questions, it was said:
  - a. A Member noted that there was a shortage of 2500 midwives nationally and that without addressing this issue delivering on breastfeeding support and perinatal mental health outcomes would be difficult. Dr Schwartz noted that workforce was a key area of the Integrated Care Strategy but it was said that service provision around the birth of the child was very good in comparison to peers.
  - b. It was agreed that the data on the capacity and scale of demand for One You Kent would be shared after the meeting. Mrs Tovey noted that overall, One You Kent had the capacity but waiting lists for certain programmes had been introduced for a time-limited period, such as stop smoking and weight loss programmes.
3. Dr Ellen Schwartz, Deputy Director for Public Health, gave a verbal update on the following:

**MMR Vaccinations** – Dr Schwartz said that much Public Health work had gone into identifying target groups including the Gypsy, Roma and Traveller (GRT) community.

**Integrated Care Strategy** – It was said that all the partners of the ICP, Kent County Council, Medway Council and the ICB, had agreed on the strategy. It was noted that the strategy was being redesigned for a wider launch at the end of 2024 and would formally embed the preventative agenda and focus on the wider determinants of health and health inequalities going forward.

**Substance Misuse** – Two stakeholder events on drugs and alcohol were held in December 2023 which were well attended and received positive feedback. Awareness was being raised for contaminated cocaine and heroin.

**Children, Young People and Maternity** – Dr Schwartz noted that the development of two co-created strategies was included in the minimum requirements from the Department for Education for the Family Hubs programme. Providers were commissioned and these had been developed. They were:

- Infant feeding strategy for Kent and
- a Perinatal Mental Health and Parent-Infant Relationship strategy for Kent.

These would be presented for public consultation from the 8 February 2024 for 8 weeks and would be brought back to a subsequent committee meeting for Members to consider before the decision to approve and adopt the strategies was taken by the cabinet member.

It was also said that a 24/7 phone and text service for perinatal mental health was due to be launched.

**Sexual Health** – Dr Swartz noted that a national contract to provide oral contraception through pharmacies commenced in December 2023.

**Oral Health** – A supervised toothbrushing programme had been launched in primary schools and early years settings. A wider promotion of oral health across the system had been commissioned by Public Health.

**GRT Communities** – Dr Schwartz informed the committee that a Health Needs Assessment (HNA) was now available through the Kent Public Health Observatory website. The second phase of the HNA had been launched and a research coordinator had been appointed.

The GRT HNA can be accessed at the following link: <https://www.kpho.org.uk/joint-strategic-needs-assessment/health-intelligence/population-groups/ethnicity#tab1>

**Ageing Well** – It was said that Public Health was working with the ICB to shape a Kent and Medway ageing well strategy, which would prioritise prevention such as physical activity and social connectedness.

**Adult Social Care Prevention**– It was noted that Public Health was working with Adult Social Care to better understand the data on the demographics in Kent and the risk of how many residents will require the highest levels of social care. This would be used to model different models to reduce demand.

4. In response to comments and questions from the committee, it was said:
  - a. A Member asked what percentage of GRT children had received both doses of the MMR vaccine and highlighted the risk that measles posed to pregnant women.
  - b. It was said that NHS oral health and dentist provision for adults and children in Thanet was very low.

- c. A Member recommended that all colleagues receive briefings on the wider determinants of health.

**297. 24/00001 - Stop Smoking Services and Support Grant (Section 31 Grant)**  
*(Item 7)*

**24/00001 - Stop Smoking Services and Support Grant (Section 31 Grant)**

*Rutuja Kulkarni-Johnston, Luke Edward and Chris Beale were in attendance for this item.*

1. Dr Schwartz introduced and provided an overview of the report.
2. Ms Kulkarni-Johnston said that the money provided an opportunity to support more residents with additional services to meet the nationwide 2030 target to decrease the number of smokers to 5% of the population.
3. Mr Beale provided further information on the Section 31 Grant. It was noted the grant would come with criteria attached which were expected by the end of January 2024. One of the conditions was that the existing stop smoking funding must remain at the same level it was in 2022/23 in the year ahead, for Kent this was £1.7 million. It was said that the grant would go live on 6 April 2024.
4. Mr Watkins welcomed the additional funding for the Prime Minister's smoke-free generation measures. It was noted that the Cabinet Member was comfortable with maintaining the spending on stop-smoking measures, currently, this was 2% of the overall public health budget.
5. The Cabinet Member and Public Health officers agreed to review the types of e-cigarettes and vapes offered to residents as a tool for smoking cessation after a member raised that individuals were guided to a supplier that offered disposable vapes, which was contrary to the Council's decision to ban disposable vapes for public health and environmental reasons.
6. RESOLVED that the Health Reform and Public Health Cabinet Committee endorsed the acceptance of the Stop Smoking Services and Support Grant 2024/2025 to 2028/2029, subject to final review and consideration of detailed terms and conditions from the Department of Health and Social Care.

**298. Public Health Performance Dashboard - Quarter 2 2023/24**  
*(Item 8)*

1. Dr Schwartz introduced the report and provided an overview. It was noted that out of 15 Key Performance Indicators (KPIs), 11 were rated Green and 4 rated Amber.

