

## KENT COUNTY COUNCIL

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### HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Health Reform and Public Health Cabinet Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 14 May 2024.

PRESENT: Mr P Cole (Vice-Chairman), Mrs P T Cole, Ms K Grehan, Ms S Hamilton, Peter Harman, Ms J Hawkins, Mr A Kennedy, Mr J Meade, Mr R G Streatfeild, MBE and Ms L Wright

ALSO PRESENT: Mr D Watkins

IN ATTENDANCE: Dr A Ghosh (Director of Public Health) and Mr D Westhoff

### UNRESTRICTED ITEMS

**312. Introduction/Webcast announcement**  
*(Item 1)*

**Tributes for James Williams, Director of Public Health Medway**

1. Dr Ghosh led the tributes to the late Mr James Williams, the former Director of Public Health at Medway Authority. Tributes were also made by Mr Watkins and Mrs Cole.
2. The Chair asked for it to be recorded in the minutes that the Health Reform and Public Health Cabinet Committee offered their condolences on the sad passing of Mr Williams.

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

None were received.

**314. Minutes of the meeting held on 5 March 2024**  
*(Item 4)*

RESOLVED that the minutes of the meeting held 5 March 2024 were a correct record and that a paper copy be signed by the Chair.

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

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

- a) **Kent's Public Health Champions** – Mr Watkins said that 130 people working for Kent councils, schools and charities acted as public health champions who inspired others to look after their health and wellbeing and spread the word of local support available to residents. It was said that these champions organised community activities, attended local events to raise awareness and signpost people to specialist support. It was noted that all champions gain nationally recognised Royal Society of Public Health qualifications, with 40 qualifying every year. Mr Watkins congratulated 18 people who completed their qualifications recently.
  - b) **National Walking Month** – Mr Watkins noted that May marked National Walking Month and the public was being encouraged to join the national celebration to boost fitness and wellbeing. It was said that Active Kent and Medway had a Travel Your Way challenge to walk every day and One You Kent organised large group walks.
  - c) **Measles, Mumps and Rubella (MMR) Vaccinations** – Mr Wakins said that additional catch-up clinics had been announced where under-19s could catch up on their MMR vaccines. It was noted there had been a rise in cases of measles which could lead to serious illness but 99% preventable through two doses of the vaccine.
- 2) Dr Anjan Ghosh, Director for Public Health, provided a verbal update on the following:
- a) **Measles Update** - measles infections continued to rise nationally with an increase of cases in the Southeast. There had been several probable cases in Kent but no confirmed cases.
  - b) **Pertussis / Whooping Cough** - there was an increase across England following a prolonged period of low cases. The trend was for a seasonal variation in cases every two-to-three years but the recent uptick was larger than usual, potentially due to a steady decline in the uptake of vaccinations for pregnant women and young children. The United Kingdom Health Security Agency (UKHSA) and KCC communications were distributing messages to urge parents and carers to check their children's vaccination status and to respond to invites from the NHS or book appointments with their GP practice.
  - c) **Kent and Medway Better Health and Wellbeing Community Fund** – 98 applications had been received for the £90,000 fund. A brochure on all grants awarded would be published in early June.
  - d) **Kent and Medway Suicide Prevention Programme** - a further award had been received at the National Positive Practice in Mental Health Awards Ceremony in the category of suicide prevention services. Dr Ghosh thanked all of those who worked and supported the programme.
  - e) **Family Hubs Update** – the programme was in its third year and plans for future sustainability were in development to embed and expand a new

model beyond year 3. Two public consultations on key strategies had been completed and were in the process of being finalised.

