HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Friday, 1 November, 2019

10.00 am

Darent Room, Sessions House, County Hall, Maidstone

Kent County Council
kent.gov.uk

AGENDA

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Friday, 1 November 2019 at 10.00 am
Darent Room, Sessions House, County Hall, Maidstone

Ask for: **Theresa Grayell**
Telephone: **03000 416172**

Tea/Coffee will be available 15 minutes before the start of the meeting

Membership (13)

Conservative (10):	Mr G Lymer (Chairman), Ms D Marsh (Vice-Chairman), Mr D Butler, Mr A Cook, Miss E Dawson, Mrs L Game, Ms S Hamilton, Mr K Pugh, Mr I Thomas and one vacancy
Liberal Democrat (2):	Mr D S Daley and Mr S J G Koowaree
Labour (1)	Mr B H Lewis
Independent (1)	Mr P J Messenger

Webcasting Notice

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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 24 September 2019 (Pages 5 - 14)

To consider and approve the minutes as a correct record.

5 Verbal updates by Cabinet Member and Director (Pages 15 - 16)

6 Contract Monitoring Report - Young Persons' Drug and Alcohol Service (Pages 17 - 38)

7 Public Health Quality Annual Report 2018 - 2019 (Pages 39 - 54)

8 Strategic Delivery Plan monitoring: Quarter 2, 2019/20 (Pages 55 - 82)

9 Update on Kent County Council Approach to Making Every Contact Count (MECC) and a report on the outcomes of MECC training (Pages 83 - 88)

10 Work Programme 2020 (Pages 89 - 92)

To receive a report from General Counsel on the committee’s work programme.

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

Thursday, 24 October 2019

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

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 Tuesday, 24th September, 2019.

PRESENT: Mr G Lymer (Chairman), Ms D Marsh (Vice-Chairman), Mr N J D Chard (Substitute for Mr D Butler), Mr A Cook, Mr D S Daley, Mrs L Game, Ms S Hamilton, Mr S J G Koowaree, Mr B H Lewis, Mr P J Messenger, Mr K Pugh and Mr I Thomas

OTHER MEMBERS: Paul Carter, CBE and Clair Bell

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

UNRESTRICTED ITEMS

57. Membership.
(Item. 2)

The committee noted that Mr P J Messenger had joined the committee as an Independent Member. Mr Messenger was welcomed to his first meeting of the committee.

58. Apologies and Substitutes.
(Item. 3)

Apologies for absence had been received from Mr D Butler and Miss E Dawson.

Mr N J D Chard was present as a substitute for Mr Butler.

59. Declarations of Interest by Members in items on the agenda.
(Item. 4)

Mr N J D Chard declared that he was a Director of Engaging Kent.

Mr I Thomas declared that, in relation to any mention of plans for a new hospital site at Canterbury, he was a Member of Canterbury City Council's Planning Committee, and, in relation to the item on gambling, that he served on the City Council's Licensing Committee.

Mr A Cook declared that he also served on Canterbury City Council's Licensing Committee.

Under agenda item 9 (minute 64, below), Mr B H Lewis declared that he had previously managed a betting shop for many years.

60. Minutes of the meeting held on 20 June 2019.
(Item. 5)

It was RESOLVED that the minutes of the meeting held on 20 June 2019 are correctly recorded and they be signed by the Chairman. There were no matters arising.

61. Verbal updates by Cabinet Members and Director.
(Item. 6)

1. The Cabinet Member for Adult Social Care and Public Health, Mrs C Bell, gave a verbal update on the following public health issues:-

20 August - Visited Kent Community Health Foundation Trust (KCHFT) Services at Tonbridge Cottage Hospital to see services and meet staff and members of the multi-disciplinary team (MDT). She also accompanied a health visitor on her rounds and visited a baby clinic to see an infant feeding session. This visit had shown how well services were working. The Trust had subsequently been awarded an 'outstanding' rating.
17 September - Kent and Medway Joint Health and Wellbeing Board Workshop. This had discussed the role of the Joint Board. Work would continue on the case for change, which would be published in autumn 2019, and the priority areas of work for the Joint Board would be drawn from the case for change. A primary school teacher had recently spoken about young children not being ready for school, in terms of toilet training and speech development. This lack of preparedness could be due to lack of access to a health visitor or GP.
World Mental Health Day on 10 October – Ms Marsh outlined the events taking place at County Hall to mark the day *and undertook to send out to Members the details of events*. A series of summits was to take place to raise public awareness of mental health issues and the first of these had recently taken place in Margate. This had been very well attended by a range of participants. Contributions made by public participants at these summits would be used to draft an action plan. The Sustainability and Transformation Partnership (STP) had allocated £600,000 to establish four 'safe havens' which could offer out-of-hours help for people with mental health problems and their carers, and additional funding would be made available for staff training in dealing with mental health issues. A new crisis café had been established, run by volunteers.

2. The Leader and Cabinet Member for Health Reform, Mr P B Carter, gave a verbal update on the following issues:-

Sustainability and Transformation Programme

Mr Carter said that he had received much good feedback from Members about the usefulness of the presentations by the panel of NHS clinicians and senior officers at the committee's June meeting, setting out the Government's changed arrangements and local implementation plans.

He had stated that, when he stood down as Leader, he hoped to continue in a role of promoting the local care vision, not just in Kent but nationally, to see how integrated care was being delivered in other parts of the country and ensure that local government could continue to play a role, alongside NHS colleagues, in the delivery of good community health and social care services. Part of the work that he hoped to pursue at a national level was to influence Government to achieve a greater proportion of NHS funding going into primary care, community care and preventative care, to reverse the reduction made to this proportion over the last 8 –

10 years. Just 1 - 2% more of the NHS budget being directed there would have a large impact on the recruitment of district nurses, health visitors and occupational therapists, especially considering the ageing population with increasingly complex needs.

It would be interesting to compare what Kent and Medway was doing with what was happening elsewhere in the country, how local government was being involved with NHS colleagues and how others were embedding structural change.

He was confident that the approach being taken by Kent and Medway was right and was pleased with the progress made over the last 12 months. The groundwork was done and what was needed now was to find the right resource to build a suitable workforce to develop it.

At the last meeting of the STP, the Kent Medical School was debated. He was pleased that an additional £2m had been made available to contribute to help develop the new campus at the University of Kent at Canterbury and Canterbury Christ Church University sites. There were many hurdles still to overcome and much work still to do but he was sure that all County Council Members would support the delivery of the medical school.

