

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 Council Chamber - Sessions House on Tuesday, 1st May, 2018.

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

OTHER MEMBERS: Peter Oakford

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

UNRESTRICTED ITEMS

65. Apologies and Substitutes.
(Item. 2)

Apologies for absence had been received from Mr P B Carter, CBE, Mrs L Game, Mr S J G Koowaree, Ms D Marsh and Mr K Pugh.

Mr R H Bird was present as a substitute for Mr Koowaree, Mr M A C Balfour for Ms Marsh and Mr J Wright for Mr Pugh.

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

Mr J Wright declared an interest in agenda item 7 as a founder member of the Newington Air Quality Management Group, and he had been involved in a planning appeal case which had set national case precedence on air quality.

Mr I Thomas and Mr A Cook both then declared that they had been involved in the preparation of Thanet District Council's air quality action plan.

During agenda item 5, Mr Wright also declared that he was a County Council-appointed governor of Medway Hospital.

67. Minutes of the meeting held on 13 March 2018.
(Item. 4)

It was RESOLVED that, subject to the addition of Ms D Marsh to those Members having submitted apologies, the minutes of the meeting held on 13 March 2018 are correctly recorded and they be signed by the Chairman.

There was one matter arising: the committee had originally intended that Members would have the opportunity at the May meeting to have a health check, but it had not proved possible to arrange this. Discussion of other testing opportunities for Members followed in later agenda items.

68. Verbal updates by Cabinet Members and Director.
(Item. 5)

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:-

The Local Care Implementation Board (LCIB), of which Mr Carter was the Chairman, had met three times thus far and was pursuing the agenda of improving the integration of health and social care.

Suicide Prevention Grant – Mr Oakford thanked Jess Mookherjee and the public health team for the enormous amount of work they had done on suicide prevention and for putting together a bid for government funding to support this work. Kent had been given a one-off grant of £668,000 of government funding for the 2018/19 financial year, and was one of only nine Sustainability and Transformation Programme (STP) areas to have been awarded this funding. 20% of this funding would be used to implement and improve the suicide action plan and the remainder to support campaign work, including workplace training and interventions, and expanding the work to address adolescent suicide.

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

Kent and Medway Measles outbreak – this had affected people of all ages, and the control measures being used were isolation and vaccination. Good communication was vital and guidance was being sent to schools and nurseries.

Sustainability and Transformation Programme (STP) Prevention workstream – Mr Scott-Clark and the Director of Public Health for Medway Council were jointly responsible for prevention work in Kent and were working together on the prevention plan and deep dive reviews. The establishment of the new workstream had raised the profile and importance of prevention work.

Stroke Prevention – this work brought together health indicators such as those covered by the NHS health check, plus blood pressure, irregular pulse and encouragement to reduce alcohol intake and increase physical activity, and aimed to improve the identification, diagnosis and treatment of atrial fibrillation, which was a key part of stroke prevention. This work was being supported by Public Health England.

3. Mr Scott-Clark and Ms Mookherjee responded to questions from Members, including the following:-

- a) suicide prevention work would include work to address rates of adolescent suicide, and this was well covered in the Children's Emotional Wellbeing Plan. This work would make the best use of existing resources and networks across the County Council, using the Community Safety Partnership and the Kent Safeguarding Children Board;
- b) asked about the percentage take-up of the measles vaccination, Mr Scott-Clark explained that the vaccination rate was below the 95% target. It was recommended that two different vaccines be given, as a double dose. He reassured Members that cases of measles were not frequent, there last having been cases in 2011 and 2016, but emphasised the highly contagious nature of the disease. Hospital staff were also being advised to be

vaccinated. Clusters of cases had shown up in Medway and Swale but had then spread across the county;

