From:	Diane Morton, Cabinet Member for Adult Social Care and Public Health Dr Anjan Ghosh, Director of Public Health
To:	Adult Social Care and Public Health Cabinet Committee – 12 November 2025
Subject:	**Public Health Annual Quality Report For 2024/25**
Classification:	Unrestricted
Past Pathway of Paper:	None
Future Pathway of Paper:	None

Summary: This report covers the year 2024 to 2025. It provides an update on the actions Public Health has taken since the recommendations made in the 2022/2023 report to maintain the promotion of high quality, safe effective services which provide a positive experience for people who use our services.

Recommendation(s): The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the content of this report.

1. Introduction

1.1 This Public Health Quality Annual Report 2024–2025 provides an overview of the quality assurance and governance processes currently in place, and those under development, to ensure the delivery of high-quality Public Health services.

1.2 A comprehensive review of quality processes in Public Health was conducted in May 2023, focusing on commissioned services. This resulted in 13 key recommendations for improvement.

1.3 This report outlines the current quality assurance mechanisms and provides updates on progress made in response to the recommendations. Key areas of improvement include recruitment, the development of a Public Health Quality Assurance Framework, and the revision of the Patient Safety Incident Policy.

2. Background

2.1 Integrated Commissioning and the Public Health Team leads the commissioning of Public Health services. Quality is considered at all steps of the commissioning cycle, from needs assessment to service delivery. Commissioners, as well as public health consultants and specialists are involved throughout the commissioning cycle. Existing processes are in place, as described below, to ensure services are safe, effective and provide a positive experience for people who use our services.

2.2 Quality in Commissioned Services

2.2.1 Public Health services are commissioned in response to the findings of the statutory Joint Strategic Needs Assessment (JSNA) and additional needs assessments. The quality of the JSNA is monitored by qualitative feedback from Kent County Council (KCC) partners, in particular NHS services.

2.2.2 Public Health consultants and specialists collaborate with commissioners to develop service specifications. These specifications include essential quality elements such as safeguarding requirements, staff qualifications, regulatory registrations (such as with CQC), adherence to national standards and guidance, audit and data monitoring obligations.

2.2.3 Public Health commissioning has processes in place which facilitate the commissioning of services which are safe, effective and provide a positive experience for people who use our services. All procurements follow the KCC policy 'Spending the Council's Money', which complies with applicable procurement legislation.

2.2.4 Public Health specifications require the below policies to be in place as a minimum:

- Safeguarding Children Policy (to include Child Sexual Exploitation, Criminal Exploitation of Children, Missing Persons, Radicalisation)
- Safeguarding Adults Policy (dependant on commissioned service)
- Equalities and Diversity Policy
- Health and Safety Policy
- Whistleblowing Policy
- Supervision and Performance Management Policy
- Governance/Clinical Governance
- Information Governance/Data Management
- Complaints (and complements) policy
- Incidents and Serious Incident reporting

2.2.5 During mobilisation of a newly commissioned service, Public Health commissioners or the Commercial and Procurement Division (depending on value) check procedures stated in policies are in place and of the required quality. The commissioners would check ongoing compliance through contract monitoring.

2.3 Quality Assurance Mechanisms

2.3.1 Each commissioned service is assigned a named contract manager who works closely with providers to monitor service quality. Formal contract meetings are held regularly to review Key Performance Indicators (KPIs), incidents, workforce levels, complaints demand/waiting lists and user satisfaction/ feedback. Agreed actions documented in meeting minutes and action plans.

2.3.2 Service provider contracts include the requirement to obtain the views and experiences of people who use these services and to show how these are used to improve the provision of services. Feedback from other user groups and

insight work is also shared to support continuous improvement. There is a new requirement for providers to incorporate the NHS Integrated Commissioning LEEF (Lived Experience and Employment Framework) into service delivery.

2.3.3 The contracts also include the requirement to audit specific activities at set intervals. The results of these surveys and audits are shared and discussed at governance or contract meetings as appropriate.

2.3.4 Public Health staff contribute to multi-agency work led by relevant organisations such as the NHS. This includes safeguarding (children and adults), Child Death Overview Panels, Domestic Homicide Reviews, Suicide Prevention Real-Time Surveillance, and the Controlled Drug Local Intelligence Network.

