

**HEALTH REFORM AND PUBLIC HEALTH CABINET
COMMITTEE**

Tuesday, 5th March, 2024

10.00 am

**Council Chamber, Sessions House, County Hall,
Maidstone**



AGENDA

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Tuesday, 5 March 2024 at 10.00 am
Council Chamber, Sessions House, County Hall,
Maidstone

Ask for: **Dominic Westhoff**
Telephone: **03000 412188**
dominic.westhoff@
kent.gov.uk

Membership (17)

Conservative (12): Mrs L Game (Chair), Mr P Cole (Vice-Chairman), Mr D Beaney, Mrs P T Cole, Ms S Hamilton, Mr A R Hills, Mr A Kennedy, Mr J Meade, Mrs L Parfitt-Reid, Mr D Ross, Ms L Wright and Mr T L Shonk

Labour (2): Ms K Constantine and Ms K Grehan

Liberal Democrat (1): Mr R G Streatfeild, MBE

Green and Independent (1): Mr Peter Harman and Ms J Hawkins

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

- 1 Introduction/Webcast announcement
- 2 Apologies and Substitutes
To receive apologies for absence and notification of any substitutes present
- 3 Declarations of Interest by Members in items on the agenda
To receive any declarations of interest made by Members in relation to any matter on the agenda. Members are reminded to specify the agenda item number to which their interest refers and the nature of the interest being declared
- 4 Minutes of the meeting held on 23 January 2024 (Pages 1 - 8)
To consider and approve the minutes as a correct record.
- 5 Verbal updates by Cabinet Member and Director

- 6 Performance of Public Health Commissioned Services (Quarter 3 2023/2024)
(Pages 9 - 16)
- 7 Risk Management: Health Reform and Public Health (Pages 17 - 34)
- 8 Public Health Communications and Campaigns Update (Pages 35 - 40)
- 9 Whole Systems Approach to a Healthy Weight in Kent (Pages 41 - 50)
- 10 Public Health Transformation Update - Verbal Update
- 11 Work Programme (Pages 51 - 54)

EXEMPT ITEMS

(At the time of preparing the agenda, there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Benjamin Watts
General Counsel
03000 416814

Monday, 26 February 2024

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, 23 January 2024.

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

ALSO PRESENT: Mr D Watkins and Mr P Oakford

IN ATTENDANCE: Ms J Blenkinsop (Projects Manager), Dr E Schwartz (Deputy Director Public Health), Mr D Shipton (Head of Finance Policy, Planning and Strategy), Mrs V Tovey (Public Health Senior Commissioning Manager) and Mr D Westhoff (Democratic Services Officer)

UNRESTRICTED ITEMS

292. Apologies and Substitutes
(Item 2)

There were no apologies for absence.

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

There were no declarations of interest.

294. Minutes of the meeting held on 7 November 2023
(Item 4)

RESOLVED that the minutes of the meeting held on 7 November 2023 were a correct record.

295. Revised Draft Revenue Budget 2024-25 and 2024-27 MTFP, Draft Capital Programme 2024-34 and Treasury Management Strategy
(Item 5)

1. Mr Oakford introduced the revised draft budget and provided a high-level overview. It was noted that since the previous meeting, the draft budget had been balanced. Mr Oakford then provided an overview of the key measures taken to produce the draft budget and the financial risks going forward.

2. In response to comments and questions from Members, it was said
 - a. A Member raised a concern about the scale of the public health challenges that would face Kent and the Council in the years ahead. It was said that the budget did not respond adequately to the level of need and that the standard of services was declining. Mr Oakford noted that demand growth in social care was exceeding the funds available and that the Council will continue to operate in difficult conditions until that is resolved. It was said that lobbying for additional funding from the central government was ongoing. Mr Watkins noted that much of the Public Health budget was ringfenced and that the consequence of global events would mean that additional funding would be difficult in the years ahead so the focus would be on transformation projects and integrated care to improve the efficiency of spending while meeting growing health and care needs.
 - b. Mr Oakford said that there was no plan to cut spending on libraries.
 - c. A Member said that negative health outcomes were increasing which would lead to an increase in the number of people with health needs, placing pressure on Council resources.
 - d. Numerous Members noted how challenging local, national and global events and challenges had been on Council finances and resources.
 - e. A Member said that in the past it had been difficult to work effectively with NHS colleagues but the work on the Integrated Care Strategy the preventative agenda was promising.
 - f. A Member said that costing on the level of demand was needed to understand the gap between the capacity of the £4 billion health system in Kent compared with the scale of demand. Mr Watkins noted that the data being requested would be held at the Integrated Care Board (ICB) or Integrated Care Partnership (ICP) levels. It was said that the directorate would decide where to prioritise spending to best meet the needs of Kent residents and an evidenced-based strategy was in place.
 - g. Members raised a concern about the impact of children's services and youth centres, which provided support on cooking skills, sexual health and other life skills and the effect the loss of these places would have on health outcomes. Mr Watkins said that a big investment had been made in the Start-for-Life Programme which would be important for families and young people. Dr Schwartz said that the Family Hubs was an opportunity to bring many of these services together that would provide holistic support for young people and families.
 - h. Members noted that mental health provision and support for young mothers were lacking and difficult to access. Mr Watkins noted that there was a gap between clinical health and mental health provisions and improving this was a work in progress. Dr Schwartz said that the Start-for-Life programme would support young mothers with breast feeding, infant feeding and perinatal mental health.

3. RESOLVED that the Health Reform and Public Health Cabinet Committee noted the updated revenue budget and MTFP, draft capital strategy and programme, and draft Treasury Management Strategy.

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

1. Mr Watkins, Cabinet Member for Adult Social Care and Public Health, gave a verbal update on the following:

One You Kent – The Cabinet Member highlighted the service which would support residents adopt healthier lifestyle changes, 1-1 support was available with a lifestyle advisor who would help overcome barriers, maintain motivation and make manageable changes.

MMR vaccinations – Mr Watkins noted that recent data had shown that the rates of measles had increased. It was said that parents were being urged to ensure that their children were up to date with their MMR vaccines and review their child's 'red book' Personal Child Health Record. In Kent 89.6% of children had received their first dose and dropped to 85.2% for their second dose, it was noted that the Government's advised rate was 95%.

Start For Life Funded Breastfeeding Grants – Mr Watkins noted that the grant programme for small businesses and community organisations to support their customers and service users with on-premises breastfeeding facilities would be extended until Wednesday, 31 January 2024.

2. In response to comments and questions, it was said:
 - a. A Member noted that there was a shortage of 2500 midwives nationally and that without addressing this issue delivering on breastfeeding support and perinatal mental health outcomes would be difficult. Dr Schwartz noted that workforce was a key area of the Integrated Care Strategy but it was said that service provision around the birth of the child was very good in comparison to peers.
 - b. It was agreed that the data on the capacity and scale of demand for One You Kent would be shared after the meeting. Mrs Tovey noted that overall, One You Kent had the capacity but waiting lists for certain programmes had been introduced for a time-limited period, such as stop smoking and weight loss programmes.
3. Dr Ellen Schwartz, Deputy Director for Public Health, gave a verbal update on the following:

MMR Vaccinations – Dr Schwartz said that much Public Health work had gone into identifying target groups including the Gypsy, Roma and Traveller (GRT) community.

Integrated Care Strategy – It was said that all the partners of the ICP, Kent County Council, Medway Council and the ICB, had agreed on the strategy. It was noted that the strategy was being redesigned for a wider launch at the end of 2024 and would formally embed the preventative agenda and focus on the wider determinants of health and health inequalities going forward.

Substance Misuse – Two stakeholder events on drugs and alcohol were held in December 2023 which were well attended and received positive feedback. Awareness was being raised for contaminated cocaine and heroin.

Children, Young People and Maternity – Dr Schwartz noted that the development of two co-created strategies was included in the minimum requirements from the Department for Education for the Family Hubs programme. Providers were commissioned and these had been developed. They were:

- Infant feeding strategy for Kent and
- a Perinatal Mental Health and Parent-Infant Relationship strategy for Kent.

These would be presented for public consultation from the 8 February 2024 for 8 weeks and would be brought back to a subsequent committee meeting for Members to consider before the decision to approve and adopt the strategies was taken by the cabinet member.

It was also said that a 24/7 phone and text service for perinatal mental health was due to be launched.

Sexual Health – Dr Swartz noted that a national contract to provide oral contraception through pharmacies commenced in December 2023.

Oral Health – A supervised toothbrushing programme had been launched in primary schools and early years settings. A wider promotion of oral health across the system had been commissioned by Public Health.

GRT Communities – Dr Schwartz informed the committee that a Health Needs Assessment (HNA) was now available through the Kent Public Health Observatory website. The second phase of the HNA had been launched and a research coordinator had been appointed.

The GRT HNA can be accessed at the following link: <https://www.kpho.org.uk/joint-strategic-needs-assessment/health-intelligence/population-groups/ethnicity#tab1>

Ageing Well – It was said that Public Health was working with the ICB to shape a Kent and Medway ageing well strategy, which would prioritise prevention such as physical activity and social connectedness.

Adult Social Care Prevention– It was noted that Public Health was working with Adult Social Care to better understand the data on the demographics in Kent and the risk of how many residents will require the highest levels of social care. This would be used to model different models to reduce demand.

4. In response to comments and questions from the committee, it was said:
 - a. A Member asked what percentage of GRT children had received both doses of the MMR vaccine and highlighted the risk that measles posed to pregnant women.
 - b. It was said that NHS oral health and dentist provision for adults and children in Thanet was very low.

- c. A Member recommended that all colleagues receive briefings on the wider determinants of health.

297. 24/00001 - Stop Smoking Services and Support Grant (Section 31 Grant)
(Item 7)

24/00001 - Stop Smoking Services and Support Grant (Section 31 Grant)

Rutuja Kulkarni-Johnston, Luke Edward and Chris Beale were in attendance for this item.

1. Dr Schwartz introduced and provided an overview of the report.
2. Ms Kulkarni-Johnston said that the money provided an opportunity to support more residents with additional services to meet the nationwide 2030 target to decrease the number of smokers to 5% of the population.
3. Mr Beale provided further information on the Section 31 Grant. It was noted the grant would come with criteria attached which were expected by the end of January 2024. One of the conditions was that the existing stop smoking funding must remain at the same level it was in 2022/23 in the year ahead, for Kent this was £1.7 million. It was said that the grant would go live on 6 April 2024.
4. Mr Watkins welcomed the additional funding for the Prime Minister's smoke-free generation measures. It was noted that the Cabinet Member was comfortable with maintaining the spending on stop-smoking measures, currently, this was 2% of the overall public health budget.
5. The Cabinet Member and Public Health officers agreed to review the types of e-cigarettes and vapes offered to residents as a tool for smoking cessation after a member raised that individuals were guided to a supplier that offered disposable vapes, which was contrary to the Council's decision to ban disposable vapes for public health and environmental reasons.
6. RESOLVED that the Health Reform and Public Health Cabinet Committee endorsed the acceptance of the Stop Smoking Services and Support Grant 2024/2025 to 2028/2029, subject to final review and consideration of detailed terms and conditions from the Department of Health and Social Care.

298. Public Health Performance Dashboard - Quarter 2 2023/24
(Item 8)

1. Dr Schwartz introduced the report and provided an overview. It was noted that out of 15 Key Performance Indicators (KPIs), 11 were rated Green and 4 rated Amber.

