

## 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, 12 July 2022.

PRESENT: Mr N Baker, Mrs P T Cole, Ms K Constantine, Ms S Hamilton, Mr A Kennedy, Mr B H Lewis, Mr J Meade, Mrs L Parfitt-Reid, Mr D Ross and Mr S Webb

ALSO PRESENT: Mrs C Bell

IN ATTENDANCE: Dr A Ghosh (Director of Public Health), Mr S Mitchell (Senior Commissioning Manager), Ms D Smith (Public Health Specialist), Miss K Reynolds (Democratic Services Officer) and Mr M Wellard (Interim Senior Commissioner)

### UNRESTRICTED ITEMS

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

Apologies for absence had been received from Mr Harman and Mr Beaney.

**202. Membership**  
(Item 3)

RESOLVED to note that Mrs Lottie Parfitt-Reid had replaced Mr Andy Weatherhead as a Member of this committee.

**203. Declarations of Interest by Members in items on the agenda**  
(Item 4)

There were no declarations of interest.

**204. Minutes of the meeting held on 17 May 2022**  
(Item 5)

It was RESOLVED that the minutes of the meeting of the Health Reform and Public Health Cabinet Committee held on 17 May 2022 were correctly recorded and that they be signed by the Chair.

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

1. The Cabinet Member for Adult Social Care and Public Health, Mrs Clair Bell, gave a verbal update on the following:
  - a. The Met Office had issued a heat health warning from Monday 11 July to Friday 15 July 2022. Members of the public were urged to keep an eye on family members, friends and neighbours who might be considered vulnerable and need extra assistance during this period.
  - b. KCC has a statutory responsibility to publish a statement on the need for pharmacy services in Kent. The Kent Pharmaceutical Needs Assessment will be used by NHS England when considering applications for new pharmacies and helps to inform commissioners of the current provision of pharmacy services. The public consultation is open until the 21<sup>st</sup> of August 2022 at the link provided below:  
<https://letstalk.kent.gov.uk/pharmaceuticalneedsassessment>
  - c. Mrs Bell was pleased to attend and speak at the Reconnect Hackathon event held on 30th June. The Kent Reconnect Programme is a community-led programme designed to get Kent's children and young people back to enjoying the activities and opportunities they took part in before COVID-19, as well as the chance to try new things along the way. The aim of the event was to challenge teams of secondary and primary schools pupils to come up with ways to improve their health and wellbeing. Winners included the development of a project called "My Mind Matters" which is an app to check the wellbeing of pupils and staff available on school iPads and accessible 24/7, a project to improve physical, mental health and wellbeing of children through drama, and an Active Inclusive Lunchtime initiative. The Reconnect programme has made funding available to put these ideas into action. Mrs Bell commented how impressed she was at the young people's enthusiasm, positive energy and creativity.
2. Dr Anjan Ghosh, Director of Public Health, gave a verbal update on the following:
  - a. From July 2022, the Kent and Medway Integrated Care System would be given statutory responsibilities and the Clinical Commissioning Group would be replaced by the NHS Kent and Medway Integrated Care Board. The guidance from NHS England regarding integrated care strategy development had not yet been released.
  - b. The United Kingdom Health Security Agency (UKHSA) had said that avian influenza (bird flu) was primarily a disease of birds and that the risk of jumping to humans was low. However, the disease was affecting many coastal areas and the risk to the general public needed to be minimised further. Dr Ghosh reminded Members and the public to stay away from sick birds and to keep dogs on leads when dog walking.
  - c. Dr Ghosh said that the risk of monkeypox had been downgraded by UKHSA. Members were told that this infection was spread through close physical contact and presented a distinct set of symptoms. The guidance for those who exhibited the rash with blisters was to stay at home, avoid close contact with other people and to call a sexual health clinic for further guidance. The epidemiological situation showed that a high proportion of England cases were London residents. At the time of the meeting there were 96 confirmed cases in the Southeast region.
3. In response to questions from Members it was said that the NHS Kent and Medway Integrated Care board was officer-led with representation from numerous councils and stakeholders. Further information about the membership

was available at: <https://www.england.nhs.uk/wp-content/uploads/2022/06/33-nhs-kent-and-medway-icb-constitution-010722.pdf>.

