

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, 21 January 2025.

PRESENT: Mrs L Game (Chair), Mr P Cole (Vice-Chairman), Mr D Beaney, Mrs P T Cole, Ms K Grehan, Ms S Hamilton, Mr A R Hills, Mr A Kennedy, Mr J Meade, Ms L Parfitt, Mr R G Streatfeild, MBE and Ms L Wright

ALSO PRESENT: Mr D Watkins (Cabinet Member for Adult Social Care and Public Health)

IN ATTENDANCE: Dr A Ghosh (Director of Public Health), Ms W Jeffreys (Consultant in Public Health), Dr E Schwartz (Deputy Director Public Health), Mrs V Tovey (Assistant Director of Integrated Commissioning), Dr M Gogarty (Strategic Lead Public Health Consultant), Ms A Noake (Senior Commissioner) and Ms J Allen (Communications Partner) and Miss G Humphreys (Democratic Services Officer)

UNRESTRICTED ITEMS

353. Apologies and Substitutes
(Item 2)

Apologies had been received from Ms Hawkins and Ms Constantine.

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

There were no declarations of interest.

355. Minutes of the meeting held on 19 November 2024
(Item 4)

RESOLVED that the minutes of the meeting held on 19 November 2024 were a correct record and that they be signed by the Chair.

356. 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. There was no budget item on the agenda, due to there being no substantive update since the budget was last presented to the Committee.
- b. The Department for Education (DfE) had confirmed a further year of family hub funding, an additional £69 million, details of the specific amount awarded to KCC were anticipated. It was expected that the grant funding would be split across the same strands of activity as previously specified by the DfE.
- c. Mr Watkins highlighted the ONE YOU Service, which aimed to help residents make positive lifestyle changes, further information was available on the KCC website.
- d. Smoke free spaces had been rolled out throughout Kent to promote stopping smoking, as well as at three of the Healthy Living Centres in Kent, which has been financed by the 'Stopping the Start' fund. The Smoke Free Kent website was promoting the new the Allen-Carr Method and warning of the dangers of second-hand smoke.
- e. Mr Watkins highlighted Everyday Active Kent, adding that the service was taking on volunteers.
- f. There had been a Postural Stability Consultation which received 141 responses, a report was to come to the Committee in Summer 2025.
- g. The Children and Young People Emotional Wellbeing Service Consultation received 382 responses; a report was to come to the Committee in March.
- h. Mr Watkins congratulated the recipients of the staff awards for services to the people of Kent, Tim Woodhouse received a special achievement award.

2. Dr Ghosh, Director of Public Health, gave a verbal update on the following:

- a. There were three areas of priority in 2024: the Integrated Care Delivery Plan, Public Health Service Transformation Plan and prevention. There was a specific focus on adult social care prevention in collaboration with public health, continued work with family hubs, for which funding continues, especially for the start for life section. New funding of around £1.9 million for the stop smoking services, additionally, Kent had become the country's first marmot costal region
- b. A pharmaceutical needs assessment was underway, there was a public consultation completed on this which received over 1000 responses.
- c. Public Health had helped in developing the Kent and Medway Housing Strategy.
- d. There was a low uptake in immunisations and vaccinations for healthcare workers, there had been a consistent decline post pandemic. There had been no incentive of healthcare workers to get vaccinated, vaccine ambassadors had been created to aid in combatting this. The NHS had launched a targeted campaign for those aged over 65 and healthcare workers.

- e. The COVID-19 spring vaccine programme had been approved and the Respiratory Syncytial Virus (RSV) vaccination programme was continuing having started in September 2024.
- f. Data suggested that the peak for Influenza had been reached and COVID-19 activity remained stable at a low baseline, RSV activity had decreased across most indicators. In Kent there were 16 outbreaks between 16th December 2024 to 9th January 2025 in care homes, 11 of which were Influenza, 3 were RSV and 2 were COVID-19. Kent residents were reminded that vaccination offered the best protection against serious illness and hospitalisation, the national booking system for flu vaccination had closed 19th December, eligible groups were still able to book.
- g. Public Health was working closely with the Children and Young People directorate, especially on family hubs and the Start for Life programme. Part of the design of the services was to embed elements of the Start for Life programme and family hubs within general business, with the aim of still being able to manage and maintain services in alternative ways potentially without funding beyond the next year. Dr Ghosh and members of his team attended a National Institute of Health Research (NIHR) workshop in January with researchers which discussed research programmes relating to children and young people's mental health interventions and programmes, which helped understanding of what could work locally to create maximum impact.
- h. The Suicide Prevention Strategies final year was 2025 in Kent and Medway. Suicide rates in Kent were falling, there was free access to suicide prevention training as well as 'Release the Pressure' social marketing campaigns, the Batton of Hope was due to stop in Kent in September 2025.
- i. Norovirus cases had remained high, up to week 52 in the 2024/25 season, the cumulative number of positive cases in England were more than double the five-year season average. In Kent there were 14 outbreaks of Norovirus between 16 December 2024 to 9th January 2025 reported by UK Health Security Agency (UK HSA).
- j. In March 2025 KCC was to host an alcohol related brain damage conference to raise awareness among commissioners, practitioners and clinicians on risk and damages of alcohol. Additionally, funding for the alcohol related brain damage service in Kent had been confirmed for the next year.
- k. In terms substance misuse, data indicated a slight reduction in alcohol and drug related deaths, although alcohol remained the largest cause of deaths from substances, opiate and non-opiate related deaths increased. In patient detox between April 2023 and March 2024 out of 5480 adults receiving substance misuse treatment, 1.84 persons were using the service which was higher than the national average. There was an aim to get more people into structured treatment, especially those with those using heroin, cocaine and crack, there had been a 7.7% increase through the efforts done in that area. There was work done to improve treatment