2. Mrs Tovey provided an overview of the KPIs. It was said that overall performance was good and the areas that required continued monitoring or improvements were identified. Ms Tovey noted that the team were currently reviewing all KPIs ahead of the new year, information on any changes would be provided at a future meeting.
3. In response to comments and questions, it was said.
 - a. Mrs Tovey noted there had been fluctuations with *PH13 No. and % of young people exiting specialist substance misuse services with a planned exit*. It was noted that this was usually a community-based service and there was a requirement for services to ensure there was a planned exit. Young people who did not exit in a planned way, may have disengaged or/and cannot be contacted despite various attempts. The team would continue to monitor this KPI going forward.
 - b. A question was asked in relation to the budget for residential detox services. Mrs Tovey confirmed that there was sufficient budget for detox and an option for people to have community detox services if clinically appropriate. A lot of work had gone into ensuring that funding was there so that places would be available.
 - c. It was questioned that the data presented on PH01 on NHS health checks was not in line with the experience of residents in Sevenoaks, where there was a large difference in uptake and invites between GP surgeries. It was asked if district-level data could be provided so that poor-performing areas could be identified for improvement. Mrs Tovey noted that the programme had stopped during the Covid-19 pandemic and the service had worked with primary care providers to invite those eligible for health checks. If GPs do not grant access to their data then everyone aged 40-74 would be invited but not all of those would be eligible and other flexible approaches were being worked on. It was noted that residents could directly apply for health checks and outreach work was being undertaken in areas with poor uptake. It was said that a text message service was also being piloted.
 - d. On *PH 25 No. and % of clients currently active within One You Kent services being from the most deprived areas in Kent* it was asked if wider advertising was required to encourage residents to access the services available and if data on the unmet demand and capacity of the services could be provided. Mrs Tovey said that in general people would not be turned away and the target would be increased if more people signed up in an area. It was noted that targeted marketing was done and outreach in deprived areas.
 - e. Mrs Tovey said there could be several reasons why an individual was referred to a drug and alcohol service but did not receive treatment. For example, they may have a more pressing need they wish to address first such as housing or mental health or decide that the timing isn't right for them. The service would activity work with any referrals. It was noted that the service would know if the individual was also receiving mental health support.
 - f. A Member raised the difficulty of accessing services in deprived rural areas. Mrs Tovey noted the concern and said that community teams could do outreach work

in such areas to take pressure away from primary care services. It was said that district-level data on NHS Health Checks could be provided after the meeting and would show variation of performance levels

- g. Asked by a Member for further details on the text messaging pilot. Mrs Tovey said that much time had been spent on getting the right wording to make clear it was from an NHS provider and residents would be able to verify with their GP surgery.
4. RESOLVED the Health Reform and Public Health Cabinet Committee noted the performance of Public Health commissioned services in Q2 2023/24.

299. Public Health Service Transformation Programme - Update
(Item 9)

Chloe Nelson was in attendance for this item.

1. Dr Schwartz introduced the item.
2. Ms Nelson provided an overview of the paper. It was noted that the first three phases of the programme had been completed and were now developing a business case for the revised service model. Ms Nelson gave details of the next steps and said that the committee would be regularly updated as progress was made.
3. Mrs Tovey provided some further details on the Provider Selection Regime as it replaced the previous public contract regulations and would change how Public Health buy services. It was noted that national webinars were taking place, and further details would be shared after the meeting.
4. In response to comments and questions, it was said
 - a. It was noted that there had been additional funding made available for areas such as smoking, infant feeding and perinatal mental health. Work was needed to look at the sustainability of this work, and to manage the demand created if the additional funding stopped. Work would be done on efficiency and areas with the greatest need would be targeted.
 - b. A Member raised a concern that individuals often presented with complex needs, meaning they needed support from more than one service which meant being signposted to other providers. Mrs Tovey said it was important not to overload the workforce but would need to maximise opportunities and upskill workers to provide holistic support. Dr Schwartz noted that work was ongoing to provide more joined-up services, but this would take time.
5. RESOLVED the Health Reform and Public Health Cabinet Committee noted the Public Health Service Transformation Programme update.

300. Health Inequalities - An Overview on the Differences in the Wider Determinants of Health and Health Outcomes across Kent
(Item 10)

1. Dr Schwartz introduced and provided an overview of the report.
2. In response to comments and questions from Members, it was said
 - a. Members said that the findings of the report should dictate the policy direction of Public Health and the Council going forward. It was said that the data demonstrated many of the challenges that residents from deprived areas were facing across the county and their divisions.
 - b. Dr Schwartz noted that the health data would be used to inform housing decisions and other policy areas across the Council and within district teams. Mr Watkins noted that this data would be used to help develop evidence-based interventions and strategies as part of the Public Health Transformation Programme. The Cabinet Member noted that the ICP and Integrated Care Strategy would support measures to tackle the wider determinants of health across the county.
 - c. Members requested a breakdown of the data by division or by ward. Dr Schwartz noted that the data was shared with district and borough councils.
 - d. Dr Schwartz noted that the Council was a very data-rich organisation but there were gaps in the data corresponding to service access and work was ongoing to acquire this. Dr Schwartz would look into how the surveys were penetrating different ethnic communities within districts.
 - e. A Member requested that peer counties and public health teams be benchmarked to see which interventions had been successful in reducing health inequalities.
 - f. In response to Members' concerns over the availability of cheap unhealthy food options across the county, Mr Watkins said that direct interventions on smoking cessation were very different to interventions on food consumption, as there was no consensus on the right approach and any interventions would need to be initiated nationally by central government.
3. RESOLVED the Health Reform and Public Health Cabinet Committee noted the report.

301. Work Programme
(Item 11)

RESOLVED that the work programme 2024 was noted.

From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health
Dr Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee
– 05 March 2024

Subject: **Performance of Public Health Commissioned Services (Quarter 3 2023/2024)**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This report provides an overview of the Key Performance Indicators for Public Health commissioned services. In the latest available quarter, October to December 2023, of 15 Key Performance Indicators eleven were RAG rated Green and three Amber. One Key Performance Indicator was not available at the time of writing this report. This is detailed below.

Number of people successfully completing drug and/or alcohol treatment of all those in service.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q3 2023/2024.

1. Introduction

- 1.1 A core function of the Cabinet Committee is to review the performance of services which fall within its remit.
- 1.2 This report provides an overview of the Key Performance Indicators (KPIs) for the Public Health services commissioned by Kent County Council (KCC) and includes the KPIs presented to Cabinet via the KCC Quarterly Performance Report (QPR). Appendix 1 contains the full table of KPIs and performance over the previous five quarters.
- 1.3 This report also provides some additional details in response to previous points raised by this committee.

2. Overview of Performance

- 2.1 Of the 15 targeted KPIs for Public Health commissioned services, eleven achieved target (Green) and three were below target although did achieve the floor standard (Amber). One KPI was not available at the time of writing this report: Number of people successfully completing drug and/or alcohol treatment of all those in service.

3. Health Visiting

- 3.1 In Q3 2023/2024, the Health Visiting Service delivered 17,198 mandated universal health and wellbeing reviews, slightly lower than the previous quarter (17,320). The service remains on track to meet the increased annual target of 68,000 (by the end of the year). Four of the five mandated contacts met or exceeded the targets with the proportion of new birth visits delivered within 10–14 days at 94%, slightly below the 95% target. Overall, 99% of new birth visits were delivered within 30 days and families with additional needs are always prioritised.

The service launched a universal digital antenatal offer in January available to all families in Kent accessible via [Kent Baby](#). Two antenatal infant feeding sessions per district are being launched for families to book. This is in addition to the weekly infant feeding drop-ins already available in each district. Local breastfeeding support is the subject of a current 'Beside You' campaign. More information is available at [#Beside You | Breastfeeding support in Kent and Medway](#).

At the end of Q3 2023/2024, there were 5,637 children on the health visiting specialist caseload. The specialist caseload includes children and families who require intensive support for complex or multiple needs, and families where there are safeguarding concerns. There are also 1,986 children on the targeted caseload. The targeted caseload includes children and families who require extra help to improve education, parenting, behaviour or to meet specific health needs.

4. Adult Health Improvement

- 4.1 In Q3 2023/2024, there were 7,322 NHS Health Checks delivered to the eligible population. This represents a slight reduction from 7,767 checks delivered in the previous quarter. However, this aligns with the historical lower uptake seen in December each year. A total of 30,188 checks were delivered in the 12 months to December 2023, exceeding the target of 23,844. Additionally, the number of first invitations sent out during this quarter was 20,433 compared to 20,020 (Q2) and 18,607 (Q1).

Of the total 20,433 first invitations sent out to the eligible population this quarter, 2,739 were SMS text invitations as part of the new SMS pilot. This is the first quarter that SMS invitations have been implemented and the service is awaiting the data to explore the potential impact on uptake of NHS Health Checks. Each SMS invitation sent represents a cost saving of £1.14 compared to the physical

letter invitation, in addition to reducing our carbon footprint, aligning with our broader commitment to environmental responsibilities.

- 4.2 In Q3 2023/2024, there were 1,191 people setting a quit date through the Smoking Cessation Service. At the 4-week follow-up, 58% (690 people) of those setting a quit date had successfully quit. This quarter the Smoking Cessation Service continued to support people to quit smoking and has eliminated the waiting list.

The service continues to support people through a variety of different projects including the nationally funded Swap to Stop scheme. This offers existing smokers over the age of 18 the option of using e-cigarettes as a means of quitting smoking. The evidence suggests this can be an effective approach with entrenched smokers who may not engage in traditional stop smoking services. Kent Community Health NHS Foundation Trust's selected provider of vapes does not promote disposable vapes to KCC clients and KCC policy does not endorse disposable vapes, which will soon be withdrawn as part of the [proposed Government legislation](#) announced in late January 2024. A variety of different flavours of e-cigarettes at different strengths are offered to meet the needs of people based upon the amount they usually smoke.

- 4.2 In Q3 2023/2024, there were 3,286 people active in the One You Kent (OYK) Lifestyle Service, with 1,896 (58%) of those supported from Quintiles 1 and 2. There has been an increase in referrals during this quarter and commissioners continue to work with the providers to create efficiencies within the service. This includes streamlining weight referrals and better defining the service criteria, to ensure that people are referred to the right service. These measures should increase capacity within the OYK service.

5. Sexual Health

- 5.1 In Q3 2023/2024, 8,458 (99%) patients were offered a full sexual health screen, which achieved the 95% target. In this quarter, 10,414 online STI testing kits were ordered and sent to Kent residents. The integrated commissioning team is currently working on the Public Health Transformation Programme objectives for shaping the future of KCC commissioned sexual health services, and this continues to be a key priority moving into 2024/2025.

6. Drug and Alcohol Services

- 6.1 The Community Drug and Alcohol Services data for Q3 2023/2024 was not yet released at the time of writing this report.
- 6.2 The Young People's Drug and Alcohol Service received 154 referrals in Q3 2023/2024 with 116 referrals suitable for structured treatment – an increase of 17.2% from the previous quarter (99). Of the 38 young people who were not suitable for structured treatment, 15 were offered a brief intervention – this includes advice, information, and harm reduction. The remaining 23 young people were deemed to be 'inappropriate'. The provider is required to submit a breakdown of these young people for discussion at quarterly contract

monitoring; common themes include not responding to multiple attempts/methods of contact, being referred without consent (this is always addressed with the referrer), moving out of the area, requiring an onward referral to a more appropriate service, or the young person stating they do not want support from the service. The latter is the most common reason – 14 young people this quarter representing 61% of those deemed inappropriate. The provider reports that “disguised compliance” is common in young people, where they consent to the referral to please the person making the referral or to avoid negative consequences, such as exclusion from school. In instances where the young person decides they do not want support from the service, the referrer is informed. Young people can always be re-referred should circumstances change, and one young person previously deemed inappropriate is now in contact with an allocated worker to resume support.