2. Mrs Tovey provided an overview of the KPIs. It was said that overall performance was good and the areas that required continued monitoring or improvements were identified. Ms Tovey noted that the team were currently reviewing all KPIs ahead of the new year, information on any changes would be provided at a future meeting.
3. In response to comments and questions, it was said.
  - a. Mrs Tovey noted there had been fluctuations with *PH13 No. and % of young people exiting specialist substance misuse services with a planned exit*. It was noted that this was usually a community-based service and there was a requirement for services to ensure there was a planned exit. Young people who did not exit in a planned way, may have disengaged or/and cannot be contacted despite various attempts. The team would continue to monitor this KPI going forward.
  - b. A question was asked in relation to the budget for residential detox services. Mrs Tovey confirmed that there was sufficient budget for detox and an option for people to have community detox services if clinically appropriate. A lot of work had gone into ensuring that funding was there so that places would be available.
  - c. It was questioned that the data presented on PH01 on NHS health checks was not in line with the experience of residents in Sevenoaks, where there was a large difference in uptake and invites between GP surgeries. It was asked if district-level data could be provided so that poor-performing areas could be identified for improvement. Mrs Tovey noted that the programme had stopped during the Covid-19 pandemic and the service had worked with primary care providers to invite those eligible for health checks. If GPs do not grant access to their data then everyone aged 40-74 would be invited but not all of those would be eligible and other flexible approaches were being worked on. It was noted that residents could directly apply for health checks and outreach work was being undertaken in areas with poor uptake. It was said that a text message service was also being piloted.
  - d. On *PH 25 No. and % of clients currently active within One You Kent services being from the most deprived areas in Kent* it was asked if wider advertising was required to encourage residents to access the services available and if data on the unmet demand and capacity of the services could be provided. Mrs Tovey said that in general people would not be turned away and the target would be increased if more people signed up in an area. It was noted that targeted marketing was done and outreach in deprived areas.
  - e. Mrs Tovey said there could be several reasons why an individual was referred to a drug and alcohol service but did not receive treatment. For example, they may have a more pressing need they wish to address first such as housing or mental health or decide that the timing isn't right for them. The service would activity work with any referrals. It was noted that the service would know if the individual was also receiving mental health support.
  - f. A Member raised the difficulty of accessing services in deprived rural areas. Mrs Tovey noted the concern and said that community teams could do outreach work

in such areas to take pressure away from primary care services. It was said that district-level data on NHS Health Checks could be provided after the meeting and would show variation of performance levels

- g. Asked by a Member for further details on the text messaging pilot. Mrs Tovey said that much time had been spent on getting the right wording to make clear it was from an NHS provider and residents would be able to verify with their GP surgery.
4. RESOLVED the Health Reform and Public Health Cabinet Committee noted the performance of Public Health commissioned services in Q2 2023/24.

**299. Public Health Service Transformation Programme - Update**  
*(Item 9)*

*Chloe Nelson was in attendance for this item.*

1. Dr Schwartz introduced the item.
2. Ms Nelson provided an overview of the paper. It was noted that the first three phases of the programme had been completed and were now developing a business case for the revised service model. Ms Nelson gave details of the next steps and said that the committee would be regularly updated as progress was made.
3. Mrs Tovey provided some further details on the Provider Selection Regime as it replaced the previous public contract regulations and would change how Public Health buy services. It was noted that national webinars were taking place, and further details would be shared after the meeting.
4. In response to comments and questions, it was said
  - a. It was noted that there had been additional funding made available for areas such as smoking, infant feeding and perinatal mental health. Work was needed to look at the sustainability of this work, and to manage the demand created if the additional funding stopped. Work would be done on efficiency and areas with the greatest need would be targeted.
  - b. A Member raised a concern that individuals often presented with complex needs, meaning they needed support from more than one service which meant being signposted to other providers. Mrs Tovey said it was important not to overload the workforce but would need to maximise opportunities and upskill workers to provide holistic support. Dr Schwartz noted that work was ongoing to provide more joined-up services, but this would take time.
5. RESOLVED the Health Reform and Public Health Cabinet Committee noted the Public Health Service Transformation Programme update.

**300. Health Inequalities - An Overview on the Differences in the Wider Determinants of Health and Health Outcomes across Kent**  
*(Item 10)*

1. Dr Schwartz introduced and provided an overview of the report.
2. In response to comments and questions from Members, it was said
  - a. Members said that the findings of the report should dictate the policy direction of Public Health and the Council going forward. It was said that the data demonstrated many of the challenges that residents from deprived areas were facing across the county and their divisions.
  - b. Dr Schwartz noted that the health data would be used to inform housing decisions and other policy areas across the Council and within district teams. Mr Watkins noted that this data would be used to help develop evidence-based interventions and strategies as part of the Public Health Transformation Programme. The Cabinet Member noted that the ICP and Integrated Care Strategy would support measures to tackle the wider determinants of health across the county.
  - c. Members requested a breakdown of the data by division or by ward. Dr Schwartz noted that the data was shared with district and borough councils.
  - d. Dr Schwartz noted that the Council was a very data-rich organisation but there were gaps in the data corresponding to service access and work was ongoing to acquire this. Dr Schwartz would look into how the surveys were penetrating different ethnic communities within districts.
  - e. A Member requested that peer counties and public health teams be benchmarked to see which interventions had been successful in reducing health inequalities.
  - f. In response to Members' concerns over the availability of cheap unhealthy food options across the county, Mr Watkins said that direct interventions on smoking cessation were very different to interventions on food consumption, as there was no consensus on the right approach and any interventions would need to be initiated nationally by central government.
3. RESOLVED the Health Reform and Public Health Cabinet Committee noted the report.

**301. Work Programme**  
*(Item 11)*

RESOLVED that the work programme 2024 was noted.