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, 17 September 2024.

PRESENT: Mr P Cole (Vice-Chairman in the Chair), Mr D Beaney, Ms K Constantine, Ms S Hamilton, Ms J Hawkins, Mr A Kennedy, Mr J Meade, Ms L Parfitt, Mr R G Streatfeild, MBE and Ms L Wright

ALSO PRESENT: Mr D Watkins

IN ATTENDANCE: Dr E Schwartz (Deputy Director Public Health), Mrs V Tovey (Public Health Senior Commissioning Manager), Mr M Chambers (Head of Health Intelligence), Ms S Crouch (Public Health Consultant), Ms R Kulkarni-Johnston (Public Health Consultant), Ms C Nelson (Public Health Commissioner), Ms A Ojo (Public Health Specialist) and Mrs K Goldsmith (Research Officer - Overview and Scrutiny)

UNRESTRICTED ITEMS

331. Apologies and Substitutes
(Item 2)

Apologies were received from Mrs L Game, Mrs K Grehan, Mrs P Cole and Mr T Hills.

Mrs K Constantine and Ms J Hawkins were in attendance virtually.

332. Declarations of interest by Members on items on the Agenda for this meeting
(Item 3)

There were no declarations of interest.

333. Minutes of the meeting held on 2 July 2024
(Item 4)

RESOLVED that the minutes of the meeting held on 7 July 2024 were a correct record and that they be signed by the Chair.

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

1. Mr Watkins, Cabinet Member for Adult Social Care and Public Health, gave a verbal update on the following:
    a. **Health Protection-** The covid and flu booster vaccine roll out for autumn and winter 2024 was set to commence from 1st September 2024. Mr Watkins set out eligibility. Further details were to be shared with all Members.

    b. **Kent and Medway Integrated Care Strategy-** The service delivery component was being implemented after receiving the necessary sign offs.

    c. **World Suicide Prevention Day-** The theme for World Suicide Prevention Day 2024 was 'Changing the Narrative' with a call to 'start the conversation'. The Kent and Medway Suicide Prevention Team marked the Day by working with local charities and creating a film to demonstrate the importance of starting a conversation as well as signposting free access to suicide prevention training.

    d. **Lifesaving health checks at work trial -** Several thousand Kent residents were to be offered cardio-vascular health checks within their workplace. A £200,000 government grant had been awarded to locally roll out the national scheme, which identified individuals most at risk of cardiovascular disease (CVD). CVD was the leading cause of death and disability in England and 80% of cases were considered preventable. The trial would run between September 2024 and March 2025 across several sectors including building, transport, hospitality and social care. The initiative's aim was for 4,000 Kent residents aged between 40 and 74, to get convenient checks for heart disease, strokes, kidney disease and some cases of dementia. Mr Watkins set out what the health checks involved and what happened next for those found to be at risk. He set out the pilot's findings to date, as well as the benefits of attending the health check if offered.

    e. **DadSpace-** This community initiative gave fathers a safe place to talk, listen and share experiences of fatherhood. The network was set to expand following a grant award from KCC. They were seeking volunteers, and KCC would provide training to ensure individuals had the necessary skills.

    f. **Sexual Health-** Kent residents at risk of sexually transmitted diseases have been urged to order a free screening kit from the KCC website. Kits were delivered in discreet packaging directly to home addresses (or another named location) and helped protect the population against rising levels of sexually transmitted diseases. Those most at risk included younger people, those who had recently changed partner and those who were part of a community where sexual health is a taboo subject.