- c) asked how Members would be advised of the detail of STP funding received and how this money was being spent, Mr Scott-Clark undertook to refer this question to Glenn Douglas, the accountable officer for the Kent STP. He emphasised that STP funding and the workstreams arising from it would apply to the whole of Kent;
- d) it was suggested that, as part of stroke prevention activity, elected Members should set an example and undergo testing for atrial fibrillation to assess their risk of stroke;
- e) concern was expressed about the number of GP practices around the county which were beyond capacity and unable to accept new patients, as well as the number of practices closing, and experienced GPs retiring, compared to the shortage of new GPs qualifying and taking up practice. This placed a huge strain on GPs as a first line of contact, at a time when so much was being asked of them as part of health improvement work. Mr Scott-Clark explained that the Primary Care Code emphasised the importance of good local care. A new medical school at Canterbury Christ Church University would help to address the shortage of GPs. Mr Oakford added that the workforce workstream in the STP had been set up to address the training, recruitment and retention in Kent of primary healthcare staff. Kent currently had a shortage of 247 GPs. Further concern was expressed that this shortage coincided with much new house building;
- f) disappointment was expressed at the lack of health care apprenticeships;
- g) asked about the gender profile of adolescents attempting suicide, Ms Mookherjee advised that most were boys aged under 18. However, rates of self-harm were much higher among women and girls than among boys. The additional grant funding made available this year would support more research into patterns of suicide; and
- h) Mr Scott-Clark advised that the new medical school at Canterbury Christ Church University would use the premises of the former HM Prison Canterbury as student accommodation, which was adjacent to the university and had been acquired for that purpose. Teaching would start in a classroom setting and continue to a more advanced level of training in local hospital placements. The new medical school was required to partner with an established school so would link to Brighton medical school, and the County Council's public health team would have some involvement in providing training for students.

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

69. Kent Tobacco Control - working in partnership.
(Item. 6)

Ms D Smith, Public Health Specialist, was in attendance for this item.

1. Ms Smith introduced the report and, with Mr Scott-Clark, responded to comments and questions from Members, including the following:-

- a) asked if the 40% of adults with serious mental illness who smoked could be using tobacco as a form of medication, and if they could be helped to find alternative support, such as mindfulness, Mr Scott-Clark advised that mental health trusts had a stated aim of reducing smoking among patients as this had been proven to reduce aggression and anxiety. Statistically, people with mental illness had poorer health outcomes and lower life expectancy as their tendency to smoke made them vulnerable to contract and die of other illnesses. Addressing addiction of any sort would always form apart of good medical care;
- b) asked about research and current thinking on the safety of vaping, Mr Scott-Clark advised that Public Health England took the view that there was no evidence that vaping was safe in the long-term. Clinicians supported the use of vaping as part of an attempt to quit smoking as it was seen as being safer than tobacco, and vaping could be used to administer some drugs, for example, for asthma. However, while vaping could not be guaranteed to be completely safe, there was certainly no safe level of tobacco intake;
- c) insurance providers did not view vaping as a long-term alternative to smoking and would not reduce insurance premiums for vapers;
- d) concern was expressed that people quitting smoking might replace tobacco with some other substance, which could prove more damaging, but Mr Scott-Clark explained that it was hard to identify any causal relationship between giving up tobacco and turning to other substances. There was no evidence of a generation of young people who had never smoked but had adopted vaping as a habit. He reassured Members that vaping shops operated under a strict national code of practice which stated that anyone who had not previously smoked should not be given vaping products containing nicotine;
- e) concern was expressed at the number of school children seen smoking outside school gates and the view put forward that what was needed to deter them was to show, perhaps as part of PHSE lessons, graphic images of the physical damage smoking could do. Mr Scott-Clark set out the measures taken in recent years to reduce the attraction of cigarettes, including plain packaging featuring graphic images and cigarettes in shops being locked out of sight behind shutters. He added that the STP targeted the groups among which smoking was most prevalent, including the lowest paid and manual workers, and pregnant women. The availability of illicit tobacco was a large problem in the South East and *it was suggested that a report on this subject be submitted to a future meeting of the committee;*
- f) some people were more susceptible to addiction and this could be a matter of genetic predisposition. Clinicians supported this view and treated smoking

as an addiction rather than a social issue. Specialist services were commissioned to address addiction;

