

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, 5 March 2024.

PRESENT: Mrs L Game (Chair), Ms S Hamilton, Peter Harman, Mr A R Hills, Mr A Kennedy, Mr J Meade, Mr D Ross, Mr R G Streatfeild, MBE, Ms L Wright, Mr D L Brazier and Miss S J Carey

ALSO PRESENT:

IN ATTENDANCE: Dr A Ghosh (Director of Public Health) and Mrs V Tovey (Public Health Senior Commissioning Manager)

UNRESTRICTED ITEMS

302. Apologies and Substitutes
(Item 2)

1. Apologies were received from Jenni Hawkins, Mrs Parfitt-Reid and Mr Beaney. Mr Brazier and Miss Carey were in attendance as substitutes.

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

There were no declarations of interest.

304. Minutes of the meeting held on 23 January 2024
(Item 4)

RESOLVED that the minutes of the meeting held 23 January 2024 were a correct record and that a paper copy be signed by the Chair.

305. 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:

Start for Life Consultations – Mr Watkins said that much work was ongoing to implement the Family Hubs delivery plan. It was noted that two strategies were out for publication: *Nourishing of our Next Generation*, the infant feeding strategy for Kent, and *Nurturing Little Hearts and Minds*, perinatal mental health and parent-infant

relationship strategy. The consultation started on 8 February 2024 and would last for 8 weeks. It was said that the strategies and results of the consultation would be brought before the committee at an appropriate time. Engagement would be a mix of online and in-person events to increase participation. The Cabinet Member urged mums, dads, co-parents, carers and others with experience in early years care to get involved.

Perinatal Mental Health Helpline and Text Service – The Cabinet Member noted that a helpline and text services had been launched to support expectant and new parents and carers who may be struggling with their mental health. It was noted that 1000 parents and carers required mild-moderate perinatal mental health support during each year.

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1. In response to comments and questions, it was said.
 - a. Mr Watkins and Dr Ghosh said that the consultation had no specific target or threshold for the number of responses but more information could be shared outside the meeting.
 - b. Asked by a Member how to ensure the consultation received diverse responses from across many different community groups. Dr Ghosh noted that it had been disseminated widely, with a focus on Family Hubs / Children’s Centres, District Councils and Health and Care Partnerships. Jo Allen said that during the consultation period, there is a review of the responses and will go out for further engagement if required. More information would be provided after the meeting.
2. Dr Anjan Ghosh, Director for Public Health, provided a verbal update on the following:

Measles – It was noted that a national incident had been declared in the West Midlands and London earlier in the year. It was said that Kent’s Measles Mumps and Rubella vaccination (MMR) statistics were below where they should be and much work was ongoing. A catch-up campaign had been launched by the NHS for missed MMR vaccinations for young people, clinics opened over the half-term holiday across the county from 2 March to 18 May 2024. On 19 February 2024 the Integrated Care Board (ICB) facilitated a measles outbreak response exercise to mobilise mass vaccination sites across the county should the UK Health Security Agency (UKHSA) declare an incident. Dr Ghosh said that current case rates across the Southeast remained low with only one probable case in Kent, as of the meeting date.

Childhood Immunisation Campaign – Dr Ghosh said that the UKHSA and HHS had launched a nationwide campaign, on 4 March 2024, to support efforts to increase the uptake of childhood immunisations, for 0-5 years old. It was noted that this followed the negative impact of the Covid-19 pandemic on childhood immunisation rates. Dr Ghosh encouraged Council Members to share the toolkit and other resources online and across their communities.

Integrated Care Strategy Update – Dr Ghosh said they were now at a stage to translate the strategy into action through delivery plans. Each of the 12 districts had their own

named Public Health specialist and a consultant with each Health and Care Partnership. It was noted that each District had committed to forming a Health Alliance that would determine 3/4 priorities and an action plan based on these to be delivered over the next 3 years. A shared delivery plan was also in development which would pick up the key points of the various action plans drawn up by the District Councils, Kent Association of Local Councils, Kent County Council, Kent Police and Kent Housing Group.

Adult Social Care – Dr Ghosh said that work was ongoing with colleagues from adult social care to work on prevention strategies to change the shape of demand for these services. It was noted that this was a national challenge which was yet to be resolved.

