

## KENT COUNTY COUNCIL

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### HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Health Reform and Public Health Cabinet Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 17 May 2022.

PRESENT: Mr A Kennedy (Chairman), Mr N Baker (Vice-Chairman), Mr D Beaney, Mrs P T Cole, Ms S Hamilton, Mr P M Harman, Mr D Jeffrey, Mr B H Lewis, Mr J Meade, Mr D Ross, Mr S Webb, Ms L Wright and Mrs T Dean, MBE

ALSO PRESENT: Mrs C Bell

IN ATTENDANCE: Miss K Reynolds (Democratic Services Officer), Ms E Kennedy (Democratic Services Officer), Dr A Ghosh (Director of Public Health), Ms C Holden (Interim Head of Strategic Commissioning, Public Health), Ms A Petters (Risk Manager), Ms L Bush (Senior Commissioner) and Ms W Jeffreys (Consultant in Public Health)

### UNRESTRICTED ITEMS

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

Apologies for absence had been received from Mr Daley, Ms K Constantine and Mr Weatherhead. Mrs Dean was present as a substitute for Mr Daley.

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

In relation to agenda item 8, Mr D Jeffery declared that he organised annual fundraising appeals for the Society for the Protection of Unborn Children.

**191. Minutes of the meeting held on 20 January 2022**  
*(Item 4)*

It was RESOLVED that the minutes of the meeting of the Health Reform and Public Health Cabinet Committee held on 20 January 2022 were correctly recorded and that they be signed by the Chair.

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

1. The Cabinet Member for Adult Social Care and Public Health, Mrs Clair Bell, gave a verbal update on the following:
  - (a) At the beginning of May 2022 Mrs Cole, Mr Meade and Mrs Bell had visited the Harmonia Dementia Village in Dover which offered homes for up to 30 people living with dementia. It was said that, based on a concept originating in the Netherlands, the six houses in the village were designed to look and feel like everyday homes. The design model was intended to promote the independence of the residents and to remove stigma around those living with dementia. The village had an onsite team of carers and nurses who were available 24 hours a day, daily activities, a hub for residents and guest rooms for overnight stays. In November 2021 the Harmonia Village won the 2020 award for Best Dementia Care Development at the Building Better Health Care Awards.
  - (b) Mental Health Awareness week, highlighting loneliness, had taken place in the week commencing 9<sup>th</sup> May 2022. Mrs Bell said that community support services, Live Well Kent and Kent Sheds had reminded residents of the help available. Activities had taken place both online and in person at various locations across the county. Members and the public were reminded that further information about support services was available online at: <https://www.kent.gov.uk/social-care-and-health/health/one-you-kent/every-mind-matters>.
  - (c) Mr Jordan Meade, Deputy Cabinet Member for Adult Social Care, had visited Faversham's Men's Shed Project on Friday 13 May 2022. He said he was impressed by the significant partnership working within the community to deliver social prescribing and peer-to-peer support. Mr Meade congratulated the staff on their adaptation and resilience over the COVID-19 pandemic.
  - (d) Mr Kennedy said he had visited Woodwork for Wellbeing in his capacity as mental health champion. The project provided a safe creative space for people to participate in woodwork activities and aimed to improve mental health and wellbeing and reduce isolation. It was said that the work produced through the project was sold to raise money for the charity. Mr Kennedy also drew attention to the significant work undertaken by Communigrow who offered gardening and outdoor activities for those faced with mental health challenges to support community resilience.
2. Dr Anjan Ghosh, Director of Public Health, gave a verbal update on the following:
  - (a) Members were told that Public Health were cautiously removing the infrastructure that had been set up to tackle the COVID-19 pandemic. Going forward, the intention was to treat COVID-19 as another infectious respiratory disease. There was limited data available due to the discontinuation of universal testing. However, the Public Health response was based on triangulation of data including that provided by the ONS survey, local hospitalisation rates and information on outbreaks. Case rates were consistently higher in older residents. However, care homes cases and hospital admissions were on a downwards trend and case rates overall had reduced by half over the two weeks prior. The dominant strain was said to be the BA.2 variant in Kent, although there were continuous mutations of the virus.

In response to questions from Members it was said:

- i. COVID-19 rates in people aged over 75 remained higher due to their vulnerability. Comorbidity - the simultaneous presence of two or more

diseases or medical conditions in a patient - in many older patients was associated with slower recovery rates within this age category.

- ii. The stockpile of testing kits was being made available to nationally recognised KCC key workers and to a small group of key workers that were not covered by the national guidance. It was anticipated that the surplus stock would be depleted by the end of June 2022.
  - iii. Long COVID-19 figures would be provided to the Committee Members outside of the formal meeting. A report on Long COVID-19 could be brought back to the Committee at a later date once research had been conducted at the national level.
- (b) Dr Ghosh said that Public Health were in the process of developing a five-year system-wide Public Health strategy for Kent which would set out the strategic priorities for Public Health. It was anticipated that this would act as the Health and Wellbeing strategy for Kent and would form significant part of the Integrated Care Strategy. It was said that one of the key focus areas was the tackling of health inequalities, of which 80% were structural in nature. Members were told that a system-wide commitment to ambitious, large-scale agendas would be required to address these inequities.

The development of the strategy was taking place in three parts: a policy research piece, a COVID-19 impact assessment, and research to understand the experience of the lived community. In the meantime, Dr Ghosh said he was also hoping to work with the four Health and Care Social Partnerships under the Integrated Care Strategy to develop trial interventions.

In response to questions from Members it was said that the strategy would take the national NHS England and NHS Improvement Core20PLUS5 approach to reducing health inequalities. The approach defines a target population cohort – the most deprived 20% of the national population – and five clinical areas requiring accelerated improvement. The Kent strategy would also include the consideration of additional areas such as addiction and obesity.