- g) education was a key issue, and it was known that, if a young person could get to the age of 16 without starting to smoke, they would be much less likely to smoke or use other substances in adulthood;
 - h) concern was expressed that education of young people should be left to professional educators, and Ms Smith confirmed that the public health team was working with youth workers to encourage young people to quit. However, some young people already addicted were resistant to this encouragement, and graphic images on packaging, with the hard-hitting message 'Smoking Kills' did not have the desired impact;
 - i) a view was expressed that, alongside the figures for smokers and quitters, it would be helpful to acknowledge and show the number of people who had never smoked;
 - j) concern was expressed about the number of medical staff, as well as patients, smoking outside hospital premises. The NHS could be trying to treat one condition while the patient further damaged their health by smoking. Mr Scott-Clark advised that several health trusts were working toward being totally smoke-free in the near future. He explained that the NHS could not use any patient's lifestyles choices as a reason to refuse them treatment;
 - k) health visitors would support expectant mothers not to smoke throughout their pregnancy and onwards through the child's formative years, so a child had a chance to grow up in a smoke-free environment; and
 - l) Mr Scott-Clark advised that the figures shown in the report for adult smoking prevalence across the districts of Kent were gathered from surveys and hence were not necessarily a reliable indicator of percentage of population.
2. It was RESOLVED that the information set out in the report, and given in response to comments and questions, be noted, and local measures being taken to tackle smoking and tobacco control be endorsed.

70. Air Quality.
(Item. 7)

- 1. Dr A Duggal introduced the report and, with Mr Scott-Clark, responded to comments and questions from Members, including the following:-
 - a) a view was expressed that, while formal liaison existed between county and district councils, whose responsibility it was to address air quality, the County Council's own directorates could work more effectively together to take account of air quality issues. Highways colleagues, for example, often did not take the opportunity to comment on or raise air quality issues when consulted about planning applications. Dr Duggal added that the availability of better quality data would help influence highways and secure more public health involvement in planning decisions. Mr Scott-Clark added that public health colleagues

were part of the County Council's Environment Board and could promote the importance of public health considerations as part of the planning process. He advised, however, that poor air quality was not mentioned on death certificates as a contributing factor to deaths from certain cancers and respiratory illnesses;

- b) although air quality modelling was a very complex subject, what was more helpful from a public health point of view was the ability to quantify the impact of poor air quality upon health. The University of Kent at Canterbury was currently working towards this aim;
- c) disappointment was expressed at the extent of local action being taken, and there was more which could be done, for example, by promoting drop-off zones for schools in which car engines must be switched off;
- d) several of the Members of the Cabinet Committee served also on district and borough councils and spoke about their experiences in that role. District councils had responsibility for air quality but had not been given sufficient power by the Government to execute this role effectively. Another speaker said it was most important to remember that the responsibility to safeguard air quality was a district council (rather than a public health) function, and that much work went on in districts to undertake this role. Dr Duggal emphasised that there was no intention to criticise the work done by district councils; the report intended simply to indicate the way in which public health sought to influence the consideration of air quality issues. Mr Scott-Clark added that public health had had success in promoting smoke-free school gates as part of its campaign for smoke-free environments for young children;
- e) a view was expressed that the County Council, in particular, environment and transport officers, could and should do more to support district councils to tackle air quality issues;
- f) another speaker emphasised how far air quality had improved since the pollution of the 1950s, caused by domestic coal fires and petrol fumes, especially since the Clean Air Act of 1956. Much had been done, which was to be celebrated, but there was much more yet which could and should be done. Understanding of how to manage pollution, for example, the role of trees in absorbing carbon dioxide emissions, had increased much since the 1950s and 60s; and
- g) the Chairman pointed out that the County Council was taking a lead in helping the council of the Nord-pas de Calais to address air quality issues with the help of an Interreg project.