4. RESOLVED to note the verbal updates.

## **206. Update on COVID-19**

*(Item 7)*

1. Dr Ghosh told the Members that data was indicating an upward trend in COVID-19 infections. It was said that Omicron BA.5 had become the dominant variant and that it had the ability to evade some immune responses. However, those who had been vaccinated were exhibiting milder symptoms. It was expected that the peak of the current wave would happen towards the end of July 2022. Dr Ghosh said that there were business continuity challenges faced by the NHS and KCC due to increasing infection rates among the working age population.
2. In response to questions and comments from Members it was said that:
  - a. The herd immunity theory had not necessarily been discredited. However, there was concern about the rise of new variants. Dr Ghosh would provide Members with figures relating to the percentage of the population who had had COVID-19.
  - b. The eligibility criteria for the COVID-19 autumn booster were determined by central government. The eligibility groups had not been declared at the time of the meeting.
  - c. There was a need to maintain a balance between carrying out statutory duties and keeping Members and staff safe. This had been taken into consideration ahead of the July County Council meeting.
3. RESOLVED to note the verbal update.

## **207. Risk Management: Health Reform and Public Health**

*(Item 8)*

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 the likelihood of risk PH0001 - relating to chemical, biological, radiological, nuclear and explosives (CBRNE) – had been reduced by one level since the May Cabinet Committee meeting.
2. In response to questions from Members regarding health inequalities in Kent, it was said that COVID-19 impact assessments were being carried out and the results would be used as a baseline in future risk management reports.
3. RESOLVED to consider and comment on the risks presented in appendices 1 and 2.

## **208. Public Health Performance Dashboard**

*(Item 9)*

1. Mr Matt Wellard, Interim Senior Commissioner, provided an overview of the Key Performance Indicators (KPIs) for the Public Health commissioned services in the latest available quarter, Quarter 4 covering January to March 2022.
2. The one red KPI was the One You Kent Service, which was due to a reduction in outreach work by the providers as a result of the pandemic. This was the same red indicator as reported in Quarter 3. The service was proactively targeting work within this cohort through increasing outreach and engagement with events in relevant areas.
3. In response to questions from Members it was said that a national KPI or target relating to PH23 (Number and percentage of infants who are totally or partially breastfed at 6-8 weeks (health visiting service)) did not exist. This was due to the patient choice associated with the indicator. Dr Ghosh said that he would consult with the Commissioning team regarding the consideration of a local target.
4. RESOLVED to note the performance of Public Health commissioned services in Q4 2021/22.

**209. Social Prescribing - Presentation**  
*(Item 10)*

1. Mr Simon Mitchell, Senior Commissioning Manager, presented a series of slides (attached to these minutes) which set out the meaning of Care Navigation and Social Prescribing and the various routes of referral and signposting for support. It was said that the profile and investment into Social Prescribing had increased considerably.
2. Mr Mitchell gave an overview of the Council's Positive Wellbeing Service, spoke about the role of Primary Care Link Workers, and highlighted the current and future provision of Care Navigation and Social Prescribing.
3. In response to questions and comments from Members it was said that:
  - a. Social Prescribing and Care Navigation played an integral role in preventative services. Community-led initiatives were important for building resilience, reducing social isolation, and keeping people out of mainstream statutory services for as long as possible.
  - b. As part of increasing awareness about the available services, Mr Mitchell would talk to the providers that deliver the Adult Social Care Community Navigation contracts about their promotion activities.
4. RESOLVED to note the content of the presentation.

**210. Update on the One You Kent Smoking Cessation Service (To Follow)**  
*(Item 11)*

1. Dr Ghosh said that the KPI target for smoking quits had increased from 51% to 55% in quarter three of 2021/22. This was in advance of the implementation date of April 2022. The report presented an explanation of why the forthcoming quit target was not achieved, with particular focus on staff shortages and the limited availability (and subsequent withdrawal) of Varenicline - one of the most effective pharmacotherapies to support smokers in their quit attempt.