and recovery for those with co-operating conditions, which was on top of substance misuse.

- I. There was work done with the Children and Young People directorate on family hubs and the Start for Life Programme in order to maintain these services in case of a lack of funding next year.

3. In response to comments and questions it was said:

- a. A Member questioned whether the decline in flu vaccines were due to comparison to pandemic data, where vaccines were at a peak. Additionally, whether younger care workers were eligible for the vaccine. Dr Schwartz shared that incentivisation had stopped as well as the vaccination drive during the pandemic so figures are lower, adding that there were no specific limits on eligibility.
- b. When asked about the number of children receiving vaccines. Dr Ghosh had shared that there had also been a lack of confidence in vaccines due to false information about the MMR vaccine. The vaccine programme had been challenged but a steering group had been developed to try and tackle any issues present. Dr Schwartz added that there was a backlog of residents receiving vaccines due to the COVID-19 Pandemic, agreeing that the misinformation around vaccines had led to a lack of trust in the service from parents. Due to the Pandemic there had been much closer working across the system on data and communication with residents.
- c. A Member questioned the rise in the use of synthetic opioids and issues with dodgy batches of drugs. Dr Ghosh shared that the Substance Misuse Alliance, a multi-agency partnership, in which the Drugs and Alcohol Executive Group sits, the police probation, the provider of substance misuse services, public health colleagues and others sit on. In public health the focus is on supporting patients in recovery and working on prevention. The Police were involved in the supply side, many of these drugs are lethal and can be cut with impurities. The Local Drug Information System (LDIS) alerts partners of any issues, managed by KCC, alongside the police and Medway colleagues on behalf of Kent and Medway. Cases were low in Kent, but this did not mean the issue should be overlooked.
- d. A Member questioned the surge in flu and RSV cases and whether there was work being done to look into the impact in the rise of flu and what was being done to improve for next year. Dr Ghosh shared that this was being looked into with a variation of organisations to attempt to pull together information. He added that the service could not act until funding and conditions were revealed. The service were starting earlier with prevention, but this was an ongoing crisis, not only present during winter months.
- e. A Member raised the issue of young people taking drugs, especially unlicensed drugs such as those for weight loss, asking whether there were campaigns to advocate against these trends. Dr Ghosh shared that there were no active cases in Kent but the service would look into this with a proactive approach.

- f. A Member raised concern about advertisements from high street retailers promoting their sale of weight loss drugs and asked the service to take a look into this, which Dr Ghosh agreed to do.

4. RESOLVED that the updates be noted.

357. Performance of Public Health Commissioned Services (Quarter 2 2024/25)
(Item 6)

1. Victoria Tovey, Assistant Director of Integrated Commissioning, introduced the report and shared that there were no significant updates since the date of publishing.
2. RESOLVED that the Committee noted the performance of Public Health commissioned services in Q2 2024/2025.

358. Public Health Service Transformation and Partnerships
(Item 7)

1. Dr Ghosh and Ms Tovey introduced the report and shared that there were no significant updates since the date of publishing.
2. In response to comments and questions asked it was said:
 - a. Ms Tovey assured Members that the service always looked into how to engage with those with lived experience. In substance misuse, a Lived Experience Recovery Organisation had been developed. Kent and Medway had developed a lived experience framework which had been embedded into the specifications and providers were being asked to consider and see how they can take this into new services.
 - b. Mr Watkins thanked the team for their hard work, the Chair extended the Committees thanks to the team.
3. RESOLVED that the Committee noted the information contained within the update report.