He had received much correspondence from Kent GPs about the need to improve the physical assets available to deliver GP hubs around the county and there was general acceptance that GPs needed to work together in larger hubs, with sufficient appropriate technology to support their new way of working. This was something the County Council could support by work on the health estate. The County Council's new housing strategy was about to be launched, including scoping of the need for increased nursing and residential care and a move towards the provision of more extra care housing to allow elderly and vulnerable people to live in their own homes for as long as possible. It had been estimated that more than 1,000 additional units of extra care housing would be needed in the next few years.

Much work was still going on around a potential new hospital in Canterbury, and he would continue to take an interest in this and how services at it and the other two hospitals in East Kent – the Queen Elizabeth the Queen Mother and the William Harvey hospitals - would be configured. He hoped to see a new hospital being built in Canterbury as the existing hospital site was no longer fit for purpose, was very expensive to maintain and difficult to recruit to.

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

a) Mr Carter was thanked for his work as Leader in advancing the health reform and local care agenda, and for the help and support he had given to opposition Members and new Members in helping them to understand the issues involved;

b) a good and sufficient workforce was vital to develop the programme, and to go forward without this would mean the new arrangements would fail. Mr Carter agreed that recruitment was a significant issue and said that he hoped Britain leaving the European Union would not make it difficult to recruit overseas staff. The suggested minimum salary level requirement (yet to be confirmed by the Home Office) for overseas workers to come

and work in the UK might make many healthcare posts more difficult to recruit to;

c) the absence of positive progress around a new Canterbury hospital and the effect of this upon recruitment was a great concern for local people, who hoped to hear a confirmed decision soon. Mr Carter said that much work was going on to facilitate the building of a new hospital, but it was not a simple process and it was unclear as yet how services would be re-configured and physical assets used. The aim was to provide the very best treatment and facilities as close to the local community as possible;

d) spending on the NHS was compared to spending on projects such as HS2 and frustration expressed about why it was so difficult to put money into building a new hospital. Mr Carter acknowledged the frustration at the uncertainty and advised that the Minister for Health had highlighted the need to look at innovative ways of providing money for infrastructure; and

e) similar work around preventative and early interventions had been done in the field of adult social care and had shown that it was most cost effective to provide services to patients early to save them from developing more complex and costly needs later. Primary care was the area in which spending could be directed most effectively.

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

Suicide Rates for 2018 recently published – these had shown a small reduction, which was good, but a change to the way in which the Coroner was required to assess suspected suicides may lead to a future increase in the number of cases being recorded. *A more detailed assessment of the 2018 figures would be presented to a future meeting.*

Spending Review Settlement for Local Authority Public Health – this had shown an increase in funding. Mr Scott-Clark would meet with the other regional Director of Public Health and with Duncan Selbie, the Chief Executive of Public Health England, to gain more information on the impact of this. The net increase may not be as large as first appeared as it was following on from cuts made in previous years.

5. Mr Carter referred to a recent thinktank which had considered the concept of using a 'patient premium', comparable to the pupil premium, to help address health inequalities. He referenced a recent paper on the issue and *undertook to provide Members with the title of this paper outside the meeting.*

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

62. Establishment of a single Clinical Commissioning Group for Kent and Medway - oral item.
(Item. 7)

Glenn Douglas, Chief Executive, Kent and Medway Sustainability and Transformation Partnership and Accountable Officer for Kent and Medway Clinical Commissioning Groups, and Michael Ridgwell, Deputy Chief Executive,

Kent and Medway Sustainability and Transformation Partnership, were present for this item at the invitation of the committee.

1. Mr Douglas and Mr Ridgwell presented a series of slides which followed on from the presentations given to the committee at its June meeting. These outlined the NHS Long-Term Plan, how this was being applied in Kent and Medway, key areas of action and the way in which the development of local care would be supported, using integrated care partnerships, primary care networks and a single clinical commissioning group. They then responded to comments and questions from the committee, including the following:-

a) the developments outlined in the presentation were welcomed by committee members;

b) the leadership of Mr Carter in promoting the local care agenda had put Kent's achievements ahead of other local authorities in the country, but what was needed now was to make innovative practices work successfully at a local level via the primary care networks;

c) the public needed to be helped to understand the new arrangement and be directed to the most effective pathway within it to access treatment, and for some this would need a major education project;

d) Thanet had been described as a beacon of innovative practice in the way in which its GPs organised themselves, but local experience in districts also showed that it could take a week to get an appointment with a GP and that access to dentistry services was also a struggle. Local people wanted to have a guarantee of being able to get an appointment with a GP or dentist when they wanted one. Mr Carter clarified that, due to the problem in recruiting GPs to replace those retiring or leaving practice, Thanet's ratio of doctors to patients was currently low, leading to a wait for appointments. This situation required an innovative approach to the use of the available resources, for example, triaging patients to be seen by a practice nurse or physiotherapist, where possible, to free up a GP's time to see the patients who needed to see them. This could reduce waiting lists, despite a wait to recruit new GPs. The development of multi-disciplinary teams would support this, as long as sufficient therapists and others could be recruited;

e) the establishment of multi-disciplinary teams was welcomed but the importance of GPs in the delivery of local care should not be underestimated. It was also important to bear in mind that, in health care, services should be able to be configured to fit the needs of a local population; one size did not fit all;

f) asked if pharmaceutical companies could collude or collaborate on service delivery, for example, for depression and anxiety, for which the use of drugs had increased steeply in recent years, Mr Ridgwell explained that there were statutory regulations to ensure that companies could not collaborate to manipulate the market for their own benefit. A priority for the NHS was to develop consistent approaches across organisations, including across primary care and acute hospitals, to manage drug costs. Mr Douglas added that a change to the way in

which GPs worked would encourage a move towards using counselling services first rather than reliance on drug treatment. It was noted that some GPs would see a holistic approach as being too time-consuming, and prescribing drugs easier and quicker, but Mr Douglas pointed out that prescribing would bring an initial cost and then a later struggle and resource costs in encouraging a patient to reduce or discontinue drugs. Overprescribing of drugs, especially for older people, was a priority issue to be addressed. Mr Scott-Clark added that social prescribing would seek to reduce drug use by encouraging exercise and activity to boost mental and physical wellbeing. Professionals would assess and respond to each patient's individual needs;

g) gathering evidence from outcome-based services could be difficult, and some services, for example, Child and Adolescent Mental Health Services, were still addressing historic backlogs. The Kent and Medway area was ranked 5th in the country for having long waiting lists and Britain was behind Europe in using early screening to identify need and raising public awareness;

h) although nurse training now involved degree courses, the importance of good, front-line, hands-on nursing training should not be overlooked. Mr Douglas advised the committee that the role of Associate Nurses (similar to the former State Enrolled Nurse role) was currently being trialled across Kent and Medway. An unforeseen consequence of introducing nursing degrees was that those who did not want to undertake a degree but were good at caring had been excluded from the profession. The Associate Nurse role offered not only a different way of entering the profession, and way of boosting recruitment, but scope to become involved in activities such as school nursing and health education. He suggested that it would be helpful for the committee to see at a future meeting the workforce strategy and the work being undertaken to address recruitment and retention;

