HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Tuesday, 21st January, 2025

2.00 pm

Council Chamber, Sessions House, County Hall, Maidstone

Kent County Council
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AGENDA

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Tuesday, 21 January 2025 at 2.00 pm	Ask for:	**Georgia Humphreys**
Council Chamber, Sessions House, County Hall, Maidstone	Telephone:	**03000412133**

Membership (17)

Conservative (12):	Mrs L Game (Chair), Mr P Cole (Vice-Chairman), Mr D Beaney, Mrs P T Cole, Ms S Hamilton, Mr A R Hills, Mr A Kennedy, Mr J Meade, Ms L Parfitt and Ms L Wright and two vacancies
Labour (2):	Ms K Constantine and Ms K Grehan
Liberal Democrat (1):	Mr R G Streatfeild, MBE
Green and Independent (2):	Ms J Hawkins and vacancy

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

1 Introduction/Webcast announcement

2 Apologies and Substitutes

3 Declarations of Interest by Members in items on the agenda

4 Minutes of the meeting held on 19 November 2024 (Pages 1 - 10)

5 Verbal updates by Cabinet Member and Director

6 Performance of Public Health Commissioned Services (Quarter 2 2024/25) (Pages 11 - 18)

7 Public Health Service Transformation and Partnerships (Pages 19 - 30)

8 25/00001 Children and Young People - Health Visiting and Infant Feeding Services - Key Decision (Pages 31 - 86)

9 Public Health Communications and Campaigns Update (Pages 87 - 92)

10 Kent Marmot Coastal Region Programme (Pages 93 - 100)

11 24/00115 Kent County Council Integrated Care Strategy (KCC ICS) Delivery Plan - Key Decision

Report to follow.

12 Work Programme (Pages 101 - 102)

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

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, 19 November 2024.

PRESENT: Mr P Cole (Vice-Chairman in the Chair), Mrs P T Cole, Ms S Hamilton, Ms J Hawkins, Mr A R Hills, Mr A Kennedy, Mr J Meade, Ms L Parfitt and Mr R G Streatfeild, MBE

ALSO PRESENT: Mr D Watkins (Cabinet Member for Adult Social Care and Public Health), Mr P J Oakford (Deputy Leader and Cabinet Member for Finance, Corporate and Traded Services) and Mr D Shipton (Head of Finance)

IN ATTENDANCE: Dr E Schwartz (Deputy Director Public Health), Mrs V Tovey (Assistant Director of Integrated Commissioning), Ms R Kulkarni-Johnston (Public Health Consultant), Mr C Beale (Commissioner), Ms W Jeffreys (Consultant in Public Health), Ms N Reeves (Public Health Specialist) and Ms D Smith (Public Health Specialist) and Ms G Humphreys (Democratic Services Officer)

UNRESTRICTED ITEMS

343. Apologies and Substitutes
(Item 2)

Apologies were received from Mrs Game and Ms Constantine.

Ms Hamilton and Ms Hawkins were in attendance virtually.

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

There were no declarations of interest.

345. Minutes of the meeting held on 17 September 2024
(Item 4)

RESOLVED that the minutes of the meeting held on 17 September 2024 were a correct record and that they be signed by the Chair.

346. 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. The new Kent and Medway Integrated Work and Health Strategy was led by the Strategic Partnership for Health and Economy, to integrate and improve support for those with health issues and disabilities to thrive within the workplace. 27% of economic inactivity amongst 16 – 64-year-olds in Kent and Medway was due to long-term ill health, which was higher than the South-East average. The draft strategy included improved information for employers through a multi-agency approach to tackling barriers and maximising impact, helping residents get back to work.

    b. Mr Watkins had visited drug and alcohol treatment service providers (the Forward Trust and Change, Grow, Live). Public Health was awaiting information on government funding to increase the outreach of these providers.

    c. Mr Watkins joined KCC's Mental Health Champions on a tour of mental health facilities on World Mental Health Day.

    d. Mr Watkins attended a Kent and Medway Health Symposium at the Guru Nanak Darbar in Gravesend. The Chair added that he also attended this event and noted the excellent opportunity for discussions and networking.

    e. Kent had an aging population, therefore KCC were seeking views on postural stability services. A consultation was taking place on proposed changes to the KCC's Postural Stability Service, which suggested switching to a shorter, more intensive, 12 week set of classes and expansion of the service to more areas and to residents from age 50.

    f. Mr Watkins visited the ONE YOU Shop in Ashford, which offered a number of services such as support to stop smoking, to become more active and NHS health checks.

    g. Mr Watkins joined a KCC Councillor in visiting Ebbsfleet Garden City to better understand how communities can be built to achieve better public health.

    h. Mr Watkins visited the Fusion Healthy Living Centre in Maidstone, it had a community lead approach, to support communities that had experienced disadvantages and health inequalities.

2. Dr Ellen Schwartz, Deputy Director of Public Health, gave a verbal update on the following:
    a. KCC's role in improving health and wellbeing had been achieved through contributions to the Kent and Medway Integrated Care

Strategy. There had been work done with Officers across the Council to improve health and wellbeing as well as developing key priorities for each directorate endorsed by Kent residents.

b. The Kent Marmot Costal Region aims to improve social determinants and reduce inequalities in health. A Coastal Region Lead position had been filled with the intention of helping to coordinate the program. A paper on the program was expected to come to the Committee in January 2025.

c. The Pharmaceutical Needs Assessment was set to be published in October 2025.

d. Kent Housing Strategy, there was work being done to refresh the strategy, this was a shared post created between Public Health and Housing Groups to prioritise health.

e. There was continued work being done on the campaign to increase awareness and uptake of MMR vaccines. Data from previous quarters showed a decrease in the uptake of some of the primary care networks. Between January and October 2024 there were 11 confirmed cases of measles in Kent.

f. The World Health Organisation declared Clade 1B MPOX as a public health emergency of international concern. The risk was considered low in the UK and there were four controlled cases in the UK. The UK Health Security Agency (UKHSA) had updated their toolkit, the NHS and partner organisations have tested their capabilities to deal with infectious diseases.

g. COVID-19 cases had lessened, flu cases had increased and respiratory viruses' levels remained the same. Norovirus cases remained high in the weeks prior to the meeting of this Committee. An early warning surveillance system for pandemic's was in planning stages.

h. In regard to mental health and climate change, the UKHSA were inviting submissions of case studies which demonstrated provision of mental health intervention in relation to mental health.

i. Work had been done to support managers of refugee and asylum seeker reception centres around infection prevention and control, additionally, isolation pathways and suites had been established.

j. The Diphtheria Vaccination Program based at the Manston Reception Centre was stood down and lessons were learnt from the work that took place.

k. Promotion of vaccinations in care home and wider social care settings had taken place.

l. In response to a Sexual Health Needs Assessment, work was being done to decrease inequalities and improve women's sexual health. There was a reignition of the Sexual Health Collaborative to understand the breadth of the system, working together to meet the needs of the population. The planning stages were taking place for a Communications and Engagement Plan, a Communications Officer had been appointed. The next steps of the portfolio were to focus on areas of particular significance, to deepen knowledge and to help tailor recommendations to improve outcomes.

m. In regard to children, young people and maternity, facilitator roles to support the implementation of perinatal mental health, parent infant relationships and infant feeding strategies had been appointed. The provider of the perinatal mental health work with fathers had won a local mental health award in October 2024. The public consultation on the therapeutic services for children and young people finished in November 2024, the results would help inform the next steps that were to be taken.

n. The BBC South East feature on supervised toothbrushing had been extended to further nurseries and receptions. The oral health promotion was to be integrated into other service specifications as a part of the transformation program.

o. The next steps expected for the Public Health Service Transformation were for the Commercial Procurement Oversight Board to provide scrutiny of the proposed procurement plans to ensure viability and feasibility, before the financial services model was to come to the Cabinet Committee as a key decision in 2025.

3. In response to comments and questions, it was said:
    a. A Member questioned whether there was data available on the take up of the winter flu vaccines and whether there were any particular areas of concern for those aged over 65. Dr Schwartz noted that the roll out of vaccines had only started a month earlier so there was no official data yet, but he agreed to provide Members with the figures when they became available. Furthermore, it was noted that there was specific concern for older residents, as well as an emphasis on the importance of hand hygiene in preventing the transmission of illnesses especially in settings such as schools, as well as, encouraging the uptake of vaccines.

    b. A Member questioned the presence of democratic oversight, within the development of the multiple strategies presented.
        i. Mr Watkins shared that the results of the Work and Health Strategy Consultation had been planned to come back to the Committee for consideration. Additionally, Mr Watkins would confirm which committee would consider the Housing Strategy.

ii. Dr Schwartz added that the Public Health Strategy, formally known as the Integrated Care Strategy, would be overseen by the Committee.

4. RESOLVED that the updates be noted.

347. Draft Revenue and Capital Budget and MTFP
(Item 6)

Mr P Oakford (Deputy Leader and Cabinet Member for Finance, Corporate and Traded Services) and Mr D Shipton (Head of Finance) were present for this item.

1. Mr Oakford, Deputy Leader and Cabinet Member for Finance, Corporate and Traded Services, introduced the report to the Committee, reminding Members that it was a provisional budget and that Public Health funding was ringfenced.

2. This draft budget was prepared in advance of the Government's budget and therefore there was to be another round of scrutiny in January 2025.

3. There were one off costs approved by the Council which required £19.8 million worth of policy savings. After the first quarter there was a £16 million overspend in Adult Social Care which increased pressure on the finances.

4. The Government's increase in National Minimum Wage and employers' contributions to National Insurance (NI) had increased pressure on employers. An increase of 3% was budgeted for these areas, but within the Government's budget there was an 11% increase.

5. There was an increase in the Adult Social Care grant from the Government. Estimated figures showed that KCC was to receive around £13 million. However, since Adult Social Care had to make savings of £54 million in 2024 and a further £40 million in 2025, a significant amount of additional savings needed to be made.

6. Mr Watkins noted a 1% uplift from the Government for Public Health. There was a transformational program underway to assess the efficiency of KCC services, to ensure spending was targeted and effective in order to achieve the best outcomes. Following the Government's pay awards for NHS staff there were increased costs of almost £2 million for KCC connected to the commissioning from NHS Trusts.

7. Mr Shipton, Head of Finance, encouraged Members to use the KCC Budget Dashboard for a further breakdown of spending.

8. In response to comments and questions, it was said:
    a. A Member questioned the impact of employer NI contributions on non-governmental organisations (i.e. social care providers). Mr

Oakford shared that he and other senior Members and Officers had met with the Kent Integrated Care Alliance (KiCA). A joint press release had been produced to urge the Chancellor of the Exchequer to exempt social care providers from the NI contributions increase.

b. A Member asked for further detail on the Mental Health Grant. Mr Watkins shared that £3.5 million of funding had been allocated to mental health.

c. A Member highlighted KCC's intention to offset money to create a safety net for those who could have struggled with the changes to the Winter Fuel Allowance and questioned whether there were systems in place to help identify those who would require support efficiently. Mr Oakford assured Members that systems were in place to ensure residents were supported.

9. RESOLVED that the Committee:
    a. NOTED the administration's draft revenue budgets including responses to consultation.
    b. SUGGESTED any changes which should be made to the administration's draft budget proposals related to the Cabinet Committee's portfolio area before the draft is considered by Cabinet on 30th January 2025 and presented to Full County Council on 13th February 2025.

348. Annual Report on Quality in Public Health
(Item 7)

1. Mr Watkins noted that the contents of the report showed good results and only six complaints were received.

2. Dr Ellen Schwartz introduced the report, in 2023 there was a review of Public Health quality assurance processes which was paused due to capacity issues. Within the Public Health Service Transformation Programme, the appointment of a Pharmacy and Quality Lead took place, to support the co-ordination of the Quality Committee.

3. RESOLVED that the Committee commented on and noted the content of this report.

349. Young People and Mental Health
(Item 8)

1. Dr Ellen Schwartz introduced the report, outlining an update on the impact of the implementation of the Botulin Toxin and Cosmetic Fillers (Children) Act 2021. It provided an overview of the enforcement activity undertaken, which included checks on compliance with the legislation, through this

some weaknesses were identified which led to the development of a local campaign.

2. The Act had not yet been implemented for a sufficient amount of time to determine whether it had an impact in Kent on mental health.

3. In response to comments and questions, it was said:
    a. A Member expressed concern at the levels of young people suffering with a probable mental disorder and questioned the root cause of adolescent mental health and body dysmorphia and whether there was anything that could be done to tackle it.
        i. Dr Schwartz said that non-surgical interventions were the tip of the iceberg of the underlying mental health challenges that could be observed within young people. Colleagues in Public Health were researching into parent-infant relationships and support to children at the earliest opportunity.
        ii. Natalie Reeves added that the results of health needs assessments undertaken by young people had shown that COVID-19 Pandemic lockdown had an impact on their mental health and social abilities, and that there was work to be done on this.
        iii. Mr Watkins added that the rise in use of social media and technology had coincided with a negative trend in regard to young people's mental health and an increase in disorders such as body dysmorphia.
        iv. The Chair shared that he had attended a smartphone free event and raised the idea of restricting young people's access to smartphones.

4. A Member suggested involving the KCC Youth County Council to assess the impact of technology on young people. They requested an update on the data within the report, asked how to encourage engagement from more providers and questioned what plans were in place for more challenge 25 checks from Trading Standards. They also questioned whether Public Health could provide guidance to providers to ensure questions are asked around mental health prior to procedures.
    a. Mr Watkins noted the idea of taking this issue to the KCC Youth County Council.
    b. Ms Kulkarni-Johnston added that Public Health had worked with Trading Standards to prevent providers from offering cosmetic procedures to those who were underage.

5. Members highlighted the importance of the Children and Young People Directorate working with Public Health to ensure young people's mental health was addressed in the most holistic way possible.

6. A Member questioned whether a campaign could be organised to promote a healthy body image. Additionally, addressing the hopelessness some young people felt in regard to climate change which would negatively affect their mental health. Mr Watkins shared that there were budgets

within Public Health for marketing campaigns, and whilst there was not a campaign focusing on body dysmorphia at the moment, he would assess what was possible with the marketing team.

7. A Member noted the impact that the fear associated with climate change can have on young people's mental health. Young people could be given hope through an emphasis on how we can adapt to climate change, KCC could work with district councils to try and alleviate the stress around climate change on residents.

8. RESOLVED that the Committee note the content of the report.

350. Implications of Climate Change for Public Health
(Item 9)

1. Dr Ellen Schwartz introduced the report and gave a brief overview of its contents.

2. A Member shared that housing was a significant factor for mental health, noting that during the COVID-19 Pandemic individuals benefitted from more access to green spaces. Additionally, the Member referred to the farming process and its necessity for food security. Dr Schwartz noted that additional work was being done around food security. Dr Schwartz added that work was being done with the UK Health Security Agency on the surveillance and management of invasive species (i.e. mosquitos and ticks).

3. A Member questioned what assurances were in place for residents, in regard to a new threat, that unilateral action could take place whether on a regional or county wide basis. Also whether there were any restrictions nationally that would prevent acting on it. Dr Schwartz shared that whilst the majority of the decision making and planning was done on a national level, locally there was flexibility.

4. A Member noted the presence of inequalities within the impact of climate change. Dr Schwartz agreed that the effects of climate change had not affected all those in Kent equally. Public Health came together, to inform themselves as well as other organisations (i.e. emergency preparedness, the NHS, etc), and have developed a shared understanding of the distribution of inequality and how to optimise services. Collaboration was seen as the next step with a focus on public health outcomes.

5. Members felt that it would be positive if the issue and related reports could be considered by Full Council and other Cabinet Committees.

6. RESOLVED that the Committee note the content of the report.

351. Local Stop Smoking Services Update
(Item 10)

1. Mr Watkins introduced the report, sharing that smoking rates in Kent had decreased.

2. Chris Beale, Commissioner, shared that in June to October 2024, 75% of the stop smoking funding had been allocated, as of the meeting of this Committee 95-96% had been allocated.

3. Work was being done with the Adult Social Care Directorate to assess how to work with care homes to establish stop smoking ambassadors within them. In the first weekend launch of the Allen-Carr Method, it attracted 51 Kent residents with very little advertising, and by November 2024, 146 people had signed up.

4. Rutuja Kulkarni-Johnston, Consultant in Public Health, shared that the smoke free grant aimed to support a higher number of residents who smoked to stop, including efforts to address inequalities in access through the newly funded services.

5. Deborah Smith, Public Health Specialist, added that it had been estimated that 11.4% of Kent resident were smokers. There was an intention to set 6,252 quit dates and to maintain call services to support those trying to quit smoking. After delays, new initiatives had started, one of which was to target smokers who had been difficult to access.

6. Additionally, there had been a plan for a dedicated service for young people. The Allen Carr Method had been procured as an alternative to the NHS smoke free service that was in place. Fixed term staff had been procured in Commissioning, Project Development and Public Health to assist with this work.

7. There were plans to work with district and borough councils to develop smoking spaces to de-normalise smoking and keep town centres smoke free.

8. There had been work done with GPs to develop text messaging services to target smokers on GP registers to alert them of new service options to encourage quitting smoking.

9. Work was being done with Healthy Living Centres, the voluntary sector and other directorates within the local authority to utilise sustainability and services that deal with the community directly.

10. There was an intention to allocate any potential underspend to a grant allocation fund, to work with the voluntary and community sector to ensure funding was fully utilised.

11. A Member praised the fact that smoke free spaces were to go ahead, they questioned how much of the Public Health Grant was going towards it and

whether parish councils could request them. Ms Smith shared that £90,000 had been allocated across Kent, and following communication with all 12 districts and boroughs about the initiatives, nine had showed interest so far. There was an intention to meet with Parish Councillors directly, and a Member suggested utilising the Kent Association of Local Councils (KALC) for this.

12. RESOLVED that the Committee note the content of this report.

352. Work Programme

(Item 11)

RESOLVED that the work programme was noted.

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 – 21 January 2025

Subject: **Performance of Public Health Commissioned Services (Quarter 2 2024/2025)**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Is the decision eligible for call-in? *N/A*

Summary: This paper provides an overview of the Key Performance Indicators for Public Health commissioned services. In the latest available quarter, July to September 2024, of 14 Red Amber Green (RAG) rated Key Performance Indicators, six were Green, four Amber, and three Red. One Key Performance Indicator was not available at the time of writing this report. This is detailed below:

- Number of all new first-time patients receiving a full sexual health screen (excluding online referrals)

Recommendation(s): The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q2 2024/2025.