The amount of young people exiting treatment in a planned way was slightly below the target, achieving 84% during Q3 2023/2024. This represents 52 planned exits, one transfer and eight unplanned exits, the latter mainly due to non-engagement with treatment. Young people who have not engaged with treatment are sent an SMS survey to understand if there was anything different that could have encouraged them to engage with support and all feedback is reviewed. The service always works with referrers and parents/carers (where consent is given) to maximise the chances of engagement. Of those young people who exited treatment in a planned way, 21% reported abstinence (target = 24%). It is recognised that not all young people wish to achieve abstinence, so the service also monitors health and wellbeing outcomes. This quarter, 77% of young people indicated an improvement in their satisfaction with life, 30% reported an improvement in their anxiety levels, and 74% reported feeling happier.

7. Mental Health and Wellbeing Service

7.1 In Q3 2023/2024, Live Well Kent and Medway (LWKM) continued to achieve good outcomes with 87% of people maintaining or improving their SWEMWBS (Short Warwick Edinburgh Mental Well-being Scale) and wider wellbeing being score during the quarter. The service continued to prepare to play an integral role in the Community Mental Health Framework (Community Mental Health Transformation) with Thanet chosen as a trailblazer site starting delivery of new ways of working in January 2024. This quarter also saw the beginning of a transition to DIALOG+, a new approach to measuring people’s satisfaction with their mental health and wellbeing that fully integrates with health partners.

8. Conclusion

- 8.1. Eleven of the fifteen KPIs remain above target and were RAG rated Green.
- 8.2. Commissioners continue to explore other forms of delivery, to ensure current provision is fit for purpose and able to account for increasing demand levels and changing patterns of need. This will include ongoing market review and needs analysis.

9. Recommendations

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q3 2023/2024.

10. Background Documents

None

11. Appendices

Appendix 1: Public Health commissioned services KPIs and activity.

12. Report Authors

Victoria Tovey
Assistant Director of Integrated Commissioning
03000 416779
victoria.tovey@kent.gov.uk

Yozanne Perrett
Performance and Analytics Manager, Strategic Commissioning
03000 417150
yozanne.perrett@kent.gov.uk

Lead Director

Anjan Ghosh
Director of Public Health
03000 412633
anjan.ghosh@kent.gov.uk

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Appendix 1: Public Health Commissioned Services – Key Performance Indicators Dashboard

Service	KPIs	Target 22/23	Target 23/24	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	DoT**
Health Visiting	PH04: No. of mandated health and wellbeing reviews delivered by the health visiting service (12 month rolling)	65,000	68,000	69,082 (G)	68,852 (G)	68,713 (G)	68,579 (G)	68,050 (G)	↓
	PH14: No. and % of mothers receiving an antenatal contact with the health visiting service	43%	43%	1,656 53%(G)	1,706 57%(G)	1,901 56%(G)	1,754 54%(G)	1,561 52%(G)	↓
	PH15: No. and % of new birth visits delivered by the health visitor service within 10-14 days of birth	95%	95%	3,868 93%(A)	3,463 93%(A)	3,550 94%(A)	3,730 94.6%(A)	3,604 94%(A)	↔
	PH16: No. and % of infants due a 6-8 week who received one by the health visiting service	85%	85%	3,899 91%(G)	3,453 90%(G)	3,472 93%(G)	3,768 94%(G)	3,650 93%(G)	↓
	PH23: No. and % of infants who are totally or partially breastfed at 6-8 weeks (health visiting service)	-	-	2,139 52%	1,812 50%	1,866 52%	2,043 52%	1,971 52%	↔
	PH17: No. and % of infants receiving their 1-year review at 15 months by the health visiting service	85%	85%	4,119 92%(G)	3,896 93%(G)	3,796 92%(G)	4,004 93%(G)	4,088 93%(G)	↔
	PH18: No. and % of children who received a 2-2½ year review with the health visiting service	80%	80%	3,452 86%(G)	3,417 85%(G)	3,536 89%(G)	3,578 91%(G)	3,818 93%(G)	↑
Structured Substance Misuse Treatment	PH13: No. and % of young people exiting specialist substance misuse services with a planned exit	85%	85%	27 77%(A)	37 90%(G)	37 88%(G)	53 84%(A)	52 84%(A)	↔
	PH03: No. and % of people successfully completing drug and/or alcohol treatment of all those in treatment	25%	25%	1,306 26%(G)	1,275 25%(G)	1,291 25%(G)	1,349 26%(G)	nca	↑
Lifestyle and Prevention	PH01: No. of the eligible population aged 40-74 years old receiving an NHS Health Check (12 month rolling)	23,844	23,844	22,255 (A)	25,114 (G)	26,565 (G)	28,722 (G)	30,188 (G)	↑
	PH11: No. and % of people quitting at 4 weeks, having set a quit date with smoking cessation services	52%	55%	691 57%(G)	786 54%(A)	612 54%(A)	690 50%(A)	690 58%(G)	↑
	PH25: No. and % of clients currently active within One You Kent services being from the most deprived areas in Kent	-	55%	1,494 54%(A)	1,929 59%(G)	1,794 62%(G)	1,833 52%(A)	1,896 58%(G)	↑
Sexual Health	PH24: No. and % of all new first-time patients (at any clinic or telephone triage) offered a full sexual health screen (chlamydia, gonorrhoea, syphilis, and HIV)	92%	95%	7,954 96%(G)	8,230 98%(G)	8,517 98%(G)	8,643 98%(G)	8,458 99%(G)	↑

Mental Wellbeing	PH22: No. and % of Live Well Kent clients who would recommend the service to family, friends, or someone in a similar situation	90%	98%	388 99%(G)	721 99%(G)	nca	271 99.6%(G)	250 97%(A)	↓
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Commissioned services annual activity

Indicator description	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	DoT
PH09: Participation rate of Year R (4–5 year olds) pupils in the National Child Measurement Programme	93% (G)	95% (G)	95% (G)	85% (G)**	88% (A)	93% (G)	↑
PH10: Participation rate of Year 6 (10–11 year olds) pupils in the National Child Measurement Programme	96% (G)	94% (G)	94% (G)	9.8% (A)**	87% (A)	90% (G)	↑
PH05; Number receiving an NHS Health Check over the 5-year programme (cumulative: 2013/14 to 2017/18, 2018/19 to 2022/23)	198,980	36,093	76,093	79,583	96,323	121,437	-
PH06: Number of adults accessing structured treatment substance misuse services	4,466	4,900	5,053	4,944	5,108	5,084	↓
PH07: Number accessing KCC commissioned sexual health service clinics	75,694	76,264	71,543	58,457	65,166	58,012	↓

** In 2020/21 following the re-opening of schools, the Secretary of State for Health and Social Care via Public Health England (PHE) requested that local authorities use the remainder of the academic year to collect a sample of 10% of children in the local area. PHE developed guidance to assist Local Authorities to achieve this sample and provided the selections of schools. At request of the Director of Public Health, Kent Community Health NHS Foundation Trust prioritised the Year R programme, achieving 85%.

Key:

RAG Ratings

(G) GREEN	Target has been achieved
(A) AMBER	Floor Standard achieved but Target has not been met
(R) RED	Floor Standard has not been achieved
nca	Not currently available

DoT (Direction of Travel) Alerts

↑	Performance has improved
↓	Performance has worsened
↔	Performance has remained the same

**Relates to two most recent time frames

Data quality note

All data included in this report for the current financial year is provisional unaudited data and is categorised as management information. All current in-year results may therefore be subject to later revision.

From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health
Dr Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee – 5 March 2024

Subject: **Risk Management: Health Reform and Public Health**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This paper presents the strategic risks relating to health reform and public health which currently feature on either Kent County Council's Corporate Risk Register or the Public Health Risk Register. The paper also explains the management process for review of key risks.

Recommendations: The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the risks presented.

1. Introduction

- 1.1 Risk management is a key element of the council's Internal Control Framework and the requirement to maintain risk registers ensures that potential risks, which may prevent the authority from achieving its objectives, are identified and controlled.
- 1.2 The process of developing the Risk Registers is important in underpinning business planning, performance management and service procedures. Risks outlined in Risk Registers are taken into account in the development of the Internal Audit programme for the year.
- 1.3 Directorate risks are reported to Cabinet Committees annually and contain strategic or cross-cutting risks which potentially affect several functions. These often have wider potential interdependencies with other services across the council and external parties. The Public Health Risk Register is attached as Appendix 1.
- 1.4 Corporate Directors also lead or coordinate mitigating actions in conjunction with other Directors across the organisation to manage risks featuring on the Corporate Risk Register.

- 1.5 A standard reporting format is used to facilitate the gathering of consistent risk information and a 5x5 matrix is used to rank the scale of risk in terms of likelihood of occurrence and impact. The current level of risk is assessed, taking into account any controls already in place to mitigate the risk. If the current level of risk is deemed unacceptable, a 'target' risk level is set and further mitigating actions introduced with the aim of reducing the risk to a tolerable and realistic level.
- 1.6 The numeric score in itself is less significant than its importance in enabling categorisation of risks and prioritisation of any management action. Further Information on risk management methodologies can be found in Kent County Council's (KCC) Risk Management Strategy.

2. Financial Implications

- 2.1 Many of the strategic risks outlined have financial consequences, which highlight the importance of effective identification, assessment, evaluation and management of risk to ensure optimum value for money.

3. Policy Framework

- 3.1 Risks highlighted in the Risk Registers relate to strategic priorities and outcomes featured in Framing Kent's Future as well as the delivery of statutory responsibilities.
- 3.2 The presentation of Risk Registers to Cabinet Committees is a requirement of KCC's Risk Management Policy.

4. Public Health Led Corporate Risks

- 4.1 The Director of Public Health is the designated risk owner for the corporate risk relating to preparedness and response to Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) incidents, communicable diseases, and incidents with a public health implication. The risk has been in the context of Coronavirus response and recovery and was escalated to corporate level in early 2020.
- 4.2 In March of 2023 it was reported to this Committee that because of a reduction in the prevalence of covid-19 cases in Kent and nationally, the relatively low severity of infections, and the effectiveness of the national vaccine programme the risk rating been reduced from high rated risk of 20 to the target level rating of 15, a medium rated risk. The risk remained on the Corporate Risk Register for monitoring purposes. Following the annual review and refresh of the Corporate Risk Register at the end of 2023 it was proposed that providing there are no further concerns regarding communicable diseases over the winter period, that this risk be deescalated to the Public Health Risk Register in April 2024. The risk will continue to be monitored by the Director of Public Health and can be escalated to the Corporate Risk Register should the risk profile change.

4.3 The Corporate Risk Register is presented for comment in Appendix 2.

5. Public Health and Health Reform risk profile

5.1 There are currently nine risks featured on the Public Health Risk Register, three of which are rated as 'High' (Appendix 1). There are three new risks added since last reported in year, while one risk has been withdrawn. Many of the risks are discussed as part of regular items to the Cabinet Committee.

5.2 There have been a number of changes to the Public Health Risk Register, which are summarised below.

New risks are:

- PH0120 – Cost pressure to Public Health Budget
- PH0122 – Public health service transformation
- PH0123 – Provider selection regime.

Withdrawn risk is:

- PH0121 – ongoing disruption following Strategic Commissioning's redesign.