i) asked about the availability and role of pharmacists, Mr Scott-Clark advised that pharmacists were being deployed differently; clinical pharmacists would work in practices and community pharmacists would move away from dispensing to include preventative and monitoring work. They could share information with GPs and play a larger part in the whole-system approach; and

j) asked how clinical commissioning groups' responsibilities would work across borders with neighbouring counties and other authorities, and how Kent's services could ensure they were treating only Kent and Medway residents, Mr Douglas explained that administrative borders should not be an impediment to the delivery of care. Patient flows crossed clinical commissioning group and county borders. Just as residents from outside Kent used a range of services provided from Kent hospitals, often as their main and nearest hospital, a large number of Kent residents also received care from hospitals outside the area (for example, in London). Patients would be referred where they could receive the best available treatment; administrative borders would not be a barrier.

2. The Chairman thanked Mr Douglas and Mr Ridgwell for attending to brief the committee and answer questions and *advised that the slides used in the presentation would be shared with Members via email.* He suggested that any Members who did not have time to ask a question could send them to Mr Douglas and Mr Ridgwell so they could have a written response via email.

3. It was RESOLVED that the information set out in the presentation and given in response to comments and questions be noted, with thanks, and that any outstanding questions be sent to Mr Douglas and Mr Ridgwell via the Democratic Services Officer for a written response.

63. 19/00064 - Delivery and Transformation of Public Health Services.
(Item. 8)

The Chairman advised the committee that, as this and the exempt report later in the agenda (item 12) contained much detailed information, he was minded to take both reports together in a closed session at the end of the meeting. It was important that Members had the opportunity to gain a full understanding of the issues before being able to comment on them and consider the recommendations, and to do this they would need to be able to have a frank discussion and explore all of the available information. This could only be done effectively in a closed session.

64. Update on Kent County Council approach to Gambling Addiction: follow up from November 2018 paper on Gambling Addiction and Public Mental Health.
(Item. 9)

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

Mr B H Lewis declared that he had previously managed a betting shop for many years.

1. Ms Mookherjee introduced the report and outlined work which had been started since the issue had last been reported to the committee in November 2018, including a pledge by Simon Stevens, Chief Executive of NHS England, of funding to raise awareness, online briefings for front line staff and work with district council colleagues. She responded to comments and questions from the committee, including the following:-

a) the work streams set out in the report were welcomed as they were raising the profile of problem gambling and its damaging effects. It was important that gambling *per se* was not demonised but that suitable measures were available to address problem gambling;

b) in response to the concern that there was no centre in Kent to which those with a gambling problem could refer themselves, or be referred, Ms Mookherjee advised that the County Council had no control over what, if any, provision was made to treat this area of addiction. The addiction service in general was fragmented;

c) the view was expressed that addiction to gambling was as harmful as addiction to drugs or alcohol. Ms Mookherjee replied that, from a public health point of view, any addiction was harmful;

d) people under 18 were not permitted to place bets in a shop but could easily do so by using online gaming sites. Reputable betting shops would turn away someone who was obviously under-age but concern was expressed that many current proprietors may not take such a responsible stance. Using online gaming sites, young people could become very involved very quickly. The Government could be lobbied to take some action to address the accessibility of online gaming. Ms Mookherjee commented that online marketing of products and services which could potentially lead to harmful habits was often more sophisticated than public health online information and safeguarding campaigns. Although the County Council would always want to ensure that young people were kept safe online, it was simply not possible to tell who was using online gaming sites. Mr Scott-Clark added that he had advocated to the Association of Directors of Public Health that problem gambling be viewed as a public health issue and that the Government be lobbied to change the rules and legislation around it;

e) concern was expressed that advertising for gambling sites appeared on daytime TV channels and could be seen by young people, although it was encouraging that such advertising during live sports broadcasting had been banned. The danger of adopting and becoming hooked on risky behaviours early in life was emphasised. Adverse childhood experiences such as domestic abuse or family break up could leave young people vulnerable to adopting potentially harmful behaviours;

f) young people aged 16 were not permitted to vote in any election but could buy scratch cards;

g) the part played by deprivation as a root cause in the development of gambling and other addictions was acknowledged;

h) the Leader and Cabinet Member for Health Reform, Mr P B Carter, commented that gambling addiction should be viewed as having equal status with the other public health issues tackled by the Cabinet Committee;

i) a view was expressed that, although, unlike other public health problems, gambling addiction did not directly cause deaths, it could lead to poor mental and physical health; and

j) asked if hypnotherapy was known to have any beneficial effect on addiction, Ms Mookherjee said she was not aware of any service offering this, but both cognitive and dialectical behavioural therapies (CBT and DBT) could potentially be helpful if it were possible to identify people who could benefit from them.

2. The Chairman pointed out that Members could approach their local MP to start to address licensing issues and access to betting shops in their area.

3. It was RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks, and the work being undertaken to address gambling addiction be welcomed and endorsed.

65. Performance of Public Health-commissioned services.
(Item. 10)

Mrs V Tovey, Public Health Senior Commissioning Manager, was in attendance for this item.

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

a) asked why the one service with a red rating – the number of mothers receiving an antenatal contact with the health visiting service – had been performing below target, Mrs Tovey explained that the national shortage of health visitors presented a challenge. Parents would be contacted by letter to encourage them to engage with the service, and the five mandated checks undertaken in a child's early years showed good performance generally; and

b) asked if these patterns varied across areas, Mrs Tovey said it was important that any local shortfall or difficulty was not overlooked but was identified and addressed. She explained that to include full regional information in future performance reports would make the total quantity of data impractical to process and report to each meeting *but undertook to highlight in future reports any region in which performance caused particularly concern.*

2. It was RESOLVED that:-

a) the performance information of public health-commissioned services in quarter 4 of 2018/19 and quarter 1 of 2019/20 be noted, with thanks; and

b) future performance reports highlight any region in which performance caused particularly concern.

66. Work Programme 2019/20.
(Item. 11)

It was RESOLVED that the Cabinet Committee's planned work programme for 2019/20 be agreed.

67. Motion to exclude the press and public for exempt item.

It was RESOLVED that, under Section 100A of the Local Government Act 1972, the press and public be excluded from the meeting for the following business on the grounds that it involves the likely disclosure of exempt information as defined in paragraphs 3 and 5 of Part 1 of Schedule 12A of the Act.