- f) **Mental Health Awareness Week** – this year’s theme was about raising awareness for how good physical activity was for the body and mind.
  - g) **Healthy Alliances** – progress was being made with district and borough partners on developing the alliances.
  - h) **Research and Innovation Hub** – it had recently been agreed with the Corporate Management Team to set up a governance structure to underpin all research in the Council. It was noted that much inward investment was being received for public health research.
  - i) **Gypsy, Roma Traveller (GRT) Community** – a learning network had been convened with 25 participants and a project plan was in place for the first step of engagement with communities.
  - j) **Collaboration with Adult Social Care** – progress was being made in changing the shape of demand and providing care to residents closer to their homes and in the community. Dr Ghosh noted that this would come to the committee at an appropriate time.
- 3) In response to comments and questions, it was said:
- a) Dr Ghosh reassured a Member that the grants would be directed at the communities and areas that needed them most.
  - b) It was said there was a deep involvement with districts in countering anti-vax misinformation. There was ongoing targeting of the Primary Care Networks where vaccine uptake was below 85%.
  - c) Dr Ghosh said a dedicated team were working on engagement with the GRT community and information on how the 25 participants were identified could be shared after the meeting.
  - d) On how success could be measured for suicide prevention strategies, it was said that there had been success in attaining real-time information which could be shared, an approach pioneered by Kent. Progress was being made but there were many challenges ahead. More data could be shared outside the meeting.

RESOLVED that the updates be noted.

**316. 24/00028 - Spending the Stop Smoking Services and Support Grant**  
*(Item 6)*

*Rutuja Kulkarni-Johnston, Consultant in Public Health, Luke Edwards, senior commissioner and Chris Beale, commissioner, and Debbie Smith, Public Health Specialist, were in attendance for this item.*

1. Dr Ghosh introduced the report. Ms Kulkarni-Johnston provided an overview of the framework for spending the grant, with additional details provided by Mr Beale.
2. In response to comments and questions, it was said:
  - a) Asked what support residents would receive to stop smoking it was said the funding would be used to increase and expand the support and services on offer. The behavioural support with nicotine replacement therapy was considered the best approach and consisted of a seven-week programme, which would see increased capacity.
  - b) Work on engagement and motivation would be central to the approach to reach out to those unlikely to engage in the services available and motivate users throughout the process of stopping smoking.
  - c) There would be active engagement with workplaces and employers to help distribute information about the support available and create smoke-free environments.
  - d) A range of media options were available including graphic imagery. It was noted that the materials were not a mandatory part of the curriculum in schools but their use was encouraged. There was a need for some smokers to see hard-hitting images and messaging which would be included in an alternative programme.
  - e) Dr Ghosh said they would be happy to provide annual updates on the programme and regular updates would come to the committee through the performance dashboard. Penalties for missing targets were not expected in year one but there was a process to notify the central government during year one if adequate progress was not being made.
  - f) Mr Watkins praised the initiative introduced by the government and thanked the Committee for the points raised during the discussion.
3. RESOLVED the Health Reform and Public Health Cabinet Committee endorsed the proposed decision to:
  - a) Approve the commissioning of Stop Smoking Services to deliver against the Support Grant and project requirements;
  - b) Approve the framework arrangements set out in the report for ongoing management of the Stop Smoking Services and Support Grant 2024/2025 to 2028/2029;
  - c) Delegate authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health and Corporate Director for Finance, to revise and amend the arrangements set out in the framework details, subject to the scope and terms and conditions of the grant funding;

- d) Delegate authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to take relevant actions, including but not limited to, awarding, finalising the terms of and entering into the relevant contracts or other legal agreements, as necessary, to implement the decision; and
- e) Delegate authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to award extensions of contracts for commissioned services in accordance with future grant allocations.

**317. 24/00036 - KCHFT (Kent Community Health NHS Foundation Trust) (twelve-month) Partnership Extension (Item 7)**

*Chloe Nelson, Senior Commissioner, was in attendance for this item.*

*The discussion for items 7 and 8 were held at the same time.*

1. Dr Ghosh introduced the report and noted the two extensions being discussed (24/00036 and 24/00037) were part of the wider Public Health Transformation programme.
2. Ms Nelson provided an overview of the two key decisions. The extensions would enable further data collection and prevent destabilising the workforce.
3. In response to comments and questions, it was said:
  - a) A Member asked that progress be made quickly due to the pressures public health was facing. Dr Ghosh said there were 21 points of transformation and a decision had been made not to use external consultants, due to the complexity of the changes they would need to be phased in. Transformation work would still progress during and after the extensions. It was noted that the decision on the extensions had not been taken lightly but was necessary due to the Provider Selection Regime (PSR) which was a new regulation and previously untested. Legal advice had been sought on PSR.
  - b) Mr Watkins said that the decisions were based on best practice and in the best interests of the people of Kent. A further overview of the decision-making process was provided. The transformation programme would be carried out in a timely manner.
4. RESOLVED the Health Reform and Public Health Cabinet Committee endorsed the proposed decision to
  - a) Extend the Kent Community Health NHS Foundation Trust (KCHFT) partnership for 12 months, from 1st April 2025 to 31st March 2026, to support the Public Health Service Transformation programme; and

b) Delegate authority to the Director of Public Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision to extend.