5.3 Inclusion of risks on this register does not necessarily mean there is a problem. On the contrary, it can give reassurance that they have been properly identified and are being managed proactively.

5.4 Monitoring and review – Risk Registers should be regarded as 'living' documents to reflect the dynamic nature of risk management. Directorate Management Teams formally review their Risk Registers, including progress against mitigating actions, on a quarterly basis as a minimum, although individual risks can be identified and added to the register at any time. The questions to be asked when reviewing risks are:

- Are the key risks still relevant?
- Have some risks become issues?
- Has anything occurred which could impact upon them?
- Are the controls in place effective?
- Has the current risk level changed and if so, is it decreasing or increasing?
- Has the "target" residual level of risk been achieved?
- If risk levels are increasing what further actions might be needed?
- If risk levels are decreasing can controls be relaxed?
- Are there risks that need to be discussed with or communicated to other functions across the council or with other stakeholders?

5. Recommendation

5.1 Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the risks presented.

6. Background Documents

Risk Management Strategy
[Risk management strategy - Kent County Council](#)

7. Report Authors

Pam McConnell
Senior Business Officer
03000 417133r
Pam.mcconnell@kent.gov.uk

Alison Petters
Risk and Delivery Assurance Manager
03000 421913
Alison.petters@kent.gov.uk

Relevant Director

Dr Anjan Ghosh
Director of Public Health
03000 412633
Anjan.ghosh@kent.gov.uk

Full Risk Register

Risk Register - Public Health

Current Risk Level Summary

Green	0	Amber	6	Red	3	Total	9
Current Risk Level Changes							

0	1	0	0	0
0	0	1	2	1
0	0	2	0	1
0	0	0	1	0
0	0	0	0	0

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review
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PH0120	Cost pressure risk to public health budget	Anjan Ghosh	25/10/2023	25/01/2024
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Reduced provision of services including reducing contract values and potentially expected public health outcomes not met

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk	
1.3% increase in PH grant allocation for 24/25 which does not adequately cover for increased costs (inflation, NHS pay, overheads and other pressures) therefore making it challenging to balance the public health budget Reduction or stoppage of grants from third parties (NHS)	Impact on public health reserves	High		<ul style="list-style-type: none"> Public Health service transformation programme is being conducted through 23/24 to further inform future Public Health commissioning plans Temporarily draw on public health reserves Relationship within the Council directorates around potential reduction in Public Health investment Whilst PH transformation is underway manage relationships with key strategic partners (KCHFT and MTW) and renegotiate contract values 	A -Accepted	30/03/2024	Medium	
	Reduction in public health investment in other council services that contribute to public health outcomes	20 Major (5)			Anjan Ghosh	Control		15 Major (5)
	Poorer health outcomes for Kent residents and potentially increase health inequalities	Likely (4)			Anjan Ghosh	Control		Possible (3)
	Strain on relationships within strategic partnerships (especially with KCHFT and MTW)				Anjan Ghosh	Control		
	Potential reputational damage with residents of Kent and wider stakeholders and elected Members				Victoria Tovey	Control		

Review Comments This is continues to be reviewed in conjunction with the transformation programme
25/10/2023

Adult Social Care and Health

Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review				
PH0005	Health Inequalities	Anjan Ghosh	25/10/2023	25/01/2024				
<p>These areas have high rates of premature mortality (deaths occurring under the age of 75 years) due to causes such as cardiovascular disease, respiratory disease and alcohol-related disease and cancer; causes that are strongly linked to unhealthy behaviours such as poor diet, physical inactivity, smoking and excessive alcohol. The risk is that whilst health is improving in general these communities health would not improve at the same rate as less deprived communities.</p> <p>Inequitable access to health improvement Services</p> <p>There is a risk that some groups within the population may be disproportionately affected by COVID 19 and national macro-economic conditions. Those in low paid or insecure work, or with existing health conditions or who were already socially isolated, may find it increasingly difficult to afford bills and food and also struggle to access the services they need e.g. weight management and physical activity services.</p>								
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk	
<p>Analysis of health inequalities in Kent shows that health outcomes are much worse in the most deprived decile areas in Kent. Covid has affected different communities in different ways as a consequence of which is widened health inequalities. Wider determinants such as the impact of the cost of living and latent demand following lockdown are also a factor. Reduced screening rate e.g. in maternity (smoking) and sexual health (STIs) which could contribute to poor health outcomes. Increased demand on GP services and sexual health services may result in people having less access to contraception and emergency contraception. There is a risk that the lockdown period and subsequent pressures on the</p>	<p>The average life expectancy in the most deprived decile areas in Kent is 76 years for men and 80 years in women, compared to 83 years and 86 years respectively in the most affluent areas. These inequalities will lead to rising health and social care costs for the council and its partners amongst those groups least able to support themselves financially. Reduced screening will make it harder to identify health risks and intervene. For example, non delivery of vision screening, STI screening, late HIV diagnosis and non delivery of NHS health checks may prevent identification of CVD, STIs, increase risk of poor outcomes and may prevent intervention.</p> <p>Potentially increasing the health inequality gap exacerbating a problem that already exist. Likely to have a significant toll on</p>	<p>High 16 Serious (4) Likely (4)</p>		<ul style="list-style-type: none"> Strategic piece of work around population health management with accompanied set of actions that will be implemented by the ICS working with PH. 	Anjan Ghosh	A -Accepted	29/12/2023	Medium
				<ul style="list-style-type: none"> Campaign plan in place for the 8 public health priorities. Communications work with Public Health consultants to drive public awareness and engagement using multi channel approach. Outreach of the campaigns is measured, and where possible impact is also assessed and reported to Health Reform and Public Health Cabinet Committee. 	Jo Allen	A -Proposed		9 Significant (3) Possible (3)
				<ul style="list-style-type: none"> Specific work around health inequalities is being targeted at specific communities 	Anjan Ghosh	Control		
				<ul style="list-style-type: none"> Ensure that commissioning takes account of health inequalities when developing service based responses. 'One You Kent' 	Anjan Ghosh	Control		
				<ul style="list-style-type: none"> Ensure that an analytical focus remains on the issue of health inequality, providing partners and commissioners with the detail needed to focus support on this issue 	Matthew Wagner	Control		
<ul style="list-style-type: none"> Strategic Commissioning will be leading a public health transformation programme across all services 	Victoria Tovey	Control						

Adult Social Care and Health

Risk Register - Public Health

<p>cost of living have exacerbated unhealthy behaviours and potentially increased future demand on primary care services</p>	<p>both their physical and mental health. Digital alternative service offerings may not be accessible due to certain groups not having access to resources required e.g. laptops, scales, smart phones</p>			<ul style="list-style-type: none"> • Services continue to increase delivery, with the risk based approach being maintained. Additional funding has been received to enhance services ie. Drug and Alcohol and Family Hub. More work is taking place in relation to campaigns and health promotion messages • Alternative methods of service delivery e.g. telephone, video. Supporting the target audience to have access to online communication and engagement methods. Targeted promotion of services to lower quartiles where engagement has been significantly impacted • Relevant workstreams to review/input into EQIAs Monitoring of engagement and alternative methods used as needed to ensure representation 	<p>Victoria Tovey</p> <p>Victoria Tovey</p> <p>Victoria Tovey</p>	<p>Control</p> <p>Control</p> <p>Control</p>		
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Review Comments this remains with on going monitoring
25/10/2023

Adult Social Care and Health

Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review				
PH0102	Increased prevalence of Mental Health conditions and Impact of well being and mental health.	Jessica Mookherjee	25/10/2023	25/01/2024				
<p>It is anticipated that mental health conditions may develop/increase post Covid 19 pandemic, alongside the additional pressures brought on by increases in the cost of living .</p> <p>Increased mental health conditions within health care staff could see a decrease in service capacity and have a long term effect on the individual as a result of increases in the cost of living, and post covid-19 pandemic</p>								
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk	
<p>Impact of well being and mental health conditions may develop/increase due to experiences post Covid 19 pandemic, alongside the additional pressures brought on by increases in the cost of living</p> <p>Health Care Staff Impact of well being and mental health. It is anticipated that mental health conditions may develop/increase post Covid19 pandemic as and as result of the rising cost of living.</p>	Countywide could see and increase in mental health conditions within the general population increasing pressure on services with demand greater than supply, which could lead to poorer outcomes in recovery	High 16 Serious (4) Likely (4)		<ul style="list-style-type: none"> Development of a gambling strategy to tackle debt and poverty as a result of gambling. Joint work with NHS to target suicide prevention Closer working with partners to ensure services are embedded within the Integrated care strategy Regular communication of mental health information and open door policy for those who need additional support. Promote mental health & wellbeing awareness to general population and staff offer whatever support they can to help. Co-design is needed to bridge the gap between mental and physical health. Ensure stakeholders from mental health and those delivering psychological therapies are engaged to ensure that the approach is delivered in the most effective way to bring about change post covid 19 pandemic, and while in the midst of rising cost of living. 	<p>A -Accepted</p> <p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p>	<p>30/12/2023</p>	<p>Medium 12 Significant (3) Likely (4)</p>	
	Increases in suicide rates							
Review Comments	reviewed at SMT - continued to be closely monitored 25/10/2023							

Adult Social Care and Health

Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review			
PH0001	CBRNE incidents, communicable diseases and incidents with a public health implication	Anjan Ghosh	25/10/2023	25/01/2024			
Failure to deliver suitable planning measures, respond to and manage these events when they occur.							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
<p>The Council, along with other Category 1 Responders in the County, has a legal duty to establish and deliver containment actions and contingency plans to reduce the likelihood, and impact, of high impact incidents and emergencies.</p> <p>The Director of Public Health has a legal duty to gain assurance from the National Health Service and UK Health Security Agency that plans are in place to mitigate risks to the health of the public including outbreaks of communicable diseases e.g. Pandemic Influenza.</p> <p>Ensuring that the Council works effectively with partners to respond to, and recover from, emergencies and service interruption is becoming increasingly important in light of recent national and international security threats and severe weather incidents.</p>	<p>Potential increased harm or loss of life if response is not effective. Increased financial cost in terms of damage control and insurance costs.</p> <p>Adverse effect on local businesses and the Kent economy.</p> <p>Possible public unrest and significant reputational damage.</p> <p>Legal actions and intervention for failure to fulfil KCC's obligations under the Civil Contingencies Act or other associated legislation.</p>	<p>Medium</p> <p>15</p> <p>Major (5)</p> <p>Possible (3)</p>		<ul style="list-style-type: none"> Communications and Public Health consultants work together on adhoc communications campaigns using multi-channel and multi-agency approach to maximise opportunities to engage with vulnerable groups when needs arise, for example management of outbreaks of disease, extreme weather, government interventions. 	Jo Allen	A-Proposed	<p>Medium</p> <p>12</p> <p>Serious (4)</p> <p>Possible (3)</p>
				<ul style="list-style-type: none"> KCC and local Kent Resilience Forum partners have tested preparedness for chemical, biological, radiological, nuclear and explosives (CBRNE) incidents and communicable disease outbreaks in line with national requirements. The Director of Public Health has additionally sought and gained assurance from the local UK Health Security Agency office and the NHS on preparedness and maintaining business continuity 	Anjan Ghosh	Control	
				<ul style="list-style-type: none"> Local Health Planning Group UK Health Security Agency work locally to ensure NHS are ready and have plans in place for example for Winter Flu, and Avian Flu 	Anjan Ghosh	Control	
				<ul style="list-style-type: none"> The Director of Public Health works through local resilience fora to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to public health. 	Anjan Ghosh	Control	
				<ul style="list-style-type: none"> Kent Resilience Forum has a Health sub-group to ensure co-ordinated health services and UK Health Security Agency planning and response is in place 	Anjan Ghosh	Control	