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1. Introduction

1.1. A core function of the Health Reform and Public Health Cabinet Committee is to review the performance of services that fall within its remit.

1.2. This paper provides an overview of the Key Performance Indicators (KPI) for the Public Health services 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. This table includes benchmarking (England, region, nearest neighbour) where available.

2. Overview of Performance

2.1. Of the 14 targeted KPIs for Public Health commissioned services, six achieved the target (Green), four were below target although did achieve the floor standard (Amber), and three were below target and did not achieve the floor (Red). The red KPIs are:

- Number (%) of mothers receiving an antenatal contact by the health visiting service

- Number (%) of young people exiting specialist substance misuse services with a planned exit

- Number (%) of clients currently active within One You Kent services being from the most deprived areas in Kent

3. Health Visiting

3.1. In Q2 2024/2025, the Health Visiting Service delivered 16,979 mandated universal health and wellbeing reviews – an increase of 3.6% (+588) compared to the previous quarter (16,391). In this quarter, the service delivered 66,746 (86.5% of those due) mandated health and wellbeing reviews (12 month rolling), slightly lower than the same quarter of the previous year (67,949; 88.0% of those due).

3.2. Three of the five mandated contacts met or exceeded the target. The proportion of new birth visits delivered within 10–14 days at 93.8%, was slightly below the 95% target. The proportion of antenatal contacts delivered during this quarter was 40%, below the 50% target but an improvement on the previous quarter (36%).

3.3. KCC has excelled in health visiting performance compared to other local authorities (LA) in the South East region, according to the most recent available data (Q4 2023/2024) from the Office for Health Improvement and Disparities (OHID). Indeed, during this period Kent was the best performing local authority in the South East region for the delivery of New Birth Visits within 14 days, demonstrating a commitment to timely support for new families. Additionally, Kent performs strongly compared to the South East region in the delivery rates for the 6−8 week reviews (4th of 18 LAs), 12-month reviews (4th of 18 LAs) and the 2−2½ year reviews (1st of 18 LAs), highlighting a consistent dedication to monitoring and supporting child development at crucial early stages.

3.4. The provider has action plans in place to enhance service delivery for antenatal performance and this is being closely monitored by commissioners. Kent Community Health Foundation Trust (KCHFT) has completed five actions from its action plan including reviewing current staffing levels, caseload management, monitoring of Kent-wide achievement, reviewing the impact and benefit of recruitment and retention premiums which are in place for north/west Kent teams, and developing a proposal for centralising antenatal contacts to support the achievement of the indicator. KCHFT is currently working on five actions to address staffing challenges in Dartford, Gravesham, Sevenoaks, Tunbridge Wells, and Tonbridge and Malling. The antenatal offer will be

reviewed and revised through the Public Health Service Transformation process.

4. Adult Health Improvement

4.1. In Q2 2024/2025 there were 8,462 NHS Health Checks delivered to the eligible population. This represents a slight reduction of 0.6% (−54) from the 8,516 checks delivered in the previous quarter, however, an increase of 8.9% (+695) from the 7,767 checks delivered in the same quarter of the previous year (2023/2024).

4.2. The number of first invitations sent out during the current quarter was 23,815 compared to 20,020 in the same period of the previous year (2023/2024). Whilst the SMS invitation pilot has now concluded, invitations sent via SMS are continuing to increase and be encouraged due to the significant cost savings and environmental benefits. The workplace health checks pilot is now underway and provider Randox Health have been commissioned to deliver an additional 3,800 NHS Health Checks and Cardiovascular Disease Checks in Kent workplaces by the end of March 2025. The team continue to work hard on the Public Health Transformation Programme and are also developing a communications campaign to increase awareness of the service, meeting a key need identified through recent service user engagement.

4.3. The Stop Smoking Service supported 738 people to successfully quit smoking this quarter, achieving a quit rate of 60%. In Q2 2024/2025, the Core Stop Smoking Service finalised the transition of its Smoking in Pregnancy Team, with the service now supporting a wider range of health-related referrals through this team. The service has been looking at how services can be amended to better support people experiencing serious mental health issues and is planning to instigate these findings in the near-future.

4.4. Additional pharmacotherapy offers are still being explored by the service who are working alongside the Local Pharmaceutical Committee to implement access to alternative pharmaceutical support. It is envisaged that some of these will go live from Q4 2024/2025.

4.5. In Q2 2024/2025, the One You Kent (OYK) Lifestyle Service engaged with 1,729 (50%) people from Quintiles 1 & 2, below the 55% target. All services continue to undertake promotional activities within areas of deprivation to increase the number of referrals from Quintiles 1 & 2; however, referrals remain high for weight services which are not necessarily from areas of deprivation. GPs are financially incentivised by a government scheme to refer to Local authority commissioned weight management services and this continues to keep referrals high for individuals requiring weight management support. Public Health and Commissioning are working with health colleagues to ensure the weight referrals are appropriate and individuals are motivated to change.

4.6. 56.1% of individuals on the weight management programme have completed the programme in Q1 (reported quarter behind). This is below the target of 60% for the county. Only one of the seven providers of the weight management service did not achieve the 60% target which has led to performance being

below the targeted level. The service has implemented an action plan to improve performance, and this will be escalated through commissioning governance procedures.

5. Sexual Health

5.1. The Integrated Sexual Health Services data was not available at the time of reporting due to one of the providers experiencing unforeseen data extraction issues after having mobilised to a new system. The system issue is impacting the ability to report on the complete suite of sexual health data requested by KCC. The provider is seeking solutions with the systems provider but in the meantime KCC are exploring other ways to obtain the data. Activity in other sexual health services includes 11,341 kits being ordered from the Online sexually transmitted infection (STI) Testing Service, which represents a 7% (+710) increase compared to the previous quarter. Elsewhere, Outreach teams continue to target underserved people in the community and are reaching a range of demographics across Kent.

6. Drug and Alcohol Services

6.1. In the current quarter the number of people supported by Community Drug and Alcohol Services in Kent continues to improve. Whilst there have been concerns regarding the downward trend in the number of opiate users being supported both adult service providers in Kent have implemented unmet need plans to focus on this area.

6.2. In Q2 2024/2025, Community Drug and Alcohol Services continued to perform above target for successful completions from drug and alcohol treatment (27%). Additionally, successful completion rates indicate that performance targets have almost been achieved in all substance groups excepting those people who use non-opiate drugs, which is consistently below target; this may be impacted by the increased number of non-opiate users accessing structured treatment whilst the providers are still experiencing recruitment challenges. However, specific non-opiate pathways have recently been refined to ensure that these people have a treatment plan specifically tailored to their needs.

6.3. Table 1. Successful completion rates for the substance groups

Substance Group	Target	Q2 23–24	Q3 23–24	Q4 23–24	Q1 24–25	Q2 24–25	Benchmarking	
							National	Regional
Opiate	8%	7.4%	7.5%	8.4%	8.2%	8.2%	5.5%	6.8%
Non-opiate	48%	38.6%	37.9%	37.9%	40.7%	38.8%	31.6%	33.3%
Alcohol	40%	36.6%	36.8%	39.4%	39.0%	38.2%	35.3%	36.5%
Alcohol & Non-opiate	33%	30.4%	30.4%	30.4%	33.4%	31.8%	28.5%	29.7%

6.4. In Q2 2024/2025, the proportion of young people exiting treatment in a planned way was 75%, below the 85% target. This represents 43 planned exits, 2 transfers, and 12 unplanned exits, the latter mainly due to non-engagement with treatment although these people have engaged in some interventions. It is worth highlighting that, among the unplanned exits, one person was 'transferred

to adult services'. Since the service has been supporting those aged 18−24 without a dependency need, it is evident that the level of engagement of this cohort has impacted upon the proportion of young people exiting treatment in a planned way due to complexity and less protective factors to prevent disengagement, e.g., schools.

6.5. Every unplanned closure must be reviewed by a manager to ensure every available route to re-engage has been explored. This will include calls, texts, letters, and discussion with the referrer where appropriate. Commissioners are working with the service to explore increasing their engagement offer, e.g., via 18−24 group work.

6.6. Of those young people who exited treatment in a planned way, 12% reported abstinence (target = 24%). It is recognised that not all young people wish to achieve abstinence (some may only require harm reduction), therefore the service also monitors health and wellbeing outcomes. This quarter, based on 67 responses, 58.2% of young people indicated an improvement in their satisfaction with life, 22.4% reported an improvement in their anxiety levels, and 52.2% reported feeling happier.

6.7. With regard to young people receiving support for substance misuse, Kent has previously tracked the national trend of declining numbers between 2018–2022. However, since January 2023 there has been a steady increase in Kent, supported by additional OHID grant funding. KCC commissioners have set an ambitious target of 400 young people per year receiving structured support. By Q2 2024/2025, the service has supported 202 young people, which puts them on track to exceed the annual target. In addition to structured treatment, the service also supported 310 young people through group work this quarter.

7. Mental Health and Wellbeing Service

7.1. Live Well Kent & Medway (LWKM) continues to see high demand whilst maintaining strong outcomes. In this quarter, 95% of people completing the exit survey reported improvements in their personal goals and 91% maintained or improved their SWEMWBS (i.e. wellbeing) score. The mobilisation of Mental Health Together (Community Mental Health Transformation) continues to be a key focus area for the service and recently LWKM attended and were panellists as part of a 'Question and Answer' Panel at meet and greet/introductory events hosted by Kent & Medway NHS and Social Care Partnership Trust.

8. National Child Measurement Programme

8.1. In 2023/2024, the mandated National Child Measurement Programme (NCMP) participation rate for Year R (aged 4−5 years) was 96.0% and Year 6 (aged 10−11 years) was 94.8%, both exceeding the target of 90%. The service provider continues to work well with schools to maximise uptake and engagement whilst ensuring they meet school need and availability.

9. Conclusion

9.1. Six of the 14 KPIs remain above target and were RAG-rated Green. Regarding the KPIs RAG-rated Amber or Red, commissioners will continue to work with providers to improve performance.

9.2. Commissioners continue to explore other forms of delivery, to ensure the 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.

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10. Recommendation(s): The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q2 2024/2025.

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11. Background Documents

11.1. None

12. Appendices

12.1. Appendix 1: Public Health commissioned services KPIs and activity.

13. Contact Details

Victoria Tovey
Assistant Director of Integrated Commissioning
03000 416779
victoria.tovey@kent.gov.uk

Yozanne Perrett
Performance and Analytics Manager
03000 417150
yozanne.perrett@kent.gov.uk

Lead Director

Anjan Ghosh
Director of Public Health
03000 412633
anjan.ghosh@kent.gov.uk

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

Indicator Description		Target 23/24	Target 24/25	Q2 23–24	Q3 23–24	Q4 23–24	Q1 24-25	Q2 24-25	DoT	Benchmarking* England	Region	Neighbour
► Health Visiting												
PH04	No. of mandated health and wellbeing reviews delivered by the health visiting service (12 month rolling)	65,000	68,000	67,949 (A)	67,011 (A)	66,846 (A)	66,724 (A)	66,746 (A)	↑	-	-	-
PH14	No. (%) of mothers receiving an antenatal contact by the health visiting service	43%	50%	1,391 42%(A)	1,152 37%(A)	1,226 39%(A)	1,266 36%(R)	1,325 40%(R)	↑	-	-	-
PH15	No. (%) of new birth visits delivered by the health visitor service within 10–14 days of birth	95%	95%	3,730 94.6%(A)	3,604 94%(A)	3,596 94.8%(A)	3,611 94%(A)	3,860 94%(A)	↔	84%	84%	87%
► Substance Misuse Treatment												
PH13	No. (%) of young people exiting specialist substance misuse services with a planned exit	85%	85%	53 84%(A)	52 84%(A)	41 84%(A)	54 83%(A)	43 75%(R)	↓	-	-	-
PH06	No. of adults accessing structured treatment substance misuse services (12 month rolling)	-	5,998	5,269 (A)	5,422 (A)	5,480 (A)	5,473 (A)	5,534 (A)	↑	-	-	-
PH03	No. (%) of people successfully completing drug and/or alcohol treatment of all those in treatment (12 month rolling)	25%	25%	1,349 26%(G)	1,407 26%(G)	1,503 27%(G)	1,542 28%(G)	1,519 27%(G)	↓	21%	24%	22%
► Lifestyle and Prevention												
PH01	No. of the eligible population aged 40–74 years old receiving an NHS Health Check (12 month rolling)	23,844	31,000	28,722 (G)	30,188 (G)	31,379 (G)	32,499 (G)	33,194 (G)	↑	-	-	-
PH26	No. of people setting a quit date with smoking cessation services (cumulative)	-	-	2,500	3,691	5,230	1,427	2,651	-	-	-	-
PH11	No. (%) of people quitting at 4 weeks, having set a quit date with smoking cessation services	55%	55%	690 50%(A)	690 58%(G)	879 57%(G)	812 57%(G)	738 60%(G)	↑	57%	57%	58%
PH25	No. (%) of clients currently active within One You Kent services being from the most deprived areas in Kent	55%	55%	1,833 52%(A)	1,896 58%(G)	2,046 56%(G)	1,763 51%(R)	1,729 50%(R)	↓	-	-	-
PH27	No. (%) of clients that complete the Weight Loss Programme	-	60%	392 56%(A)	401 59%(A)	736 71%(G)	386 56%(A)	NCA	↓	-	-	-
► Sexual Health												
PH28	No. (%) of all new first-time patients receiving a full sexual health screen (excluding online referrals)	-	72%	3,170 70%(A)	3,133 70%(A)	3,211 69%(A)	NCA	NCA	↓	-	-	-
► Mental Wellbeing												
PH22	No. (%) of Live Well Kent clients who would recommend the service to family, friends, or someone in a similar situation	98%	98%	271 99.6%(G)	250 97%(A)	374 94%(A)	631 99.8%(G)	675 99.6%(G)	↔	-	-	-

* The benchmarking figures represent the latest available data and may not reflect the quarter reported in this paper. The 'Region' (South East) benchmark is determined from the Bracknell Forest, Brighton and Hove, Buckinghamshire, East Sussex, Hampshire, Isle of Wight, Kent, Medway, Milton Keynes, Oxfordshire, Portsmouth, Reading, Slough, Southampton, Surrey, West Berkshire, West Sussex, Windsor and Maidenhead, and Wokingham LAs. The 'Neighbour' benchmark reflects the statistical neighbours for Kent determined by the Chartered Institute of Public Finance and Accountancy (CIPFA) Nearest Neighbour Model: Devon, East Sussex, Essex, Gloucestershire, Hampshire, Hertfordshire, Kent, Lancashire, Norfolk, Northamptonshire, Nottinghamshire, Staffordshire, Suffolk, Warwickshire, West Sussex, and Worcestershire.

Commissioned Services Annual Activity

Indicator Description		2018/19	2019/20	2020/21**	2021/22	2022/23	2023/24	DoT	Benchmarking England	Region	Neighbour
PH09	Participation rate of Year R (aged 4–5 years) pupils in the National Child Measurement Programme	95% (G)	95% (G)	85% (G)	88% (A)	93% (G)	96% (G)	↑	94%	95%	94%
PH10	Participation rate of Year 6 (aged 10–11 years) pupils in the National Child Measurement Programme	94% (G)	94% (G)	9.8% (A)	87% (A)	90% (G)	95% (G)	↑	93%	91%	93%
PH05	No. receiving an NHS Health Check over the 5-year programme (cumulative: 2018/19 to 2022/23, 2023/24 to 2027/28)	36,093	76,093	79,583	96,323	121,437	31,379***	-	-	-	-
PH07	No. accessing KCC-commissioned sexual health service clinics	76,264	71,543	58,457	65,166	58,012	61,508	↑	-	-	-

**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 in achieving this sample and provided the selections of schools. At the request of the Director of Public Health, Kent Community Health NHS Foundation Trust prioritised the Year R programme.

*** PHO5 - This is a accumulative indicator over 5 years to measure the delivery of the NHS Health Check programme. Reset in 2023/24 to conclude in 2027/28

Key(s)

RAG Ratings

(Green)	(G) Green: Target has been achieved
(Amber)	(A) Amber: Floor standard achieved but Target has not been met
(Red)	(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
-	No performance direction

Relates to two most recent time frames

Date 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, 21 January 2025

Subject: Public Health Service Transformation and Partnerships

Classification: Unrestricted

Past Pathway of Report: n/a

Future Pathway of Report: N/A

Electoral Division: All

Is the decision eligible for call-in? Not applicable

Summary:

The Public Health Service Transformation Programme aims to improve all services in receipt of the Public Health Grant, to ensure that services are efficient, achieving best value, evidence-based and delivering the right outcomes for the people of Kent.

The programme is an opportunity to review the current Public Health service models, alongside engagement from stakeholders, people who draw on care and support services and those who do not. A key outcome will be designing services that meet the needs of the people of Kent whilst balancing increasingly challenging financial and demand pressures, now and in the future.

The purpose of this paper is to update the committee on the progress of the programme to date and share the plan for future work. This update follows a series of other papers and updates shared with the committee.

In addition to this programme update on the Public Health Service Transformation programme, there is also a separate but related Key Decision paper on the Health Visiting service at this Cabinet Committee (January 2025). It is expected that there will be additional Key Decisions on service models in March and July of this year.

The preferred service models that are being presented to Cabinet Committee have all followed the same set process of; stakeholder engagement, options appraisal, financial appraisal, external peer review, business case development and internal procurement governance. Following on from key decision, each model will then go through an implementation phase, procurement and finally service mobilisation.

Recommendation(s):

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

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1. Introduction

1.1 Kent County Council (KCC) Public Health is leading a Public Health Services Transformation Programme to improve service delivery to communities, particularly targeting underserved communities. The transformation work aims to ensure that new service models are efficient, evidence-based and deliver Public Health outcomes for best value.

1.2 The services within the scope of the Transformation Programme play a key role in the Council's prevention offer, and a key priority in Securing Kent's Future. This is particularly important given the increasingly challenging funding pressures and cost rises.

1.3 The Health Reform Public Health Cabinet Committee were previously updated on the programme in September 2024.

2. Public Health Services Transformation Programme progress

2.1 The Public Health Service Transformation Programme commenced in July 2023 and has completed the first five phases of activity: planning, information gathering, delivering engagement workshops and options appraisals and local engagement (with the market, Kent residents and through external peer review).

2.2 Since the last update, Commissioners and Public Health have been testing the feasibility of the preferred service model with the market, potential providers and local people (through the two consultations) to test the feasibility and viability of thinking.