5. In accordance with paragraph 16.31 of the Constitution, Ms Grehan, Ms Hawkins and Mr Streatfeild wished for it to be recorded in the minutes that they voted to abstain on the proposed decision 24/00036 - KCHFT (Kent Community Health NHS Foundation Trust) (twelve-month Partnership Extension).

**318. 24/00037 - MTW (Maidstone and Tunbridge Wells NHS Trust) - 12-month Partnership Extension**  
*(Item 8)*

*Chloe Nelson, Senior Commissioner, was in attendance for this item.*

*The discussion for items 7 and 8 were held at the same time.*

1. RESOLVED the Health Reform and Public Health Cabinet Committee endorsed the proposed decision to
  - a) Extend the Maidstone and Tunbridge Wells NHS Trust partnership for 12 months, from 1st April 2025 to 31st March 2026, to support the Public Health Service Transformation programme; and
  - b) Delegate authority to the Director of Public Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision to extend.
2. In accordance with paragraph 16.31 of the Constitution, Ms Grehan, Ms Hawkins and Mr Streatfeild wished for it to be recorded in the minutes that they voted to abstain on the proposed decision 24/00037 - MTW (Maidstone and Tunbridge Wells NHS Trust) - 12-month Partnership Extension.

**319. Performance Management Overview: Public Health Commissioned Services**  
*(Item 9)*

*Yozanne Parrett and Darren Jones were in attendance for this item.*

1. Dr Ghosh introduced the report. He explained the current set of Key Performance Indicators (KPIs) were being reviewed to ensure they were still fit for purpose. In future, there would be two dashboards presented to the Committee – the KPI indicators and also a set of strategic indicators that would be linked to the Integrated Care Strategy.

2. Ms Parrett provided an overview of the report.
3. In response to comments and questions, it was said:
  - a) the breakdown of health visiting carried out online or in person could be provided after the meeting.
  - b) Monitoring the effectiveness could be helped by benchmarking the Council's data with that of comparable local authorities. This was to be made available in future.
  - c) It was asked if the KPIs could be further integrated with the Integrated Care Strategy and other Council strategies. Dr Ghosh said that a link could be made between the KPIs and each of the 6 shared outcomes in the Integrated Care Strategy. It was noted that the indicators were not exhaustive but the KPIs chosen would provide an overview of the progress being made across Public Health and the Council.
4. RESOLVED the Health Reform and Public Health Cabinet Committee noted the approach being taken to Key Performance Indicator selection and target setting.

**320. Draft Kent and Medway Integrated Care Strategy/Joint Local Health and Wellbeing Strategy Delivery Plan**  
*(Item 10)*

*Mike Gogarty was in attendance for this item.*

1. Dr Ghosh introduced and provided an overview of the report, setting out the development of the Shared Delivery Plan. The plan would be signed-off in June at the Integrated Care Partnership (ICP).
2. Mr Gogarty said that the document needed to be the catalyst by which to move the dial for people in Kent to change their lifestyles and health.
3. In response to comments and questions, it was said:
  - a) population adjustments were being taken into account and there were modelling tools available to map those changes in conjunction with the interventions chosen to judge effectiveness.
  - b) A Member would like more detail on building children's resilience.
  - c) A Member asked if microdata could be made available to monitor progress.
4. The Chair endorsed the comments about the need for further detail and micro targets. Dr Ghosh said that macro, mezzo and micro indicators were included to monitor progress. The Chair noted that the committee would need to work together to decide how best to monitor the progress over the lifetime of the strategy.

5. RESOLVED the Health Reform and Public Health Cabinet Committee noted the progress and proposed work in developing a Shared Delivery Plan for the Integrated Care Strategy.

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

RESOLVED that the work programme was noted.