3. RESOLVED that the verbal updates be noted.

### **193. Risk Management: Health Reform and Public Health** (Item 6)

1. Dr Ghosh introduced the paper which presented the strategic risks relating to health reform and public health that featured on either Kent County Council's (KCC) Corporate Risk Register or the Public Health risk register. The paper also explained the management process for review of key risks.

It was highlighted that many of the risks were set in the context of the COVID-19 pandemic. Dr Ghosh said that timing was critical in standing down some of the risks as the pandemic environment shifted. However, the risks were in the process of being reviewed.

In terms of Corporate Risk, Dr Ghosh highlighted that "CBRNE incidents, communicable diseases and incidents with a public health implication" was still rated as a high risk as it was the risk directly linked to COVID-19. However, it was

said that this would be stood down in future if the current COVID-19 trends continue.

There were 18 risks featured in the Public Health risk register of which three were rated high, 13 medium and two low. The key changes in the risk register included the withdrawal of risks related to contact tracing which had been discontinued and the COVID-19 funded programmes being separated from Public Health grant risks. Members' attention was drawn to the Adult Social Care risk related to Integrated Care Systems for which Public Health played a key role in the delivery.

2. In response to questions from Members it was said:
  - i. Nuclear risks were always dealt with on a national scale. The team of nuclear risk specialists based at the United Kingdom Health Security Agency (UKHSA) would initiate any response if triggered but would involve local engagement.
  - ii. Dr Ghosh said that acute events relating to communicable diseases were dealt with by the UKHSA. The consequence management of these events were carried out by local government, particularly the Public Health departments.
  - iii. The number of Health Visitor student places funded by Health Education England had declined and this was partly attributed to COVID-19. However, the health visiting service was being reviewed as a whole, and the risk was one under review by Public Health.
3. RESOLVED to consider and comment on the risks presented.

**194. New Public Health Director**  
*(Item 7)*

Please refer to minute 192.2.b.

**195. Sexual Health Services - COVID-19 Impact and Recovery**  
*(Item 8)*

1. Laura Bush, Senior Commissioner, introduced the report which provided an update on the impact that COVID-19 had had on Sexual Health Services commissioned by Kent County Council. Members were told that there was an error relating to the Overall LARC budget (GP procedures and LARC devices) referenced in Appendix 2 of the report. The variance had been incorrectly stated as an overspend rather than an underspend for both 2020/21 and 2021/22.
2. It was highlighted that during the COVID-19 pandemic face-to-face delivery of Sexual Health Services had been halted. A telephone triage service had been introduced and appointments were moved online, except where the appropriate measures were put in place for necessary in-person consultations. Furthermore, symptomatic online testing was introduced in addition to the pre-existing asymptomatic online testing. Members were told that the service providers were able to maintain a reasonable level of service delivery despite challenging circumstances and walk in clinics had not been reintroduced as there was no decline in services users' ability to access a service. It was highlighted that the pandemic had accelerated the implementation of new delivery models.

3. In response to questions from Members it was said:
  - i. A hybrid, patient-choice model of delivery would continue going forward and would be based on risk analysis. Service delivery levels were being monitored to establish whether this model was meeting demand.
  - ii. A Sexual Health campaign co-designed with young people was launched in August 2021 for six weeks. There is learning from the campaign to build on.
  - iii. Public Health Fingertips data showed a decrease in sexually transmitted infections and in teenage pregnancies for 2020/21 in Kent compared to the previous four years.
4. RESOLVED to note the information contained within the report and comment on the delivery model and approach of Sexual Health Services through the global COVID-19 pandemic.

**196. Public Health Performance Dashboard**  
*(Item 9)*

1. Christy Holden, Interim Head of Strategic Commissioning (Public Health), provided an overview of the Key Performance Indicators (KPIs) for the Public Health commissioned services. In the latest available quarter, Quarter 3 covering October to December 2021, twelve of fifteen KPIs were RAG rated Green, two Amber and one Red. The Red KPI, 'the number and percentage engaged with One You Kent', had increased from 365 to 425 over the last quarter and the direction of travel was good.
2. It was highlighted that the Strategic Commissioning Public Health team were working with service providers and consultants to review the KPIs on an annual basis in order to accurately reflect the activity and to encourage continuous improvement.
3. In response to questions from Members it was said that:
  - i. Specialist infant feeding services were provided directly through children's centres. The delivery continued through the COVID-19 pandemic albeit with a reduced face-to-face service. The provision of online triage increased over this pandemic period to meet demand.
  - ii. Inappropriate referrals to One You Kent for the wrong tier of weight management was impacting the performance figures.
  - iii. Public Health England hold national performance datasets which can be used for comparison purposes. However, as local public health services are commissioned by local authorities in different ways, there is local variation with regards to what is measured and reported on.
4. RESOLVED to note the performance of Public Health commissioned services in Q3 2021/2022 and the proposed target changes for 2022/2023.

**197. Decisions Taken Outside of the Cabinet Committee Meeting Cycle**  
*(Item 10)*

1. Mrs Bell gave an overview of the decision and explained why this had been taken outside of the Cabinet Committee meeting cycle.

2. RESOLVED to note that the following decision had been taken in accordance with the process as set out in Part 2 paragraph 12.35 of the Constitution: 22/00041 - Supplementary Substance Misuse Treatment and Recovery Grants 2022/23 to 2024/25.

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

Members noted the work programme.

**199. Future Meeting Dates**  
*(Item 12)*

Members noted the future meeting dates for the Health Reform and Public Health Cabinet Committee.