2.3 The programme is in its sixth stage which is 'revised service models'. This phase involves finalising the commissioning service model by incorporating feedback from public consultation and informal sources such as an external peer review and internal, external stakeholder and market engagement and consultation with residents.

3. External Peer Review

3.1. External Peer review background

3.1.1 The purpose of the Peer Review phase was to enhance confidence through subject emerging service models to the rigour of scrutiny by another Public Health service in the region, Surrey County Council (SCC). SCC were selected to be an objective critical friend, provide constructive comment, observations

and feedback and bring the wealth of their experience in a safe place for discussion and sensitive challenge.

3.1.2 Prior to the Peer Review period, KCC provided SCC with the background of the programme as well as the presented materials and feedback from the engagement workshops that were held in the Autumn of 2023 and presentations that had been delivered to the programme's Steering Group.

3.1.3 The Peer Review was undertaken in 5 themed sessions covering adult lifestyles, sexual health, NHS health checks, postural stability, and children and young people services. These provided SCC colleagues with challenges in each area, the emerging service models and the opportunity to ask clarifying questions. Feedback from SCC was delivered in a single closing session sharing:

- any observations or suggestions for the service model
- any pitfalls or risks that are not covered
- experience of any similar models
- market and wider contextual insights
- the ability of proposals to deliver the aims and purpose of the programme and meet the critical success factors

3.1.4 Overall, there were 70 questions asked and answered. SCC were engaged, curious, probing, seeking insight and wanting to share experiences and to know if similar challenges at SCC were experienced by KCC, as well as understanding differences.

3.2 **Peer review feedback on service models**

3.2.1 Specific feedback given as part of the peer review, has been incorporated into the service model thinking along with other formats and informal sources and as such are not detailed in this paper. The feedback from SCC was largely positive and identified areas of good practice by KCC, especially in relation to value-for-money, data sharing, analysis and management, use of innovation and research, approaches to tiering and pathways, use of informal networks, and outcomes.

3.2.2 The external peer review offered KCC Public Health a valuable opportunity to review service model thinking and the process was well received by both KCC and SCC. As such, KCC Public Health have offered a similar review to SCC in future, if they require a similar critical service review.

4. Internal Engagement

4.1 Officers have engaged with a variety of internal stakeholders, including the Corporate Management Team, Divisional Management Teams, Finance Business Partner, Human Resources, Democratic services, Legal, Commercial and Procurement, Marketing and Communications, Public Health Performance, Kent Public Health Observatory and the Consultation Team and operational staff across directorates (i.e. operational leads in Children and Young People directorate).

4.2 These stakeholders are continuing to be informed about the programme's progress and are advising on matters such as requirement for Public Consultation, the preferred service model's feasibility (efficiencies, affordability, performance and market considerations), Transfer of Undertakings (Protection of Employment) Regulations (TUPE), and opportunities for integration and alignment into other areas or services.

4.3 The feedback to date and engagement from internal teams has been positive, with colleagues sharing views and evidence about how Public Health services could be enhanced or improved to meet the changing needs of the population. Their feedback has supported refinements to models.

5. External Stakeholder Engagement

5.1 The external engagement phase has been ongoing since late Spring 2024. Since this time, Consultants and Commissioners have continued to engage with a variety of external stakeholders. This includes District and Borough Councils, the Kent and Medway Integrated Commissioning Board (ICB), current providers, the wider provider market, the Local Medical Committee, the Local Pharmacy Committee, Health Care Partnerships (HCPs), Voluntary Community and Social Enterprise (VCSE), the Office of the Police and Crime Commissioner (OPCC) and other local authorities. This engagement has provided the opportunity to review and adapt service model design and ensure that there is good alignment with strategic projects as well as opportunities for the VCSE.

6. Market Engagement

6.1 For each area, benchmarking and a review of the market and its providers has informed the approach for engaging with alternative suppliers. Some service areas have limited alternative providers such that previous procurements in Kent and locally have been awarded to the incumbent supplier; for example sexual health services.

6.2 In other areas, the greater choice provides opportunity for exploring best value. For example, KCC held two market engagement events in July 2024 for the Adult Lifestyles, Weight Management and NHS Health Checks services. This event was attended by 38 organisations and facilitated conversations to shape the thinking around service models. Market providers outlined that the service should:

- include multiple support options/access points
- increase the availability of digital solutions such as apps
- be targeted to specific cohorts
- include support options for all age groups
- be holistic; and
- aim to reduce stigma.

6.3 This mirrors some of the feedback from insights work which highlighted the need to provide a tailored offer that people identify with to attract underserved groups.

6.4 Children and Young People – an Infant Feeding survey has been shared with market providers to gather feedback and support the procurement approach. This highlighted positive market interest in the delivery of the community-based element of these services.

6.5 Feedback has shown that providers are open to working with KCC to improve services, implement the recommendations that have emerged from the analysis, and build on the existing skills and expertise where required.

6.6 Ongoing dialogue with the Local Medical Committee and Pharmaceutical committee has also been helpful when considering the future of primary care services. This indicated opportunities for streamlining contracting and financial arrangements which may in turn support an uplift in prices which has been requested. These uplifts reflect increases in staff pay which are nationally set.

7. Public Consultations

7.1 The Emotional Wellbeing and Mental Health Service (for children and young people aged 5 to 19 with mild to moderate mental health needs) consultation proposed the development of a new KCC therapeutic support service to replace the counselling service, known as the Kent Children and Young People's Counselling Service.

7.2 Running from 18th September 2024 to 18th November 2024, the consultation was promoted on Let's talk Kent[1] and in locations across Kent to provide the opportunities to respond online or at events across the county by the people of Kent.

7.3 The responses (just under 400) are currently being analysed and incorporated into the business case. The new service design proposals will be presented to this cabinet committee seeking support for a Key Decision in due course.

7.4 The Postural Stability service consultation sought opinions on proposals to extend the service to more adults aged over 50 with more classes in more locations across Kent and in that communities that would benefit by reducing the current course length from up to 36 weeks to 12 weeks. The proposal would also expand the range of organisations providing courses by applying for grants of up to £3,000 a year without the need for increasing the budget.

7.5 The stimulus for updating the offer is the feedback from service users combined with the understanding of changes in the population in Kent. The aspiration is greater use of the service by more people, more locally to them, and earlier in life so they can better achieve benefits such as staying well, fit, mobile and independent for longer.

7.6 This consultation opened on 6th November 2024 on the KCC's Let's Talk Kent website and closed on 17th December 2024.

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[1] Let's talk Kent

8. Service model design proposal development

8.1 When designing services, common priorities include the development of models that are safe, effective, sustainable, equitable, consistent, and accessible for all the people of Kent.

8.2 Increasing demand and financial constraints make this particularly challenging for mandatory services. Public Health is responding to these challenges in its service models by considering:

- Re-profiling of expenditure and prioritising need – The need and opportunity to prioritise inviting people at high risk of poor health outcomes has been recognised across services. This is true for NHS Health Checks (i.e. cardiovascular risks) and for Health Visiting (i.e. prioritising safeguarding need). This can be achieved in a mandated and universal service across the whole of the Kent population by seeing those with most need first, or by putting in place a mixed workforce where staff with more specialist skills work with the highest need.

- Cross promotion of services – Each new service model will specify that the provider needs to enhance behaviour change, such as good oral hygiene or healthy lifestyles, by maximising opportunities such as Make Every Contact Count[2] and building on the cross promotion of services. Some services may have dedicated roles to support this.

- Working with existing providers – New procurement rules permit continuing to work with existing partners where the service is demonstrating good outcomes, performance and best value. Providers benefit from greater stability by avoiding staff changes at a time when staff recruitment and retention can be challenging for specialist roles. This also brings benefits to residents and support business continuity.

- Alignment to external opportunities or providers – By working with other commissioning bodies, such as the Kent and Medway Integrated Care Board (the ICB) and the re-commissioning of their Community Services. By working more closely with other organisations in the wider Kent health system there are opportunities for sharing insight, ensuring pathways are joined up and duplication does not occur. KCC Public Health are working closely with such organisations to identify opportunities both now and in the future.

- Service alignment is likely to be improved by developing informal networks between providers, voluntary sector and community settings and sharing information about the importance of services to strengthen communication and awareness. The benefits of this approach have been demonstrated in the Sexual Health services.

[2] NHS England » Making Every Contact Count (MECC): Consensus statement

8.3 In addition, there are opportunities for services to re-profile existing expenditure and allow more focus in areas that align with new, long-term health-related strategies or national imperatives.

9. Legal

9.1 Most services within the scope of this programme are mandatory and KCC has a legal duty to deliver these Public Health services under the Health and Social Care Act 2012. KCC's Legal team have been engaged with throughout the programme and in relation to; a) the decision surrounding the legal requirement for a Public Consultation and b) relevant procurement legislation and contractual terms and conditions.

9.2 Many of the services within scope of the transformation programme were procured through a Partnership Agreement with KCHFT (Kent Community Health NHS Foundation Trust) and MTW (Maidstone and Tunbridge Wells NHS Trust) based on Regulation 12(7) of the Public Contracts Regulations (PCR) to establish a cooperation agreement. As replacement legislation for PCR 2015, the new Provider Selection Regime (PSR) does not contain the same opportunities to continue the cooperation agreement. The agreements will need to be procured using alternative routes under the appropriate legislation. The KCHFT and MTW Partnerships have been extended in compliance with Regulation 72[3] until the end of March 2026.

10. Performance and Quality

10.1 The Health Reform and Public Health Cabinet Committee regularly receive updates on the performance of commissioned services.

10.2 During the programme period the performance targets and metrics will be reviewed and readjusted to ensure they are fair and deliver best value for money. The committee may therefore see some changes to Key Performance Indictors (KPI's) in 2026.

10.3 A review of quality indicators and information is also taking place to inform future specification requirements. This will include expected standards around user satisfaction. For NHS contracts a review of the Serious Incident Policy is also required due to national changes in guidelines.

11. Commercial Considerations

11.1 The Programme team is working with Commercial and Procurement on the proposed procurement routes and commissioning arrangements such as payment mechanics, supplier sustainability, risk allocation and strategies to manage inflationary price rises.

11.2 Procurement route, commercial arrangement and contract price proposals continue to be tested with the market to ensure they mutually sustainable,

[3] https://www.legislation.gov.uk/uksi/2015/102/regulation/72/made

affordable to KCC, and do not result in supplier failure, market exits, or unacceptable compromises in service quality.

11.3 It is important that KCC are mindful and understanding of the many financial challenges that are currently facing suppliers from uncertain funding sources, inflationary increases in staff costs and those from the recent central government changes to National Insurance Contributions and to both the National Minimum and Living Wages.

11.4 KCC have set financial constraints and cannot agree to long term contracts that may be unsustainable to fund. KCC will need to work alongside suppliers to find solutions.

11.5 The commercial terms for services need to balance value-for-money for KCC and be favourable enough to be considered attractive by providers. These procurement and commercial considerations will be presented to CPOB (KCC's Commercial and Procurement Oversight Board) before Key Decisions on service designs are brought to Cabinet Committee.

11.6 In addition to the considerations above, teams will be incorporating the requirement for providers to demonstrate the 5 Key Criteria as required under PSR which cover Value, Social Value, Quality and Innovation, Integration and Collaboration, and Improving Access and Reducing Health Inequalities.

11.7 Procurement routes will consider the various procurement options available under PSR as well as the impact changes in provider may have on the population of Kent.

12. Risks

12.1 In addition to the inherent risks associated with the Commercial Considerations, the programme is managing other risks.

12.2 There are uncertainties around whether the proposed contracts will be attractive to suppliers in terms of what is being asked to deliver in the service model specification and within the financial constraints of funding and potential TUPE liabilities. This risk is being mitigated by testing the market and through discussions with providers.

12.3 The current operating environment for commissioners and suppliers is challenging, with increases in costs, increases in staffing costs, uncertainties of grant funding and sustainable long-term contracts. Both suppliers and commissioners need to be mindful of potential supplier market failures due to other financial pressures.

12.4 Transformation Governance - most of the contracts within the transformation programme, end on 31st March 2026. The time allocated to scheduling of the programme, is the minimum time needed to deliver new commissioning arrangements. If for any reason KCC governance is delayed, it is very like that due to time pressures, an emergency contract would need to be put in place to

extend the current contract and give enough time to re-commission or re-procure the service.

12.5 Complexity – the Transformation programme is a complex programme of work. There are multiple services, transforming at the same time, new Provider Selection Regime legislation, uncertainties around future funding arrangements, internal resource pressures and many other complexities involved. Therefore, it may be possible that there are delays in some areas due to unforeseen circumstances.

12.6 It is critical that during this period of transformation that service stability is maintained that any (negative) impacts on residents are minimised.

13. Governance

13.1 All decisions relating to this programme of work will be taken in line with the Council's governance processes and regular updates will be shared with this committee.

13.2 The plan is to bring a Key Decision report for each new service model to the Health Reform and Public Health Cabinet Committee, for members to consider and endorse. The table below, which is subject to change gives an estimation of timeframes.

Table 1. Public Health Service Transformation Programme – Proposed Key Decision scheduling

Public Health Service(s)	**HRPHCC indicative Key Decision date**
Children and Young People – Health Visiting and (Specialist) Infant Feeding services	January 2025
Sexual Health Services	March 2025
Children and Young People – School Health and proposed Therapeutic Support services	March 2025
Adult Lifestyles – Smoking	March 2025
Adult Lifestyles – Weight Management and Healthy Lifestyles	March 2025
NHS Health Checks	March 2025

14. Next Phases of Transformation Work

14.1 The majority of service areas now have a defined preferred service model and have or are preparing to share plans through KCC's internal commercial governance board - CPOB (Commercial and Procurement Oversight Board). The purpose of this Board is to provide commercial scrutiny and a review of the

commercial strategy for each service model proposal. This step takes place prior to being taken to Health Reform and Public Health Cabinet Committee, seeking endorsement of a Key Decision. A full business case will be in place at the time of the Key Decision.

14.2 Following the Key Decision the procurement / commissioning plans will be implemented and with time to transition to new models, this transitioning and mobilisation will vary across services.

14.3 It is worth noting that both the Oral Health and Postural Stability services are low value services and as such new commissioning arrangements will be put in place in line with KCC policy. The Oral Health Service is currently delivered by KCHFT and Postural Stability by KCHFT and Involve. The Committee will be kept up to date with these contracts in the Transformation updates.

15. Conclusions

15.1 The Public Health Service Transformation Programme presents an opportunity to improve services and health outcomes.

15.2 The programme has made good progress, and work will continue to ensure timeframes are met. Officers have or will be presenting service model proposals through internal governance through the Public Health Service Transformation Programme’s Steering Group and presentations relating to commercial considerations at CPOB (Commercial and Procurement Oversight Board) to ensure they are financially and commercially robust, before being shared at Health Reform and Public Health Cabinet Committee for members to consider and endorse the proposed key decision for each service.

Recommendation(s):

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

Contact Details

Report Authors: Name: Chloe Nelson Job title: Senior Commissioner Email address: chloe.nelson2@kent.gov.uk Name: Vicky Tovey Job title: Assistant Director of Public Health Email address: victoria.tovey@kent.gov.uk	Relevant Director: Director: Dr Anjan Ghosh Job title: Director of Public Health Email address: anjan.ghosh@kent.gov.uk

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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 – 21 January 2025

Subject: Re-Commissioning of the Health Visiting Service (CYP 0 to 4 years' service) and Infant Feeding Support

Classification: Unrestricted

Decision Number: 25/00001

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

Future Pathway: Cabinet Member decision

Electoral Division: All

Is the decision eligible for call-in? Yes

Summary: The Public Health Service Transformation Programme (PHSTP) aims to improve all services in receipt of the Public Health Grant, to ensure that services are efficient, evidence-based and deliver the outcomes and best value.

This report outlines proposed changes to the 0-4 years children's public health service model to support delivery of the 0-4 years national Healthy Child Programme (HCP), respond to findings from the Kent 0-4 years Health Needs Assessment, and to continue implementation of the Kent Family Hub programme and sustainability of the Start for Life Programme in Kent.

The paper proposes changes to the Kent Health Visiting Service including the removal of some elements of universal infant feeding support to create new place-based infant feeding support from January 2026.

Recommendations: The 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 in appendix 1 to:

I. **APPROVE** the development of new place-based Infant Feeding Support Services that align with the Health and Care Partnership areas from January 2026 onwards.

II. **APPROVE** amendments to the current Health Visiting Service specification from January 2026, particularly the approach to the delivery of the mandated antenatal contact and the required expenditure, via the Public Health Grant, for these amendments.

III. **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to exercise relevant contract extensions and enter into relevant contracts or legal agreements.

IV. **DELEGATE** authority to the Director of Public Health, to take other necessary actions, including but not limited to allocating resources, expenditure, and entering into contracts and other legal agreements, as required to implement the decision.

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1. Introduction

1.1 Kent County Council (KCC) Public Health is leading a Public Health Services Transformation Programme to ensure that services are efficient, achieving best value, evidence-based and delivering the right outcomes for the people of Kent.

1.2 Local authorities are responsible for using the Public Health Grant funding to commission and deliver health visiting services as part of the 0-19 years national HCP. Health visiting and infant feeding services are commissioned as part of KCC's statutory responsibilities, which includes five mandated contacts.

1.3 The Kent Health Visiting Service, which includes the Specialist Infant Feeding Service and the Family Partnership Programme, is currently delivered through a co-operation agreement between KCC and Kent Community Health NHS Foundation Trust (KCHFT), which ends on the 31 March 2026. A recommissioning exercise is in progress to agree the approach beyond the contract term.

1.4 This report seeks endorsement for the proposed 0-4 years public health service delivery model from January 2026 onwards. The proposed model ensures that services are aligned with the national Healthy Child Programme; the six high impact areas including supporting breastfeeding (Appendix A), implementation of the Kent Family Hub model[1], findings of the Kent 0-4 years Health Needs Assessment[2] and sustainability of the Start for Life Programme investment.

2. Strategic alignment and background

2.1 Health Visitors lead the national evidence based universal national HCP, for children under five. The HCP focuses on a universal preventative service, including health and wellbeing development reviews, supplemented by advice around health, wellbeing and parenting. The service supports all four priorities

[1] https://www.gov.uk/government/publications/family-hubs-and-start-for-life-programme-local-authority-guide
[2] https://www.kpho.org.uk/__data/assets/pdf_file/0016/141433/0-4-HNA-10.11.22.pdf

in Framing Kent's Future and aligns with the NHS Kent and Medway Integrated Care Strategy.