Adult Social Care and Health

Risk Register - Public Health

			<ul style="list-style-type: none">• DPH now has oversight of the delivery of immunisation and vaccination programmes in Kent through the Health Protection Board <p>DPH or consultant attends newly formed Kent and Medway infection control committee</p>	Anjan Ghosh	Control		
Review Comments	Reviewed by SMT and continues to be reviewed <i>25/10/2023</i>						

Adult Social Care and Health

Risk Register - Public Health

Risk Ref	PH0091	Risk Title and Event	Owner	Last Review date	Next Review			
		Increased Demand on Services	Victoria Tovey	15/02/2024	01/05/2024			
<p>There is a risk that services may not have the capacity to deal with the additional demand and associated cost pressures or may have to reduce quality to meet the need.</p> <p>there is a risk that residents will wait longer for a service and their needs will escalate or their motivation may decrease.</p> <p>Opportunities for early identification maybe missed.</p>								
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk	
<p>Increasing demand for Public Health Services due to whole system pressures, increasing need and the continued pressure on cost of living.</p> <p>There is a risk that services do not have capacity to see people being referred into the service in a timely way.</p> <p>Some of the increasing demand seen is as a result of the impact of Covid-19, and as a result of pent up demand</p> <p>Some of the increased demand is due to changes in demography</p>	<p>We may be overspent or be unable to deliver against mandated requirements. Which will lead to: Increasing waiting list, quality of services may reduce as case loads increase, service may not be able to meet targets due to capacity of providing a good, quality interventions. Staff wellbeing reduce due to additional case loads/work. Impact on other health/social care social services</p> <p>Increasing demand and changes in demography may also exacerbate health inequalities.</p>	<p>Medium</p> <p>12</p> <p>Significant (3)</p> <p>Likely (4)</p>		<ul style="list-style-type: none"> Transformation programme to ensure service sustainability to meet needs Working with Analytics and KPHO monitoring demographic data trends to support forward service planning. Utilise funding to support service transformation and efficiencies and effectiveness. Ensuring PH Grant is only funding applicable services. Income generation Capacity modelling to make sure services have the flexibility to meet need and activity can be adjusted accordingly. Provider has a workforce plan in place Support service innovation to drive efficiency and effectiveness eg introduce more digital solutions to assist with increasing demand. Open book accounting with providers to monitor costs where appropriate. Engagement with ICB regarding eligibility criteria for weight management services Performance monitoring meetings provide opportunities to discuss service provision and for both parties to raise any concerns regarding demand, levels of service, quality or risks. proactive action to be taken as needed for example amending referral criteria or action plans 	<p>Victoria Tovey</p> <p>Victoria Tovey</p> <p>Victoria Tovey</p> <p>Victoria Tovey</p> <p>Victoria Tovey</p> <p>Victoria Tovey</p> <p>Victoria Tovey</p> <p>Victoria Tovey</p> <p>Victoria Tovey</p>	<p>A -Accepted</p> <p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p>	<p>30/03/2025</p>	<p>Medium</p> <p>8</p> <p>Moderate (2)</p> <p>Likely (4)</p>

Adult Social Care and Health

Risk Register - Public Health

			<ul style="list-style-type: none">Transformation and Review of service models to ensure running as effectively and efficiently as possible.	Victoria Tovey	Control		
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Review Comments Reviewed with VT 1/2
15/02/2024

Adult Social Care and Health

Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review			
PH0090	Difficulties in recruiting and retaining Public Health nursing staff.	Wendy Jeffreys	25/10/2023	25/01/2024			
<p>Service Failure</p> <p>Kent is currently experiencing issues across all commissioned services in recruiting good quality staff which is making it difficult in meeting the needs of the population that require Public Health Services.</p> <p>Training opportunities are not necessarily available to nurses. The role of the health visiting service is needing to respond to more complex needs alongside government policy change.</p> <p>Kent's proximity to neighboring local authorities in maintaining salaries at a competitive level especially with those within the London Area.</p>							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Kent is currently experiencing issues across all commissioned services in recruiting and keeping good quality staff which is making it difficult in meeting the needs of the population that require Public Health Services.	Service delivery is impacted. Clinical and Safeguarding risk to children within the Health Visiting and School Public Health Service. Some visits may have to be postponed or reprioritised. Low levels of staffing in health visiting teams are impacting within specific districts.	Medium		<ul style="list-style-type: none"> A safe staffing, safe working protocol has been agreed to effectively manage the workload of the Health Visiting teams in a safe and consistent manner. Contract management meetings investigate any poor KPI reporting and meeting the set targets. This is usually reported as recruitment issues Escalation through usual routes to DPH. KCHFT are looking at creating a new Band 3 level to aid progression Band 5 Community Public Health Nurse role has been introduced to provide additional support to cover universal workloads. Bank and agency staff are being recruited to support teams where possible to cover vacant posts. Recruitment and retention action plan is in place and monitored through the Quality Action Team and governance meetings. 	Control		Medium
		10			Control		8
		Moderate (2)			Control		(2)
		Very Likely (5)			Control	29/12/2023	Likely (4)
					Control		
					Control		
Review Comments	Reviewed by SMT - and continues to be closely monitored 25/10/2023						

Adult Social Care and Health

Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review			
PH0122	Public Health Service Transformation Programme	Victoria Tovey	01/02/2024	01/05/2024			
Continuity of business during transition phase							
Service delivery destabilised impacting wider council service							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Public Health services are undergoing transformation activities with the aim to improve services, maximise impact of investment and ensure sustainable fit for purpose services are available for future needs. Concurrently Kent and Medway ICB are recommissioning all adults and childrens community services contracts. Providers may have contracts with both KCC and ICB, should their contractual funding arrangements change following recommissioning this could impact the financial stability of the provider, impact their ability to deliver any required change to services, and ultimately impact the providers overall viability.	Reduction in choice of providers if they are no longer financially viable	Medium		• Service level risk register in place	Victoria Tovey	Control	Low
		9		• Liaison with Legal for advice when required	Victoria Tovey	Control	6
	Impact on overall public health service offer and objectives of the transformation programme	Significant (3)		• Programme Manager and project officer in place	Victoria Tovey	Control	Significant (3)
		Possible (3)		• Engagement with KCC Internal communications team to support on any wider communications required	Victoria Tovey	Control	Unlikely (2)
				• Regular liaison with ICB and other key partners	Victoria Tovey	Control	
				• Engagement with stakeholders is taking place, including various engagement events	Victoria Tovey	Control	
Review Comments	Reviewed with VT - will meet with Emma Joy to identify process for sharing risks from programme 01/02/2024						

Adult Social Care and Health

Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review da	Next Review			
PH0123	Provider Selection Regime	Victoria Tovey	01/02/2024	01/05/2024			
There is a risk of challenge from providers							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Provider selection regime changes the legal basis on which contracts need to be purchase and applies to all public health services	Financial impact Legal challenge Strain on resource May impact on ability to continue partnerships as we have in the past	Medium 9 Significant (3) Possible (3)		<ul style="list-style-type: none"> Staff attending training and webinar sessions Engagement with Commercial and Procurement Team and Services to determine the wider impact of the regime on commissioning activities. Working group is in place to support process development 	Victoria Tovey Victoria Tovey Michael Bridger	Control Control Control	Low 6 Significant (3) Unlikely (2)
Review Comments	Reviewed with VT this links to the transformation risk 01/02/2024						

Adult Social Care and Health

Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review da	Next Review				
PH0083	Public Health Ring Fenced Grant	Anjan Ghosh	25/10/2023	25/01/2024				
Ensuring/assuring the Public Health ring fenced grant and reserve is spent on public health functions and outcomes, in accordance within National Guidance								
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk	
Public Health Ring fenced Grant and reserve is spent in accordance within National Guidance	If it does not comply with national guidance could result in the DPH not being able to sign the Annual Public Health Grant declaration which could result in an external audit taking place leading to similar consequences to that of Northamptonshire County Council (i.e. UKHSA seeking a return of Public Health Grant)	Medium		Public Health transformation programme is being conducted through 2023/24 to further inform future public health commissioning plans	Anjan Ghosh	A -Accepted	30/03/2024	Low
		8		Agreed public Health funding towards other services within the Council that deliver on public health outcomes	Anjan Ghosh	Control		2
		Serious (4)		Agreed funding for Integrated commissioning team and analytics function and any other council directorate and services as relevant to support public health outcomes functions and outcomes	Anjan Ghosh	Control		Minor (1)
		Unlikely (2)		DPH and Section 151 Officer are required to certify the statutory outturn has been spent in accordance with the Department of Health & Social care conditions of the ring fenced grant	Anjan Ghosh	Control		Unlikely (2)
				Continued budget monitoring through collaborative planning	Avtar Singh	Control		
				Commissioners to conduct regular contract monitoring meetings with providers	Victoria Tovey	Control		
				Providers to complete timely monthly performance submissions to ensure delivery of outcomes	Victoria Tovey	Control		
				Regular review of public health contracts, performance, quality and finance are delivering public health outcomes	Victoria Tovey	Control		
Review Comments	Reviewed by SMt and continues to be closely monitored 25/10/2023							

Page 32

Appendix 2 Public Health led Corporate Risks

Risk ID CRR0050 implication	Risk Title CBRNE incidents, communicable diseases and incidents with a public health
<p>Source / Cause of risk</p> <p>The Council, along with other Category 1 Responders in the County, has a legal duty to establish and deliver containment actions and contingency plans to reduce the likelihood, and impact, of high impact incidents and emergencies.</p> <p>The Director of Public Health has a legal duty to gain assurance from the National Health Service and UK Health Security Agency that plans are in place to mitigate risks to the health of the public including outbreaks of communicable diseases e.g., Pandemic Influenza, resurgence of Covid-19, and/or management of a potential twin-demic of seasonal flu and Covid-19.</p>	<p>Risk Event</p> <p>Insufficient capacity / resource to deliver response and recovery concurrently for a prolonged period, including potential future wave(s) of Covid-19.</p> <p>Consequence</p> <p>Potential increased harm or loss of life if response is not effective. Increased financial cost in terms of damage control and insurance costs. Adverse effect on local businesses and the Kent economy. Possible public unrest and significant reputational damage. Legal actions and intervention for failure to fulfil KCC's obligations under the Civil Contingencies Act or other associated legislation.</p> <p>Risk Owner</p> <p>On behalf of CMT: Anjan Ghosh Director of Public Health</p> <p>Responsible Cabinet Member(s):</p> <p>Dan Watkins, Adult Social Care and Public Health</p> <p>Current Likelihood</p> <p>Possible (3)</p> <p>Target Residual Likelihood</p> <p>Possible (3)</p> <p>Current Impact</p> <p>Major (5)</p> <p>Target Residual Impact</p> <p>Major (5)</p> <p>Timescale to Target</p> <p>At Target</p>
<p>Control Title</p>	<p>Control Owner</p>
<p>Utilising data sets from ONS and UKHSA and local health partners to give a picture of Covid19 across Kent.</p>	<p>Anjan Ghosh, Director of Public Health</p>