EXEMPT ITEM (open access to minutes)

68. 19/00064 - Delivery and Transformation of Public Health Services.
(Item. 12)

Mrs V Tovey, Public Health Senior Commissioning Manager, was in attendance for this item.

1. Mrs Tovey introduced the reports for agenda items 8 and 12 and responded to questions of detail from the committee, including the recruitment and training of new nurses and retention and re-training of experienced nurses to take on new roles, for example, as health visitors and school nurses, to offer a new career pathway. The Care Quality Commission's recent rating of Kent Community Health NHS Foundation Trust (KCHFT) as 'outstanding' would help to retain and attract new staff. Other questions included clarity of the conditions that were required to be met for the County Council and KCHFT to enter into this agreement. Mrs Tovey confirmed that the conditions were set out in section 12(7) of the Procurement Regulations and also referenced within the exempt report. Mrs Tovey informed the committee that independent legal advice confirmed the arrangement met these criteria for the delivery of public health services and advised that this would be subject to review during the five years to ensure the conditions continued to be met.

2. It was RESOLVED that:-

   a) the context, risk and assurance associated with the proposed procurement approach for public health services be noted; and

   b) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to authorise the County Council to extend the collaborative arrangement with Kent Community Health NHS Foundation Trust, for the services listed in the report, until March 2025, be endorsed.

By:	Mrs C Bell, Cabinet Member for Adult Social Care and Public Health
	Mr A Scott-Clark, Director of Public Health
To:	Health Reform and Public Health Cabinet Committee – 1 November 2019
Subject:	**Verbal updates by the Cabinet Member and Director**
Classification:	Unrestricted

The committee is invited to note verbal updates on the following issues:-

PUBLIC HEALTH

Cabinet Member for Adult Social Care and Public Health – Mrs C Bell:

10 October 2019 – World Mental Health Day
30 October 2019 – Visit to Addaction (Young Person's Drug & Alcohol service)
Deputy Cabinet Member's Flu Jab

Director of Public Health – Mr A Scott-Clark:

National Award for the Suicide Prevention Work
Clinical Commissioning Group Merger Approval
Gambling update

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From: Clair Bell, Cabinet Member for Adult Social Care and Public Health

Andrew Scott-Clark, Director of Public Health

To: Health Reform and Public Health Cabinet Committee

Date: 1 November 2019

Subject: **Contract Monitoring Report – Young Person's Drug and Alcohol Service**

Classification: Unrestricted

Previous Pathway: None

Future Pathway: None

Electoral Division: All

Summary:
This report provides the Cabinet Committee with an overview of the Young Person's Drug and Alcohol Service that is commissioned by Kent County Council (KCC) Strategic Commissioning. It includes details of the purpose, performance, outcomes and value for money of the contract.

The Young Person's Drug and Alcohol Service is delivered by Addaction; a national mental health, drug and alcohol charity that covers the whole of Kent. The service was recommissioned in late 2017, with the new service commencing from January 2018 and due to run until December 2022.

Performance is monitored regularly to ensure achievement against the contract and Key Performance Indicators. The contract performs well and KCC works with Addaction to continuously improve service quality and outcomes.

Recommendation:
The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on:

- the commissioning and provision of the Young Person's Drug and Alcohol service.
- The contractual performance to date and work to deliver continuous improvement.

1. Introduction

1.1 Kent County Council (KCC) commissions a range of services for both adults and young people to support Kent residents who suffer from drug and/or alcohol dependence.

1.2 Since April 2013 KCC have been responsible for commissioning drug and alcohol services to residents of Kent as part of its wider Public Health duties. Prior to this KCC commissioned drug services as part of the Kent Drug and Alcohol Action Team (KDAAT).

1.3 The current young person's contract is £3,945,622 over a 5 year period and is funded by the Kent Public Health grant and a contribution from the Kent Police and Crime Commissioner of a yearly total of £92,627.

1.4 This paper forms part of the regular contract monitoring report presented to this Cabinet Committee and provides an overview of the performance, outcomes, value for money and future direction of the service.

2. Background - Why Invest?

2.1 The Young Person's Drug and Alcohol service aligns to the KCC Strategic Outcomes set out below and is part of the council's Strategic Delivery Plan[i] (Outcome 2, number 43),

- Kent Communities feel the benefit of economic growth by being in work, healthy and enjoying a good quality of life; and
- Children and young people in Kent get the best start in life.

2.2 KCC commissions the specialist Young Person's Drug and Alcohol Service to reduce the harm caused by drugs and alcohol and to improve the health and wellbeing of children and young people in Kent. KCC also has a statutory duty to improve the health and wellbeing of Kent residents.

2.3 Using Home Office and Health statistics[ii] it was estimated that in Kent there were approximately 37,651 young people aged between 11-24 who had used drugs or alcohol in 2016. A further breakdown of this data can be found in Appendix A.

2.4 A Department for Education cost-benefit analysis found that for every £1 invested saved £1.93 within two years and up to £8.38 in the long term[iii](PHE). The service engages young people with the majority of whom leave in a planned way and do not return to treatment services. This indicates that investing in specialist interventions for young people is a cost-effective way of securing long-term outcomes, both nationally and locally.

2.5 Drug and alcohol misuse pose a significant risk to a young person's physical and psychological health and development. In particular the adolescent brain is known to be highly susceptible to alcohol harms. By delaying the age at which young people start drinking, they are less likely to engage in health risk behaviours and be less likely to become dependent on alcohol [iv](KCC, 2016).

2.6 Children who experience four or more adverse childhood experiences (experiences that directly harm a child such as suffering physical, verbal or sexual abuse and physical or emotional neglect), are twice as likely to binge drink, and eleven times more likely to go on to use crack cocaine or heroin[v].

2.7 The consumption of alcohol by young people has wider impacts on society,

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[i] https://www.kent.gov.uk/__data/assets/pdf_file/0003/93711/Strategic-Delivery-Plan-summary.pdf, pg. 13, (accessed 20th September 2019)

[ii] https://www.kpho.org.uk/__data/assets/pdf_file/0009/64458/CYP-Substance-Misuse-Final-Draft-July2016-v2.0.pdf, Kent Needs Assessment (2016), pg.5, (accessed 20th September 2019)

[iii] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/182312/DFE-RR087.pdf, Specialist drug and alcohol services for young people – a cost benefit analysis, pg. 9 (accessed 20th September 2019)

[iv] https://www.kpho.org.uk/__data/assets/pdf_file/0009/64458/CYP-Substance-Misuse-Final-Draft-July2016-v2.0.pdf, Kent Needs Assessment (2016), pg. 4 (accessed 20th September 2019)

[v] http://www.healthscotland.scot/population-groups/children/adverse-childhood-experiences-aces/overview-of-aces, NHS Health Scotland (2019) (accessed 01/10/2019)

which this service aims to reduce through substance misuse interventions. Alcohol and drug consumption in young people is associated with violence, committing criminal offences, absenteeism and exclusion from school, increased use of drugs and decreased use of contraceptives.

