

KENT COUNTY COUNCIL

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of A meeting of the Health Reform and Public Health Cabinet Committee held at Darent Room - Sessions House on Friday, 28th September, 2018.

PRESENT: Mr G Lymer (Chairman), Mrs C Bell, Mr R H Bird (Substitute for Mr D S Daley), Mr D Butler, Mr A Cook, Miss E Dawson, Ms S Hamilton, Mr S J G Koowaree, Ms D Marsh, Mr K Pugh, Dr L Sullivan and Mr I Thomas

OTHER MEMBERS: Graham Gibbens

OFFICERS: Andrew Scott-Clark (Director of Public Health), Dr Allison Duggal (Deputy Director of Public Health) and Theresa Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

86. Chairman's announcement.

(Item. 1)

The Chairman opened the meeting by passing on Paul Carter's apologies for absence as he had to attend a South East Local Enterprise Partnership Executive meeting in Thurrock. The Chairman read out a 'verbal update' statement which Mr Carter had sent. This statement gave updates on the first meeting of the new Kent and Medway Joint Health and Wellbeing Board, Health and Social Care integration and hospital reconfiguration to modernise the hospital estate, and was circulated later to the committee.

87. Membership.

(Item. 2)

Members noted that Mrs C Bell and Mr D Butler had joined the committee in place of Miss C Rankin and Mrs P A V Stockell.

The Chairman welcomed Mrs Bell and Mr Butler to the committee.

88. Apologies and Substitutes.

(Item. 3)

Apologies for absence had been received from Mr P Carter, Mr D S Daley and Mrs L Game.

Mr R H Bird was present as a substitute for Mr Daley.

89. Election of Vice-Chairman.

(Item. 4)

Mr K Pugh proposed and Mr I Thomas seconded that Ms D Marsh be elected Vice-Chairman of the committee.

There were no other nominations and Ms D Marsh was duly elected Vice-Chairman.

90. Declarations of Interest by Members in items on the Agenda.
(Item. 5)

In case there should be any discussion around a proposed new hospital in Canterbury, Mr I Thomas declared that he was a Member of Canterbury City Council's Planning Committee.

The Chairman, Mr G Lymer, declared that he served on Cancer Back up, East Kent Cancer Action Group, at the Kent and Canterbury Hospital and the Macmillan Cancer Welfare benefits steering Committee with Citizen Advice Bureau, Canterbury and Ashford.

91. Minutes of the meeting held on 27 June 2018.
(Item. 6)

It was RESOLVED that the minutes of the meeting held on 27 June 2018 are correctly recorded and that they be signed by the Chairman. There were no matters arising.

92. Verbal updates by Cabinet Members and Director.
(Item. 7)

Health Reform

1. The update by the Leader and Cabinet Member for Health Reform, Mr P B Carter, had already been read out by the Chairman at the start of the meeting.

Public Health

2. The Cabinet Member for Adult Social Care and Public Health, Mr G K Gibbens, gave a verbal update on the following issues:

Return of Public Health to portfolio – he said how pleased he was to have public health in his portfolio once again and wanted to raise the profile of public health issues, particularly smoking cessation and smoking in pregnancy, on Health Reform and Public Health Cabinet Committee and Joint Kent and Medway Health and Wellbeing Board agendas.

12 September - attended Public Health England Conference in Warwick – at this conference, Steve Brine, Parliamentary Under Secretary of State for Public Health and Primary Care, had announced that public health grants would continue to be ring-fenced until 2021/22.

Flu jab – Mr Gibbens had had his flu jab on the morning of the meeting and had been photographed having this done, to raise the profile of the annual vaccination programme. He encouraged all Members to have this done.

Public Health and Mental Health – Mr Gibbens said that mental health support services were a key priority in his portfolio. 10 October was World Mental Health Day, which would raise the profile of mental health issues, through various activities.