2. Dr Ellen Schwartz, Deputy Director of Public Health, gave a verbal update on the following:
    a. **Publication of the Lord Darzi Report-** The independent investigation into the NHS in England was published on 12th September 2024. The report referenced the power of prevention in reducing the pressure on the NHS and social care. Dr Schwartz announced the development of a Kent Marmot Coastal Region, using the eight principles of Sir Michael Marmot, to address the social determinants of health and reduce health

inequalities. This had been shaped around the coastal areas of Kent and would initially focus on work and skills for work. It was designed to be a long-term program with a layered approach, and other social determinants would be addressed later.

b. **Development of Healthy Alliances-** There were eight Healthy Partnerships in operation across the Kent districts. They were shaped around the priorities in the Kent and Medway Integrated Care Strategy and published in the associated shared Delivery Plan. Other areas were developing alliances, except in Swale (where there was no need or plan).

c. **Health Protection -** There had been steady improvements in uptake of the MMR vaccine across all the primary care networks. An ICB sub-group was dedicated to improving the uptake of childhood vaccinations and reducing variations across the county. In relation to M-Pox (formally Monkey Pox), the UK Health Security Agency remained in the preparation phase with no reported cases of the clade 1 subvariant.

d. **Refugees and Asylum Seekers-** There had been continued support for new reception centres and children's homes with advice about infection prevention and control.

e. **Diphtheria-** The Diphtheria vaccination program based at the Marsdon Reception Centre was to be stood down at the end of 2024 due to a change in national guidance.

f. **Sexual Health-** A draft of the sexual health needs assessment, intended to inform the transformation work, would be ready for internal review within the next month. The reignited Kent Sexual Health Collaborative would share best practice, with a focus on optimising women's sexual health.

g. **Children, Young People and Maternity -** The "Nurturing Little Hearts and Minds" Strategy had been put forward as an example of excellence to the Department of Health and Social Care. Workforce training within Family Hubs was focussing on 0- to 19-year-olds, the improvement of health visiting services for those 0 to 4 years of age and school health services for 5 to 19 years of age.

h. **Oral Health-** Trials of supervised toothbrushing within some of Kent's nursery and primary schools had seen almost 1,000 children brush their teeth under supervision. When tooth decay was detected, letters were sent home and there was further engagement with those children. Feedback had been positive, there was an improved plaque score, and indicators showed the programme was effective.

i. **Vaping Survey for young people -** 33 schools across Kent had been engaged, and just over 5500 people had completed the survey. The survey aimed to measure the prevalence of vaping amongst those aged 11 to 18, to understand their attitudes, and gain some actionable insight from young people. The prevalence of vaping in Kent would be compared to other areas.

j. **Tackling the stigma around Mental Health-** The work aimed to reduce the 30-year life expectancy gap between those with severe mental illness and those without mental illness. There had been a slight decrease in suicide rates (from 12.1 to 11.7 per 100,000 to 11.7), but Kent remained above national rates therefore it needed to be a continued focus area for the council.

3. In response to comments and questions, it was said:
    a. Committee Members Mr Kennedy and Mr Meade were to visit voluntary organisations around the county for Mental Health Awareness Day (10th October). They requested that Members share details of organisations that could be included in their schedule.

    b. Dr Schwartz assured members that whilst there had been less cases of measles in Kent than in other counties, and the uptake of vaccines had increased, there was still a need to keep the pressure on.

    c. Asked about standardisation of performance reporting, as referenced in the Darzi report, Mr Watkins acknowledged standardisation risked stifling innovation and pulling some areas down whilst improving others. However, he understood the report was referring to standardisation across ICBs which he felt was less concerning.

4. RESOLVED that the updates be noted.

335. Public Health Performance Dashboard - Quarter 1 2024/25

(Item 6)

1. Victoria Tovey (Assistant Director for Integrated Commissioning) introduced the report which detailed performance against Key Performance Indicators within Public Health commissioned services. Four areas were performing above target whilst two were below the target.