Director of Public Health now has oversight of the delivery of immunisation and vaccination programmes in Kent through the Health Protection Board Director of Public Health has regular teleconferences with the UK Health Security Agency UK Health Security Agency office on the communication of infection control issues.	Anjan Ghosh, Director of Public Health
KCC and local Kent Resilience Forum partners have tested preparedness for chemical, biological, radiological, nuclear and explosives (CBRNE) incidents and communicable disease outbreaks in line with national requirements. The Director of Public Health has additionally sought and gained assurance from the local UK Health Security Agency office and the NHS on preparedness and maintaining business continuity.	Anjan Ghosh, Director of Public Health
The Director of Public Health works through local resilience fora to ensure effective and tested local outbreak management plans are in place for the wider health sector to protect the local population from risks to public health.	Anjan Ghosh, Director of Public Health
Multiple governance – e.g. Health Protection Board, Kent Pandemic Response Cell	Anjan Ghosh, Director of Public Health
Local Outbreak Management Plan published, building on existing health protection plans already in place between Kent County Council, Medway Council, UK Health Security Agency, the 12 Kent District and Borough Council Environmental Health Teams, the Kent Resilience Forum, Kent and Medway Integrated Care Board and other key partners	Anjan Ghosh, Director of Public Health
vaccination rollout for both covid and flu supported, including autumn booster with focus on vulnerable staff and clients.	Anjan Ghosh, Director of Public Health
Floor standards with a number of triggers have been agreed with the Corporate Management Team for guidance to be issued to staff when triggers met.	Anjan Ghosh, Director of Public Health
If all triggers are breached at a local level, the matter will be escalated to CMT and Health Protection Board to consider reinstating Kent Resilience Forum command structures for non-pharmaceutical interventions and further measures contingent on central government guidance.	Anjan Ghosh, Director of Public Health
Public Health infection prevention and control nurse attends Kent and Medway Infection Control Committee	Ellen Schwartz Deputy Director of Public Health

From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health
Dr Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee – 5 March 2024

Subject: **Public Health Communications and Campaigns Update**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This paper reports on the campaigns and communications activity which supported the delivery of public health priorities in 2023/2024

The report notes the winter preparedness communications response and other public health priorities. The paper also notes the continued partnership working with colleagues across health and care as well as the roll out of the Start for Life elements of the Family Hub programme.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the progress and impact of public health communications and campaigns in 2023/2024 and the need to continue to deliver throughout 2024/2025.

1. Introduction

- 1.1 Marketing and communications activity continues to play a critical role in supporting our residents and providing trusted and timely information about public health priorities throughout the year. Proactive communications have so far managed the impact of severe weather, infectious outbreaks, the resurgence of Avian flu and reminders of immunisations programmes, among many others.
- 1.2 As part of the council's statutory warn and inform responsibilities, the Public Health and Marketing and Resident Experience Teams ensure continued awareness of threats to health as they arise, particularly Strep A and measles over the last six months. The subject of public health continues to dominate the news agenda, and cabinet members and senior officers are often called upon to talk about, and provide statements to highlight, key messages which encourage healthier behaviours and help residents stay safe and well.

1.3 Marketing and communication campaign activity has continued to focus on three main drivers:

- Promoting healthier behaviours and self help
- Giving information and advice
- Promoting local services where available and highlighting online and digital support.

1.4 This paper covers communications activity for 2023, along with key activities and plans for this financial year.

2. 'Warn and Inform' Health Communications (including severe weather, infectious diseases and immunisations)

2.1 Winter pressures across Kent meant continued proactive and reactive communications as the trusted source of public health information and advice for residents, along with supporting our NHS colleagues with specific vaccinations.

2.2 Communications for any outbreaks are carefully co-ordinated with partners from Medway Council, UK Health Security Agency (UKHSA), the NHS and central government departments. Considerable communications activity continues with partners and stakeholders as part of our role on the Kent Resilience Forum (KRF).

2.3 This winter the focus has been on Measles, Mumps and Rubella (MMR) vaccinations, with a concerted public relations campaign encouraging families to understand the risk posed by not taking up the offer of the MMR vaccination. Kent County Council (KCC) also highlighted the importance of the Covid and flu top-up vaccinations to prevent NHS urgent care departments becoming overwhelmed at a time when seasonal flu is at its highest.

3. Public Health Campaigns and Communications 2023/2024

3.1 Overview of activity from January 2023:

- Mental health and wellbeing – promotion of Every Mind Matters online tool and Live Well Kent Services.
- Suicide prevention – ongoing targeted promotion of Release the Pressure helpline and text service.
- Children's mental health and wellbeing - support and sharing of Headstart Kent, Kooth and partners' campaigns and promotions.
- Smoking cessation campaign – signposting to 'One You Kent' local support services for Stoptober.
- Perinatal Mental Health – a brand new helpline service available to families either planning to have children or adjusting to life after having had children.

3.2 Mental Health and Wellbeing – Release the Pressure and Every Mind Matters

3.2.1 KCC Public Health has ongoing promotion of the suicide prevention ‘Release the Pressure’ campaign through Google Adwords. Targeted mobile adverts have also been used in areas of concern identified by the Suicide Prevention leads. Paid-for promotion in December 2023 saw an increase of 18% in calls to the Mental Health Matters helpline.

3.3 Adult Obesity - One You Kent/Better Health (healthy weight services)

3.3.1 A countywide campaign in January 2024 focused on physical activity and healthy eating including meals on a budget with adverts targeted to key areas identified by Public Health leads. Reach exceeded 1.5million across social media and news channels with 35,000 ‘engagements’ which means people actively clicked on links or searched for further information or advice. There were over 10,000 page views of www.kent.gov.uk/healthyweight during January 2024 –an increase on this time last year by nearly 3000. This should lead to an increase in weight-management referrals to our commissioned providers – more information will be reported once data has been received.

3.3.2 Partners were encouraged to share the campaign through their own channels to increase reach and engagement. KCC’s Marketing and Resident Experience (MRX) Team continue to join the multi-agency communications group set up as subgroup workstream for the Whole Systems Obesity Approach.

3.4 Alcohol Reduction – ‘Know Your Score’ online tool promotion app

3.4.1 We supported Alcohol Awareness Week in July 2023 with a campaign promotion of the ‘Know Your Score’ online tool at www.kent.gov.uk/knowyourscore. Evaluation reports showed a reach of over 300,000 social media accounts across Kent and the Know Your Score page had an increased number of visits from this time last year, from 17,000 to just under 21,000 visits.

3.4.2 Drugs and alcohol services provide invaluable support to people in Kent. In order to improve residents’ awareness of the services available in their area, KCC is bringing together commissioners, providers and local voluntary sector partners to develop an online hub for information and support, including vital referral pathways.

3.5 Child Obesity - Change 4 Life/Better Health Families

3.5.1 We continue to support national campaigns locally – raising awareness of childhood obesity by focusing on primary school aged children. This includes local promotion of the new ‘Healthy Steps’ email programme.

3.5.2 Locally we continue to promote key messages around healthy eating, reducing sugar, being more active and awareness of dental/oral health care through the @BetterHealthFamiliesKent Facebook page.

3.5.3 We encourage KCC’s Children’s Centres, the Kelsi school bulletin and partners to share content through their own channels.

3.6 Smoking Cessation (plus Vaping and Young People)

3.6.1 We promoted One You Kent commissioned support services for Stoptober in October. Channels used included Facebook advertising, Spotify and Google Adwords. The total number of impressions (number of times the campaign material was seen) was around 1.6 million, and the number of individual accounts reached by the campaign was just over 200,000.

3.6.2 Key messages focused on the physical and mental health harms of smoking plus the financial impact and the quitting benefits to these. The call-to-action signposted people to www.kent.gov.uk/smokefree where there is information of One You Kent support services plus self-help tools including the NHS Quit Plan app.

3.6.3 KCC supported the national government “Stop the Start” campaign and its smoke free ambitions with some high profile PR, welcoming the additional funding and highlighting the continued issue of smoking still being the leading cause of avoidable death in the UK.

3.6.4 A Swap to Stop campaign is planned for May 2024, targeting the most vulnerable communities who are most affected by smoking.

3.7 Perinatal mental health

3.7.1 Targeted promotion of the new helpline available to new or expectant mums and dads included using hospital TV screens, radio advertising and targeted social media ads to people searching for mental health advice in pregnancy.

4. Winter Preparedness Campaign and Cold Weather Alerts

4.1 KCC has a “warn and inform” responsibility during extreme weather and leads on the communications for public health messaging. We also support national government and NHS campaigns, providing partners with appropriate social media, marketing, and digital assets during a yellow, amber or red Cold Weather alert, offering advice and signposting support to enable residents to manage their health during extreme weather conditions.

4.2 Messaging this year incorporates the new alerting system for winter weather and supports the UKHSA national campaign.

4.3 A full toolkit of communications materials including video clips and social media assets are ready for sharing in the event of a cold weather alert, through KCC communications platforms, internally to directorates such as social care and education plus key partners and stakeholders.

5. Family Hub programme

5.1 The Start for Life programme is an integral part of the new Family Hub model, offering families and young people a place to come for supported advice and information across the county. Marketing and promotion activity plays a key role

in helping families understand how and where they can access the right support at the right time. Work continues to support the roll out of Family Hubs with MRX leading the brand development work and the promotion of the programme on and offline. The perinatal mental health helpline is the first branded Family Hub campaign to go live and offers new and expectant mums and dads a phone line to call for any mental health support they need.

5.2 New campaigns are planned for 2024/2025 around parent/infant relationship development, as well as other Start for Life initiatives within the Family Hub programme.

6. Financial Implications

6.1 The allocated funding for campaign and marketing activity in 2023/2024 is £110,000 and spend is on track to fully commit all of the budget to campaigns and marketing activity.

7. Conclusion and Next Steps

7.1 We continue to develop key public health communications activity based on priorities identified by the Director of Public Health. These include:

- Mental Health and Wellbeing – adults and children
- Family Hub programme roll out.
- Perinatal mental health and wellbeing
- Parent and infant relationships
- Obesity – adults and children
- Smoking and vaping
- Alcohol
- Health Checks and high blood pressure
- Immunisations and infectious disease outbreaks
- Sexual Health
- Breastfeeding and infant feeding
- Seasonal health – heatwave and winter

7.2 Previous successes and learning will be integrated into future campaigns, focusing on the most effective communication methods and channels to target key groups and issue areas, as well as on the benefits of developing and utilising both social media and digital platforms.

7.3 It has long been recognised that for long-term change requires long-term, consistent messaging, and it is important to continue working with local partners and nationally with the UKHSA to create and deliver consistent public health campaigns and marketing activity.

8. Recommendation

8.1 Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the progress and impact of public health communications and campaigns in 2023/2024 and the need to continue to deliver throughout 2024/2025.