2.2 The service works closely with the four maternity trusts in Kent.

2.3 In 2018, KCC embedded breastfeeding support into the Kent Health Visiting Service, to offer the opportunity of support to more families across Kent. In quarter 4 of 2017/2018 49.2% of mothers in Kent at 6-8 weeks were fully or partially breastfeeding. In quarter 4 of 2023/2024 this was 53.4%.

2.4 During this time, the Specialist Infant Feeding Service have supported the wider Kent Health Visiting Service and staff from Kent Family Hubs to receive UNICEF Baby Friendly Accreditation. UNICEF UK Baby Friendly accreditation provides a framework through which hospital and community services can improve standards of infant feeding support. In October 2024, UNICEF reassessment confirmed that both services have maintained their accreditation and are now working towards the prestigious Baby Friendly Gold Award, which focuses on sustaining excellence. This milestone reflects dedication to supporting families, nurturing close parent-baby relationships, and giving children the best possible start in life.

2.5 In 2021, a revised national Health Visiting model and commissioning guidance were published. The revised model places further focus on needs assessment so that interventions are personalised to respond to children and families' needs across time. The new 'Universal in Reach – Personalised in Response' model, is based on four levels of service depending on individual and family needs: community, universal, targeted and specialist levels of support. Safeguarding children is embedded through the model because the health visiting service have a vital role in keeping children safe and supporting local safeguarding arrangements.

2,6 The Leadsom review 'The Best Start for Life: A vision for the 1,001 Critical Days' (HM Government) recommended focusing policy from conception to age two, introducing family hubs, strong leadership, as well as information and support available for families when needed. Under the national Start for Life programme, the 0-4 years children's public health services are expected to be integrated into the Family Hub model.

2.7 In February 2023, KCC became one of 75 upper-tier local authorities to receive Family Hub and Start for Life funding. The Family Hub model supports the delivery of a range of services for children, young people and families, including health visiting and infant feeding. In November 2023, a local implementation model was agreed to join up and enhance services delivered through Family Hubs in Kent, ensuring all parents and carers can access the support they need when they need it.

2.8 Family Hub national guidance states "infant feeding peer support services should be enhanced or extended." Between February 2023 and March 2025 there has been increased investment in infant feeding in Kent. Start for life grant funding of £1,256,322 has supported a range of activity to be delivered

including the development of the Kent Health Visiting Service and wider Family Hub Network services, for example, through local infant feeding grants to the voluntary and community sector.

2.9 Investment in the recruitment and training of Family Coach volunteers has increased wider workforce capacity. Family Coaches have a key role to offer peer support to parents and expectant parents around Baby Friendly Initiative[3] and infant feeding.

2.10 In 2023, 394 mothers and 88 staff and volunteer supporters helped co-produce 'Nourishing our next generation, Kent's five-year infant feeding strategy (2024-2029)'. A further 55 people, including young parents, responded to the public consultation. The strategy aims to enable all mothers to make informed decisions about feeding their babies, and for mothers and families to have the support they need from those around them. A strategic key action relevant to these proposals is '*enable breastfeeding mothers to access social support and peer support in a group setting through the Family Hubs programme*.'

[3] https://www.unicef.org.uk/babyfriendly/

3. Health Needs Assessment of 0- 4-year-olds in Kent[4]

3.1 The 0-4 years Health Needs Assessment published in September 2022 highlighted that there are different experiences and outcomes for children under five years of age who live across Kent, and where the impact of social determinants are most apparent.

3.2 The assessment identified that the mental health and wellbeing of under 5-year-olds is largely unknown and that the understanding of the impacts are misplaced.

3.3 It is estimated that nearly 3,000 parent infant relationships[5] require support each year in Kent. When babies receive warm and sensitive care most of the time, they develop a secure attachment. There are a number of benefits to a secure, nurturing parent-infant relationship including child mental health.

3.4 There can be many reasons why parents and carers may struggle to provide the warm and consistent care that babies need. One particularly important factor is perinatal mental health difficulties which can make it hard for them to meet their baby's social and emotional needs. It is estimated that nearly 6,700 parents and carers could benefit from low to moderate perinatal mental health support needs each year in Kent.

4. Current services

4.1 Kent Health Visiting Service is a universal service, available to children under 5 years who are resident in the KCC area. Five mandated health and wellbeing reviews are offered to all families. These health and wellbeing reviews include assessment of family strengths, needs and risks, give parents the opportunity to discuss their concerns and aspirations, promote specific health improvement messages to improve population health, and assess child growth and development, communication and language, social and emotional development.

4,2 Targeted and specialist support is provided to those with greater needs to improve the health and wellbeing of infants and children aged 0-4 years and their families'.

4.3 The Family Partnership Programme, a distinct addition to the Kent Health Visiting Service, is a targeted offer to women from 28 weeks of pregnancy, and their families, up to a child's first birthday. It is available to families living in Kent who have experienced difficulties such as poverty, mental health issues, family problems or domestic abuse and aims to empower parents and help them and their family to lead a happier, healthier life.

4.4 Kent Health Visiting Service includes universal and specialist support for infant feeding. Universally, infant feeding advice, information and guidance is provided through mandated contacts, Healthy Child Clinics, dedicated online

[4] https://www.kpho.org.uk/__data/assets/pdf_file/0016/141433/0-4-HNA-10.11.22.pdf

[5] Parent-infant relationships (PIR) refers to the quality of the relationship between a baby and their parent or carer in the perinatal period.

communications and resources, the Health Visiting advice line and Let's Chat text messaging service. Infant feeding support drop-in groups with peer supporters and virtual sessions are also offered, for which changes are proposed within this paper.

4.5 The Specialist Infant Feeding Service works with families whose babies are experiencing feeding problems and require more intensive or specialist support.

4.6 Throughout the life of the contract the service has proactively worked with Public Health to enhance their infant feeding offer. This has included responding to support the Start for Life and Family Hub offer including, responsive feeding, implementation of the breast pump scheme, training for staff and enhanced infant feeding support sessions.

5. Public Health Service Transformation programme

5.1 The Health Reform and Public Health Cabinet Committee was updated on progress of the Public Health Service Transformation Programme in September 2024.

5.2 The proposed service model has undergone a thorough process of review including; stakeholder engagement (Appendix B), options development and appraisal to ensure that services meet the needs of the people of Kent whilst balancing increasingly challenging financial and demand pressures. The last time services were reviewed in this way was in 2017 and since then many factors have changed. Further information is in Section 2 of this paper.

5.3 Since the last update to the Health Reform and Public Health Cabinet Committee the new service model proposals have been shared with an external panel of Public Health experts from Surrey County Council. Colleagues at Surrey County Council reviewed the new service model proposals and provided peer challenge and suggestions for consideration. Following the external review and ongoing dialogue through engagement with the provider, service models have been revised where necessary.

6. Outcomes of service review

6.1 Kent has excelled in health visiting performance compared to other local authorities in the southeast (Appendix C), according to recent Quarter 4 data from the Office for Health Improvement and Disparities (OHID). Kent has been recognised as the top local authority in the region for New Birth Visits within 14 days, and the completion of two – two and a half -year reviews, highlighting a consistent dedication to monitoring and supporting child development at crucial early stages.

6.2 There are service pressures particularly around the recruitment of trained health visitors and the opportunities to develop public health nurses. Kent have responded to this national issue through the Kent Health Visiting Strategy 2022-2025 by introducing Early Years Public Health Assistants, realigning levels of support to provide holistic support for families and through

workforce development and staff education and engagement programmes. KCC are also currently exploring joining with neighbouring local authorities to develop joint training and recruitment opportunities to maintain a large workforce and ensure robust succession planning.

6.3 There have been improvements in the prevalence of breastfeeding at six – eight weeks despite challenges in recruiting and maintaining a consistent number of peer supporters (volunteers). There is increasing demand for Specialist Infant Feeding Services suggesting further action is needed to prevent escalation of need to specialist services.

6.4 An independent evaluation, in 2022, of the Kent Family Partnership Programme concluded that this offers an effective and valuable programme that is meeting the needs of the target audience and having a long-term impact on their parent-infant relationship and future outcomes. The Department for Health and Social Care have visited Kent to learn from the programme.

6.5 Additional contacts are being delivered to families to provide follow-up and further support that are not currently defined in the commissioning model. Work is in progress to strengthen the reporting to define this more clearly. Proposals for these contacts are included in Section 8.

7. Proposed commissioning model

7.1 Options were explored to consider potential changes to the existing delivery model. Options considered but rejected include:

- Keep current service the same - no change/ do nothing
- Discontinue/ decommission current service and deliver in- house. Allocate all funding to the Children, Young People and Education (CYPE) Directorate to deliver a fully integrated service. The option was discounted as KCC does not have the clinical governance and infrastructure required to deliver health visiting services. Other risks include; disruption to service delivery, impact on retainment of staff, challenges in aligning systems and data sharing, impact on joined up working within wider public health remit.
- Split the health visiting service into two areas– one covering Dartford, Gravesham and Swanley (DGS) Health and Care Partnership area, and the other covering the rest of Kent to support recruitment and retainment of staff in DGS which has experienced consistent workforce challenges. Remove community infant feeding support sessions from the health visiting contract and commission a separate place-based Community Infant Feeding Service.
- Split the health visiting service into two areas – one covering Dartford, and the other covering the rest of Kent to support recruitment and retainment of staff in Dartford which has experienced consistent workforce challenges. Remove community

infant feeding support sessions from the health visiting contract and commission a separate place-based Community Infant Feeding Service.

7.2 The preferred option identified was to create two services;

1. a County wide health visiting service including Specialist Infant Feeding Service and the Family Partnership Programme. This would include universal advice, information and guidance for infant feeding but not the current drop-in sessions.
2. place-based Community Infant Feeding Service(s) that align with the Health Care Partnerships (and maternity services) to enable mothers to access infant feeding social support and peer support in a group setting through the Family Hubs programme.

7.3 Advantages include:

- Responding to recommendations within the Kent Infant Feeding Strategy including;
    - Establishing breastfeeding groups, offering social and peer support and led by a breastfeeding counsellor or lactation consultant.
    - Offering additional face-to-face or online groups where a specific need is identified – e.g. for younger mothers, geographically isolated communities, faith groups, non-English language groups or mothers of twins and multiples.
    - Identifying peer supporters who can act as community ambassadors, e.g. attending parent and baby groups in their local community to offer peer support and signposting for women who may not attend the breastfeeding groups
    - Recruiting peer supporters from diverse backgrounds, including those demographics who are less likely to breastfeed and mothers who speak a range of community languages, ensuring that training is accessible for those with young children.
- Sustained excellent Health Visiting Service performance for the majority of KPIs
- Collaborative approach in line with Family Hub model and sustained Start for Life activities.
- Anticipated changes to delivery model have been identified in collaboration with the current provider and can be delivered within the current financial envelope
- Continuity of service and minimising risks such as destabilisation of the workforce and continuity of care for families.
- Responds to market intelligence gathered from local infant feeding providers, specifically those in the voluntary and community sector.

8. Proposed changes to the health visiting service specification

Antenatal contact

8.1 Maternity services are responsible for offering and providing antenatal healthcare. Regulation requires an antenatal visit to be offered by the health visiting service to discuss pregnancy and transition to parenthood after 28

weeks of pregnancy.

8.2 In Kent, Maternity Support Forms are used for maternity and health visiting services to share information. These are triaged by Kent Health Visiting Service to categorise families based on level of need to a universal, targeted or specialist caseload. Due to vacancy levels, the antenatal contact is delivered as a face to face or telephone contact to all targeted, specialist and first-time mothers which is approximately 43% of families. Universally, all families receive a welcome letter with public health messaging and signposting. The letter encourages recipients to contact the service if they need any help or are feeling worried about anything and provides details of how to do this. This approach is being used by other Local Authorities.

8.3 In quarter 2 of 2024/2025, 97% of families received an antenatal welcome letter. 40% received an antenatal contact either face- to-face, virtually or via phone.

8.4 In the proposed model:

- Targeted, specialist and first-time mothers will continue to be prioritised. Maternity Support Forms will continue to be triaged by Kent Health Visiting Service to categorise families. The current delivery model for these families will continue.
- Universally, all families will continue to receive a welcome letter which will be extended to include:
    - an invite to all expectant parents/carers to a dedicated antenatal education group for health education. This will align with the developing Local Maternity and Neonatal System antenatal education programme.
    - an invite to all parents/ carers to complete an online health needs assessment using a web portal. The online health assessment will be developed during the first two years of a contract.
- Key Performance Indicators will be revised.

Community infant feeding support

8.5 The proposal is to remove the following community infant feeding support elements from the health visiting contract and to purchase these as part of a place-based service:

- Community engagement events
- Drop in sessions
- Virtual sessions
- Universal breast pump scheme
- Volunteer Programme

Short topic-based interventions (packages of care)

8.6 Following the review, it is proposed to quantify interventions within the service specification. It is expected that the volumes of delivery would remain in line or greater than the current delivery.

8.7 The revised national Health Visiting model (2021) suggested additional contacts at three to four months and six months. In Kent these are not specified, and it is proposed that the Kent Health Visiting Service continue to respond to individual need flexibly through non-defined contacts and short topic-based interventions. The reporting of these, including outcomes, will be improved.

Substance Misuse Specialist

8.8 Parental/ carer substance misuse can negatively impact on children's physical and emotional wellbeing, their development and their safety. This is particularly a concern in an infant's early life. This includes physical maltreatment and neglect, and subsequent poor physical and mental health. Safeguarding reviews continue to identify substance misuse as one of the contextual factors linked to non-accidental incidents and abuse. Recent local safeguarding reports have identified a lack of professional understanding and assessment of parent/ carer substance misuse, especially the use and impacts of cannabis use.

8.9 It is proposed that a dedicated substance misuse specialist is included within the Health Visiting Service to help support the health visiting workforce to identify to and respond to cannabis use - through up-to-date education, including use and harm pathways and build awareness of the impacts of other substance use with cannabis.

9. Proposed new place-based Community Infant Feeding Service

9.1 The place-based infant feeding service will be designed to support prospective parents and carers with infant feeding through local accessible sessions. The service will be non-judgemental and understanding towards a family's feeding choice.

9.2 The service will be aligned to the HCP areas to support pathway development with the maternity trusts, Kent Health Visiting Service visiting and the Specialist Infant Feeding Service. The new service(s) will be expected to work collaboratively with these services.

9,3 Main delivery locations will remain as Family Hubs. Resourcing will be allocated on a needs led basis based on the population size aged 0-4 years, breastfeeding prevalence and absolute poverty data

9.4 The service will be led by an experienced practitioner(s) for example, an Infant Feeding Specialist, a Lactation Consultant or Breastfeeding Counsellor, and will be supported by peer supporters / volunteers. This includes the current infant feeding peer supporters and Family Hub family coaches.

9.5 The service will be UNICEF Baby Friendly accredited or working towards accreditation and will be prepared to work towards Gold UNICEF UK Baby Friendly accreditation to embed the Achieving Sustainability standards and ensure that future generations of babies, their mothers and families will continue to experience Baby Friendly standards of care.

9.6 Building on intelligence gathered recently, through a KCC infant feeding market survey, further engagement with suppliers will support the development of the service specification.

10. Financial implications

10.1 The funding for contracts would be funded from the Public Health Grant and, should the Department for Education (DFE) confirm additional Start for Life grant funding beyond March 2025 for infant feeding, this would be used for additional activity within the contracts. Contract values will be finalised following a Provider Selection Regime (PSR) compliant procurement process, including supplier negotiations, as applicable.

10.2 Contract values will be within the following maximum budgets available for these services;

- up to £142,519,893 for a 5 year and 6-month contract for Health Visiting Service (including Specialist Infant Feeding Service and Family Partnership Programme)

- up to £2,682,109 for a 3-year contract with a 2-year extension for a place-based infant feeding service.

10.3 The above values include an estimated uplift that will be applied to the contract (with the exclusion of the first year). The uplift reflects the need to retain the workforce. Final values will be included within an Officer Record of Decision (ROD).

10,4 Funding from the current health visiting infant feeding universal offer (drop-ins sessions and virtual offer) would be re-invested for the place-based infant feeding support service.

10.5 In terms of affordability, the annual increase in the Public Health Grant is only generally known for the current year, so it is not possible to know with certainty whether there will be sufficient Public Health Grant to fund the proposed uplift

to contracts. If the Public Health Grant increases prove to be insufficient, then savings will need to be delivered elsewhere in the programme.

11. Commercial implications

11.1 In May 2024, a key decision was taken to extend the Kent Community Health NHS Foundation Trust partnership by a further period of 12 months to support the Public Health Service Transformation Programme. The 12-month extension is from 1st April 2025 to 31st March 2026.

11.2 The Health Care Services PSR Regulations 2023 is a new set of rules, effective since 1 January 2024, for procuring health care services in England and must be followed by organisations termed ‘relevant authorities’. The relevant authorities to which the PSR applies are NHSE, NHS trusts and foundation trusts, Integrated Care Boards (ICB), and local and combined authorities.

11.3 Most notably, the PSR introduces five procurement processes that relevant authorities can follow when awarding contracts for health care services:

- Direct Award Process A, B or C: These will involve awarding contracts to providers when there is limited or no reason to seek to change from an existing provider or to assess providers against one another, because:

    - The existing provider is the only provider that can deliver the health care services in question (process A), or
    - Service users have a choice of providers, and the number of providers is not restricted by the relevant authority (process B), or
    - The existing provider is satisfying its contract, would likely satisfy the new contract to a sufficient standard, and the proposed contracting arrangements are not changing considerably (process C).

- Most Suitable Provider Process: This would involve awarding a contract to providers without running a competitive process, because the relevant authority is confident that it can identify the most suitable provider.

- Competitive Process: This will involve running a competitive process.

11.4 The proposed service model has undergone the necessary internal governance including Commercial and Procurement endorsement at the Commercial and Procurement Oversight Board (CPOB).

11.5 An assessment of the services has deemed the service applicable to PSR and therefore a PSR compliant procurement process will be undertaken for each of the services identified in this paper. An Officer ROD will be published after procurement and CPOB will be updated.