3. Mr Gibbens responded to comments and questions, including the following:-
- a) asked about the importance of social isolation on the Health and Wellbeing Board agenda, Mr Gibbens advised that the Board was following the work of the County Council's Loneliness and Social Isolation Select Committee with interest and wanted to see the Select Committee's report when it was ready. The Select Committee report would also be considered by either the Health Reform and Public Health or Adult Social Care Cabinet Committee. The issue of loneliness and social isolation was gaining prominence via the work of Tracey Crouch MP and the Jo Cox Foundation, and had cross-party support at Government level. He was keen to see this same level of support all through society; and
 - b) the news that that the public health budget was to be ring-fenced for longer was welcomed. Public health funding had effectively been reduced in real terms, which would cause problems in the future. The Government needed to be helped to understand the importance of public health and the need for increased funding in the future. Mr Gibbens agreed that public health work had produced many successful outcomes in recent years.

4. The Director of Public Health, Mr A Scott-Clark, then gave a verbal update on the following issues:

Flu Vaccination – the flu season for 2018/19 was just starting, and everyone who was eligible for a flu jab and who was concerned about their vulnerability to flu was being urged to be vaccinated, including all staff working in the health and social care sectors.

Measles – the number of outbreaks in Kent continued to be very small and sporadic. There was no evidence that young adults travelling to music festivals were particularly at risk of catching or spreading measles. Public Health England and the NHS were both promoting vaccination for children.

Public Health England Updated Public Health Profile published – this set out statistics about the general health of the UK population, including life expectancy, trends, children's health and health protection issues. *It was suggested that a link to the document be included in the minutes:*

<https://fingertips.phe.org.uk/profile/health-profiles>

Kent Community Healthcare Foundation Trust (KCHFT) Breast Feeding Friendly Accreditation – the Health Visiting service had achieved Level 2 accreditation for their baby-friendly work, which was welcomed. Health visitors, maternity and neo-natal nurses and universities were all now training to support mothers to breast feed. *A further paper on infant feeding would be submitted to the November meeting of the committee.*

5. Mr Scott-Clark responded to comments and questions, including the following:-

- a) the report on infant feeding to the November meeting would cover access to consultants for parents whose babies had tongue-tie, and any problems in accessing these services, including complaints received about the service, although there had been few reported complaints;

- b) GPs were being proactive about identifying children who had not had a measles vaccination, as some mis-match of records occurred, for example when a young person left their home surgery to go to university. Schools also had a role to play in highlighting the need for vaccination; and
- c) as part of the annual NHS campaign, GPs were proactive in calling eligible patients in for a flu vaccination, community pharmacies were also participating and midwives were encouraging expectant women to be vaccinated. A national surveillance programme by clinical commissioning groups monitored the uptake of vaccinations. Flu vaccinations could be given at any time of year, so it was never too late to have one.

6. It was RESOLVED that the verbal updates be noted, with thanks.

93. Public Health Quality Annual Report 2017 - 2018.

(Item. 8)

Ms P Spence, Public Health Head of Quality and Safeguarding, was in attendance for this item.

1. Ms Spence introduced the report and responded to comments and questions, including the following:-

- a) introduction of the One You programme varied across the county, and would be audited locally, with assurance being undertaken by the County Council;
- b) the high staff turnover experienced by the sexual health service had been caused by a change in provider. *Ms Spence undertook to look into the reasons for the turnover pattern in the health service and advise Members outside the meeting;*
- c) the reasons for the low rate of satisfaction with the school health team would be investigated and an action plan drawn up to address them. This was an ongoing process, *and Ms Spence undertook to advise Members outside the meeting of the process for this;*
- d) Ms Spence assured Members that all staff would always be fully trained and competent before starting work on any service; and
- e) the Serious Incidents Learning Partnership (SILP) had seen evidence that there was an increase in the number of older heroin users developing long-term health conditions as a result of their habit, and this made the pattern of use more complex.

2. It was RESOLVED that the Public Health Quality Annual Report 2017-2018 be welcomed, and its content, and Members' comments on it, set out above, be noted.

94. Suicide Prevention Needs Assessment.

(Item. 9)

Mr T Woodhouse, Suicide Prevention Specialist, and Ms J Mookerjee, Public Health Consultant, were in attendance for this item.