Smoke-Free Generation Legislation – Dr Ghosh noted the importance of the legislation for public health outcomes. It was said that smoking numbers were decreasing in Kent but more work was needed. Kent would receive the largest funding allocation in the whole country, £1.9 million each year for the next 5 years. The grant conditions letter had been received and planning was ongoing for interventions on smoking cessation, illegal vape sales and underage vaping.

3. In response to comments and questions, it was said.
 - a. The Chair asked for regular updates on public health's work with adult social care on reducing demand.
 - b. A Member asked if a different way to approach communities who were hesitant about immunisations had been considered. Dr Ghosh said they were building on the research generated during the Covid-19 vaccinations which found that it was similar communities and groups that did not take up the vaccine. Primary Care Networks (PCNs) with a lower rate of uptake had been identified and would be targeted going forward. It was noted that there were links with various community groups and institutions such as schools and would consider other ways of raising awareness such as through the Health Bus.
 - c. Asked if Kent's MMR immunisation rate had been compared with measles outbreak areas in the West Midlands and London Dr Ghosh said the comparison had not been made and there was not a particular reason why Kent was not affected while other areas were, but demographic differences may have been a factor. Dr Ghosh said they would have to be proactive as the situation could change very quickly.
 - d. Dr Ghosh noted that a wide range of stakeholders, including parish councils, were engaged in developing the Integrated Care Strategy and through this engagement helped to craft the priorities. There was an emphasis on the priorities being created and delivered at a local level and not as a result of a top-down strategy.
 - e. Dr Ghosh said that the conspiracy theories and misinformation surrounding the COVID-19 vaccine may be affecting the uptake of MMR, but there was no hard evidence at this time.
 - f. Dr Ghosh noted that an update on social prescribing could be provided at a later date. It was said that work on a directory was ongoing.

- g. It was noted that it was not the responsibility of Public Health Kent to conduct a school immunisation programme but can promote vaccines in these settings.

306. Performance of Public Health Commissioned Services (Quarter 3 2023/2024)
(Item 6)

1. Victoria Tovey introduced the report. It was noted that 11 Key Performance Indicators (KPIs) were Green, 3 Amber and 1 was not available at the time the report was published. An overview of the reports and KPIs was provided. It was said that proposed changes to the KPIs would be brought to the Committee at a later date.
2. In response to comments and questions, it was said.
 - a. A Member asked about the number of children on the health visiting specialist caseload if this data was being used to inform other programmes such as Start-For-Life and if the data was being correlated as age groups progressed. Victoria Tovey noted that the data systems were not interoperable but at an operational level staff worked closely together and would be aware of cases. The Member said an analysis of early years data would be helpful to see if it could be used to predict the likelihood of Special Education Needs support later in life.
 - b. It was noted that the committee would be provided with the data on NHS Health Checks at a later date if this could be shared.
 - c. Dr Ghosh proposed that in the future the committee would be presented with a mix of Public Health Commissioned Services performance indicators and strategic indicators, which would provide details on both the performance of services and the health of the Kent public.
 - d. It was asked why some of the targets appeared to be very low and if this was something that should be changed going forward. Victoria Tovey said there were several different reasons for the level at which targets were set and a paper on KPIs and how targets are set will come to the committee in due course, which will provide further information. Targets were benchmarked against local and national data.
 - e. A Member said that performance benchmarks need to take account of and demonstrate, the impact of population ill health on the Council's financial stability.
3. RESOLVED the Health Reform and Public Health Cabinet Committee noted the performance of public health commissioned services in quarter 3 2023/24.

307. Risk Management: Health Reform and Public Health
(Item 7)

Alison Petters, Risk and Delivery Assurance Manager, was in attendance for this item.

1. Dr Ghosh introduced and provided an overview of the report.
2. In response to comments and questions, it was said.
 - a. A Member asked about where the risks related to climate change were held. Dr Ghosh and Alison Petters said that climate change risk affected multiple directorates and was held on the Growth, Economic Development and Communities risk register and on the corporate risk register.
 - b. The Cabinet Member noted that alongside the core grant, the directorate would continue to apply for funding bids from the central government for public health interventions and programmes and that this should be included as part of the risk register.
3. RESOLVED the Health Reform and Public Health Cabinet Committee considered and commented on the risks presented.

308. Public Health Communications and Campaigns Update
(Item 8)

Jo Allen, Marketing and Resident Experience Partner, was in attendance for this item.