12. Risks

12.1 Updated ‘Working together to Safeguard Children’ guidance was published in 2023. The guidance emphasises the importance of strengthening multi-agency

collaboration across the entire system of support, protection, and assistance for children and their families. It prioritises a child-centred approach that considers the needs of the whole family, aiming to embed strong, effective, and consistent multi-agency child protection practices. The guidance introduces a significant change, to extend the role of lead practitioner beyond social care to those working with the family from other organisations such as health and education. Local processes for implementing this guidance are still being developed, but Health visitors could be required to become lead practitioners for children subject to Child in Need which would have operational implications. The proposed commissioning model includes costings based on current safeguarding levels and should the service be required to take on additional responsibilities this would be a cost pressure.

12.2 There are accommodation cost pressures linked to community venues. Work is underway with the service to reduce these pressures through the Family Hub Model.

12,3 There is a risk of failed procurement. Transfer of Undertakings (Protection of Employment) Regulations 2006 may apply which would increase the likelihood of this risk.

13. Equalities Implications

13.1 An Equalities Impact Assessment (EQIA) has been completed. The EQIA has identified negative impacts across all protected factors as the research illustrated a range of potential disparities in terms of breastfeeding experiences and the impacts of low use of/access to antenatal care. The assessment provides suggested mitigating recommendations which the proposed service changes would be able to implement.

13.2 Providers are required to conduct annual EQIAs as per contractual obligations.

14. Data Protection Implications

14.1 General Data Protection Regulations are part of current service documentation for the contract and there is a Schedule of Processing, Personal Data and Data Subjects confirming who is data controller/ processor.

14.2 A Data Protection Impact Assessment (DPIA) will be completed prior to contract commencement.

15. Legal Implications

15.1 KCC has a legal duty to provide Public Health services including health visiting services under the Health and Social Care Act 2012.

15,2 The KCC Consultation team has advised public consultation on the proposed service model is not required.

15.3 The Kent Health Visiting Service (including Infant Feeding Service) were initially procured through a Partnership Agreement with KCHFT (Kent Community Health NHS Foundation Trust) based on Regulation 12(7) of the

Public Contracts Regulations (PCR) to establish a cooperation agreement.

15.4 The recommissioning of these services will fall under the Provider Selection Regime (PSR) introduced under the Health and Care Act 2022. Appropriate legal advice has been sought in collaboration with the Governance, Law and Democracy team and will continue to be utilised to ensure compliance with relevant legislation.

15.5 Transfer of Undertakings (Protection of Employment) Regulations 2006 may apply which would be included within the relevant clause within the contract.

16. Conclusions

16.1 KCC is responsible for using the public health grant funding to commission health visiting services as part of the national Healthy Child Programme as a condition of the Public Health Grant. This includes five mandated health and wellbeing reviews.

16.2 KCC has committed to extend or enhance infant feeding peer support services through the Family Hub model and 'Nourishing our next generation, Kent's five-year infant feeding strategy (2024-2029).'

16.3 Integrated Commissioning is seeking approval to proceed with the proposed preferred option for the service delivery model from January 2026 onwards; this will include changes to the current Kent Health Visiting Service specification including the removal of universal infant feeding drop in and virtual sessions from the service.

16.4 Integrated Commissioning is seeking approval to procure a Countywide Kent Health Visiting Service and place-based infant feeding services aligned to the HCP/maternity trust geographical areas through a PSR compliant procurement process.

17. Recommendations

17.1 **Recommendations:** The 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 in Appendix 1 to:

I. **APPROVE** the development of a new place-based Infant Feeding Support Services that align with the Health and Care Partnership areas from January 2026 onwards.

II. **APPROVE** amendments to the current Health Visiting Service specification from January 2026, particularly the approach to the delivery of the mandated antenatal contact and the required expenditure, via the Public Health Grant, for these amendments.

III. **DELEGATE** authority to the Director of Public Health, in consultation

with the Cabinet Member for Adult Social Care and Public Health, to exercise relevant contract extensions and enter into relevant contracts or legal agreements; and

IV. **DELEGATE** authority to the Director of Public Health, to take other necessary actions, including but not limited to allocating resources, expenditure, and entering into contracts and other legal agreements, as required to implement the decision.

Background Documents

Framing Kent's Future - Our Council Strategy 2022-2026
Public Health England. Guidance Health visiting and school nursing service delivery model. London, 2021.
https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/health-visiting-and-school-nursing-service-delivery-model
Office for Health Improvement & Disparities. Commissioning health visitors and school nurses for public health services for children aged 0 to 19. London. 2023 Commissioning health visitors and school nurses for public health services for children aged 0 to 19 - GOV.UK (www.gov.uk)
Kent and Medway Integrated Care Strategy. 2023. Kent and Medway Integrated Care Strategy: Kent & Medway ICS (kmhealthandcare.uk)
Working together to safeguard children 2023: statutory guidance (publishing.service.gov.uk)
HM Government. "The Best start for life. A vision for the 1,001 critical days. The Early Years Healthy Development review report." 2021.
HM Govenemnt "Family Hubs and Start for Life programme: local authority guide. Family Hubs and Start for Life programme - GOV.UK (www.gov.uk)
Kent County Council. Nourishing our next generation: a 5-year infant feeding strategy. 2024.
Kent County Council. Nurturing little hearts and minds: a perinatal mental health and parent-infant relationship strategy." 2024.
Health Needs Assessment 0 – 4-year-olds in Kent. 2022. 0-4-HNA-10.11.22.pdf (kpho.org.uk)
Public Health Indicators – PHOF Public Health Outcomes Framework - GOV.UK (www.gov.uk)

19, Contact details

Report Authors:

Amy Noake
Senior Commissioner (Integrated Commissioning)
amy.noake@kent.gov.uk

Wendy Jeffreys
Consultant in Public Health
wendy.jeffreys@kent.gov.uk

Relevant Director:

Dr Anjan Ghosh
Director of Public Health
anjan.ghosh@kent.gov.uk

Victoria Tovey
Assistant Director of Integrated Commissioning
03000 416779
victoria.tovey@kent.gov.uk

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Cabinet Member for Adult Social Care and Public Health	25/00001

For publication: Yes

Key decision: Yes

Title of Decision: Re-Commissioning of the Health Visiting Service (CYP 0 to 4 years' service) and Infant Feeding Support
)

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to:

I. **APPROVE** the development of a new place-based Infant Feeding Support Services that align with the Health and Care Partnership areas from January 2026 onwards.

II. **APPROVE** amendments to the current Health Visiting Service specification from January 2026, particularly the approach to the delivery of the mandated antenatal contact and the required expenditure, via the Public Health Grant, for these amendments;

III. **DELEGATE** authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to exercise relevant contract extensions and enter into relevant contracts or legal agreements; and

IV. **DELEGATE** authority to the Director of Public Health, to take other 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 for Decision:
The Kent Health Visiting Service, which includes the Specialist Infant Feeding Service and the Family Partnership Programme, is currently delivered through a co-operation agreement between KCC and Kent Community Health Foundation Trust (KCHFT), which ends on the 31 March 2026. A recommissioning exercise is therefore in progress to agree the approach beyond the contract term. The recommissioning is part of the Public Health Transformation Programme.

In February 2023, KCC became one of 75 upper-tier local authorities to receive Family Hub and Start for Life funding. The Family Hub model supports the delivery of a range of services for children, young people and families, including health visiting and infant feeding. In November 2023, a local implementation model was agreed to join up and enhance services delivered through Family Hubs in Kent, ensuring all parents and carers can access the support they need when they need it.
This proposal aligns with the Family Hub model and supports implementation of the recently approved strategy, 'Nourishing our next generation', Kent's 5-year infant feeding strategy (2024-2029).

Financial Implications: The funding for contracts would be funded from the Public Health Grant and, should the Department for Education (DFE) confirm additional Start for Life grant funding

beyond March 2025 for infant feeding, this would be used for additional activity within the contracts. Contract values will be finalised follow a Provider Selection Regime (PSR) compliant procurement process, including supplier negotiations, as applicable.

Contract values will be within the following maximum budgets available for these services;

- up to £142,519,893 for a 5 year and 6-month contract for Health Visiting Service (including Specialist Infant Feeding Service and Family Partnership Programme
- up to £2,682,109 for a 3-year contract with a 2-year extension for a place-based infant feeding service.

The above values include an estimated uplift that will be applied to the contract (with the exclusion of the first year). The uplift reflects the need to retain the workforce. Final values will be included within an Officer Record of Decision (ROD).

Funding from the current Health Visiting infant feeding universal offer (drop-ins sessions and virtual offer) would be re-invested for the place-based Infant Feeding Support Service.

In terms of affordability, the annual increase in the Public Health Grant is only generally known for the current year, so it is not possible to know with certainty that whether there will be sufficient Public Health Grant to fund the proposed uplift to contracts. If the Public Health Grant increases prove to be insufficient then savings will need to be delivered elsewhere in the programme.

Legal Implications: KCC has a legal duty to provide Public Health services including the Kent Health Visiting (including Infant Feeding) service under the Health and Social Care Act 2012. The Kent Health Visiting Service (including Infant Feeding Service) were initially procured through a Partnership Agreement with KCHFT (Kent Community Health NHS Foundation Trust) based on Regulation 12(7) of the Public Contracts Regulations (PCR) to establish a cooperation agreement.

The recommissioning of these services will fall under the Provider Selection Regime (PSR) introduced under the Health and Care Act 2022. Appropriate legal advice has been sought in collaboration with the Governance, Law and Democracy team and will continue to be utilised to ensure compliance with relevant legislation. Transfer of Undertakings (Protection of Employment) Regulations 2006 may apply which would be included within the relevant clause within the contract.
.
Equalities Implications: An Equalities Impact Assessment (EQIA) has been completed. The EqiA has identified negative impacts across all protected factors as the research found illustrated a range of potential disparities in terms of breastfeeding experiences and the impacts of low use of/access to antenatal care. The assessment provides suggested mitigating recommendations which the proposed service changes would be able to implement. Providers are required to conduct annual EQIAs as per contractual obligations.

Data Protection Implications: General Data Protection Regulations are part of current service documentation for the contract and there is a Schedule of Processing, Personal Data and Data Subjects confirming who is data controller/ processor. A Data Protection Impact Assessment (DPIA) will be completed prior to contract commencement.

Cabinet Committee recommendations and other consultation:
The KCC Consultation team has advised that public consultation on the proposed service model is not required

The proposed decision will considered at the Health Reform and Public Health Cabinet Committee on 21 January and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected: An options appraisal has been conducted and a business case developed and this service model, proposed, is the recommended option.
Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

....
signed date

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Appendix A – Health Child Programme High Impact Areas

The High Impact Areas provide an evidence-based framework for those delivering maternal and child public health services and are central to the health visitor delivery model. The 6 high impact areas for child up to 5 years of age are:

- supporting transition to parenthood and the early weeks
- supporting maternal and infant mental health
- supporting breastfeeding (initiation and duration)
- supporting healthy weight and healthy nutrition
- improving health literacy; reducing accidents and minor illnesses
- supporting health, wellbeing and development: Ready to learn, narrowing the ‘word gap’.

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Appendix B – Outline of key stakeholder engagement

- Multi-agency PHST engagement workshop – November 2023
- Ongoing discussions with ICB (maternity) and KCC Commissioners
- Ongoing discussions with CYPE directors and Family Hub leads
- Regular PHST meetings with Health Visiting Service including operating model workshop (September 2024).
- Ongoing discussions with KCC finance lead, commercial lead and legal services.
- Survey to schools (July 2024)
- Infant Feeding market survey launched (August 2024)
- Peer review with Surrey County Council (September 2024)
- Engagement with other Local Authorities (antenatal approach).

Appendix C

Health Visitor Service Delivery - Overview in the South East

All local authorities in the South East region compared to England, 2023/24 Q4

Indicator	Period	England	South East	Bracknell Forest	Brighton and Hove	Buckinghamshire	East Sussex	Hampshire	Isle of Wight	Kent	Medway	Oxfordshire	Portsmouth	Reading	Slough	Southampton	Surrey	West Berkshire	West Sussex	Windsor and Maidenhead	Wokingham
% total face-to-face NBVs	2023/24 Q4	97.9	98.1	98.3	98	97.4	98	99.3	96.1	98.8	98.5	95.6	97.1	97.6	98.4	98.5	97.7		98.1	98	99.3
% face-to-face NBVs within 14 days	2023/24 Q4	83.6	79	91.3	89.4	87.1	73.7	84.5	91.2	94.8	79.7	86.2	18.3	85.7	78	85.4	49.1		90.9	90.8	81.6
% infants who received a 6-8 wk review by 8 wks	2023/24 Q4	82.2	83.1		91.9	93.8	86.3	55.2		92.6	94.1	92.3	89.7	84.2	88.3	80.8	78	86.3	89	92.2	93.6
% who received 12 month review by 15 months	2023/24 Q4	88.6	86	95.3	93.7	92.2	94.4	92.6	95	94.3	90.6	90.4	61.9	82.1	26.7	63.9	68.9	91.6	92.1	90.3	90.7
% who received a 2-2½ year review	2023/24 Q4	79.9	81.9	91.4	85.9	87.8	78.6	84.5	90.8	93.3	79.8	86.5	60.9	74.8	80.7	61	62	84.7	89.6	78.5	85.1
% who received a 2-2½ yr review using ASQ-3	2023/24 Q4	93.4	96.5	99.5	100	100	98.2	98.9	100	98.1	99.2	97.1	100	98.3	98.3	100	79.8	99.2	100	90.1	99
Infants totally/partially breastfed*	2023/24 Q4	53.7			74.8		57.2			53.8	45.9		55.6		68.9	56.8			60.7	81.8	68.1

Compared with benchmark: Better | Similar | Worse | Not compared

Source: Public Health England/Office for Health Improvement and Disparities, Health Visitor Service Delivery Metrics and Breastfeeding Statistics
Notes: Grey indicates that values are not available either due to no submission or not passed stage 1/2 data validation
The South East average shown includes figures for Milton Keynes which is not part of the South East NHSE/OHID region

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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):	0-4 years Public Health Services
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.	Sarah Smith
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
√	**Service Change** – *operational changes in the way we deliver the service to people.*
√	**Service Redesign** – *restructure, new operating model or changes to ways of working*
√	**Project/Programme** – *includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.*
√	**Commissioning/Procurement** – *means commissioning activity which requires commercial judgement.*
	Strategy /Policy – *includes review, refresh or creating a new document*
	Other – No

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.

Kent County Council (KCC) Public Health is leading a Public Health Services Transformation Programme to ensure that services are efficient, achieving best value, evidence-based and delivering the right outcomes for the people of Kent.

This EQIA is intended to assess the potential impact of the proposed changes to the 0-4 years children's public health service delivery model. Kent Community Health Foundation Trust (KCHFT) is currently commissioned to deliver a countywide 0-4 years services across Kent.

Health Visitors lead the national evidence based universal National Healthy Child Programme (HCP), for children under 5 years. The HCP focuses on a universal preventative service, including health and wellbeing development reviews, supplemented by advice around health, wellbeing and parenting.

The Kent Health Visiting service is delivered through a co-operation agreement between KCC and Kent Community Health Foundation Trust (KCHFT), which ends on the 31 March 2026.

The Kent Health Visiting service is universal, offered to all children under 5 years who are resident in the KCC area. Five mandated universal health and wellbeing reviews are offered to all families. These health and wellbeing reviews include assessment of family strengths, needs and risks, give parents the opportunity to discuss their concerns and aspirations, to promote specific health improvement messages to improve population health, to assess child growth and development, communication and language, social and emotional development.

The current service performs well on delivery of four of the mandated compared to national and regional performance. Data on the prevalence of the remaining contact, the antenatal health and wellbeing review, is not published and therefore a comparison cannot be made.

Targeted and specialist support is provided to those with greater needs and works to improve the general health and wellbeing of infants and children aged 0-4 years and their families'.

The Family Partnership Programme (FPP) is a targeted offer to women from 28 weeks of pregnancy, and their families, up to a child's first birthday. It is available to families living in Kent who have experienced difficulties such as poverty, mental health issues, family problems or domestic abuse and aims to empower parents and help them and their family to lead a happier, healthier life.

Kent Health Visiting Service includes universal and specialist support for infant feeding. Universally, infant feeding advice, information and guidance is provided through mandated contacts, Healthy Child Clinics, dedicated online communications and resources, the Health Visiting advice line and Let's Chat text messaging service. They also provide infant feeding support drop-in groups with peer supporters and virtual sessions, for which changes are proposed at outlined below.

The Specialist Infant Feeding Service works with families whose babies are experiencing feeding problems and require more intensive or specialist support.

The Specialist Infant Feeding Service have supported the wider Health Visiting Service and staff from Family Hubs to receive UNICEF Baby Friendly Accreditation. UNICEF UK Baby Friendly accreditation provides a framework through which hospital and community services can improve standards of infant feeding support. In October 2024, UNICEF reassessment confirmed that both services have maintained their accreditation and are now working towards the prestigious Baby Friendly Gold Award, which focuses on sustaining excellence.

Throughout the life of the contract the service has proactively worked with Public Health to enhance their infant feeding offer. This has included responding to support the Start for Life and Family Hub

offer specifically, responsive feeding, implementation of the breast pump scheme, training for staff and enhanced infant feeding support sessions.

In 2021, a revised national Health Visiting model and commissioning guidance were published[1]. The revised model places further focus on needs assessment so that interventions are personalised to respond to children and families' needs across time. The new 'Universal in Reach – Personalised in Response' model, is based on four levels of service depending on individual and family needs: community, universal, targeted and specialist levels of support. Safeguarding children is embedded through the model because the health visiting service have a vital role in keeping children safe and supporting local safeguarding arrangements.

There are service pressures particularly around the recruitment of trained health visitors and the opportunities to develop public health nurses. Kent have responded to this national issue through the Kent Health Visiting Strategy 2022-2025 by introducing Early Years Public Health Assistants, realigning levels of support to provide holistic support for families and through workforce development and staff education and engagement programmes.

There have been improvements in the prevalence of breastfeeding at 6-8 weeks despite challenges in recruiting and maintaining a consistent number of peer supporters (volunteers). There is increasing demand for Specialist Infant Feeding Services suggesting further action is needed to prevent escalation of need to specialist services.

An independent evaluation, in 2022, of the Kent Family Partnership Programme concluded that this offers an effective and valuable programme that is meeting the needs of the target audience and having a long-term impact on their parent-infant relationship and future outcomes.

Additional contacts are being delivered to families to provide follow-up and further support that are not currently defined in the commissioning model.