2. It was RESOLVED that the information set out in the report and given in response to comments and questions be noted, and the approach taken by the County Council's public health team and partners to tackling air quality issues in Kent be endorsed.

71. Update on the use of Novel Psychoactive Substances in the UK and Kent.
(Item. 8)

Ms J Mookherjee, Consultant in Public Health, was in attendance for this item.

1. Ms Mookherjee introduced the report and emphasised that, although the County Council had started to look at this subject after the Novel Psychoactive Substances Act of 2016, there was much detail still to be learnt about novel psychoactive substances (NPS) and their use. They were known to mimic mental health symptoms and to be used by vulnerable people and the homeless, but the scale of their use was not yet clear. There were four main themes to the use of NPS; recreational use (for example, in clubs), self-medication, mixing of drugs to get an extra high and self-harm and suicide attempts. NPS were covered by the County Council's Alcohol and Drug Strategy, as were self-harm and suicide in young people. Ms Mookherjee responded to comments and questions from Members, including the following:-

- a) little was known, as yet, about the age profile of users of NPS overall, although users who had required medical intervention from their use had been of a wide age range. Many homeless people were known to use NPS;
- b) NPS included a range of chemicals, which was changing all the time and included heroine, fentinol and fertilizers, so it was difficult to identify a regular 'recipe' and the scale and effect of any impurities;
- c) concern was expressed that describing a type of use as 'recreational' would conceal its dangerous nature. Addaction, who delivered the County Council's drug and alcohol services, was engaged in much work to educate users and potential users of the dangers of NPS;
- d) statistics for arrests and prosecutions *could be obtained from the police and supplied to Members after the meeting*;
- e) a film, 'Licence to Kill', made by the Kent and Medway Fire and Rescue Authority, had been widely shown in schools to illustrate the effects of drug use. This could be used as a blueprint for other films. Ms Mookherjee added that she had seen a police training film, the content of which was such that viewers had first been asked to sign a disclaimer;
- f) work was going on to improve surveillance, recording and links, for example, between drug and alcohol services and data generated by accident and emergency admissions for which NPS use had been identified as a contributing factor. To this would be added public reporting of local knowledge about dealing and 'cuckooing' behaviour, which involved a dealer taking over the home of a vulnerable person as a base from which to deal; and
- g) Ms Mookherjee emphasised the links between the County Council's Drug and Alcohol Strategy and the Crime and Safety Partnership.

2. It was RESOLVED that the information set out in the report and given in response to comments and questions be noted, and local measures to tackle the use of novel psychoactive substances be endorsed.

72. Contract Monitoring Report - Primary School Public Health Service.
(Item. 9)

Mrs V Tovey, Public Health Senior Commissioning Manager, and Ms S Bennett, Consultant in Public Health, were in attendance for this item.

1. Mrs Tovey and Ms Bennett introduced the report and responded to comments and questions from Members, including the following:-
 - a) asked about the take-up of intervention plans, Mrs Tovey explained that any young person could request a lifestyle package of care and that the rate of take-up was currently about 10%, but she *undertook to check this figure and advise Members outside the meeting;*
 - b) Mrs Tovey also *undertook to give figures to Members about engagement between the Primary School Public Health (PSPH) service and children educated at home;*
 - c) every school had a named member of staff, not necessarily a school nurse but one of the school health team with relevant skills and training, who would offer a drop-in service and workshops;
 - d) in the first year of the service, following the award of contract, the service had borne set-up costs, but these had now ended and the service could move ahead to achieve best value and start to achieve savings;
 - e) Ms Bennett and Mrs Tovey advised that the needs of children would be identified via questionnaires and an assessment would then be made to identify the best sort of engagement for them. This assessment process was a new part of the plan;
 - f) statutory parts of the service included the national child measurement programme (NCMP), and figures for the proportion of spend allocated to these aspects *could be supplied to Members after the meeting;*
 - g) NCMP checks would be followed by a proactive phone call from the school health team to the parent of any child who had shown up as being above a healthy weight for their age. Approximately 10% of parents responded to this call and took up the opportunity to engage with the PSPH service to address their child's weight. Approximately 10% of Year R children and 20% of Year 6 children were overweight. Some parents took a while to accept that their child was overweight before accepting help from the service;
 - h) asked what collaboration there was between the PSPH service and the North East London Foundation Trust, Ms Bennett explained that there was general partnership and close links between the PSPH and