359. 25/00001 Children and Young People - Health Visiting and Infant Feeding Services - Key Decision
(Item 8)

4. Wendy Jeffreys, Consultant in Public Health, introduced the report and shared that there were no significant updates since the date of publishing.
5. In response to comments and questions it was said:
 - a. A Member raised the issue of staffing problems and asked for further clarity on how many mothers the system was expecting to

reach. Ms Tovey shared that the anti-natal metric was based on face-to-face services, noting that visibility and accessibility were important factors. Ms Noake added that mothers were also under the care of maternity services.

- b. A Member questioned how the service had changed over time for the better. Ms Jeffreys said that the service followed the guidance of the Health of Child Programme. Whilst there had been higher pay in London boroughs, there had been conversations with neighbouring Local Authorities to find out discrepancies in offers. The challenge of retaining a workforce was identified, to combat this the service was increasing the amount of people trained to be a health visitor.
- c. A Member questioned whether children were toilet trained through the Health Visiting Service. Ms Jeffreys shared that within the Packages of Care, which was a part of the Health Visiting Service, toilet training was included.
- d. A Member questioned the data surrounding the KPIs of the service and the impact of local government reorganisation on contracts. Ms Noake shared that there was still the same measure, the data reported by the service on the KPI's was what was fed in nationally that appears in the data set. The service had the top performance in the South East. Targets were increased due to the service's high achievement, which explained why the rating dropped. Ms Tovey affirmed that the service performs very well. Additionally, agreeing to bring further updates to the Committee on the performance of the services.
- e. A Member raised the issue of postnatal depression, those struggling may get missed by the service, especially those who live in remote areas such as in Marden where a children centre had closed down. Ms Jeffreys shared that health checks include mental wellbeing support. The Family Hubs Programme support people to have a better understanding of perinatal mental health. As part of the Family Hub Outreach Programme services, the Health Visiting Services were run out of Marsden Library after the Children Centre had closed down. Ms Tovey shared that it was a proactive service where everyone should receive a mandated check with the very experienced workers. Ms Noake offered to provide the Member with specific details about the postnatal support available in Marden.
- f. A Member questioned the stages of contact the service has in terms of the letters it sends out. Ms Tovey shared that it was a tailored approach based on individual circumstances. Ms Noake shared that within the initial letter there are links to online services and the phoneline specific to the individuals district to provide extra support. Ms Tovey added that any vulnerable families known to the service would receive a more proactive approach of getting in contact. Ms Noake added that the service receive data based on whether children were present at mandated appointments, as a further protective measure.
- g. A Member questioned the data present within the report. Ms Noake clarified that all first-time parents and those parents triaged on to the specialist or targeted caseload were invited for a in person or

virtual contact. The letters are only for those parents who do not fall into the categories for the in-person contact. Ms Noake added that the team would come back to the Committee with the specific figures for contact with first time parents.

- h. A Member questioned the location and accessibility of the Place Based Infant Feeding Service. Ms Noake shared that there were two in person Infant Feeding Services and one virtual service in each district. Additionally, through the Start for Life Funding the service had been able to invest in a number of Local Infant Feeding Grants to have a more targeted approach as well as more insight. Ms Tovey added that through the market engagement survey the service had learnt that there were a number of local providers that had good connections within communities who were well placed to offer some of these services.

- 6. RESOLVED that the Committee endorsed and made recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision.

360. Public Health Communications and Campaigns Update *(Item 9)*

- 1. Jo Allen, Communications Business Partner, introduced the report and shared that there were no significant updates since the date of publishing.
- 2. In response to comments and questions it was said:
 - a. When asked when the team would be coming back to the Committee with specific data, Ms Allen shared that it would be provided during the annual review item at the March meeting.
 - b. A Member questioned how communication with Kent residents about the delivery of the Integrated Care Strategy was to take place. Ms Allen shared that the delivery of the Integrated Care Strategy was to come back to the Committee in March with an update, the team was working with NHS and ICB colleagues to plan this.
 - c. A Member questioned what social media channels the team were utilizing. Ms Allen shared that the main channels utilized were Facebook, Instagram and X, as well as all communications being promoted on KCC channels. The team considers a target audience for all communications, there was research being done into newer forms of social media to try and reach a larger audience.
 - d. A Member asked what was being done to promote children's mental health week and whether there was any work done towards getting into contact with Kent Team GB medalists. Ms Allen shared that the team would come back to the Committee on children's mental health week details. Additionally, it was said that there was no response received after attempted contact with Kent Team GB medalists. There was a working group for 2025/26 to look into priority for young people.