2. Ms Tovey noted the fall in performance against PH14 “number of mothers receiving an antenatal contact by the health visiting service”. Members asked for further information:
    a. The provider (KCHFT) had identified a data reporting error subsequent to their move to a new IT system. That error had inflated their previous performance, upon which the 24/25 targets had been set. The error had been resolved, but that led to a decline in performance against targets (i.e. less women had received face-to-face contact from their health visitor than originally recorded).

    b. Every family known to the service had received a welcome letter from the Health Visiting service and there was a significant amount of universal support available. Vulnerable families and first-time mothers were prioritised for visits.

    c. KCHFT were paid as a block contract, as opposed to outcomes based, and any underspends were discussed and either the money went back into the Public Health Grant for re-investment, or the funding was reallocated to other public health activities.

d. As to why the data error had not been discovered sooner, Ms Tovey explained a rolling 12-month target was used and the base line fluctuated in line with birth rates. It was therefore not immediately obvious when looking at the declining performance against target.

e. National staff shortages meant the service ran a risk-based approach, prioritising other activities in the service over the antenatal contacts (for example, safeguarding visits) as individuals were under the care of maternity services. However, there was an open offer in place for anyone requesting support, and services including Family Hubs and Midwifery also provided care.

f. Consideration was being given to centralising the antenatal offer within the service to reduce instances of antenatal visits being de-prioritised in locations with lower staff numbers.

3. In response to questions around the lower number of people attending an NHS Health Check than being invited for one, it was said:
    a. The Health Checks program was stopped during the Covid-19 pandemic and once it re-started progress varied across primary care providers. The 2024/25 target was increased to reflect the over-achievement of the 2023/24 target.

    b. To increase attendance, various pilots were underway, including a campaign looking at the wording used in communications to different groups of people.

    c. An audit had been undertaken into the individuals that did not respond to invitations to understand the barriers. The outcomes were being used to inform future communications. Following a question around the number of people setting a quit date for smoking, Ms Tovey explained that the service was evidence based (NICE guidelines) but there were a number of other initiatives helping to improve effectiveness. There was an aspiration to use linked data (using NHS numbers to anonymously monitor whether an individual's outcomes have improved since using a service).

4. RESOLVED that the performance of Public Health commissioned services in Q1 2024/2025 be noted.

336. Strategic indicators report - Kent and Medway Integrated Care Strategy
(Item 7)

1. Mark Chambers, Head of Intelligence, provided an overview of the report:
    a. A selection of 10 indicators from the Integrated Care Strategy were included in the report. These were presented in greater detail than they would be to the Integrated Care Strategy Board, with trends and benchmarks for each set out along with a breakdown by district.

    b. Whilst there were targets for each indicator, this was not a performance report.

c. The report showed the stark variation of outcomes between areas of Kent. Thanet, Swale and Gravesham for example were typically in the lower end of the spectrum, and this was reflective of the characteristics of the population.

d. The report highlighted three areas of particular concern for Kent overall: a rise in severe obesity in children aged 10 to 11 years old; longer waits for diagnostic tests in East Kent and Swale; a stubborn gap in hospital admissions for ambulatory care sensitive conditions between most and least deprived populations.

e. Mr Chambers assured members that his team continued to monitor the indicators and data, working with colleagues across the Integrated Care System.

2. In response to the comments and questions, it was said:
   a. Acknowledging only 63% of Year 6 children were a healthy weight, a Member asked for data about the children falling between a healthy weight and severely obese, as well as how that transferred into adulthood. Mr Chambers noted a worsening trend in Kent, and halting that decline was important. Secondary school children did not routinely get their weight measured, so it was not currently possible to monitor if obesity continued into adulthood. Childhood weight was measured against UK reference curves from 1990. Mr Chambers offered to report back on the weight range falling between healthy and obese.

   b. A Member asked about reablement services and the decline in performance in 2022/23. Mr Watkins provided reassurance that the 2023/24 data had improved, and this was an Adult Social Care Key Performance Indicator.

   c. Ms Kulkarni-Johnston (Consultant in Public Health) explained that a system approach to healthy weight and obesity was underway and had been evaluated by the University of Kent. Public Health had engaged with a range of partners as well as 150 stakeholders, to promote cooking skills, encourage physical activity and a healthy lifestyle. An evaluation of work undertaken during the previous two years had shown a lot of appreciation for what had been done, and key organisations had been asked to commit to the programme on an ongoing basis.

   d. Body Mass Index was not the most accurate way to measure a child's weight management, but it was considered the most appropriate, non-intrusive method based on those available and was recommended by NICE.