In February 2023, KCC became one of 75 upper-tier local authorities to receive Family Hub and Start for Life funding. The Family Hub model supports the delivery of a range of services for children, young people and families, including health visiting and infant feeding. In November 2023, a local implementation model was agreed to join up and enhance services delivered through Family Hubs in Kent, ensuring all parents and carers can access the support they need when they need it.

Family Hub national guidance states "infant feeding peer support services should be enhanced or extended."[2] Between February 2023 and March 2025 there has been an increase in investment in infant feeding in Kent. Start for life grant funding has supported a range of activity, for example, local infant feeding grants to the voluntary and community sector.

Investment in the recruitment and training of Family Coach volunteers has increased wider workforce capacity. Family Coaches have a key role to offer peer support to parents and expectant parents around infant feeding.

The Kent Children and Young People's Outcome Framework developed in 2024 by families reflects what is important to children and young people and their families, seeking to ensure that all children and families in Kent receive high quality, inclusive and integrated services, delivered as close to home as possible.

The number of live births in Kent in 2023[1] was 15,429.

During 2023, the two strategies, detailed below, were cocreated and consulted on in Kent.

Nourishing our next generation: a 5-year infant feeding strategy[3] sets out our ambition to enable all mothers to make informed decisions about feeding their babies, and for mothers and families to have the support they need from those around them. The strategy sets out five key themes and how these could be developed to support families in their infant feeding journey. This includes ways to reduce barriers to breastfeeding.

Nurturing little hearts and minds; a perinatal mental health and parent-infant relationship strategy 2024-2029[4], sets out KCC's ambition to improve perinatal mental health and parent-infant relationship support across Kent with a focus on early intervention and prevention. It represents a significant commitment to supporting babies and their families in Kent that need 'mild-to-moderate' support. The strategy sets out the ways in which KCC intends to further work with partners to support infants, parents and families during pregnancy and the first two years of life, nurturing positive mental health and building strong parent-infant relationships.

A robust options appraisal process has been completed for the health visiting 0-4 years service. The preferred option identified was to create two services;

1. a County wide health visiting service including Specialist Infant Feeding Service and the Family Partnership Programme. This would include universal advice, information and guidance for infant feeding but not the current drop-in sessions.

2. place-based Community Infant Feeding Service(s) that align with the Health Care Partnerships (and maternity services) to enable mothers to access infant feeding social support and peer support in a group setting through the Family Hubs programme.

This will include maintaining the countywide delivery of the:

- the Health Visiting Service (including the district budget based on 0-4 population and poverty indicators)
- the Specialist Infant Feeding Service
- The Family Partnership Programme

The proposed changes to the health visiting 0-4 years service delivery include:

The new place-based Community Infant Feeding Service

The proposal is to remove the following community infant feeding support elements from the health visiting contract and to purchase these separately:

- Community engagement events
- Drop in sessions
- Virtual sessions
- Universal breast pump scheme
- Volunteer Programme

[1] Your Data - Nomis - Official Census and Labour Market Statistics

It is proposed that a new place-based community infant feeding service is commissioned. The place-based infant feeding service will be designed to support prospective parents and carers and parents and carers with infant feeding. The service will be non-judgemental and understanding towards a family's feeding choices.

The service will be aligned to the four Health and Care Partnerships (HCP) areas to support pathway development with the four maternity trusts, health visiting and the specialist infant feeding service. The new place-based Community Infant Feeding Service will be expected to work collaboratively with these services.

The service will be led by an experienced practitioner(s) for example, an Infant Feeding Specialist, Breastfeeding Counsellor or lactation consultant, and will be supported by peer supporters / volunteers. This includes the current infant feeding peer supporters and Family Hub Family Coaches. Resourcing will be allocated on a needs led basis based on the most recent births data at district level, breastfeeding prevalence and absolute poverty data.

Changes to the health visiting service specification

Antenatal health and wellbeing review

Regulation requires all families with babies to be offered an antenatal health and wellbeing review to discuss pregnancy and transition to parenthood after 28 weeks of pregnancy. In Kent, the antenatal review is delivered as a face to face or telephone contact to all targeted, specialist and first-time mothers. Universally, all families receive a welcome letter with public health messaging and signposting.

Targeted, specialist and first-time mother will continue to be prioritised. Maternity Support Forms will continue to be triaged by Kent Health Visiting Service to categorise families. The current delivery model of an antenatal visit for these families will continue for all

Universally, all families will continue to receive a welcome letter with public health messaging and signposting which will be extended to include;

- an invite to all expectant parents/carers to an antenatal education group for health education. This will align with the developing Local Maternity and Neonatal System antenatal education programme.
- to invite all parents/ carers to complete an online health needs assessment using a web portal. The online health assessment will be developed during the first two years of a contract.

Short topic-based interventions (packages of care)

Following a review of packages of care data, it is proposed to define and quantify the package of care in the service specification. Within the current specification this is not specified. It is expected that the volumes of delivery would remain in line or greater than the current delivery.

The revised national Health Visiting model (2021) suggested additional contacts at three to four months and six months. In Kent these are not specified and it is proposed that the Kent Health Visiting Service continue to respond to individual need flexibly through non-defined contacts. The reporting of these additional brief interventions will be improved.

Substance Misuse Specialist

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It is proposed that a dedicated substance misuse specialist is included within the Health Visiting Service to help safeguard infants by supporting the health visiting workforce to identify to and respond to cannabis use - through up to date education, including use and harm pathways and build awareness of the impacts of other substance use with cannabis.

Ongoing workforce development

KCC will explore joining with neighbouring local authorities to develop joint training and recruitment opportunities to maintain a large workforce and ensure robust succession planning for the health visiting service workforce.

Section B – Evidence	
Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continuing 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? *Answer: Yes/No*	Yes
10. Is it possible to get the data in a timely and cost effective way? *Answer: Yes/No*	yes
11. Is there national evidence/data that you can use? ***Answer:*** *Yes/No*	Yes
12. Have you consulted with Stakeholders? *Answer: Yes/No* *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.*	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.*	

In 2023, 394 mothers and 88 staff and volunteer supporters helped co-produce *Nourishing our next generation,* Kent's 5-year infant feeding strategy (2024-2029).

The draft strategy was consulted on between the 8th February and 3rd April 2024. The following feedback was received in response to the consultation:
• 52 responses to the online questionnaire
• one response to the paper questionnaire (completed by KCC staff on behalf of a young parent)
• two emails from mothers
• one email from KCC, summarising feedback collected in person from young parents

The strategy aims to enable all mothers to make informed decisions about feeding their babies, and for mothers and families to have the support they need from those around them. A strategic key action relevant to these proposals is '*enable breastfeeding mothers to access social support and peer support in a group setting through the Family Hubs programme*.'

14. Has there been a previous equality analysis (EQIA) in the last 3 years? *Answer: Yes/No*	There have been EQIAs conducted in the last 12 months which relate to aspects of 0-4 year olds health and wellbeing. These include an EQIA on the infant feeding strategy and an EQIA on the perinatal mental health and parent infant relationships strategy
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.*	Please see the endnotes.

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*	Yes
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

Continuation of the Health Visiting Service, Specialist Infant Feeding Service and Family Partnership Programme

Continuing the provision of the Heath Visiting Service, Specialist Infant Feeding Service and Family Partnership Programme will ensure that there is minimal change and disruption for service users and key stakeholders with regards to accessing the well-established services and the referral/ access points in Kent. Continuity of service may also minimise risks such as destabilisation of the workforce and continuity of care for families.

An independent evaluation of the Family Partnership Programme completed in 2023 was supportive of the FPP model as an effective and valuable programme that is meeting the needs of the target audience and having a long-term impact on their parent-infant relationship and future outcomes.

Proposed new place-based Community Infant Feeding Service

The new place-based infant feeding service will respond to recommendations set out in the Kent Infant Feeding Strategy including;

- Establishing breastfeeding groups, offering social and peer support and led by a breastfeeding counsellor or lactation consultant.
- Offering additional face-to-face or online groups where a specific need is identified – e.g. for younger mothers, geographically isolated communities, faith groups, non-English language groups or mothers of twins and multiples.
- Identifying peer supporters who can act as community ambassadors, e.g. attending parent and baby groups in their local community to offer peer support and signposting for women who may not attend the breastfeeding groups
- Recruiting peer supporters from diverse backgrounds, including those demographics who are less likely to breastfeed and mothers who speak a range of community languages, ensuring that training is accessible for those with young children.

Breastfeeding peer support interventions are recommended to increase breastfeeding rates and address inequalities.[56]

Offering infant feeding support to those who are bottle feeding expressed breast or formula feeding as part of infant feeding activity provides opportunity to improve understanding on how to express breast milk and or increase breast milk supply, share experiences of mixed feeding, provide responsive feeding messages and gives social support.

Aligning the new community based infant feeding services to the four maternity trust geographical areas will support the implementation of the infant feeding strategy recommendation, to support partnership working and joined up service provision between community infant feeding services and maternity services, improving the support delivered to families.

Proposed changes to the health visiting service specification

Antenatal health and wellbeing review

The revised national Health Visiting Model places further focus on needs assessment so that interventions are personalised to respond to children and families' needs across time. The new 'Universal in Reach – Personalised in Response' model, is based on 4 levels of service depending on individual and family needs: community, universal, targeted and specialist levels of support[7].

The continuation of the current delivery model with provision of the antenatal health and wellbeing review prioritised for those who require targeted and specialist levels of support, as well as universal families who are first time mothers, will ensure that families who are most at need receive support.

Short topic-based interventions (packages of care)

Improved reporting of the non-defined contacts delivered outside of the five mandated contacts and other specified activity will help to identify where further family support is needed. This will help inform where potential changes to service delivery may be required

Ongoing workforce development

As observed nationally[8], in Kent there are service pressures particularly around the recruitment of trained health visitors and the opportunities to develop public health nurses. Exploring opportunities to work with neighbouring local authorities to develop joint training opportunities, could potentially improve the number of trained health visitors recruited in Kent. This would improve the service's

capacity to deliver the service to Kent residents and ease pressures on existing staff and teams.

Substance Misuse Specialist

The introduction of a Substance Misuse Lead in the 0-4 service would provide enhanced support to families affected by substance misuse. Parental/ carer substance misuse can negatively impact on children's physical and emotional wellbeing, their development and their safety. This includes physical maltreatment and neglect, poor physical and mental health and low educational attainment. Safeguarding reviews continue to identify substance misuse as one of the contextual factors linked to non-accidental incidents and abuse. Recent national and local safeguarding reports have identified a lack of professional understanding and assessment of parent/ carer substance misuse, especially the use of cannabis.[9] [10]

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).*	Yes
b) Details of Negative Impacts for Age	**Proposed new place-based Community Infant Feeding Service** Evidence suggests that mothers aged under 30 have the lowest incidence of breastfeeding[11] [12]. In August 2024, Medway Foundation Trust (7%) and East Kent Hospitals University NHS Foundation Trust (5%) reported having a higher percentage of mothers aged 19 years and under at booking, than the national average (3%). Medway Foundation Trust also had a higher percentage of mothers aged 20 t0 24 (17%) than the national average (12%)[13]. **Proposed changes to the health visiting service specification** - **Antenatal health and wellbeing review** MBRRACE have identified that between 2020 and 2022, women aged 35 or older had significantly increased rates of maternal death (during or up to one year after pregnancy) compared to women aged 20-24. *In the UK, between 2020 and 2022, women aged 35-39 were almost three times more likely to and*

	women over 40 years of age were almost five times more likely to die.[14]
c) Mitigating Actions for age	**Proposed new place-based Community Infant Feeding Service** Provide peer counselling support for young mothers to support breastfeeding.[15] **Proposed changes to the health visiting service specification** - **Antenatal health and wellbeing review** Utilise the antenatal group education session to check that participants are accessing antenatal maternity care, and where they are not encourage them to take up this care.
d) Responsible Officer for Mitigating Actions – Age	Dr Anjan Ghosh
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	**Proposed new place-based Community Infant Feeding Service** It has been estimated that 9.4% of women giving birth in the UK have one or more limiting longstanding illness which may cause disability, affecting pregnancy, birth and early parenting[16]. In a study by Redshaw et al (2013)[17] most disabled women were positive about their care and reported sufficient access and involvement, but were less likely to breastfeed at least once or breastfeed partially or exclusively during the first few days. This was particularly evident in women who were physically disabled, mentally disabled and for women with more than one disability.

[Type here]

	It is estimated that the approximate prevalence of autism in women and girls in the UK is 0.2%[18] (although is likely to be an under-estimation). A study by Grant et al (2022)[19] found that many autistic women wanted to breastfeed, however they found it difficult. Because: *(1) services were inaccessible and unsupportive to autistic mothers, meaning they did not receive help when needed.* *(2) becoming a mother was challenging because of exhaustion, loss of control over routines and lack of social support.* *(3) sensory challenges, such as being touched out and pain, which could feel unbearable* **Proposed changes to the health visiting service specification - Antenatal health and wellbeing review** Qualitative research has identified that some autistic mothers may find it challenging to access group-based support[20].

c) Mitigating Actions for Disability	**Proposed new place-based Community Infant Feeding Service** Staff should receive appropriate training and guidance on how to support mothers with disabilities. Guidance on communication and sensory needs to be included in any notes. For autistic women in particular: Training of staff on not touching women (to show latch for example) without explicit consent. Staff should receive training and tools related to autism, but this also needs to be specific to infant feeding and able to be tailored to each mothers need. **Proposed changes to the health visiting service specification - Antenatal health and wellbeing review** The service to engage with neurodivergent women to understand what format(s) of

	provision would work best for them, whilst acknowledging that this is a community service.
d) Responsible Officer for Mitigating Actions - Disability	Dr Anjan Ghosh
a) Are there negative impacts for Sex? *Answer: Yes/No* *(If yes, please also complete sections b, c,and d).*	Yes
b) Details of Negative Impacts for Sex	**Proposed new place-based Community Infant Feeding Service** **Mothers and geographical variation** Unpublished data shows that there is wide variation in the prevalence of breastfeeding at the 6-8 week health and wellbeing review across districts and boroughs in Kent. [21] **Mothers and deprivation** In 2022/23, 12.7% of children aged under 16 were living in absolute low income families in Kent (38,706). This is higher than the South East regional average (10.6%) but lower than the national average (15.6%).[22] According to the Income Deprivation Affecting Children Index (IDACI) the top twenty most deprived Lower-layer Super Output Areas (LSOA) within Kent are all in coastal areas.[23] Mothers living in affluent areas are more likely to breastfeed than mothers living in more deprived areas. The gap in breastfeeding rates at 6 to 8 weeks between the most and least deprived areas in England in 2023/2024 was 10.7 percentage points.[24] **Mothers who have had a c section** It has been reported in the literature that caesarean section births have an association with various breastfeeding difficulties.[25] A systematic review and meta-analysis of breastfeeding outcomes after caesarean birth, found that caesarean sections which took place prelabour, were associated with a significant

reduction in early breastfeeding when compared with vaginal delivery.[26] There are a number of factors which may influence breastfeeding experiences of women who have a caesarean section. There may be delay in the production of breast milk if labour has not been experienced. [27]

Mothers and employment
Evidence suggests that mothers working in managerial and professional occupations are more likely to breastfeed. However, women returning to work for financial reasons were less likely to initiate breastfeeding than those who returned for other reasons.[28] [29]

Mothers and homelessness
The number of households in temporary accommodation has been on a rising trend, having reached 2,615 in Kent and Medway at the end of 2023, up from 1,598 at the end of 2019. Of those in temporary accommodation, 59.6% are with children.[30]

There are decreased breastfeeding initiation rates and duration in the homeless population.[31]

Mothers and substance misuse
The estimated number of adults with alcohol dependence living with children in Kent, between April 2019 to March 2020, was 2 per 1000 of the population as compared to 3 per 1000 in England. In Kent, between April 2019 to March 2020, the proportion of women under the age of 50 who were pregnant and new presentations to drug and alcohol treatment and were a parent or adult living with children were 2% and were a parent not living with children were 4%. [32]

There is a dearth of information cited in UK alcohol guidelines in relation to alcohol use whilst breastfeeding. There is debate in the research literature about the safety of alcohol consumption and breastfeeding. [33]

Mothers and perinatal mental health
Overall breastfeeding is associated with improved maternal mental health outcomes. However, evidence suggests an association between breastfeeding challenges or a discordance between breastfeeding expectations and actual experience and

	negative mental health outcomes.[34] Some studies have identified a negative association between the initiation, exclusivity, and duration of breastfeeding, and psycho-emotional health disorders.[35] A systematic study on breastfeeding experiences of women with a wide range of perinatal mental health conditions identified that *a lack of consistent support and advice from healthcare professionals, particularly around health concerns and medication safety, can negatively impact breastfeeding choices, and potentially aggravate perinatal mental health symptoms*. [36] **Fathers and Breastfeeding** Fathers positive attitude, involvement and support greatly influences breastfeeding decision and commitment among mothers and was associated with increased breastfeeding rates and duration. The exclusion of fathers from breastfeeding support and preparation may result in decreased quality of life and self-efficacy among fathers.[37] National and local insights have identified a need for tailored information and support around infant feeding for fathers and male partners. **Proposed changes to the health visiting service specification - Antenatal health and wellbeing review** Financial need can impact on a women's ability to take time off work, travel to appointments and access digital support. Between 2020 and 2022, women living in the most deprived areas in the UK had a maternal mortality rate twice that of women living in the least deprived areas.[38] The Child Death Review Data Release for the year ending 31 March 2024, identified that the death rate of infants[2] living in the most deprived areas remained more than twice that of infants living in the least deprived areas. The infant death rates for the most and least deprived

[2] Babies under 1 year of age

	areas have decreased compared to the previous year but the difference in rates between these areas remained higher than the prior three years.[39] The findings above emphasise the need for a continued focus on action to address the disparities experienced by families living in the most deprived areas.

c) Mitigating Actions for Sex	**Proposed new place-based Community Infant Feeding Service** **Mothers** Breastfeeding peer support interventions are recommended to increase breastfeeding rates and address inequalities. More targeted interventions to bolster the breastfeeding knowledge, skills, and emotional and practical support for the groups of mothers with unmet needs (financial, social), particularly mothers in areas of deprivation. Make antenatal classes more accessible in more disadvantageous areas.