- e. A Member questioned the possibility of expanding animated advertising and whether advertising for healthy living could be placed into further public areas such as school's or shopping centres. Ms Allen shared that the service already worked with the school's network, there had previously been advertising in shopping centre's however that was expensive.
- f. A Member questioned how the service reached older residents to inform them of important updates such as the weather. Additionally, asking if Members could be sent the communications directly so they could share it with their districts. Ms Allen shared that work had been done on social media to inform all residents of updates, but notifications were also sent to care homes. Ms Allen explained that all Members received media briefs of any communications to Kent residents, but she agreed to send recent media briefings directly to the Member.
- g. A Member questioned the engagement numbers surrounding the Living Warriors, sharing that a shorter video would have been more effective.

RESOLVED that the Committee noted the progress of Public Health communications and campaigns in 2024 and the need to continue to deliver throughout 2025.

361. Kent Marmot Coastal Region Programme
(Item 10)

- 1. Dr Ghosh and Dr Schwartz introduced the report and shared that there were no significant updates since the date of publishing.
- 2. In response to comments and questions it was said:
 - a. A Member questioned when the effects of this programme would be seen and how much would that take in terms of resources. Dr Schwartz shared that in reference to the Robert Johnson Strategy within the Integrated Care Strategy where there was an 80/20 split for wider determinants and healthcare services respectively. This programme fell within the wider determinants, the work to get residents into work and developing skills was ongoing but there was still work to be done with making the connections between health and work and skills for work. There is the hope that through making these connections between wider determinants and health outcomes would make a positive change for coastal communities. Work was taking place within KCC around 'Connect for Work' with government funding, there is a hope that through joining programmes such as this with the Kent Marmot Coastal Region Programme resources could be directed to coastal regions.
 - b. A Member noted that this programme was positive for young people trying to find employment. Further, offering the support of the Romney Marsh Partnership, highlighting Lighthouse on The Marsh education centre which aimed to support young people to get them

into employment. Dr Ghosh took note of this and was to contact the Member outside of the meeting.

- c. A Member questioned how the service was to process the amount of information that would be received from the surveys conducted. Dr Schwartz shared that there were aspirations to see initial results soon, work was being done with organisations in health and social care to try and get residents into employment. There was to be a review into data and recommendations. Dr Ghosh added that there was a significant amount of data available already, so the focus was on pulling that data together, first results were expected within months. The Institute of Health Equity was doing similar work nationwide, with a body of national and international evidence. Dr Ghosh added whilst the team did not have all of the answers presently, they would be happy to come back to the Committee at a later date.
- d. A Member noted the importance of taking advantage of the wider corporate world in terms of funding, also questioning whether developer contributions could be procured. Dr Ghosh explained the team were in dialog with KCC's Director of Growth and Communities, noting that the close relationships built with district and borough councils would help with this as they would be running the process in their local districts. Additionally, there was money coming in nationally in this area.
- e. A Member recommended the team contact a Doctor from the University of Kent about the programme. Dr Ghosh took note of this.

3. RESOLVED the Committee noted the content of the report.

**362. 24/00115 Kent County Council Integrated Care Strategy (KCC ICS)
Delivery Plan - Key Decision
(Item 11)**

- 1. Dr Ghosh and Dr Gogarty, Strategic Lead Public Health Consultant, gave an overview of the reports and the process behind the decision.
- 2. In response to comments and questions it was said:
 - a. A Member questioned what was being done to address the levels of hospital admissions due to violent crime. Dr Gogarty shared that work was done with the Police Crime Commissioner to help inform the strategy, additionally there was a police presence on the ICP.
 - b. A Member questioned whether some health alliance strategies were aligned with the Integrated Care Strategy. Furthermore, whether there was peer review with other councils. Dr Ghosh believed that the strategies were not dis-aligned, sharing that the healthy alliances strategy guidance was broad enough. District councils discussed this first and then it came to KCC to ensure that all areas of local government had a part in the decision. Dr Ghosh added that there was no formal peer review, however the ICB was co-terminus. Dr Gogarty added that this gave the districts the opportunity to

engage in the health alliance and gave the opportunity for everyone to move with their own specific agenda to promote the interests of their local populations. In terms of peer review there had been positive feedback on the Integrated Care Strategy from other systems.

- c. Mr Watkins thanked the team for their work towards the delivery plan.

RESOLVED that the Committee commented on and made recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision.

363. Work Programme
(Item 12)

1. A Member suggested a future item to provide the Committee with an update to the performance of the Health Visiting and Infant Services contracts in response to local government reorganisation.
2. RESOLVED that the work programme was noted.