3. Service Overview

3.1 The vision for the Kent Young Person's Drug & Alcohol Service is to improve long-term emotional, mental and physical health, well-being, and quality of life for young people, their parents and carers and their families, affected by substance misuse.

3.2 The service is delivered across Kent by Addaction, a large charity focused on supporting individuals with substance misuse and mental health issues. The staff required to run this service are qualified in tackling substance misuse and have received training in child protection and safeguarding.

3.3 The core service is open to those aged 11-17, with an additional targeted offer for 18-24 year olds whose needs would be better met by the young person's service.

3.4 The service includes:

- a targeted early intervention for vulnerable young people most at risk of substance misuse;
- a specialist programme, known as RisKit, designed to help young people address a range of risk-taking behaviours delivered in schools;
- a training programme for external practitioners and family members around a drug use screening tool (DUST) for young people with substance misuse issues;
- a youth diversion scheme, Kent Youth Drug Intervention Scheme (KYDIS), aimed at reducing criminality in young people found in possession with illegal substances by Kent Police;
- specialist substance misuse interventions / treatment for young people with more problematic substance misuse problems. This includes close integration and co-location with Youth Offending Teams;
- one to one evidence based parenting programmes.

Addaction operate peripatetically, meeting young people in locations, and at times, that are convenient to them and where they feel comfortable to discuss the issues affecting them. They also have an online instant chat facility and provide text messages and follow ups to support the young person's treatment and recovery journey. For more information on the service Addaction have produced a video titled 'Getting to know Young Addaction in Kent' which can be accessed via https://www.youtube.com/watch?v=C3RzwCuEh_U.

3.5 The service works with multi-agency partners to ensure young people are supported with all the issues they are facing. In situations where they believe the young person requires specialist tier 3 intervention (or above), they refer cases to Integrated Children's Services Front Door. Other commissioned services, such as Sexual Health and the Mind and Body Service often contribute to RiskIT or Early Intervention group work.

3.6 When the service was recommissioned in January 2018, an 18-24 year old

provision was included, allowing young people to continue, or start their treatment with the Young Person's Service instead of being seen by the adult services. The decision over which service is most appropriate for the young person is dependent on the severity of the young person's substance misuse, in conjunction with the views of the young person. National evidence suggests that this age group tend to have a large drop-out rate from adult services and by having this provision within the Young Person's service should lead to more young people remaining in or accessing treatment.

3.7 Young people are involved in development of all parts of the service and are consulted with over changes in and are part of the recruitment panel for staff interview as standard.

4. Service Costs

4.1 The annual value of the service is up to £798,115 which is funded by the KCC Public Health grant and a contribution from the Police Crime Commissioner. The maximum total contract value over 5 years is £3,945,622.

4.2 In the last financial year, KCC has spent £794,733 on this contract. The following table shows an estimation of how much was spent per head for the 2018/19 financial year on specific interventions.

Table 1: Estimated costs per head

Intervention Name	Number of YP engaged with	Cost per head
Early Intervention Groups	1769	£89.19
RisKit Programme	170	£785.17
KYDIS	67	£785.17
Specialist Treatment	412	£1,101.09
Total	**2418**	**£328.67**

5. Does the Contract Perform Well?

5.1 **Activity** – Addaction provide various interventions depending on the young persons needs. Further detail on these interventions can be found in Appendix B. The numbers accessing these interventions in 18/19 are detailed in the table below.

Table 2: Numbers in treatment, RAG rated against targets

Intervention	KPI	2018/19
RisKit	120	170 (g)
EI Groups	1,500	1769 (g)
Structured Treatment	400	412 (g)

5.2 There were just over 20, 18-24 year olds that have been seen through structured treatment and 117 through early Intervention groups, in 2018/19. Although these numbers are small when compared to the 11-17 year olds, these are young people who may have otherwise not have had any contact with a drug and

alcohol service.

5.3 The KYDIS programme worked with 101 young people over a 14-month period (June 2017-August 2018). Referrals to this programme are dependent on Kent Police and work is continuing to increase the number of appropriate referrals from the Police.

5.4 **Quality** – The Service submit quarterly quality returns and has maintained very good levels of access to treatment over recent years. The average waiting time between referral and contact being made is less than three days (2.25 days) and young people are then seen on average, in just over 2 weeks (14.9 days). The national average wait for young people accessing services had to wait 3 weeks or under[i].

5.5 Young People accessing the services provide feedback, and the provider completes case studies on the young person experiences and treatment within the service. Individuals who successfully complete treatment report satisfaction levels of more than 90%. More information on Q4 2018/19 service satisfaction rates can be found in Appendix C. A selection of case study is included in Appendix D.

5.6 Addaction ensure there is follow up, with 100% of young people leaving services being contacted after 6 weeks from the end of treatment. Addaction's re-presentation rate remains low, in 2018/19 with an average of 2% of service users needed treatment again within 6 months of treatment end.

5.7 More information about service quality can be found in the Annual Public Health Quality Report[ii].

5.8 **Outcomes** – Data from the National Drug Treatment Monitoring System (NDTMS) shows that Kent's treatment outcomes compare well to national outcomes, in respect of the percentage of young people completing treatment in a planned way.

5.9 Addaction performs well against its Key Performance Indicators and has exceeded targets in; the number of practitioners trained in the use of the drug use screening tool (DUST), training delivered, number of young people accessing RisKit and proportion of young people who are referred who go on to start structured treatment.

5.10 The KYDIS programme engaged 101 young people over a 14-month period, with 81 (80.2%) did not re-offend in the 6 months following intervention.

5.11 This service contributes to the Public Health Outcome Framework (PHOF) indicator for admission episodes for alcohol-specific conditions - Under 18s. Kent is slightly below the England average of 32.9 per 100,000 at 29.3 per 100,000. Appendix E shows that Kent admission rates for Kent compared to other areas in the South East.

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[i] https://www.gov.uk/government/publications/substance-misuse-treatment-for-young-people-statistics-2017-to-2018/alcohol-and-drug-treatment-for-young-people-statistics-summary-2017-to-2018. (Accessed 20th September 2019)

[ii] https://democracy.kent.gov.uk/documents/s86568/Item%208%20%20Quality%20in%20PH%20Annual%20Report.pdf,

5.12 **Value for money** – The PHE Spend and Outcomes Tool (SPOT) for local authorities highlights drugs and alcohol as being one of the key Public Health programmes that has lower spend and better outcomes than other local authority areas. Kent spends 63p compared to nationally which spends 97p to get similar outcomes.[i] These estimates suggest that specialist interventions for young people's substance misuse are effective and provide value for money.