1. Jo Allen introduced the report. It was noted that there would be an ongoing mix of county-wide and targeted campaigns and an overview of forthcoming campaigns was provided.
2. In response to comments and questions, it was said.
 - a. The Chair asked how the success of targeted campaigns was ascertained. Jo Allen said that there were several ways this data could be collected and that each platform and social media channel had its own method of measuring this data. specific details would be provided after the meeting.
 - b. A Member asked for more information on the impact of the campaigns, and it was said that further detail would be provided. Mr Watkins noted that there was marketing impact data in the report but it would be useful to understand how many referrals to services this generated, which was difficult but should be looked into.
 - c. Jo Allen said they would look into utilising the YouTube platform and other social media channels.
 - d. It was said that a programme on smoking and vaping had been developed for the forthcoming year with additional funding and outreach to celebrities had been undertaken.

- e. Jo Allen said that stylistic testing and user journey evaluation were undertaken and used to inform social media strategies to drive engagement.
3. RESOLVED the Health Reform and Public Health Cabinet Committee noted the progress and impact of public health communications and campaigns in 2023/2024 and the need to continue to deliver throughout 2024/2025

309. Whole Systems Approach to a Healthy Weight in Kent
(Item 9)

Rutuja Kulkarni-Johnston, Consultant in Public Health and Dr Abimbola Ojo, Public Health Specialist, were in attendance for this item.

1. Rutuja Kulkarni-Johnston introduced the update and gave a presentation, the slides can be found attached to the report pack.
2. In response to comments and questions, it was said.
 - a. A Member raised the importance of not just providing services but changing the mental attitude of residents to live healthy lives. It was also noted the link between deprivation levels and unhealthy weight due to the high cost of healthier food options. There also needed to be a focus on teaching cooking skills.
 - b. A Member said there needed to be an increased awareness of the life-limiting implications of poor weight management.
 - c. Dr Ghosh noted the difficulty in overcoming the marketing resources of major corporations but there were several public health campaigns in places and outreach opportunities with community stakeholders. Dr Abimbola Ojo spoke on the importance of a whole system approach to focus policy and strategic planning council-wide to support residents in their healthy weight management.
 - d. A Member asked where the key areas of focus would be and what the KPIs for the whole population were. Dr Ojo said that a proportionate universalism approach would be used to target areas of high excess weight while guarding against neglecting other places.
 - e. It was asked if there was data from the areas that had already implemented a similar strategy. It was noted that the University of Kent was measuring the impact of the strategy with a report due soon. It was said that other areas across Europe had implemented whole system strategies which had a positive impact. Dr Ojo said that COVID-19 had reset much of the progress and more time would be needed to generate greater insights. Updates would be provided to the committee.

- f. A Member noted the importance early years interventions and education on healthy living skills.
 - g. The Cabinet Member welcomed the strategy and noted that wealthier districts of the county still had high rates of obesity which needed to be targeted.
 - h. A Member said they would like to see a breakdown of the data by ward.
 - i. The Chair thanked the presenters and asked for an update at an appropriate time.
3. RESOLVED the Health Reform and Public Health Cabinet Committee noted the presentation.

310. Public Health Transformation Update - Verbal Update
(Item 10)

Chloe Nelson was in attendance for this item.

1. Chloe Nelson provided a verbal update. It was said that the programme would review 21 service areas with the aim of improving services. Many of the services expire at the same time as they are part of an overarching partnership contract with Kent Community Health Foundation Trust (KCHFT). Chloe Nelson provided an overview of the partnership and how it supports the Council to achieve public health objectives. It was noted that this was a complex area and mitigations were in place to guard against workforce disruption and maintain delivery of statutory services for Kent residents. The review would provide an opportunity to better embed prevention and improve impact. It was noted that there had been a change to procurement with the new Provider Selection Regime (PSR) going live from January 2024, legal advice had been sought and a mixed approach would be employed for future procurement. The transformation would be delivered in a staggered format to guard against unintended consequences and disruption. Chloe Nelson said that the next steps would be to hold discussions with existing suppliers and providers engage with residents and, following this, revise services models and implement changes. The committee would continue to be updated at future meetings.
2. RESOLVED the Health Reform and Public Health Cabinet Committee noted the verbal update.

311. Work Programme
(Item 11)

The work programme was noted.