1. Ms Mookherjee and Mr Woodhouse introduced the report and highlighted the links with other areas of work such as substance misuse, mental health services and social isolation, and the work going on to address these areas. They then responded to comments and questions from Members, including the following:-

- a) to address the link between both legal and illegal substance misuse and suicide, work was being undertaken with the Police, and links made to the Police Strategy. Reports on the subject would be made regularly to the Crime Safety Partnership. Drug use was also closely linked with homelessness, and work was ongoing to seek to address this;
- b) the likelihood of ex-servicemen and women experiencing homelessness, and the link to social isolation, was well acknowledged, and the outcome of the Select Committee currently running was awaited with interest;
- c) a view was expressed that more information was needed about the link between homelessness, ex-offenders and ex-military and to seek to identify the reason for this link. It was known that 50% of those taking their own lives had a history of self-harm, and it would be helpful to be able to understand more about this link and how it could be addressed. Ms Mookherjee explained that men considering suicide were known not to tend to seek help. This tendency was deep-rooted among male occupations, not just in the military. Workplace health events could seek to encourage more openness;
- d) the extra money allocated to Kent by the Government was welcomed as excellent news;
- e) asked what follow-up work would be done after someone had been seen at Accident and Emergency after self-harming, Ms Mookherjee explained that a link would be made with the patient's GP, to seek ongoing supervision. However, this practice was not consistent across the county. Mr Woodhouse added that the Kent and Medway NHS and Social Care Partnership Trust had identified this as an area of high risk and work was ongoing to seek new ways in which to support such patients;
- f) Mr Woodhouse explained that a major review was being undertaken with the Kent Safeguarding Children Board to seek to identify the impact of suicide upon families, and *the Children, Young People and Education strategy and action plan could be shared with the Health Reform and Public Health Cabinet Committee at a future meeting;*
- g) asked how many cases there were of attempted suicide, Ms Mookherjee explained that these were hard to identify, as some people self-harmed without intending suicide;

- h) a view was expressed that mental health support should be made available to all, not just those who were at high risk of suicide. Ms Mookherjee agreed that all lives saved were important. She advised that a pilot scheme in West Kent was improving the treatment of depression and piloting urgent and crisis care. Mr Woodhouse added that there were some countywide initiatives offering a 24-hour freephone helpline. These had been established using Government funding for innovation and it was hoped that they could be spread;
- i) in response to a question about how local elected Members could support someone who had come to them as a local representative to seek help with thoughts of suicide, Ms Mookherjee said that some online guidance and signposting could be provided, perhaps in conjunction with the Jo Cox Foundation, training could be made available to Members and a wallet-sized card giving a few bullet-point guidelines could be produced;
- j) a recent meeting between the NHS and Healthwatch had discussed signposting with existing initiatives, such as Live Well Kent, which was a key part of suicide prevention work;
- k) comments were made on the online accessibility of campaigns and a request made that they be made easier to find on the County Council website by using smart links. Mr Woodhouse advised that links would be established with Google so that anyone searching for 'suicide' would find the Release the Pressure campaign, and the same could be done with the County Council website; and
- l) asked if the Release the Pressure posters which had previously been displayed in the foyer of Sessions House could be reinstated, Mr Scott-Clark said he would liaise with the County Council press office to do this.

2. The Cabinet Member, Mr Gibbens, responded to comments made during the debate and highlighted the range of referral pathways available to ex-offenders, via the Probation Service, young people of 18+ transitioning from CAMHS to adults' mental health services, people with mental health needs accessing housing-related support via Porchlight, and support for ex-service personnel adjusting to civilian life as part of the Military Covenant between the County Council and the Armed Forces. The Men's Sheds projects around the county sought to address the need for men to network and find moral support, and he encouraged Members to visit their local Shed project. He undertook to look into the various points raised about the online accessibility and profile of suicide prevention campaigns.

3. It was RESOLVED that Members' comments on the Suicide Prevention Needs Assessment and suggestions of areas for further research, set out above, be noted.

95. 18/00051 a and b - Sexual Health Needs Assessment and Service Commissioning.
(Item. 10)

Ms W Jeffreys, Public Health Specialist, and Mr M Gilbert, Senior Commissioner, were in attendance for this item.