3. The Committee spoke about future reporting on the indicators. It was agreed that an annual report on the same 10 indicators would be brought before the Committee, with any additional indicators of concern highlighted in the narrative.

4. RESOLVED that the findings from the report be noted.

337. Public Health Communications and Campaigns update
(Item 8)

1. Dr Ellen Schwartz, Deputy Director of Public Health, provided a brief overview of the report that highlighted Public Health's communication activity during the 2024/25 year.

2. A Member requested that measures of campaign effectiveness be included in future reports.

3. A Member asked how adaptive campaign communications were to social media habits. Dr Schwartz undertook to provide a response outside of the meeting.

4. A Member reflected on society's changing attitude to activities such as drinking alcohol, where behaviour seemed to have changed without the input of a particular campaign. They questioned whether lessons could be learnt and applied to other areas.

5. The use of campaigns during particular events and seasons was noted, and a Member asked about the scope of working with other public bodies for joint areas of concern.

6. RESOLVED that the progress of Public Health communications and campaigns in 2024 and the need to continue to deliver throughout 2024/2025 be noted.

338. Update on Gypsy Roma Traveller health, including child immunisations and suicide prevention
(Item 9)

1. Sarah Crouch, Consultant in Public Health, provided an overview of the agenda report. She highlighted two key areas, whilst recognising that work was needed to build confidence and trust with the relevant communities:
    a. A community of practice had been established – a group of 25 stakeholders who were able to engage with communities and take forward the findings of the 2023 Health Needs Assessment.

    b. The role of a Gypsy, Roma and Traveller Co-ordinator was being recruited to.

2. In response to the comments and questions, it was said:
    a. The Health Needs Assessment had been populated with national research along with locally held data, supported by groups that were closely aligned with the GRT communities. Ms Crouch recognised that more work was needed before engaging with the communities directly.

b. Access to primary care was a real issue, and a Member felt it important that the rights of individuals in the GRT community be reaffirmed. They also questioned whether there was suitable training in place for NHS workers. Ms Crouch confirmed that communications had been sent to GPs setting out the rights of individuals to register with a GP. Practices within close proximity of a known GRT site had received information about sending invitations to health screenings along with a survey about how well equipped they were to engage with GRT communities. Responses would inform the type of training required.

c. The team had reached out to Districts to identify suitable contacts to support the work around health needs.

3. RESOLVED that the Committee notes the ongoing efforts and progress made to date to address the observed health inequalities of Gypsy, Roma and Traveller communities identified in the Health Needs Assessment.

339. Public Health and Adult Social Care joint working on prevention
(Item 10)

1. Sarah Crouch, Consultant in Public Health, provided an overview of the prevention agenda, which was looking at patterns of need alongside preventative work on offer. The ambition was to change the trajectory of care and keep people well for longer.

2. A Prevention Delivery Group had been established to oversee the programme of work, and a Public Health and Social Care Innovation and Prevention Manager had been recruited which was jointly funded by adult social care and public health.

3. One of the first areas to be explored was preventing falls. The team were looking to use integrated data to identify people at risk of a fall who could benefit from an intervention. The team would then tailor a package of support based on the individual's needs and what methods were proven to be effective. Ultimately, a prevention blueprint would be created - a way of testing the impact of preventative action on improving the health of the population and reducing the need for adult social care.