9. Background Documents

None

10. Report Authors

Jo Allen
Marketing and Resident Experience Partner
03000 415773
jo.allen@kent.gov.uk

Relevant Director

Anjan Ghosh
Director of Public Health
03000 416659
anjan.ghosh@kent.gov.uk

Whole Systems Approach towards a healthy weight – Kent

Rutuja Kulkarni- Johnston
Consultant in Public Health

Dr Abi Ojo

Public Health Specialist, Kent County Council

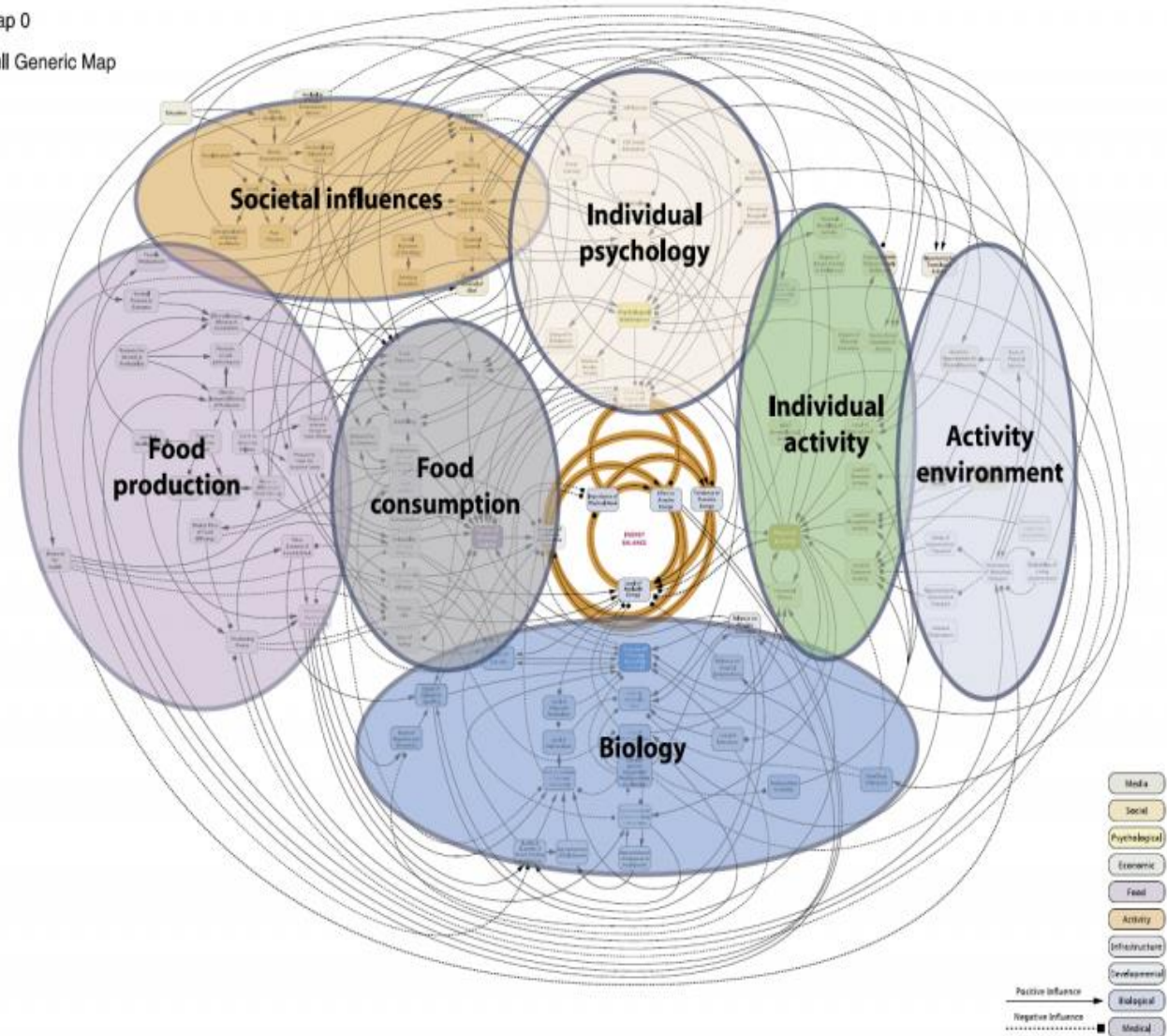


Context and Background

- Obesity is a national and local public health challenge
- It is associated with many physical and mental health problems as well as causing premature deaths.
- Many multiple factors such as environmental, societal and individual are responsible for increasing number of people having excess weight.
- Tackling obesity and helping people achieve or maintain a healthy weight is complex that require whole system approach.

Page 47

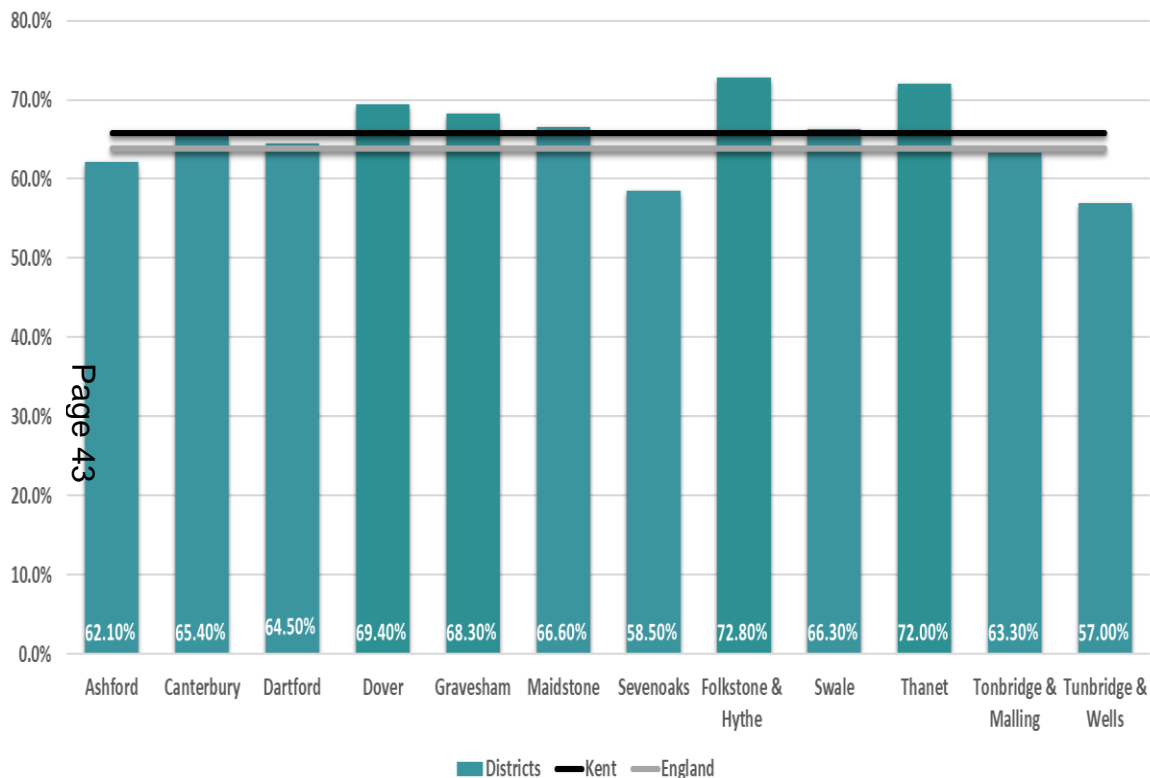
Map 0
Full Generic Map



Local picture of excess weight and obesity

In Kent, 65.8% of those aged 18 and over were overweight and having obesity, higher in comparison to 63.8% in

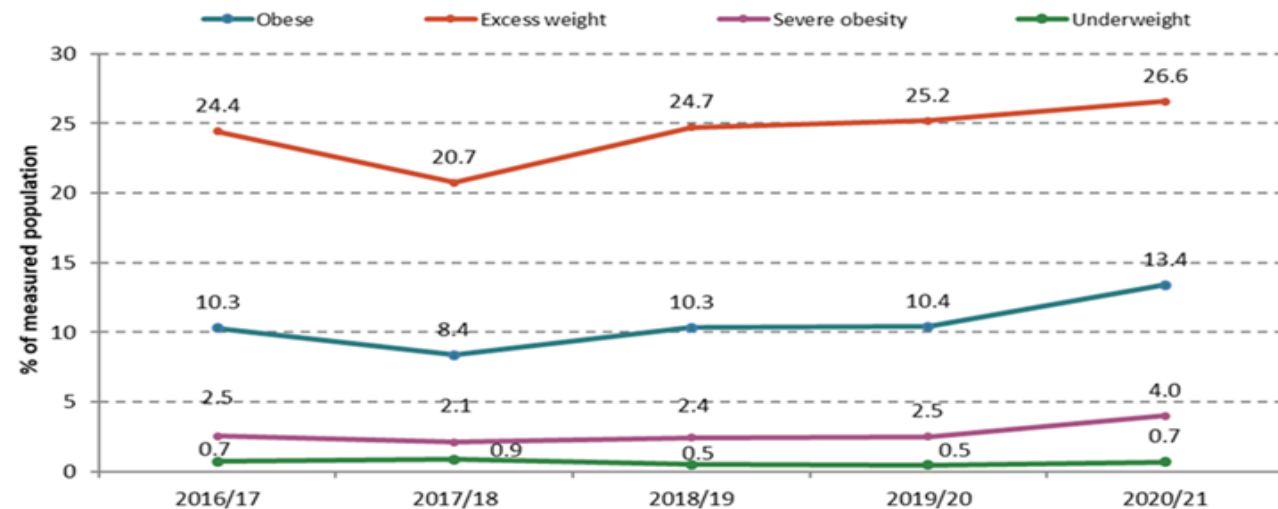
England within 2021/22.



Overall excess weight in Year 6 has decreased since the COVID-19 pandemic, Kent is generally lower than the national average, but it should be noted that the **long-term trend since 2006 is increasing.**

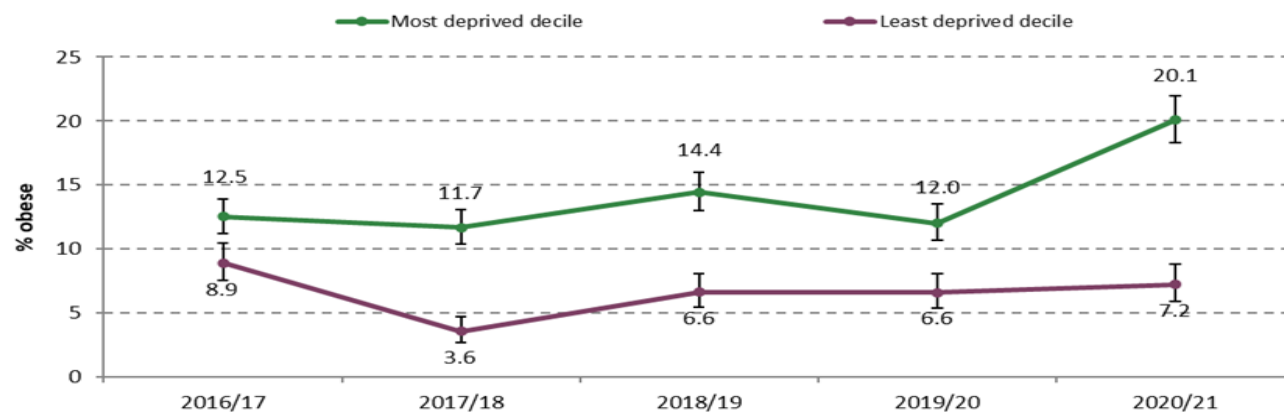
NB: Excess weight is the combined measure of overweight and obesity.

Year R: prevalence over time in Kent, 2016/17 - 2020/21



Source: NCMP, prepared by KPHO (SR), February 2022

Year R: inequalities in obesity prevalence by deprivation, Kent trend 2016/17 - 2020/21



Source: NCMP, prepared by KPHO (SR), February 2022

The Whole System Approach to a Healthy Weight in Kent

Obesity is a complex problem with multifactorial causes and associated with various health and social problems.