	Make information more easily available to those with limited access to the Internet. Provide early breastfeeding education for vulnerable mothers Encourage peer support groups for vulnerable mothers Homeless breastfeeding mothers should be referred to nutritional programmes (Healthy Start). Health care professionals need to take the time to listen to breastfeeding mothers experiencing drug and alcohol dependence and determine their individual needs. [They need to be aware of the use of cannabis and be able to respond in a supportive way]. The service to be able to signpost women with perinatal mental health conditions for support around medication safety and perinatal mental health support. Provide mothers with information and support on their mental health throughout their breastfeeding journey. Provide information on common breastfeeding difficulties that may occur in the early days to help prepare families for potential challenges, in the antenatal period (including in antenatal educations sessions). Families should receive information on breastfeeding following a caesarean section in the antenatal and postnatal period to help prepare families for what they may experience and to provide appropriate advice and support. **Fathers** Include fathers as a major part of the breastfeeding family and engage them in the breastfeeding preparation and support process. Provide tailored information for fathers and partners on infant feeding, including how to support breastfeeding, developing secure attachments and a good parent infant relationship with their infant and growing child.

	Proposed changes to the health visiting service specification - Antenatal health and wellbeing review Utilise the antenatal group education session to check that participants are accessing antenatal maternity care, and where they are not encourage them to take up this care. Make provision more accessible in more disadvantaged areas.

22. Negative Impacts and Mitigating actions for Gender identity/transgender	
23. Negative Impacts and Mitigating actions for Race	
24. Negative Impacts and Mitigating actions for Religion and belief	
25. Negative Impacts and Mitigating actions for Sexual Orientation	
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity	
27. Negative Impacts and Mitigating actions for 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).*	Yes
a) Are there negative impacts for Gender identity/transgender? *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	Yes
a) Are there negative impacts for Marriage and Civil Partnerships? *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	Yes
a) Are there negative impacts for Pregnancy and Maternity? *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	Yes
a) Are there negative impacts for Race? *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	Yes
a) Are there negative impacts for Religion and Belief? *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	Yes

a) Are there negative impacts for sexual orientation. *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	Yes
b) Details of Negative Impacts for Carer's Responsibilities	**Proposed new place-based Community Infant Feeding Service and proposed changes to the health visiting service specification - Antenatal health and wellbeing review** There may be increased support required to enable the cared for individual to access in person provision in a range of places.
b) Details of Negative Impacts for Gender identity/transgender	**Proposed changes to the health visiting service specification - Antenatal health and wellbeing review** The 2022 Improving Trans and Non-Binary Experiences of Maternity Services (ITEMS) research project presented findings of Trans and Non-Binary people avoiding maternity services. Therefore, Trans and Non-Binary people's access to the antenatal group education session is particularly important. Respondents of the ITEMS survey also reported receiving a lack of information around their birthing process, feeding their baby, perinatal mental health, and where to seek support for their mental health if required.[40]
b) Details of Negative Impacts for Marriage and Civil Partnerships	**Proposed new place-based Community Infant Feeding Service** A British study of 17,308 mothers, showed that there is an association between exclusive breastfeeding at 3 months and being a mother with a partner. Single mothers were significantly less likely to breastfeed than mothers with a partner.[41]
b) Details of Negative Impacts for Pregnancy and Maternity	**Proposed new place-based Community Infant Feeding Service** Premature birth, infant ill health, domestic abuse and multiple births (twins) can all reduce rates of breastfeeding.[42] [43] [44] [45] [46]

b) Details of Negative Impacts for Race	**Proposed new place-based Community Infant Feeding Service** From Census 2021, In Kent, 89.4% of population identify as White, 4.4% Asian, 2.6% Black, 2.3% mixed ethnicity, 1.2% other ethnic group. The greatest number of Asians was in Gravesham (11.2%), followed by Dartford (9.9%). 0.3% of the population identifies as Gypsy or Irish Traveller, which is higher than both the National (0.1%) and South East (0.2%) averages. 0.1% of the population identifies as Roma, which is lower than the National average (0.2%) and the same as the South East average (0.1%).[47] Mothers from a white ethnic group have the lowest rate of breastfeeding.[48] Some studies have shown that breastfeeding rates are extremely low in England's Gypsies. Whilst national studies show relatively higher rates of breastfeeding in Roma communities, this has not been found to be the case in Kent, where breastfeeding rates are particularly low. [49] A 2024 report on Gypsy, Roma and Traveller communities experiences of infant feeding, information and support services, identified a lack of culturally pertinent and accessible information and support on infant feeding, with many parents indicating that services did not feel tailored or suitable for their needs and experiences. This is linked to literacy and language barriers as well as a lack of cultural competency or awareness around structural issues accessing primary care. A lack of culturally relevant peer support opportunities was also raised. The variation of cultural expectations about the role of father figures in traditional Gypsy, Roma and Traveller families was noted in the report, and the potential for this to be misinterpreted as a lack of engagement or interest.[50] Migrant women who move to new countries compared to those who remain in their home countries, often result in earlier discontinuation or no breastfeeding. Migrant women experience challenges to breastfeeding in host countries including public shaming, easy access to formula, and changes in their social support network (along with lower rates of Breast Feeding in host population).[51]

	Proposed changes to the health visiting service specification - Antenatal health and wellbeing review Perinatal mental health disparities persist among diverse racial and ethnic groups in the UK. Women of ethnic minority background may struggle to access and engage with perinatal mental health support for many reasons. For example, women might present with mental health difficulties in different ways to white women and so they remain unacknowledged. Women might experience stigma and fear of disclosing any mental health difficulties even with family, fear of being seen to not coping and difficulties in medication adherence. [52] [53] [54] In 2020-22, the risk of maternal death was statistically significantly almost three times higher among women from Black ethnic minority backgrounds. There was an almost two-fold difference amongst women from Asian ethnic backgrounds compared to White women. Approximately 30% of the women who died in 2020-22 were born outside of the UK. [55] The 2024 Maternity Survey identified that women who reported their ethnicity as 'Indian', 'Pakistani' and 'any other White background' reported poorer experiences. This included not feeling listened to and not receiving help during their antenatal and postnatal care.[56] MBRRACE- UK continue to highlight the disparities in infant and maternal mortality rates for different ethnic groups. In 2022, babies of black ethnicity were more than twice as likely to be stillborn than babies of White ethnicity. Babies of both Asian and Black ethnicity continued to have much higher rates of neonatal mortality than babies of White ethnicity. Between 2020 and 2022, the highest stillbirth and neonatal mortality rates continued to be for babies of Asian Bangladeshi, Asian Pakistani and Black ethnicity born to mothers living in the most deprived areas. [57] The Child Death Review Data Release for the year ending 31 March 2024, reported that the

	estimated infant death rate[3] for infants of Black or Black British ethnicity was more than double the rate of infants of White ethnicity. The death rate of infants of Asian or Asian British ethnicity also continued to be higher than for White infants. Over a five-year period, the infant death rate was highest for infants of Black Caribbean ethnicity, Black African, and Asian Pakistani.[58] The NHS Race & Health Observatory review found poor communication between women and providers was a prevalent theme. *For women without English language skills, the lack of accessible and high-quality interpreting services seems to be a common issue. Communication can also be compromised for British born ethnic minority women, and migrant women who can speak English. A lack of trust, insensitive behaviour, lack of active listening by providers, and failure to bridge cultural differences, can also impact negatively on communication for these women*. [59]
b) Details of Negative Impacts for Religion and belief	**Proposed new place-based Community Infant Feeding Service** From the Census 2021, In Kent, 48.5% of the population identify as Christian, 1.6% Muslim, 1.2% Hindu, 0.8% Sikh, 0.6% Buddhist, 0.1% Jewish, 0.6% other Religion and 40.9% No religion. [60] **Religious Customs and Infant Feeding** Some women may not breastfeed in public. Some women prefer female health professionals. In some religions, there is a postnatal period where mothers should stay home. This means that mothers are unlikely to seek infant feeding support unless its provided in the home or by other methods (telephone/ online).[61] **Proposed new place-based Community Infant Feeding Service and** **proposed changes to the health visiting service specification - Antenatal health and wellbeing review** In some religions, women may be being less likely to attend antenatal classes or groups, due

[3] Babies under 1 year of age.

	to the presence of other males. [62] The 2022 Kent and Medway NHS Perinatal health inequalities experience report included a question on what would have helped the participants experience. Responses included *having faith venue deliver courses and distribute information, such as breastfeeding and what to expect at the hospital.*[63]
b) Details of Negative Impacts for Sexual Orientation	**Proposed new place-based Community Infant Feeding Service** From the Census 2021, In Kent, 90.6% of the population identify as straight or heterosexual. 1.3% of the population in Kent identify as Gay or Lesbian which is lower than the national and South East regional average (1.5%), with the greatest % of Gay or Lesbian people living in Canterbury (1.8%) and the lowest % living in Tonbridge & Malling (0.9%) . 1.1% of the population of Kent identify as Bisexual which is lower than both the national and South East regional average (1.3%). [64] In a US study, infants born to lesbian identified women were less likely to be breastfed than those born to their heterosexual counterparts. Disparities might be due to healthcare stigma with such women experiencing difficulty accessing health care.[65] **Proposed changes to the health visiting service specification - Antenatal health and wellbeing review** A systematic review on the views and experiences of LGBTQ+ people regarding midwifery care (2021), identified that LGBTQ+ people have variable experiences when accessing midwifery care and require access to culturally sensitive individualised and family-centred care and support.[66]
c) Mitigating Actions for Carer's responsibilities	**Proposed new place-based Community Infant Feeding Service** The provider could articulate what support was available at venues such as disabled parking, ramp access to the building and doors which open automatically.

	Proposed changes to the health visiting service specification - Antenatal health and wellbeing review The provider could ask with the information sent to women antenatally if they have access needs. The provider could articulate what support was available at venues such as disabled parking, ramp access to the building and doors which open automatically.
c) Mitigating actions for Gender identity/transgender	Staff to receive training to improve the experiences and outcomes for trans and non-binary parents Services to use inclusive language and ask people directly about the language that is appropriate to describe them and their bodies. Offer personalised, trauma informed care and share tailored information around birthing choices, infant feeding choices, and perinatal mental health.
c) Mitigating Actions for Marriage and Civil Partnerships	**Proposed new place-based Community Infant Feeding Service** Additional problem solving and assessment of barriers is needed for single parents.

c) Mitigating Actions for Pregnancy and Maternity	**Proposed new place-based Community Infant Feeding Service** Provide support for milk expression and access to breast pumps to support breastfeeding mothers experiencing premature birth/infant ill health. Infant feeding practitioners have sufficient training and information to support mothers of multiples. Domestic abuse can start in pregnancy and escalate postnatally. Staff need to recognise domestic abuse and have discrete but accessible information available. Breastfeeding programmes should include support for breastfeeding women's emotional needs to promote positive interactions.
c) Mitigating Actions for Race	**Proposed new place-based Community Infant Feeding Service** Targeted interventions to improve breastfeeding in white British native women should consider the role that culture can play in encouraging positive health behaviours. Provide early, inclusive, and accessible conversations antenatally about breastfeeding to encourage uptake. Breastfeeding support and training needs to be in line with cultural norms found in Gypsy, Roma and Traveller communities and migrant communities. Training should include awareness of cultural expectations around the role of father figures in traditional Gypsy, Roma and Traveller families

	Culturally relevant and accessible infant feeding information resources should be provided to infant feeding service users. For example, [Foreign language resources - breastfeeding - Baby Friendly Initiative] **Proposed changes to the health visiting service specification - Antenatal health and wellbeing review** Take forward learning from MBRRACE[67] [68] [69] including: The provision of support for language difficulties. This includes: • Ask women about their language needs at every interaction and record this information in their notes. • Use professional interpreter services for all interactions with women who do not speak or understand English. • Avoid using family members or friends as interpreters. • Consider women's preferences when selecting an interpreter. Some women may not wish to discuss their health with a male interpreter. • When giving verbal information check to ensure that the information is understood. • Written information should be translated where needed into other languages. • Check if a person can read health-related information in their preferred language. Include community engagement and advocacy in service development or processes. Access training and resources for staff, so they can provide culturally and religiously sensitive care. Deliver personalised care, identifying and addressing barriers to access care for each individual.

c) Mitigating Actions for Religion and belief	**Proposed new place-based Community Infant Feeding Service** Training in person centred, religious and cultural awareness to be delivered for staff including peer supporters/ community ambassadors. Provide infant feeding support online. Recruit staff and peer supporters who reflect the local community served. **Proposed new place-based Community Infant Feeding Service and proposed changes to the health visiting service specification** - **Antenatal health and wellbeing review** The service to engage with the local community to identify how the service can support families of different religions and beliefs to access services. For example provision in suitable spaces, such as a Gurdwara, Islamic Centre or Mosque Effective education and training for health professionals on religious, cultural and ethnic issues that can influence users' needs for and experiences of health services.
c) Mitigating Actions for Sexual Orientation	**Proposed new place-based Community Infant Feeding Service** Training for professionals on reducing stigma, using Inclusive language and involving non birthing parent. Involving LGBTQ+ parents in the co-production of services/support. Deliver community based breastfeeding educational interventions from Health Care professionals and peer groups. **Proposed changes to the health visiting service specification** - **Antenatal health and wellbeing review** Staff access training to enhance their knowledge and skills of the distinct needs of LGBTQ+ people.
d) Responsible Officer for Mitigating Actions - Carer's Responsibilities	Dr Anjan Ghosh

d) Responsible Officer for Mitigating Actions - Gender identity/transgender	Dr Anjan Ghosh
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships	Dr Anjan Ghosh
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity	Dr Anjan Ghosh
d) Responsible Officer for Mitigating Actions - Race	Dr Anjan Ghosh
d) Responsible Officer for Mitigating Actions - Religion and belief	Dr Anjan Ghosh
d) Responsible Officer for Mitigating Actions - Sexual Orientation	Dr Anjan Ghosh
d) Responsible Officer for Mitigating Actions - Sex	Dr Anjan Ghosh

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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 – 21 January 2025
Subject:	**Public Health Communications and Campaigns Update**
Classification:	Unrestricted
Past Pathway of Paper:	None
Future Pathway of Paper:	None
Electoral Division:	All

Summary: This paper provides an update on the campaigns and communications activity delivered through the Public Health Team from September – December 2024 and outlines priority areas for the remainder of 2024/25.

The report notes the ongoing health protection communications and other Public Health priorities in quarters 3 and 4 2024/2025

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the progress of Public Health communications and campaigns in 2024 and the need to continue to deliver throughout 2025.

1. Introduction

1.1 Marketing and Communications activity continues to play a critical role in supporting the people of Kent and providing trusted, timely information throughout the year. Proactive campaigns and marketing activity ensures that Kent residents regularly are encouraged to take positive steps to a healthier lifestyle, and are able to access support and services as they need to.

1.2 Our communications activity includes both reactive and proactive Public Relations (PR). Through reactive communications such as media opportunities and amplifying partner content we can inform the people of Kent on the impact of severe weather, Covid-19 and other infectious outbreaks. Between September 2024 – December 2024, Kent County Council (KCC)'s Marketing and Resident Experience team has shared 24 media releases and coordinated 9 media interviews across the health and wellbeing portfolio about the following topics: healthy lifestyles, winter and cold weather advice, winter vaccinations, Whooping cough and Mumps Measles and Rubella

(MMR) vaccinations, bird flu, stop smoking services, suicide prevention, mental health support and workplace cardio-vascular disease health checks.

1.3 Proactive campaign activity supports the public health division in reaching the people of Kent. KCC provides trusted information and signposting to preventative services including lifestyle services such as weight management, stop smoking services, sexual health, drugs and alcohol, children and family public health services (health visiting and school nursing).

1.4 We support the work to reduce health inequalities within Kent, using targeted communications methods to reach different geographical areas and groups of individuals across the county.

1.5 Our statutory warn-and-inform responsibilities, as lead for the Kent Resilience Forum Outbreak Control Management Plan, has seen the Public Health team at the forefront of media and Public Relations (PR), social media and marketing, stakeholder and partnership engagement. The Director and Deputy Director have taken part in nine media interviews and responded to 20 media enquiries September to December 2024. The Winter Health section of the Kent.gov.uk website was updated to include new information, signposting to new services and public health advice videos.

1.3 As we work across public health communications, we can identify opportunities to work more efficiently where we want to reach similar audiences. This also helps us purchase advertising space at more competitive rates.

1.4 Marketing and Communication activity has continued to focus on three main drivers:

- Promoting healthier behaviours and self help
- Giving information and advice
- Promoting local services where available and also highlighting online and digital support.

1.5 This paper covers communications and marketing activity for 2024, along with key activities and plans for this financial year.

2. Public Health Campaigns and Communications 2024/2025

2.1 Overview of activity from September 2024:

- **Smoking Cessation** – Stoptober promotion and a boosted advertising campaign to support increased service capacity and offer
- **Health Protection** – PR severe weather, infectious diseases and immunisations, air quality)
- **Suicide Prevention & Mental Health** – (Release the Pressure including World Suicide Prevention Day)

2.2.1 **Smoking Cessation**

2.2.2 New creative content was developed and shared, including inspirational local case studies of people who have been successful in quitting with our support. Regional 'It's Well Worth It' branding developed and shared across all our content.

- Offline advertising through football stadiums and printed magazines in areas of deprivation to target routine and manual workers and older audiences who have a higher smoking prevalence. Football stadium advertising attracted local media interest and Dan Watkins, Cabinet Member, was interviewed about the campaign at Folkestone United FC.

- Digital advertising including audio and paid social media adverts were created to promote One You Kent Smokefree service and the new Allen Carr Easyway method

- Website visits significantly increased - 4,995 webpage views September – December 2024 compared to 3,806 in the same period in 2023

- Multiple media releases were issued to support increase in service offer and success stories

2.3 **Suicide prevention and mental health**

2.3.1 A powerful 'Living Warriors' follow up video was created alongside the company Living Words to share the stories of suicide survivors on World Suicide Prevention Day. The video was shared across all media outlets and continues to be used through all our suicide prevention activity.

2.3.2 Paid advertising of the Release the Pressure helpline continues to raise awareness of support available.

2.3.3 Wider signposting of mental health support such as Mind training, Kent & Medway Mental Wellbeing Information Hub, Better Health and Kooth services continues to remind Kent residents of how to find support.

2.3.4 Multiple media releases to raise awareness were issued between September to December 2024.

2.**4** **Healthy Weight - One You Kent/Better Health**

2.4.1 New creative assets were developed with One You Kent partners to promote physical activity and healthy eating including meals on a budget.

24.2 Animated videos and images were shared in GP surgeries, through social media and selected paid for advertising screens in hospitals in Kent.