5.13 The contract also delivers value for money through its interventions leading to potential cost avoidances in the future. All Addaction's programme's inform young people around the potential dangers if they continue with their risky behaviours, allowing them to make informed choices and potentially avoid the need for high cost interventions.

6. Improvements and Developments for 2019/2020

6.1 Addaction are working alongside Commissioners on a wide range of initiatives to improve the quality and effectiveness of the service. Below are some of the key areas of development for 2019/20:

- In 2018/19 Addaction became a Trauma Informed organisation[ii] and an advocate of working in a Trauma Informed way with clients. KCC will work alongside Addaction to develop this further and use the learning from Addaction's journey to help inform the embedding of this ethos into other Kent commissioned services.

- Further development of pathways into the 18-24 service; ensuring that vulnerable young people entering adulthood with substance misuse issues are able to access treatment which meets their needs. Key vulnerable groups such as Care Leavers, Young Parents and Students will be focussed upon initially.

- Develop support for young people from families with substance misuse issues. This is an important area to develop as there is evidence which suggests a high correlation between parental substance misuse and young people developing addiction in later life.

- Further linking with KCC's new Integrated Children's Services to improve the young person journeys through both services and strengthening of working relationships.

- Build upon the existing relationship with Youth Justice Teams to continue joint training and partnership when working with individuals who have substance misuse issues and involvement with criminal justice services.

6.2 Each of these improvement initiatives involves working with Addaction and with a wide range of partners across Kent. Commissioners expect that each will help to sustain and continue improving the outcomes that the services and service users have achieved in recent years.

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[i] https://www.gov.uk/government/publications/spend-and-outcome-tool-spot., Kent, spine 2 (accessed 20th September 2019)

[ii] https://youngminds.org.uk/media/1547/ym-addaction-briefing.pdf (accessed 20th September 2019)

7. Risks

7.1 Risks are logged, and mitigation measures are put into place through the contract monitoring framework. There are some potential risks, which are detailed below, that may impact upon the success of the contract:

- Brexit – Due to the expected travel disruption that could be caused by Brexit there is a concern that staff will not be able to get to locations to meet service users. To mitigate this staff, have all been equipped with the ability to work from home and/or undertake appointments via telephone or using Skype.

- 18-24 service reduces capacity of staff for the core 11-18 service – Through targeting key vulnerable groups Addaction have been able to slowly build the cohort for this service and ensure that it does not detract from their main service. Commissioners have worked through a capacity modelling exercise with Addaction which is monitored on a quarterly basis. The developed joint working protocol with adult providers will ensure that the service is receiving appropriate referrals which will reduce wasted time and paperwork.

- An internal restructure to Addaction has led to vacancies in Director of Operations and Contract Manager posts, Addaction have advertised both positions and ensured that main duties are covered by existing staff. As these roles are not front-line there has been no impact on delivery to date.

- Risk associated with working with vulnerable young people – as a national charity with multiple contracts around supporting vulnerable young people, the organisation has multiple policies and procedures in place to support this cohort and ensure that these risks are mitigated. Staff are given extensive training and recruited based upon having undertaken previous child safeguarding training.

- New and emerging drugs appear on the black market continuously, which can have serious consequences to people exposed to them. The service works proactively to ensure they are aware new substances and can support education around the risks.

8. Conclusion

8.1 There is a clear and compelling case for KCC's investment in the Young Person's Drug and Alcohol Service as set out in this paper. The service is funded jointly by the Public Health grant and Kent Police and Crime Commissioner and national evidence has demonstrated a substantial return on investment.

8.2 The service performs well, delivers good value for money and has illustrated ongoing development to meet needs of children and young people. Comparisons with national data suggests that Kent delivers similar or better outcomes to national rates at substantially lower cost.

8.3 Commissioners and the service are working with partner agencies on a range of

initiatives which aim to further improve service quality and sustain the outcomes that are achieved.

8.4 The risks of changing patterns of substance misuse and increases in demand are managed through close monitoring of service data and effective commissioning.

8.5 The current service contract is due to run until December 2022 and any changes will be informed by children and young persons the need's assessment which is due March 2020.

9. Recommendations

The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on:

- The commissioning and provision of a Young Person's Drug and Alcohol Service in Kent
- The contractual performance to date and work to deliver continuous improvement

10. Contact Details

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Background documents: none

Appendix A – Prevalence estimates drug and alcohol users, 2016

Table: Suspected young person drug and alcohol users,(NHS digital as sighted in 2016, YP Needs Assessment)

	Drugs in the Last Year	Drugs in the last week (frequent Users)	Alcohol in the last week
11-15 year olds	10,620	5,310	8,850
16-24 year olds	27,031	8,616	3,379
Kent Total	37,651	13,926	12,229

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Appendix B – Addaction Intervention Details

RisKit-

RisKit is a multi-component risk reduction programme for young people who are vulnerable to risk taking behaviour including drug and alcohol use, early and unprotected sex and offending. Addaction deliver this service to 14-16 year olds in Kent schools who have been assessed as vulnerable to risk taking behaviours. The course consists of 8 sessions and will address risk taking behaviour and how young people can be supported to reduce these behaviours.

Early Intervention Groups-

Early Intervention Groups build therapeutic relationships with young people over a sustained period in one-to-one and group settings, reducing risks, exploring peer influences, and building resilience. Addaction also work with other agencies to meet the identified needs of group members; for example, inviting sexual health services into groups where young people have highlighted unsafe sexual practices.

These interventions have been proven to be highly effective at reducing exclusions and helping young people cope with low level substance misuse. Addaction accept requests for group work from a variety of sources including youth hubs, community safety partnerships and education settings.

KYDIS-

The Kent Youth Drug Intervention Scheme (KYDIS) was introduced in September 2012 to provide an alternate means of dealing with young people under the age of 18 who were found in possession of class B or C drugs only, with no long-term history of drug abuse. The programme aims to reduce the likelihood of these young people adopting a criminal lifestyle by diverting them from the criminal justice process.

Once the criteria are met along with voluntary engagement from the individual concerned, they can be referred to the KYDIS programme. During the course of the programme the young person will receive one-to-one interventions with Addaction where they can access support, education on illegal drugs and the law, and prevention of drug misuse and harm minimisation advice. Once police have received confirmation of attendance from Addaction, the associated crime report is finalised as a 'Community Resolution with Restorative Justice'. Should the young person fail to engage or need to be dealt with via more formal means, then a 'Youth Caution / Youth Conditional Caution' would be initiated.