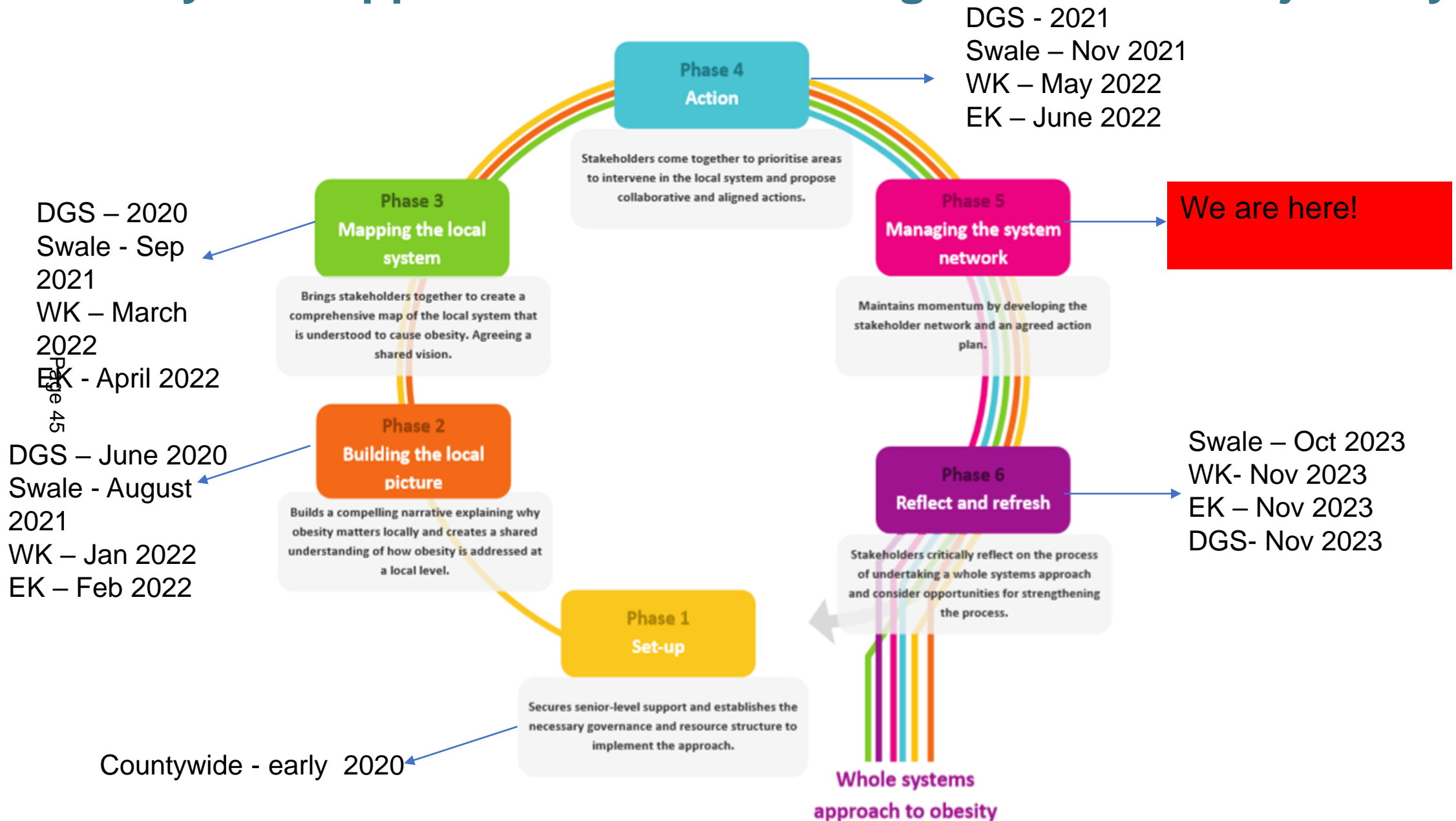
The Public Health team of Kent County Council (KCC) rolled out the Whole System Approach to a Healthy Weight Programme in four health and care partnerships (HCPs): Dartford, Gravesham & Swanley (DGS) , Swale, West and East Kent

We adopted the Leeds Becketts module as recommended by OHID, although this is not prescriptive. Therefore, the implementation of WSA vary from one local authority to the other according to the identified local needs

The programme aims to create an environment and culture that encourages and enables everyone in Kent to achieve and maintain a healthy weight by adopting a healthy lifestyle

The WSA team collaborating with a wide range of stakeholders to map the existing community assets, identify local causes, and implementing agreed actions to promote healthy eating, physical activities and healthy weight among the Kent population.

Whole system approach to a health weight in Kent - the journey so far



WSA Subgroups

Maternal, Early Years & Education

- Pre & Post natal education - Breastfeeding Promotion & promoting healthy messages
- Healthy Start Vouchers & Free School Meals
- Training Health Professionals
- Healthy Early Years & School Approach, inc. Active Travel in School
- Holiday Activities and Food Programme (HAF) & Youth Hubs

Healthy Communities & Workplaces

- Grow your own
- Cost of living
- Physical Activity
- Community engagement
- Workplace Health

Physical Activity, Environment & Transport

Page 46

- Increase use of leisure centres & open spaces - access to low-cost activities
- Active Travel & Physical activity in schools
- Transport policies & Active Travel – Local Cycling and Walking Infrastructure Plans (LCWIP)
- Access to Green & Blue spaces

Primary & Secondary Healthcare

- Clear healthy weight pathway
- Consistent messaging across the system
- Primary Care Network (PCN) Staff Training
- Health walks & signposting

Policy & Planning

- Use planning policy and supplementary plans to promote physical activities and healthy eating
- Fast food restrictions; Strategy on healthy environment & advertising policy (HFSS)
- Planning of new developments, - new and quality open spaces

Marketing & Communication

- Campaigns and marketing to promote healthy eating and physical activities;
- increase awareness of available resources; services and offers;
- Targeted campaign; Social Media; workplace and wellbeing websites

Whole system Approach programme outputs – countywide

Housing association strategy

Banning advertisement of HFSS foods

Healthy Workplaces - DVH
Cycling
Active travel.



Weight Stigma Training
WSO and stigma training and the
HCP training curriculum

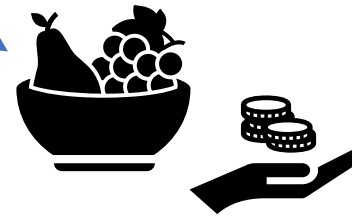
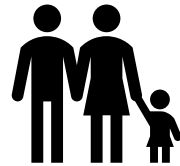
Sustainability strategy
Increase engagement
from VSOs and
opportunities



Population Health management
MECC Awareness; Resources for
PCNs; Social Prescribing
Community pharmacy referrals
Mental Health Practitioners

Page 47

HAF
programme



Eating on a budget leaflet;
food banks; Community
fridges
- Cooking classes with
Multiply for the high-risk
population

Staff training
• Infant feeding
• Food champion
• Health visitors training
Kent Children healthy
weight pathway



Multicultural healthy recipes
promotion

Resources for
schools
Free school meals

Enablers to delivering the Whole System Approach to Healthy Weight

- Leadership buy-in, commitment with local political and senior-level support.
- Adequate resources and time are required to support to maintain momentum.
- Focus more on population-based interventions while considering the wider determinants of health.
- Take health in all policy approach to address the root causes of obesity and address health inequalities and wider determinants of health.

Contacts

Public Health Specialist – Dr Abimbola Ojo

abimbola.ojo@kent.gov.uk

WSO Officer: Tammy Foster

tammy.foster@kent.gov.uk



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From: Benjamin Watts, General Counsel
To: Health Reform and Public Health Cabinet Committee – 5 March 2024

Subject: **Work Programme 2024**

Classification: Unrestricted

Past and Future Pathway of Paper: Standard agenda item

Summary: This report gives details of the proposed work programme for the Health Reform and Public Health Cabinet Committee.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to consider and agree its Work Programme for 2024.

1. Introduction

- 1.1 The proposed work programme, appended to the report, has been compiled from items in the Future Executive Decision List and from actions identified during the meetings and at agenda setting meetings, in accordance with the Constitution.
- 1.2 Whilst the chairman, in consultation with the cabinet members, is responsible for the programme's fine tuning, this item gives all members of this cabinet committee the opportunity to suggest amendments and additional agenda items where appropriate.

2. Work Programme

- 2.1 The proposed work programme has been compiled from items in the Future Executive Decision List and from actions arising and from topics, within the remit of the functions of this cabinet committee, identified at the agenda setting meetings. Agenda setting meetings are held 6 weeks before a cabinet committee meeting, in accordance with the constitution.
- 2.2 The cabinet committee is requested to consider and note the items within the proposed Work Programme, set out in appendix A to this report, and to suggest any additional topics to be considered at future meetings, where appropriate.
- 2.3 The schedule of commissioning activity which falls within the remit of this cabinet committee will be included in the work programme and considered at future agenda setting meetings to support more effective forward agenda planning and allow members to have oversight of significant service delivery decisions in advance.
- 2.4 When selecting future items, the cabinet committee should consider the contents of performance monitoring reports. Any 'for information' items will be

sent to members of the cabinet committee separately to the agenda and will not be discussed at the cabinet committee meetings.

3. Conclusion

- 3.1 It is vital for the cabinet committee process that the committee takes ownership of its work programme to deliver informed and considered decisions. A regular report will be submitted to each meeting of the cabinet committee to give updates of requested topics and to seek suggestions for future items to be considered. This does not preclude members making requests to the chairman or the Democratic Services Officer between meetings, for consideration.

4. Recommendation: The Health Reform and Public Health Cabinet Committee is asked to consider and agree its Work Programme for 2024.

5. Background Documents: None

6. Contact details

Report Author:
Dominic Westhoff
Democratic Services Officer
03000 412188
Dominic.westhoff@kent.gov.uk

Lead Officer:
Benjamin Watts
General Counsel
03000 410466
benjamin.watts@kent.gov.uk

**HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE
WORK PROGRAMME**

Item	Cabinet Committee to receive item
Verbal Updates – Cabinet Member and Corporate Director	Standing Item
Work Programme 2021/22	Standing Item
Update on COVID-19	Temporary Standing Item
Key Decision Items	
Performance Dashboard	January, March, July, September
Update on Public Health Campaigns/Communications	Biannually (January and July)
Draft Revenue and Capital Budget and MTFP	Annually (November)
Annual Report on Quality in Public Health, including Annual Complaints Report	Annually (November)
Risk Management report (with RAG ratings)	Annually (March)

14 MAY 2024

1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Work Programme	Standing Item

2 JULY 2024

1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Public Health Performance Dashboard – Quarter 4 2023/24	Regular Item
7	Update on Public Health Campaigns/Communications	Regular Item
8	Work Programme	Standing Item

ITEMS FOR CONSIDERATION THAT HAVE NOT YET BEEN ALLOCATED TO A MEETING

Place-Based Health – Healthy New Towns.
Lessons Learnt paper from Asymptomatic testing site – added at HRPH CC 20/01/2022
Mental Health for Younger People + Young Minds Presentation – added by Andrew Kennedy on 24/01/2022 – Young People, Body Image, and Mental Health (Requested by Mr J Meade 05/09/23) (Chair would like both to come to committee soon)
Public Health Inequalities: Report on geographical poverty index figures – Requested by Mr Jeffery on 23/11/2022
Gypsy, Roma and Traveller (GRT) Health: Report on child immunisation and suicide prevention in the GRT community – Requested by Ms Constantine on 23/11/2022
Overview of Health Protection in Kent – 31/03/23
Substantive item on Social Prescribing – added by Andrew Kennedy 31/03/2023
Implications of Climate Change for Public Health – suggested by Mr Cole 11/07/2023
Preventative Agenda Paper – Ms Hamilton – added on 7/11/23
Benchmarking and Learning from Best Practice – added by Mr R Streatfeild 23/01/24