1. Ms Jeffreys and Mr Gilbert introduced the report and updated the statistics set out in para 3.11 of the report; the percentage of late diagnosis of HIV in Kent had increased to 61.7% compared to 41.1% in England as a whole. They and Mr Scott-Clark then responded to comments and questions from Members, including the following:-

- a) the online ordering facility for testing kits allowed customers to access kits discreetly, without having to ask over a counter. It also reduced the demand for clinic visits, which were more expensive, as only those testing positive would then be invited to attend a clinic appointment. Members were assured that kits obtained through the online service would come only from reputable, quality providers, approved and commissioned by the County Council. This saved customers having to search randomly elsewhere on the internet and perhaps finding products which were not quite so reliable;
- b) although the online 'Get It' programme was available only for people over 16, younger customers would be signposted to find support and products elsewhere. A young person logging in would be required to enter their date of birth and would be guided through the system in such a way that they could not then change the entry later to make themselves seem older;
- c) young people would be told how to access the digital offer as it was part of the information provided by the school public health service. The 'Get It' programme had been widely promoted and was accessible through youth hubs and numerous outlets frequented by young people;
- d) the County Council was seeking to have a longer contract for the new condom programme so the service would stay with the same provider for a longer period, thus minimising the frequency with which the access details would change. Members were assured that a longer contract would include the same rigorous performance clauses to ensure that a good quality service was maintained. Kent's digital offer had increased uptake above that of other neighbouring authorities and would continue to be developed. A longer contract period would also give service staff more stability of employment;
- e) Kent's sexual health services were demand-led, and the County Council had a duty to provide treatment for all people testing positive. The Council had a reserve of cash to cover rises in demand;
- f) in response to a question about the County Council's scope to own or 'brand' a campaign, Mr Gilbert explained that the 'Get It' campaign was owned by the provider, Metro. Where the County Council bought an existing campaign, it would not usually be possible to own the brand and continue to use it with a different provider. Mr Gilbert undertook to liaise with prospective contractors to explore the possibility of negotiating an agreement for Council ownership or perpetual right to use a new brand for the service. He cautioned, however, that potential providers would most likely not allow the Council to take over their existing brand and use it with another provider. It would, however, be possible for the Council to develop and own a new brand and use it with any chosen provider. This idea was supported by some

Members, with the suggestion that Kent could adopt an overall brand to cover its various sexual health services;

- g) asked about statistics for the prevalence of syphilis, how soon cases were being identified and how the UK compared to other countries in the way in which it approached the provision of sexual health services, Ms Jeffreys *undertook to look into this and supply information to Members outside the meeting*;
- h) sexual health service providers were being pro-active in liaising with universities and colleges, youth groups and early years support services to spread awareness of its sexual health services;
- i) there was still some resistance to take up the offer of testing for STIs, due to the prevailing understanding of personal risk among many people; and
- j) a view was expressed that Kent should raise the profile of HIV testing and reassure people that requesting a test was a responsible move and not one which need jeopardise insurance, mortgage or loan applications. The extent of change since the HIV campaigns of the 1980s was emphasised. Knowledge and understanding of HIV was just starting in the 1980s, but medical knowledge and public awareness had both increased greatly since then, along with the accessibility of testing and services.

2. It was RESOLVED that:-

- a) the key findings of the needs assessment and changes in delivery of sexual health services be noted;
 - b) taking account of Members' comments and concerns set out above, and in particular about branding and ownership, the decision proposed to be taken by the Cabinet Member, to make changes to the provision of sexual health services due to expire in 2019:
 - i. the inclusion of integrated sexual health and related services into the existing Kent Community Health Foundation NHS Trust (KCHFT) partnership;
 - ii. the formation of a new partnership agreement with Maidstone and Tunbridge Wells NHS Trust (MTW) and inclusion of integrated sexual health and online STI testing services;
 - iii. continued contracting directly with GP surgeries for Long Acting Reversible Contraception (LARC) services, delivered within primary care; and
 - iv. award of contract following a competitive process procurement for an online condom scheme and outreach services;
- be endorsed; and

- c) the proposed plans for the continued delivery of Kent County Council-commissioned sexual health services, via Kent Community Health Foundation NHS Trust and primary care, be supported.

96. Contract Monitoring Report - Adult Drug and Alcohol Services.

(Item. 11)

Mr M Gilbert, Senior Commissioner, Public Health, was in attendance for this item.

