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, County Hall, Maidstone on Friday, 1st December, 2017.

PRESENT: Mrs P A V Stockell (Vice-Chairman in the Chair), Mr R H Bird (Substitute for Mr S J G Koowaree), Mr A Cook, Mr D S Daley, Miss E Dawson, Mr D Farrell (Substitute for Dr L Sullivan), Ms S Hamilton, Ms D Marsh, Mr K Pugh, Miss C Rankin and Mr I Thomas

OTHER MEMBERS: Paul Carter, CBE and Peter Oakford

OFFICERS: Andrew Scott-Clark (Director of Public Health) and Theresa Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

27. Apologies and Substitutes.
(Item. 2)

Apologies for absence had been received from Mrs L Game, Mr S J G Koowaree, Mr G Lymer and Dr L Sullivan.

Mr R H Bird was present as a substitute for Mr Koowaree and Mr D Farrell as a substitute for Dr Sullivan.

As the Chairman, Mr G Lymer, was unable to attend due to illness, the meeting was presided over by the Vice-Chairman, Mrs P A V Stockell.

28. Declarations of Interest by Members in items on the Agenda.
(Item. 3)

Mr I Thomas declared a personal interest as a member of his family was funded by the County Council in a nursing home.

Mrs P A V Stockell made a similar declaration.

During the discussion which followed Mr Carter's verbal updates, Mr Thomas declared that he was a Canterbury City Councillor serving on the Planning Committee. He did not take any part in the discussion of the possibility of a new hospital site in Canterbury.

29. Minutes of the meeting held on 22 September 2017.
(Item. 4)

1. ***Minute 19, paragraph 3:*** The Director of Public Health made two corrections to the section of his verbal update dealing with foreign mosquitoes, as follows:

a) 'a mosquito larva and egg' not 'a colony' had been identified; and

b) The deletion of the final sentence of paragraph 4 b).

The Democratic Services Officer undertook to make these changes to the final minutes before they were signed by the Vice-Chairman.

2. It was RESOLVED that, subject to the amendments above being made, the minutes of the meeting held on 22 September 2017 are correctly recorded and they be signed by the Vice-Chairman.

30. Meeting Dates 2018/19.
(Item. 5)

It was RESOLVED that the dates reserved for meetings of the committee in 2018 and 2019 be noted, as follows, with all meetings commencing at 10.00am at Sessions House:-

Wednesday 24 January 2018
Tuesday 13 March 2018
Thursday 3 May 2018
Wednesday 27 June 2018
Friday 14 September 2018
Thursday 22 November 2018
Wednesday 9 January 2019
Wednesday 13 March 2019

31. Verbal updates by Cabinet Members and Directors.
(Item. 6)

1. The Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health, Mr P J Oakford, gave a verbal update on the following issues:

Infant Feeding – a group of Kent mothers had recently submitted a petition of 4,931 signatures about breastfeeding support services and had met the Leader to discuss this. In line with the County Council's petition scheme, the petition would be the subject of a debate at this committee's next meeting on 24 January 2018 and would form part of the public consultation on this subject.
Kent Health and Wellbeing Board – work was ongoing to establish a joint Kent and Medway Health and Wellbeing Board. The terms of reference of the new joint board were currently being finalised and would be ratified by both councils, and the new board would start work in April 2018. Glenn Douglas, Chairman of the Sustainability Transformation Partnership, had addressed the most recent meeting of the Kent Health and Wellbeing Board and the establishment of the new joint board had been welcomed. The present Kent Health and Wellbeing Board would continue to exist and would meet briefly once a year to undertake formal procedural tasks, with all other business being considered by the new joint board.

2. The Leader and Cabinet Member for Traded Services and Health Reform, Mr P B Carter, CBE, commented that, as it continued to establish its workload, the committee needed to include more health reform issues on its agenda. He then gave a verbal update on the following issues:

Sustainability Transformation Plan (STP) update – Mr Oakford and Mr Carter both served on the Sustainability Transformation Programme Board, which was

pursuing the priorities of hospital care, local care, prevention and public health issues, with the former taking up much STP time. Regarding ***hospital care***, Mr Carter said he had been surprised by the short notice given of a public consultation on a reconfiguration of East Kent hospitals' A&E services, which would start on 4 December. He suggested that population modelling, to identify service need in East Kent, should extend as far as Swale and Faversham. He outlined the response to the consultation which the County Council would make by the closing date of 8 December; the need for a new solution, with A&E services added to the Chaucer Hospital, QEQM retaining its current A&E services, but no new hospital being built at Canterbury. Regarding ***local care***, he said the County Council should seek new investment of £40m-70m to fund a full range of local care services to keep people out of hospital. It was well known that, for every additional £1 spent on local care, it was possible to save £3 - 4 on the provision of hospital care. There was a proposal that there be eight pilot local care schemes, but he expressed an opinion that it would be better instead to have four well-targeted pilots. He suggested that *an item on this area of work be added to the committee's January agenda to ask Anu Singh, Corporate Director of Adult Social Care and Health, to set out her vision of how social care and public health could best link to local care, and what an ideal model of local care would look like.*