2.4.3 The One You Kent website section had an increase in web visits compared to this time last year, 5,528 webpage views in 2024 and 4,936 in 2023

2.4.4 KCC also continue to share promotion of partner campaigns around healthy weight and staying active for children and families through Better Health Families and KCC partners.

2.5 **Looking ahead**

There is a significant amount of campaigns and marketing activity planned and scheduled between December 2024 to March 2025. This includes:

- Winter Health – including UK HSA Cold Heath Alert amplification as the winter weather develops throughout January to March.
- Smoking Cessation (LSSS Grant including 'No Smoking day' in March)
- Mental Health (Release the Pressure and 'Children’s Mental Health Awareness Week')
- Alcohol Awareness (Know Your Score quiz and associated content in January)
- Start for Life (Infant feeding & Perinatal mental health)
- Health Checks (CVD workplace health checks)

3. Integrated Care System

3.1 KCC plays an integral role in how the health and care system communicates with the public. As the Integrated Care Board develops its delivery plans, an engagement programme is planned for 2025 to support the development of the key themes and priorities.

3.2 KCC Marketing and Resident Experience Team is a key member of the Communications and Engagement Board which reports directly to the Integrated Care Board and Steering Group and continues to play an integral role in planning and delivering integrated communications activity to people across Kent.

4. Financial update

4.1 £110,000 has been allocated to campaign and marketing activity in 2024/25 which some additional funds available directly from service budgets. Up to November 2024 £51,437.88 has been allocated to the priority areas described above.

5. Conclusion and Next Steps

5.1 We continue to develop key Public Health campaigns based on priorities identified by the Director of Public Health. These include:

- Mental Health and Wellbeing
- Start for Life (Family Hubs)
- Obesity – adult and children

- Smoking
- Alcohol
- Breastfeeding and infant feeding
- Seasonal health – heatwave and winter
- Sexual health

5.2 Data, insight and localised information is used to shape these campaigns.

5.3 Previous successes and learning will be integrated in future campaigns, focusing on the most effective communications methods and channels to target key groups and issue areas, and on the benefits of developing and utilising social media and digital platforms.

5.4 It has long been recognised that long-term change requires long term, consistent messaging, and it is important to continue working with local partners and nationally with UK Health Security Health Agency (UKHSA) to create and deliver consistent Public Health campaigns and marketing activity.

6. Recommendation

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to:

NOTE the progress of Public Health communications and campaigns in 2024 and the need to continue to deliver throughout 2024/25.

7. Report Author

Jo Allen
Marketing and Resident Experience Partner
03000 415773
jo.allen@kent.gov.uk

Lucie Beer
Campaigns and Communications Manager
03000 414586
Lucie.beer@kent.gov.uk

Relevant Director

Dr Anjan Ghosh
Director of Public Health
03000 416659
Anjan.ghosh@kent.gov.uk

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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 - 21 January 2025

Subject: **Kent Marmot Coastal Region Programme**

Classification: Unrestricted

Summary: The report provides an overview of the Marmot Coastal Region Programme and an update on progress made so far.

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

1. Introduction

1.1. Kent has 350 miles of coastline and nearly a quarter of the population living in coastal towns (23.5% in 2020). While many coastal areas are places of great natural beauty, many of the worst health outcomes in Kent can be found in coastal communities.

1.2. Nationally, many coastal areas have suffered long-term historical decline and lack of investment, and coastal communities show some of the worst health inequalities as a result. The underlying causes of poor health and limited life expectancy often lie in social determinants such as education, employment, housing, transport, and the environment. While it is important to ensure that appropriate health and social care services are available and equitably utilised in coastal areas, the living conditions of the people of Kent need to be enhanced to achieve sustained improvement of health and equitable outcomes.

1.3. Despite growing awareness of the importance of coastal deprivation and health inequalities, effective, and joined-up sustained action has yet to take place in Kent to reverse the trend.

1.4. The Kent Marmot Coastal Region Programme is a proactive approach to health inequalities using the Marmot Principles and resulting in a long-term plan for sustained change in coastal areas in Kent. This approach is being employed by a growing number of areas in England and Wales that are declaring themselves 'Marmot Places' to lend traction to their aims.

1.5. Coastal Kent will be the first region in the UK to call itself a Marmot Coastal Region.

2. Background and evidence of coastal health inequalities

2.1. Several reports and calls for action have highlighted the deep inequalities in coastal areas and the need for better and more granular understanding of underlying issues, sustained commitment, and investment.

2.2. The Chief Medical Officer (CMO) in England, Dr Chris Whitty, pointed out in his annual report Health in Coastal Communities 2021 that coastal communities have been overlooked and suffer significant deprivation resulting in ill health.

2.3. The Kent Annual Public Health report 2021 focuses on the health and wellbeing of coastal communities. Just as in the national CMO report, Kent shows a 'coastal excess'. This refers to health outcomes in coastal towns which are worse than those in non-coastal towns, the county as a whole and England. This 'coastal excess' is often combined with poorer access to health and social care facilities, a lack of employment opportunities and difficulty recruiting and retaining health and social care workers.

2.4. The Breaking Barriers Innovations Turning the Tide Report 2024 shows health inequalities in coastal areas nationally through a lens of employment. It highlights the challenges posed by growing economic inactivity and long-term unemployment in coastal communities.

2.5. NHS England recognises coastal communities in their CORE20 PLUS5 approach to reducing healthcare inequalities as a PLUS group, groups who are experiencing social exclusion and poor health outcomes.

2.6. Despite a considerable body of evidence and calls for action, there has not yet been sustained change for people in coastal areas in Kent that would address the underlying structural causes of inequality and ill health.

2.7. Employing a Marmot approach brings local partners together with a clear focus on coastal communities, and a long-term plan that specific actions will be identified where evidence suggests that change can be achieved. For those areas that are identified where evidence suggests that change is required, but where actions would fall out of the power and scope of this programme (i.e. due to a need in change of national policy, an example could be where the no recourse to public funds rule prevents utilising a person-centred approach), that recommendations would be made to regional or national bodies, as appropriate, to influence future policy redesign to prevent inequality.

3. Political and policy context around skills for work and work and employment

3.1. New UK Labour Government

3.1.1. The government has set out a long-term ambition to achieve an 80% employment rate as part of its mission for growth. This will be a three pillar approach which includes plans to create a modern Industrial Strategy and Local Growth Plans, and improving the quality and security of work as part of the government's Plan to Make Work Pay.

3.1.2. The third pillar is the new Get Britain Working White Paper which sets out fundamental reform that will transform our relationship with local areas and ensures we have a strong foundation with which to work in partnership to support people into good, sustainable work.

3.1.3. The Government funding for 'Connect to Work' will help people with complex barriers to employment, health conditions and disabilities into work. Kent is among the places that will benefit from this funding.

3.1.4. A 'Youth Guarantee' for everyone aged 18 to 21 has been pledged. This Guarantee is based, in the first instance, on existing provision and entitlements. The scheme will look to generate new and additional opportunities for training, and apprenticeships or help to find work offered to all in this age group through Youth Guarantee Trailblazers in 8 mayoral authorities to inform future development.

3.1.5. The Skills England Bill transfers the functions from the Institute for Apprenticeships and Technical Education (IfATE) to Skills England. The aim of Skills England is to bring together businesses, providers, unions, Mayoral Combined Authorities (MCAs) and national government to ensure we have the highly trained workforce that England needs. This work will build on local skills improvement plans (LSIPs) developed across the UK in recent years. The Kent and Medway LSIP identifies skills and employment needs in the County's main industry sectors and a series of proposed actions to support them.

3.2. Kent County Council (KCC)

Framing Kent's Future's four priority areas address the social determinants of health, work and skills for work directly or indirectly in that they rely on a skilled workforce for services and industries in the County.

3.3. Kent and Medway Integrated Care Partnership

3.3.1. The Kent and Medway Integrated Care Strategy's Shared Outcome 2- Tackle the wider determinants of health to prevent ill health, Outcome 5 – Improving the Health and Care Service, and Shared Outcome 6 – Support and Grow our Workforce to address the importance of employment and good work as well as that of a strong and inclusive workforce for Kent and Medway.

3.3.2. The Integrated Care Partnership (ICP) recognises significant opportunities to work together with the Kent and Medway Economic Partnership (KMEP) due to the interconnectedness of health and economic outcomes, which is also recognised in the Kent and Medway Economic Framework. The Kent Marmot Region aligns well with the Kent and Medway Economic Framework's five ambitions to: enable innovative, creative, and productive businesses; widen opportunities and unlock talent; secure resilient infrastructure for planned, sustainable growth; place economic opportunity at the centre of community wellbeing and prosperity; and create diverse, distinctive and vibrant places.

3.3.3. The initial focus of joint working between the ICP and KMEP is the development of an Integrated Work and Health Strategy for Kent and Medway. The Strategy will set out shared ambitions and actions to integrate and improve support for people and employers so that more people with health conditions and disabilities can start, stay and succeed in work.

4. Marmot Reviews, Places, and Principles

4.1. In 2008, Professor Sir Michael Marmot chaired an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England. In 2010, Fair Society, Healthy Lives (The Marmot Review) was published.

4.2. In 2020, the Marmot Review 10 Years On was released which showed that for the first time in more than 100 years, life expectancy in England had failed to increase. Between 2010 and 2020, health inequalities in England had widened and the amount of time people spent in poor health had increased.

4.3. Supported by the UCL Institute of Health Equity, over 50 areas in England and Wales are declaring themselves 'Marmot Places'. A 'Marmot Place' recognises that health and health inequalities are shaped by the social determinants of health, the conditions in which people are born, grow, live, work and age, and takes action to improve health based on this understanding.

4.4. Based on eight Marmot Principles, Marmot Places develop and deliver interventions and policies to improve health equity, embed health equity approaches in local systems and take a long-term, whole-system approach.

4.5. **The Marmot Principles**:

1. Give every child the best start in life.
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill health prevention.
7. Tackle racism, discrimination and their outcomes.
8. Pursue environmental sustainability and health equity together.

5. Kent Marmot Coastal Region Programme

5.1. The plan for Kent is to adopt a layered approach starting with two of the eight Marmot principles, ‘creating fair employment and good work for all’ and ‘enabling young people and adults to maximise their capabilities and have control over their lives’. For the purposes of this programme, we will call them ‘skills for work’ and ‘work and employment’.

5.2. KCC Public Health has commissioned the UCL Institute of Health Equity (IHE) for a period of two years from October 2024 to October 2026 to support the initial stages of the programme. The joint commitment to become a Marmot Coastal Region will provide the traction for ongoing change.

5.3. The geographical scope of the work encompasses six districts/ boroughs along the Kent coast which will collectively be designated the “Marmot Coastal Region” for the purposes of this programme. The six areas are Swale, Canterbury, Thanet, Dover, Folkestone and Hythe, and Ashford. The senior leadership of all these districts and boroughs have endorsed the programme and have committed to support it.

5.4. While there is no additional funding as part of this approach, the joint focus, detailed understanding of underlying factors and shared commitment will galvanise and maintain local action.

5.5. In the context of the challenges outlined above, the Kent Marmot Coastal Region programme has four main objectives:

- To create strategic alignment between all the work being undertaken across various sectors and settings, so that we achieve maximal impact. This includes avoiding duplication, amplifying the work already underway and perhaps expanding the scope.
- To identify a set of new high impact actions: In addition to the actions already being undertaken, a set of new actions that will have a high impact on our efforts to address the two Marmot Principles being focussed on.
- To change the culture in Kent: Through the system-wide ownership and commitment towards the aims, objectives and actions in this programme, we wish to embed a prevention and an outcomes-based approach in everything we do. This includes making every contact count, person centred care planning and a whole person approach, thinking how we can optimise prevention in our strategic commissioning, and leveraging anchor institutions.
- To achieve critical mass: Through the effective implementation of the actions in this programme and the existing actions that will be amplified, we hope to generate a critical mass to deliver measurable impact to address ‘work and employment’, and ‘skills for work’, both in terms of improved outcomes and reducing health inequalities.

5.6. In addition to the work focused on coastal areas, there is an open invitation to inland District and Borough Councils in Kent to adopt an approach based on Marmot principles and to benefit from the insights and connections gained from our coastal work.

5.7. A review of existing health inequalities and social determinants in the region as well as an evidence review of the impact of social determinants on health outcomes in coastal areas has started to provide the basis for the programme.

5.8. We are undertaking a mapping of existing structures, such as health alliances, partner organisations, community and voluntary groups, schools and higher education, business and anchor institutions. We are mapping existing interventions, programmes and groups aimed at improving skills for work and work and employment in the region.

5.9. We have set up a steering committee to oversee the programme and to provide the governance long term. The East Kent Wellbeing and Health Improvement Partnership (EKWHIP) has been modified to form this steering group, as it already brings together key partners, including Health Alliance Leads, in East Kent. Swale Borough Council and partners in Swale and elsewhere in the Coastal Region have joined the committee.

5.10. District and Borough councils are at the centre of the local delivery of this programme through existing and emerging Health Alliances, along with Health and Care Partnerships, Primary Care Networks, organisations in the entire education sector (schools, higher education, adult education), private and public employers and their representatives as well as a range of partners.

5.11. Under the auspices of the steering committee, an indicator set will be developed to enable the monitoring and evaluation of the programme.

5.12. The steering committee will oversee the development of a set of recommendations and specific actions aimed at reducing health inequalities in the region.

5.13. Specific focus will be on health and social care organisations as employers addressing gaps in the health and adult social care workforce at the same time as creating work. Certain populations such as young people, aged 16 to 24, who are Not in Education, Employment and Training (NEET) and care leavers will be considered priority groups.

6. Opportunities

6.1. Joining the national Health Equity Network enables us to exchange insights and learning with a growing number of regions, towns, cities and organisations across the UK as well as international partners.

6.2. In March 2024, Legal & General announced a £3 million Health Equity Fund in partnership with Sir Michael Marmot and UCL Institute of Health Equity. The fund will support 150 place-based initiatives across the UK.

6.3. The Marmot Coastal Region in Kent will offer opportunities for Research and Innovation as well as potentially be a magnet for external investment.

6.4. Following an expression of interest by the Chief Executive Officer (CEO) of East Sussex Council (ESCC), conversations between both Directors of Public Health for ESCC and KCC have taken place resulting in a decision to create a Coastal Collaboration between East Sussex and Kent. This collaboration initially consists of regular meetings to identify synergies, shared learning and insights. Depending on the level of engagement from Districts in East Sussex there may be scope for further collaboration and investment.

7. Key Issues for Consideration and Associated Risks

7.1 The following risks have been identified and will be considered during the development and all stages of the programme:

7.1.1 Capacity: The Marmot Coastal Region programme requires additional dedicated capacity from the outset. KCC Public Health have commissioned UCL IHE for the duration of two years. The UCL IHE team work closely with the steering group and all partners participating in the programme embedding health equity in existing structures and supporting the development of tangible recommendation and actions as well as measurable indicators.

KCC Public Health have recruited a Marmot Coastal Region Lead on a two-year fixed-term basis who works closely with UCL IHE and all partners overseeing the development and implementation of the programme. The Lead will be the main contact for all partners within KCC and the wider programme and will provide updates on progress.

7.1.2 Duplication: Several initiatives are already in place to address health inequalities in coastal areas in Kent. To avoid duplication, careful mapping and engagement with existing schemes and partners will ensure that the programme builds on and complements existing initiatives.

7.1.3 Lack of continuity: The steering committee will play a central role in the continuity of the programme beyond the end of the contract with UCL IHE and once dedicated capacity from KCC PH has ended. Therefore, support and engagement in a bottom-up and top-down fashion is important. The programme will have a hyper-local focus and will require system and cross-agency support.

7.1.4 Lack of measurable impact**:** Identification of meaningful recommendations and specific actions as well as measurable indicators will provide a basis for the monitoring of the impact.

8. Conclusion

8.1 The Kent Marmot Coastal Region Programme represents a critical step towards addressing the deep-rooted health inequalities in Kent's coastal communities. By adopting a focused approach, centred on 'skills for work' and 'work and employment,' this initiative leverages the Marmot Principles to tackle key social determinants of health. Collaborative partnerships, strategic alignment with existing initiatives, and a commitment to evidence-based decision-making form the foundation of this programme.

8.2 Through robust governance and stakeholder engagement, the programme aims to create sustainable improvements in health equity, drive economic inclusion, and foster long-term systemic change. While challenges such as resource capacity and demonstrating measurable impact remain, the outlined mitigation strategies ensure a strong basis for achieving its objectives. This pioneering effort positions Kent not only as a leader in health equity but also as an exemplar for other regions to follow.

9. Recommendations

9.1 Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the content of this report.

10. Contact details

Report Authors:	Relevant Director:
Ellen Schwartz Deputy Director of Public Health Ellen.schwartz@kent.gov.uk 03000 410552	Anjan Ghosh Director of Public Health Anjan.ghosh@kent.gov.uk 03000 412633

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE
WORK PROGRAMME
(updated 08 Jan 2025)

Item	Cabinet Committee to receive item
Verbal Updates – Cabinet Member and Corporate Director	Standing Item
Work Programme 2022/23	Standing Item
Key Decision Items	
Performance Dashboard	January, March, July, September
Update on Public Health Campaigns/Communications	Bi-Annually (January and July)
Draft Revenue and Capital Budget and MTFP	Bi-Annually (November and January)
Annual Report on Quality in Public Health, including Annual Complaints Report	Annually (November)
Risk Management report (with RAG ratings)	Annually (March)

	11 MARCH 2025	
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	Draft Revenue and Capital Budget and MTFP	Bi-annual item – moved from January 2025 agenda
7	Risk Management report (with RAG ratings)	Annual Item
8	Vaping Survey Report	Moved from November 2024 agenda
9	Key decision: NHS Health Checks	Moved from July 2025 agenda
10	Key decision: Children and Young People – School Health and Proposed Therapeutic Support Services	Key Decision as part of Public Health Service Transformation
11	Key decision: Adult Lifestyles – Smoking, Weight Management and Healthy Lifestyles	Key Decision as part of Public Health Service Transformation
12	Key decision: Sexual Health Services	Key Decision as part of Public Health Service Transformation
13	Work Programme	Standing Item
	1 JULY 2025	
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 2024/25	Regular Item
7	Update on Public Health Campaigns/Communications	Regular Item
9	Key decision: Weight Management and Health Lifestyles	Key Decision as part of Public Health Service Transformation
10	Key decision: Kent and Medway Work and Health Strategy	Added 09/01/25
11	Work Programme	Standing Item