2.4 Quality Improvement and Learning

2.4.1 The Public Health Service Transformation Programme

2.4.2 The Public Health Service Transformation Programme started in the summer of 2023 and included a detailed review of individual services including quality indicators and assurance processes. In 2025, several key decisions were taken to enable recommissioning of multiple services. The programme is expected to complete in March 2026.

2.4.3 Serious Incidents

2.4.4 Serious Incidents provide an opportunity to learn, improve, and develop services. Public Health has a system in place for reporting serious incidents, reviewing them, learning from them, and applying that learning. This process, including the reporting mechanisms, was reviewed and improved in 2020. It is currently undergoing a further review to refine the requirements and incorporate the new Patient Safety Incident Reporting Framework. The process clearly defines the responsibilities of Public Health Consultants, Contract Managers, providers, and Commissioning and Commercial Assistants, along with timelines for each step.

2.4.5 The serious incident process links with the death in service process.

2.4.6 Public Health leads and chairs a serious incident learning panel renamed recently as the Kent Drug and Alcohol Death Partnership to reflect the multiagency membership of the group. Case studies of reported deaths are brought to the group and discussed openly resulting in suggestions of how improvements can be made.

2.4.7 Complaints, Compliments and Comments

2.4.8 Any complaints, compliments and comments about Public Health Services received are dealt with by either the programme lead or commissioner who will liaise directly with the service it relates to. These are discussed at the relevant meetings; lessons are learnt, with any agreed actions implemented to improve services.

2.4.9 All public Health complaints, compliments and comments are included in the Adult Social Care and Health Complaints Report, which is shared with the Cabinet Committee annually.

2.4.10 The table below details the number of complaints, compliments and comments received during 2024/2025 within Public Health.

Case type	Total
Complaints: • One you services – Weight management • Suicide prevention phone line	2
Comments • Distribution of NHS promotional material. • Sexual Health Services phone line	2
Member Enquiries • Sexual Health services in East Kent	1
General Enquiries • Floride in Water • Sewage outage (redirected to Environmental Agency)	2
Compliments • Public Health Champions course feedback	1
Total Cases	8

2.4.11 No complaints required escalation to be resolved.

3. Quality Process recommendations

3.1 The 2023 quality processes review identified several areas for improvement. These include:

- Recruitment of a Quality Lead to lead and oversee quality
- Re-establishing a Public Health Quality Committee
- strengthening assurance processes for the JSNA
- Undertaking targeted audits of services
- Enhancing equity assessments for access, uptake, and outcomes
- Implementing a Professional Development Policy for Public Health
- Reviewing and improving complaints and compliments processes
- Strengthening the serious incident process for timely and holistic analysis

4. Annual Update

4.1 Quality Assurance roles

4.1.1 In line with the 2023 recommendations, the Public Health Quality Lead was recruited in September 2024.

4.1.2 A decision was taken not to re-establish the Quality Committee and to produce the Quality Assurance Framework instead, with the addition of Quality Assurance as a standing item to the Public Health Senior Management Team meeting agenda for senior leadership oversight.

4.2 The Public Health Quality Assurance Framework

4.2.1 To systematically address the 2023 recommendations, development of the Public Health Quality Framework was initiated. The framework aims to set out how Public Health services and the wider function of public health in Kent are quality assured. A draft is in place and will be used to address gaps identified from the 2023 quality process review.

4.2.2 Governance of the framework will be overseen by the Public Health Senior Management Team.

4.2.3 The Public Health Quality Assurance Framework is expected to be completed early 2026.

4.3 Management of Patient safety incidents

4.3.1 Patient safety incidents are currently managed under the Serious Incident Framework 2015. This system was last updated in 2020.

4.3.2 A new national framework, the Patient Safety Incident Response Framework (PSIRF), was introduced in 2022. It shifts focus of patient safety incidents from blame-focused investigations to learning-focused responses.

4.3.3 Work has begun to review and align Kent's incident management system with PSIRF, including updates to the digital reporting system. Revision of the current Serious Incident reporting policy has begun and is expected to be implemented by April 2026.

5. Conclusions

5.1 The 2023 review led to 13 recommendations for quality improvement which are being addressed through recruitment, governance changes, the Transformation Programme and framework development.

5.2 The development of the Public Health Quality Assurance Framework is underway to ensure consistent quality across integrated commissioning and other public health functions. The framework will be used to address the gaps identified and recommendations listed from the 2023 quality process review.

6. Recommendations

6.1 The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** the content of this report.

7. Background Documents

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809305/Quality_in_public_health_shared_responsibility_2019.pdf

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