1. Mr Gilbert introduced the report and responded to comments and questions from the committee, including the following:-

- a) every £1 spent on adult drug and alcohol services in Kent would produce a saving of £3 - 4. Kent's service was performing better than the national average, at approximately 75% of the average national cost. Some areas of service delivery, for example residential rehabilitation, cost more per head than others;
- b) although the use of drugs had reduced overall, the pattern of usage had changed, and the harm caused by drug use, for example, the associated crime and family breakdown, continued to be a problem;
- c) concern was expressed that users of residential rehabilitation centres would try to negotiate a reduction in fees and that some centres may run at a loss and hence be at risk of closing, Mr Gilbert agreed that bargaining was not good and advised the committee that referrals were carefully screened and only patients who were assessed as being able to benefit from residential rehabilitation would be referred there. The availability and cost of residential rehabilitation was a problem faced across the UK, and as Kent provided good quality provision, it attracted people from elsewhere. Kent's contracts for residential rehabilitation services would build in a clause about maintaining access for Kent patients; and
- d) asked what would happen next to someone who did complete a residential rehabilitation programme, Mr Gilbert advised that approximately 60% of non-opiate users tended to drop out of treatment programmes. People dropping out would have the opportunity to carry on in less structured services or mutual support groups. Once someone had dropped out of one course of treatment, they were statistically more likely to drop out again in the future.

2. It was RESOLVED that the commissioning and provision of adult drug and alcohol services in Kent, and the service improvement initiatives being undertaken to improve quality and outcomes, be noted and welcomed.

97. Placed-based Public Health and Ebbsfleet Healthy New Town.

(Item. 12)

1. Dr Duggal introduced the report and set out the historical and cultural context of place-based service provision. With Mr Scott-Clark, she responded to comments and questions from Members, including the following:-

- a) district council colleagues had been fully involved in the project from an early stage. Linking the project into neighbourhood plans as they were produced was difficult as they had varying timetables, but links would be made to as many plans as possible. Mr Scott-Clark added that the aim was that public health considerations would be built into as many other policies as possible so the health impact of actions would be considered;
- b) concern was expressed that as many people as possible should be able to share and benefit from healthy new developments, but the 'affordable housing' which was included in many modern developments was unaffordable to many. Dr Duggal advised that the County Council's public health team would seek to influence partners to make the new development as democratic as possible;
- c) concern was expressed that many new developments in recent years had included very little open space or green space. Some houses had no gardens and a children's play area involved a journey of 1.5 miles. Although new towns such as Milton Keynes had been designed to encourage cycling, some modern developments did not offer sufficient safe room for people to walk or push a pram, and in some places it was not safe for people to walk or cycle. As part of encouraging active travel, it was important to ensure that roads and footways were safe for cyclists and walkers. Dr Duggal advised that there had been much work on active travel at Ebbsfleet, and the County Council's Energy and Low Emissions Strategy had been incorporated to protect air quality. *She undertook to find out how many car charging points would be provided across the development and advise Members outside the meeting;*
- d) asked about the plans for the Lower Thames Crossing, near Ebbsfleet, *Dr Duggal undertook to look into the plans and timeframe for this and advise Members outside the meeting.* She confirmed that the public health team had been involved in the Health Improvement Assessment for the Lower Thames Crossing; and
- e) asked about plans for 'lifetime housing', which paid particular attention to daylight and ventilation and had features built in which would support future independence and mobility as residents aged, Dr Duggal advised that there was a pilot kitemark scheme for healthy homes, to which developers had indicated they were willing to sign up.

2. The Cabinet Member, Mr Gibbens, advise Members that he fully supported the principal of health considerations being built into all policies, and encouraged Members to look at information about this on the Local Government Association website. The Local Government Association also had a group working on place-based commissioning, and a model of local care provision existed as the Whitstable Model.

3. It was RESOLVED that progress made be noted and the approach taken by the County Council's Public Health team on place-based public health be endorsed.

98. Performance of Public Health-Commissioned Services.
(Item. 13)

Mr M Gilbert, Senior Commissioner, Public Health

1. Mr Gilbert introduced the report and, in response to a question, *undertook to look into the provision of the Health Visiting service outside usual working hours, to help support working parents, and advise Members outside the meeting.*

2. It was RESOLVED that the performance of Public Health-commissioned services in Quarter 4 of 2017/18 and Quarter 1 of 2018/19 be noted.

99. Work Programme 2018/19.
(Item. 14)

It was RESOLVED that the Cabinet Committee's work programme for 2018/19 be agreed.