3. Mr Carter then responded to comments and questions from the committee, including the following:-

a) good progress had been made in promoting and supporting training for medical staff in the Canterbury area, which was vitally important, and a bid for a medical school in Kent would further help this. The medical school was supported by Canterbury Christ Church University and the University of Kent at Canterbury and could possibly have a second campus in Medway. What was important was that good staff be recruited, properly deployed and retained; and

b) reference was made to the lessons which could be learned from past experience of new hospital building and service reconfiguration in Maidstone and Tunbridge Wells. Good links between hospital services and community services would address delayed transfers of care. One of the main challenges of implementing the STP was how to deliver new, local services on the ground. Mr Carter responded that his view was that enhancing service delivery at existing Canterbury hospitals was a better use of funding in the long term than the construction of a new hospital, and the County Council should make a good business case for this option.

4. During discussion of this item, Mr Thomas declared that he was a Canterbury City Councillor serving on the Planning committee. He did not take any part in the discussion of the possibility of a new hospital site in Canterbury.

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

Kent Medical School – to what had already been said about this, Mr Scott-Clark added that a Kent medical school could helpfully relate to a 'parent' medical school at Brighton and confirmed that his team would host medical trainees to give them a grounding in public health issues.

Sustainability Transformation Plan update: Public Health Input – Mr Scott-Clark had met with the Director of Public Health at Medway Council to discuss public health work and how best to work together and avoid duplication of work streams, particularly around prevention.
Public Health Observatory – work was underway with Carnall Farrar on a 'case for change', to seek to enhance mental health work and improve outcomes for cancer patients via a holistic approach, including early diagnosis and faster treatment.
Clinical Strategy for Kent and Medway - both Directors of Public Health served together on a clinical board and were working together to develop a clinical strategy for Kent and Medway, to seek the best outcomes for the population. Key areas of work included mental health, workplace stress and lifestyle changes, joining up digital work streams and tackling the challenges around local care and hospital care. In response to a comment, he emphasised the importance that mental health issues had among current work streams and the need to view mental and physical health as being of equal importance.

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

32. 17/00098 - Infant Feeding Consultation Update.
(Item. 7)

Ms W Jeffreys, Locum Consultant in Public Health, was in attendance for this and the following item.

1. Mr Scott-Clark introduced the report and advised the committee that the public consultation would end on 3 December and that comments made by the committee would contribute to this. More than 316 responses had been received so far, and all responses received would be analysed following the end of the consultation period. Ms Jeffrey set out the key elements of the service which had been identified as needing improvement, including the initiation of breastfeeding by the maternity service in the first 10 days following birth and the move to the health visitor service beyond 10 days, and the need to avoid a gap between these two services. The proposed new model sought to improve both this and the rate of breastfeeding continuing at 6 – 8 weeks following birth. Mr Scott-Clark and Ms Jeffreys responded to comments and questions from Members, including the following:-

a) asked about the training given to health visitors in supporting mothers to attempt breastfeeding, and if they would take on this work in addition to other workloads, Ms Jeffreys explained that, while all health visitors were fully trained to support breastfeeding mothers, 36 of them were additionally trained to give specialist support and 4 of the 36 were trained as lactation consultants;

b) a view was expressed that some mothers would prefer to see and talk about breastfeeding with a health visitor that they already knew. Health visitors would know the family and be in a better position to advise them;

c) asked if the birthing unit at Maidstone Hospital had been among the consultees, Mr Scott-Clark confirmed that the consulting midwife there had indeed been a consultee;

d) concern was expressed that the health visitor service was being asked to deliver more with less resource, as the number of appointments available across the county was being reduced, Ms Jeffreys explained that the arrangement of clinics across the county would be different and, while there would be fewer clinics, there would be more opportunities to engage in a different way. Mr Carter added that, due to government involvement, the number of health visitors had doubled in the last few years and the health visitor service was confident that it had the capacity to deliver the proposed new breastfeeding support;

e) new mothers were often given a 'goody bag' of products for the first few days with a new baby, and this could include advice and guidance on services available to new mothers, including the health visitor service and support for breastfeeding;

f) the number of babies suffering from 'tongue-tie' had increased in recent years as this condition was now easier to diagnose. There were two types of tongue-tie, posterior and anterior, and the condition could be corrected by a small operation. Mr Scott-Clark added that the report on breastfeeding scheduled for the committee's January meeting would include information currently available on tongue-tie, including the prevalence of the condition;

g) expectant mothers needed to be given advice on breastfeeding before giving birth, as many stayed only a very brief time in hospital after giving birth. At this time a plan could be drawn up to cover the first few weeks and months after giving birth;

h) Mr Scott-Clark advised that Kent's statistics for breastfeeding initiation were below the national average and that rates across the county varied. It was important to find out the reason for this and identify areas of good practice and seek to spread this. A leading midwife was working with the County Council to look into this; and

i) the titling of the subject as 'infant feeding' rather than 'breastfeeding' was welcomed as some mothers did not wish to, or were not able to, breastfeed their babies, for a variety of reasons. The support needs of these mothers were also important and should be identified. It was important that those mothers not breastfeeding should not be made to feel they had 'failed';

2. It was RESOLVED that:-

a) the detailed findings of the consultation be noted and that Members' comments, set out above, be considered as a part of the consultation; and

b) the detailed findings of the consultation and subsequent proposal be presented to the committee for consideration at its meeting in January 2018, prior to a formal decision being taken by the Cabinet Member.