2. Debbie Smith, Public Health Specialist, said that the 'quit' success rate was defined as the percentage of those who set a quit date with the Stop Smoking Service, who go on to successfully quit smoking at four weeks. The withdrawal of Varenicline would have an impact on the success rate. However, there were alternative nicotine replacement therapies available along with behavioural support to help improve the success rate. It was also highlighted that during the pandemic, GP surgeries and pharmacies that delivered quit support, alongside community stop smoking services, ceased delivery. Only the core service was available which may have had an impact on the success rate.
3. The Committee were reminded that the data reported in the performance report to the Health Reform and Public Health Cabinet Committee on the 17 May 2022 highlighted an underachievement of 49% against the 55% new target. However, because of data lag issues, this rate increased to 59.8% above achievement of new target (55%) and above the original target of 51%.
4. In response to questions and comments from Members it was said that:
  - a. The National Strategy to be released later in 2022 may provide increased capacity for prevention measures, particularly those aimed at younger persons.
  - b. Routine and manual worker groups and the unemployed were statistically more likely to be smokers. There was a KPI related to smoking cessation in routine and manual worker groups.
  - c. Approximately 95% of those who accessed the service were from white British backgrounds. More work was required both nationally and locally to ensure that the service was accessible to people from different ethnicities.
  - d. 'Vaping' was a growing national concern, particularly the use of electronic cigarettes by young people. It was said that electronic cigarettes were age restricted products which should not be sold to anyone under the age of 18.
5. RESOLVED to note the justifications put forward for the quarter 3 reduction, recognising that Kent has until this period performed above the 55% target.

## **211. Development of a Kent System Wide Public Health Strategy** *(Item 12)*

1. Dr Gosh introduced the paper which discussed the Case for Change, a model to consider the impacts of health and a proposed approach to developing a Kent Public Health Strategy that would be owned by the whole system. It was said that a 2020 report by the Institute of Health Equity and the Health Foundation suggested that health inequality was worsening and the United Kingdom's (UK) life expectancy rates were going down. The COVID-19 pandemic and the cost-of-living crisis exacerbated the existing challenges for the people in Kent.
2. It was said that the historic commissioning focussed public health approach would not significantly impact health inequalities, and a new system-wide strategic approach was required. The new Kent Public Health Strategy, which would take a year to develop, would attempt to harness the power of place and the power of collaboration in addressing health inequalities. As a 'strategy of strategies', the strategy would inform the Integrated Care System Strategy and be

proposed for adoption by the Kent Health and Wellbeing Board as the Joint Health and Wellbeing Strategy (JHWS).

3. The Robert Wood Johnson model was highlighted as a starting point for defining the importance and contribution of different determinants of health. It was said that the strategy would take the national NHS England and NHS Improvement Core20PLUS5 approach to reducing health inequalities and would also include the consideration of additional areas such as addiction and obesity.
4. Dr Ghosh said that the development of the strategy would be informed by public consultation, a COVID-19 Impact Assessment, and a policy review of national and local documentation.
5. In response to questions from Members it was said that:
  - a. Funds were not being diverted away from existing projects in order to achieve the new strategy. Instead, the Kent Public Health Strategy would look at improved ways of using the funding towards these commitments. COVID-19 grants were being used to fund the development of the strategy.
  - b. KPIs would be developed to monitor the progress towards achieving a key set of improved public health outcomes. There would also be a risk register attached to this work.
6. RESOLVED to consider, comment on and endorse the development of the Kent Public Health Strategy as outlined in the report.

## **212. Update on Public Health Campaigns/Communications** *(Item 13)*

1. Jo Allen, Marketing and Resident Experience Partner, introduced the paper which reported on the campaigns and communications delivered through the KCC public health team in 2021/22. It was said that the focus for 2021/22 had been on COVID-19 response and supporting the recovery of many services across Kent.
2. The focus on COVID-19 response and recovery was anticipated to continue in 2022/23. In addition, key Public Health campaigns for 2022/23 would be developed based on the priorities identified by the Director of Public Health and through the community engagement programme. Addressing health inequalities would be a key area of focus during any consultation.
3. It was said KCC's statutory warn-and-inform responsibilities over the Covid-19 pandemic and recent extreme weather events had resulted in a transformed relationship between the local authority and the public. There had been active public engagement with KCC and the Public Health team, and this would be developed further as part of the new Public Health Strategy. There had been a proactive approach to working with local media to keep KCC's profile high.
4. In response to comments from Members Dr Ghosh would consider the addition of a gambling addiction awareness campaign in future communications plans.
5. RESOLVED to comment on and endorse the progress and impact of Public Health communications and campaigns in 2021/22 and the need to continue to deliver throughout 2022/23.

**213. Work Programme**  
*(Item 14)*

RESOLVED to note the work programme.