Structured Treatment-

Structured treatment is the main delivery mechanism for Addaction with individuals who have substance misuse issues. Each service user will receive an induction, risk assessment and management plan, a Teen Star wellbeing care plan and a My Journey Guide work booklet as part of their treatment. This is complemented by Breaking Free Online, a free smartphone app which young people can use during and in-between sessions to maintain their motivation. Each young person will be given an allocated

worker to help them manage their substance misuse and help them progress along their treatment journey. Each client's treatment will be tailored to the needs of the individual and the difficulties they are facing. Addaction will liaise with other agencies when required to meet the needs of the client. Young people remain in treatment on average between 12-14 weeks.

Partnership Parenting programme

The Partnership parenting programme works one on one with parents or family members to help them both receive advice and support whilst ensuring they know how to support their relative going through treatment.

The Partnership Programme aims to:

- deliver interventions that work with family members to promote the entry and engagement of drug and/or alcohol users into treatment
- to support the joint involvement of family members and the young person in the treatment plan
- deliver interventions aimed to support family members by equipping them with knowledge and skills.

The Partnership Programme has three stages; Voice, Skill and Mediation and is split into 3 sessions with the young person's worker.

Appendix C: Q4 Service Feedback

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Appendix D: Case Studies

Case study 1.

YM is 16 and is a looked after child (LAC). YM was referred into service following a routine appointment with a LAC nurse.

After gaining consent from YM, the DUST was completed (the referrer had recently listened to a service presentation delivered by Addaction staff at their team meeting, so she had a good understanding of the support Addaction offers and how to complete a DUST form).

The referrer stated that YM had experienced turbulent relationships with his birth family which was impacting their substance use. The referrer reported that the highest risk to the young person was their use of alcohol which was causing YM to have "no control". The referrer noted however, that although YM had already made some changes to alcohol use, there was no reason for them to abstain at this point.

Key issues identified from assessment.

Outline the key areas which needed to be addressed (what was found in assessment)

Substance misuse: From the initial assessment it was identified that YM had a history of cannabis and alcohol use. At assessment YM reported that they had used alcohol, cannabis and tobacco since the age of 11. YM disclosed that they had also historically dealt substances, YM has however never been involved with the police, no cautions or convictions for this. At the time of assessment, YM reported that they had not used cannabis in the last 25 days, however, continued to use alcohol. YM stated that substances allow them to forget the past and stop thinking/reliving this for a little while. While YM had managed 25 days without cannabis and noticed that tobacco and alcohol use increased in this time. With support from the Addaction worker, YM set a goal of maintaining abstinence from cannabis and reduce alcohol to only on special occasions. Explored these special occasions with YM and stated that they wanted to be able to use alcohol socially rather than alone and in excess. At assessment YM did not want to make changes to their tobacco use.

Mental Health: YM reported self-harming behaviour, cutting to the wrists with a razor blade, in the past few months (last self-harm July) and was in a consistently low mood. There were no suicidal thoughts at time of assessment. YM stated that they had accessed support through their GP around consistent low mood and self-harm. YM not meet CAMHs threshold for support and due to age, the GP did not prescribe medication. YM spoke frequently about their past experiences (particularly in relation to parental substance misuse and neglect) and how these impacts on everyday life.

Positive aspects that came from assessment: YM had good daily structure with a part time job and attended college three days a week. YM also had hobbies that were a good distraction and was in a good relationship with foster carer and other supportive relationships with adults. YM is very motivated to make changes and already not used cannabis for 25 days without any support and presented as willing to engage with services.

Key areas of support and plan.

What was put in place to help the service user? (care plan) (multi-agency meetings/involvement)

From the assessment the key areas of support identified for YM:

1) Substance education and harm reduction in full.
2) Relapse prevention work around cannabis.
3) Healthy and unhealthy coping mechanisms to be explored.
4) Alcohol reduction techniques.
5) Referral to Addaction's Mind and Body (MAB) programme (community) in relation to self-harm.
6) ACE questionnaire to be completed.
7) Referral for CBT sessions once substance use work has been completed
8) A need for multi professional working.

Outcomes.

What was achieved in terms of progress and benefits, what changed, how did support make a difference? If possible, if the service user could identify one significant factor which made the difference to them, what would this be? Please link outcomes to Key Performance Indicators where appropriate.

YM has now finished their treatment sessions with Addaction Kent and maintained no cannabis use throughout and continues to be cannabis free. A significant reduction was made to their alcohol use, at closure session YM reported to have used alcohol on three occasions over the past 28 days with an average of 15 units on each occasion. Our teen outcomes assessment shows an improvement from when YM first entered treatment compared to exit, YM went from 3 to 5. However, YP continues to use tobacco. YM met all of their goals which is positive. (Outcome of 1,2,3 and 4 in support plan.)

Onward referrals: A referral to MAB was made and assessment was completed. YM however declined their offer of group support; YM wanted one to one support ideally. YM does know where to access support around self-harming behaviours in the future if needed.
While the assessment was being completed by MAB, sexual abuse was disclosed, this was the first time YM disclosed this information. MAB shared this information with Addaction after gaining YM's consent to do so. MAB also contacted social services to share this information, YM at that time, had no allocated social worker (allocated worker had left and had not been replaced) so social services team manager was made aware so it could be passed onto new worker when allocated, at the time of closure YM was still without an allocated social worker. One week after closure YM was allocated a new social worker which was positive. Addaction also referred YM to the East Kent Rape Crisis Team for them to access specialised support around this disclosure (with consent). YM completed the assessment with this service, was on a short waiting list but has now started session which is positive. (Outcome of 5 in support plan.)

The ACE questionnaire was completed during treatment sessions. YM did not wish to answer all questions on the questionnaire. However, YM disclosed recently to his CBT worker that completing the questionnaire made them think about some events that they had experienced and never disclosed. YM went on to disclose sexual abuse at the MAB assessment. (Outcome of 6 in support plan.)

A referral for CBT sessions was made and YM has been attending which is positive. This CBT support is being undertaken by an Addaction staff member completing the CYP IAPT CBT course. Due to CBT being time bound they are due to finish soon. However, the CBT worker will be making an onward referral to CAMHs for trauma work to be completed. It is noted by workers that YM really wants to make changes, but trauma can cause barriers. (Outcome of 7 in support plan.)

Through multi professional workings within Addaction we have manged to offer support to this young person in three different areas which he requires support for. Disclosures have been dealt with following correct safeguarding procedures. We have worked with other services, made referrals and shared information to ensure YM receives specialised support. YM did not consent to Addaction contacting thier foster carer this was however encouraged throughout treatment, Addaction shared relevant directly to social services rather than foster carer because of the lack of consent. (Outcome of 8.)

The future.

Any future support planned, how did the support given affect the service user's life looking forward?