33. Adolescent Health.
(Item. 8)

1. Ms Jeffreys and Mr Scott-Clark introduced the report, which set out the new model of service delivery and had been prepared in response to a request for an update on adolescent health as part of the committee's ongoing contract monitoring role. Mr Carter added that reports such as this would help the committee to increase its understanding and develop its role and that, as part of monitoring service delivery, it would be important to identify what should be measured and what a good service should look like. Ms Jeffreys and Mr Scott-Clark responded to comments and questions from the committee, including the following:-

a) nationally-generated data on the need for adolescent health services should be treated with caution as this did not contain the level of detail that Kent would expect to see as a basis for service development;

b) young people's habitual use of personal electronic devices and screens meant they had become unused to making any sort of eye contact with others, and a modern culture of not being able to touch or comfort a young person meant that whole generations had grown up with very limited human interaction and an impaired ability to connect to others and form social relationships. This would not help them develop good mental health;

c) asked about services for young people up to the age of 19 or 25, as in other areas of children's and young people's services, Mr Scott-Clark explained that the service concerned in the report was school-based and so would not relate to school leavers. He clarified that services such as sexual health, drug and alcohol misuse and Child and Adolescent Mental Health Services (CAMHS) related to different age ranges and had different upper age limits A young person in receipt of services at the time they left school would be given a transition plan which would set out how they would access similar services in the future;

d) a request was made for a full schedule of services available and their status (statutory or discretionary), how and by whom these were provided and how their success could best be measured;

e) asked how the human papillomavirus (HPV) vaccine was delivered, Mr Scott-Clark explained that all vaccinations were delivered by NHS England and that the HPV vaccination was a key preventative strategy and would be monitored as part of the prevention work stream;

f) concern was expressed about the reliance on personal, social, health and economic education (PSHE) lessons to help deliver public health messages as this was not uniformly delivered across the county. A more useful link could be to young people via the Kent Youth County Council, higher education and the Youth Service instead of relying just on schools;

g) it would be helpful for Members to be given information about the patterns of drug and alcohol misuse and eating disorders in Kent;

h) PSHE covered a wide range of personal and cultural issues and the way in which these issues were approached in any particular school was important in shaping young people's own approach to them. Years ago, young people would have been shown photographs of alcohol-related and sexually transmitted conditions and this frank visual approach seemed to be effective in conveying the implications of risky behaviours. Another speaker questioned whether PSHE was even being taught in all schools and highlighted how important it was that this issue be addressed;

i) statistics were given for the number of young women under 16 giving birth but no statistics seemed to be offered for the number of young men becoming fathers at very early ages; and

j) the need for children and young people to have regular school trips and opportunities to attend out-of-school activities to develop skills such as team building was emphasised.

2. The Cabinet Member, Mr Oakford, said how useful it had been for the committee to debate this important issue and said this opportunity demonstrated the value of this new committee. He undertook to ensure that the issues raised were looked into.

3. It was RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks.

34. Revenue and Capital Budget Monitoring - August 2017-18.
(Item. 9)

Miss M Goldsmith, Finance Business Partner for Adult Social Care and Public Health, was in attendance for this item.

1. Mr Oakford introduced the report and said that the method of budget reporting used for other Cabinet Committees was less useful for this committee as the Public Health budget consisted entirely of grants and would always make full use of all grants available, leaving a zero balance. However, the committee would need to be able to see how the public health grant was allocated for the current and future financial years.

2. Miss Goldsmith advised that a breakdown of the planned budget allocations for public health services in 2017/18 had been set out in the budget book published early in 2017 and offered to prepare the same for 2018/19 and present this to the committee at its next meeting. This was welcomed as it would form the basis of the committee's performance and contract monitoring activity and allow it to identify good service delivery and value for money.

3. It was RESOLVED that-

a) the revenue and capital forecast variances for the 2017-18 budget in the remit of this Cabinet Committee, based on the August monitoring position presented to Cabinet on 30 October 2017, be noted; and

b) a breakdown of the planned budget allocations for public health services in 2018/19 be presented to the committee's January meeting.

35. Work Programme 2018/19.
(Item. 10)

1. The inclusion of a regular ***contract monitoring*** item on agendas was supported as an important part of the committee's role. Members who had attended recent contract monitoring training recommended it to others as a good grounding in the subject which had helped their understanding of the issues involved.

2. It was suggested that a timetable of contract monitoring activity be drawn up to cover the next 12 – 24 months, to offer a planned approach, and that contracts due to be renewed soonest be prioritised so the committee could consider performance so far and be able to make a timely contribution to future contracting decisions.

3. It was RESOLVED that, taking account of the points set out above, the committee's work programme for 2018/19 be agreed.