providers of the CAMH services in the south east, and the relationship between the two bodies was complex; and

- i) asked if future contract monitoring reports to the Cabinet Committee would include performance against targets, Mrs Tovey said that this would indeed become the case, as the service bedded in beyond its first year. The Cabinet Committee had only recently started its programme of regular contract monitoring.

2. It was RESOLVED that:-

- a) the information set out in the report, and given in response to comments and questions, be noted; and
- b) the progress made to transform services through an effective contract management approach, and the ongoing activities to deliver statutory obligations, continuous improvement and meet performance expectations, be endorsed.

73. Transition of Infant Feeding Service. *(Item. 10)*

Ms K Sharp, Head of Commissioning, Outcome 1 and Public Health, and Ms S Bennett, Consultant in Public Health, were in attendance for this item.

1. Ms Sharp and Ms Bennett introduced the report and set out how the new service was bedding in and was being monitored. The new service had received both welcoming and critical feedback from practitioners and service users. Ms Sharp and Ms Bennett responded to comments and questions from Members, including the following:-

- a) the distribution of clinics around the county had been based on a complex picture of need and current use and was now based more on the availability of specialist advisors;
- b) all lactation consultants formerly employed by the previous provider had met with Kent Community Health NHS Foundation Trust (KCHFT) and been offered a new contract and terms and conditions. The aim was to establish a model of full-time employment of lactation consultants with additional spot-purchasing, to offer optimum flexibility, in place of the previous arrangement, which relied on spot-purchasing only. There was a small number of lactation consultants, with two of these being part of the Health Visitor service. If any of the current lactation consultants chose not to take up the new contracts offered, KCHFT would look to employ lactation consultants from elsewhere;
- c) progress on the new service was welcomed, and the officer team received thanks and congratulations from the committee on the work they had put in to building the new service model, given the complexity of the issue and the timescale involved. Ms Sharp explained that the new service would start on 1 June 2018, so arranging everything between the date of the key decision and this start date had been challenging. She advised that the performance metrics being developed

as part of the transition plan would start to appear in the regular dashboard reports submitted to the Cabinet Committee. The Cabinet Member, Mr Oakford, added his thanks and congratulations to the officer team and emphasised the immense amount of work which had gone into setting up the new service;

- d) it was requested that the metrics being established to measure performance include a measure of how many mothers requiring an appointment urgently had been able to access this within two working days. Ms Sharp added that the service was overseen by mothers who were themselves service users, one of whom had first-hand experience of tongue-tie. Ms Sharp *offered to bring to the Cabinet Committee a further report on the new service once it had commenced*; and
- e) the joint working involved in setting up and delivering the new service was welcomed, and improvements to the service anticipated.

- 2. It was RESOLVED that the information set out in the report, and given in response to comments and questions, be noted, and the progress to date be endorsed.

74. Performance of Public Health commissioned services.

(Item. 11)

Ms K Sharp, Head of Commissioning, Outcome 1 and Public Health, was in attendance for this item.

- 1. Ms Sharp introduced the report and the Chairman noted that the performance against targets was very positive, overall.
- 2. It was RESOLVED that the Quarter 3 performance of public health commissioned services be noted and the proposed changes to key performance indicators to be presented in future Cabinet Committee reports be agreed.

75. Work Programme 2018/19.

(Item. 12)

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