4. In response to the comments and questions, it was said:
    a. A Member asked about the use of home modifications. Ms Crouch shared with members that her team had been looking into modifications such as grip rails and removing trip hazards – these were reactive to an individual's needs. Dr Schwartz added that the Kent and Medway Housing Strategy was undergoing a refresh and that involved planning for the future and building homes for life. She would feedback to the relevant group.

b. Quantifying the savings made from upfront investment was difficult but vital because of the scale of savings needed in adult social care. Data sharing between organisations was historically difficult. Norfolk County Council presented a successful preventative pilot to the National Care Conference 2023 and Kent were working with those colleagues to learn lessons. Mr Watkins said Kent was in a good position when it came to data, and that could be used to target individuals at risk of a fall. District level data was not held, but the team planned to apply deprivation data to filter certain groups. There were also plans to establish a peer network with other councils.

c. A Member asked about proposed cuts to community services, recognising the vital support they provide in the community. Mr Watkins noted there were no relevant savings in the 2024/25 budget but there were in future years. He assured members that any proposals would be subject to public consultation before being made. He highlighted the importance of community groups being able to evidence their effectiveness. Dr Schwartz noted the variation of community services across Kent, and the importance of making decisions based on evidence.

5. RESOLVED that the Committee note the content of the report and the work underway with the Prevention Programme.

340. Kent Weight Management Strategic Action Plan
(Item 11)

1. Rutuja Kulkarni-Johnston, Consultant in Public Health, gave a presentation on the contents of the report. She explained KCC and the Kent and Medway Integrated Care Board (ICB) had jointly developed the Kent Weight Management Strategic Action Plan, which sought to tackle obesity across the county. There were seven strategic actions. Weight management services were provided across four tiers, with tiers 1 and 2 commissioned by KCC.

2. A Member asked how many individuals would be treated under the action plan. In 2022-23, 3,000 people were referred into the service (tiers 1 and 2). This had increased to 5,000 in 2023-24. Ms Kulkarni-Johnston welcomed the uptake in individuals accessing support services.

3. In terms of judging the success of the programme, a Member asked for detail on overall need as well as the capacity of the service. Ms Kulkarni-Johnston would take the request away but noted that data would only include those accessing commissioned services, not those that were taking steps to manage their own weight. Dr Schwartz added there were numerous services that addressed weight management. The Member therefore suggested looking at system savings might be a way the Committee could monitor success going forward.

4. RESOLVED that the Committee consider and provide comment on the Weight Management Strategic Action Plan.

341. Public Health Service Transformation and Partnerships
(Item 12)

1. Chloe Nelson, Public Health Commissioner, provided an overview of the agenda report:
    a. The Programme aimed to ensure all services in receipt of Public Health Grant were efficient and effective in delivering outcomes for Kent residents.

    b. The Programme was in its local engagement phase, which involved testing the preferred service model through internal engagement, current providers, wider market providers and individuals.

    c. A public consultation was planned for proposed changes to the Emotional Wellbeing and Mental Health Service (for children and young people aged 5 to 19 with mild to moderate mental health needs) – currently known as the Kent Children and Young People's Counselling Service. A Key Decision would follow as part of the children's portfolio of work.

    d. Evidence gathered showed an increasing demand for public health services, along with complexity of need.

2. A Member asked what steps had been taken to engage with young people. Ms Tovey assured Members that a significant amount of work had gone into seeking the views of children and young people, including engagement events, and working with staff such as youth workers to promote the consultation. There had also been networks through youth clubs and schools and the team had built on work conducted by the ICB.

3. The report set out the timescales of future consultations and Key Decisions.

4. Services included in the Programme were those funded/part-funded by the Public Health Grant. There were no plans in place to cut service budgets, although efficiency savings were being considered. The funding allocation for 2024/25 was not yet known. Additional funding was sometimes received for specific areas (such as substance misuse and smoking) but there were often conditions attached.

5. RESOLVED that the Committee note and comment on the report.

342. Work Programme
(Item 13)

RESOLVED that the work programme was noted.