From the support put in place YM will hopefully continue to not use illegal substances to cope with daily life or manage their feelings using the healthy coping strategies explored throughout treatment.
I hope YM will access further support from substance misuse services if required in the future because of the good experience with Addaction.
YM will receive specialist support from other services to address trauma which will impact on their quality of life in the future.

I will undertake an aftercare review with YM six weeks after his final appointment to ensure that the relevant support remains in place.

Case study 2

FG (20 years)

FG is an international student studying International Law at the University of Kent. FG struggles with attendance and has already had to retake a year due to issues with substances and not meeting the required standards to complete the year. FG was referred

to Addaction service by the wellbeing advisor at the University. After an initial meeting with the wellbeing team to discuss FG education provision and counselling options, FG advised that they felt benefit from support relating to escalating substance use would be useful.

FG acknowledges that their substance use has been impacting upon studies at university and financially it is affecting their ability to live and fulfil their studies.

KEY ISSUES

Outline the key areas which needed to be addressed (what was found in assessment)

A Young Person Worker from Young Addaction has been supporting FG since November 2018. From the initial assessment it was identified that FG had had a history of using substances. FG advised he had been alcohol and heroin dependent in the past. The alcohol dependence continued when he came to study at UKC, and this was one of the reasons he had to re-take a year.

Mental Health - FG was diagnosed with depression and continues to take medication to manage this and has been prescribed this by the GP in the UK. Depression continues to be present and is one of the catalysts to FG's continued substance use.

Substance use - At the initial assessment FG was using cannabis daily (1g), drinking alcohol 2 – 4 times per week (10 – 15 units per session), using MDMA 1 – 2 days per week (3 – 6 pills), and tobacco. FG's use at the beginning of treatment fluctuated and FG managed a period of 10 days without any substances. This correlated with a spike in motivation to change and increase in undertaking additional activities to include going to the gym and playing futsal most days. FG advised that they felt great and that their health and mood elevated.

In December 2018 FG travelled to see their family over the Christmas period. Since returning to the UK, their substance use has escalated. FG reported that whilst home they injected heroin daily and consumed alcohol most days. FG reports sharing equipment with friends whilst injecting. Since returning to the UK no heroin has been used. However, they are drinking alcohol and smoking cannabis daily and using MDMA 3 – 4 times per week. FG has used ketamine once in this period. FG advised that they would use heroin but the reason they have not is because they do not know how or where to get this directly.

The key areas of support identified for FG by an Addaction worker was to: provide harm reduction advice around the substances being used, a focus on alternative coping strategies, refer to his GP for BBV screening, liaison and joint meetings with the referrer and wellbeing team at the University, referral to Think Action (mental health support), liaison with Forward Trust adult provider, and taking FG to a GP appointment to discuss a review of their prescribed medication for mental health.

SUPPORT PLAN

What was put in place to help the service user? (care plan) (multi-agency meetings/involvement)

1. FG has had a BBV screening and is currently awaiting the outcome of this test.
2. FG has been to see their GP with the Addaction worker and had a medication reviewed their mental health. They have been given a new prescription and the dosage continues to be the same.
3. FG has had an initial appointment with Think Action, and they are discussing his treatment options.
4. FG has attended a drop in session with Forward Trust and they have discussed their treatment options. The Addaction worker has referred FG to them as they felt that they would benefit from a 4-week alcohol programme. FG is keen to engage with this support.
5. The Addaction worker has met with the wellbeing team at the University in which FG attended the meeting and all parties discussed the support options.
6. Addaction worker is researching AA/NA meetings to direct FG to an additional layer of support.

OUTCOMES

What was achieved in terms of progress and benefits, what changed, how did support make a difference? If possible, if the service user could identify one significant factor which made the difference to them, what would this be? Please link outcomes to Key Performance Indicators where appropriate.

There has been one period of success in terms of FG's use. As mentioned, FG managed a 10 day period of non-use which resulted in an improved mood and motivation to be more active. This was near to the start of his engagement with Addaction.

FG is consistent in terms of his attendance to sessions and communicates regularly with the worker.

FG motivation to reduce their use is sporadic and one of the reasons for limited sustained change.

THE FUTURE

Any future support planned, how did the support given affect the service user's life looking forward?

The Addaction worker is investigating the options to attend an NA/AA meeting with FG to highlight the support options. FG is open to trying any source of support and feels this might be helpful.

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Appendix E PHOF Indicator - Admission episodes for alcohol-specific conditions - Under 18s (Persons – 2015/16-2017/18, Accessed September 24th 2019)

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI Lower CI	95% Upper CI Upper CI
England	–	-	11,610	32.9	32.3	33.5
South East region	–	-	1,874	32.3	30.9	33.8
Bracknell Forest	–	-	21	24.9	15.4	38.0
Brighton and Hove	–	-	82	53.5	42.5	66.4
Buckinghamshire	–	-	84	22.9	18.3	28.4
East Sussex	–	-	125	39.3	32.7	46.8
Hampshire	–	-	260	30.6	27.0	34.6
Isle of Wight	–	-	52	68.8	51.4	90.2
Kent	–	-	293	29.3	26.1	32.9
Medway	–	-	57	29.9	22.6	38.7
Milton Keynes	–	-	47	23.4	17.2	31.1
Oxfordshire	–	-	175	40.9	35.1	47.4
Portsmouth	–	-	57	43.2	32.7	56.0
Reading	–	-	35	31.8	22.1	44.2
Slough	–	-	20	16.1	9.8	24.9
Southampton	–	-	62	41.6	31.9	53.3
Surrey	–	-	254	32.7	28.8	37.0
West Berkshire	–	-	37	34.4	24.2	47.4
West Sussex	–	-	166	32.2	27.5	37.5
Windsor and Maidenhead	–	-	22	21.5	13.5	32.5
Wokingham	–	-	25	21.9	14.2	32.3

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From: Clair Bell, Cabinet Member for Adult Social Care and Public Health

Andrew Scott-Clark, Director of Public Health

To: Health Reform and Public Health Cabinet Committee

Date: 1 November 2019

Subject: **Public Health Quality Annual Report 2018-2019**

Classification: Unrestricted

Summary: This Public Health Quality Annual Report provides a review of the quality activity and programmes between April 2018 and March 2019. It provides assurance that quality activity within all commissioned services meets national standards and demonstrates a model of continuous improvement. This is reflected in local policy and procedure and reflected in the Public Health governance framework, quality dashboard and indicators, delivery and performance plans.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **COMMENT** on and **ENDORSE** the Public Health Quality Annual Report 2018-2019.

1. Introduction

1.1 This Public Health Quality Annual Report 2018-2019 provides an overview of the Quality and Governance Strategy as well as the processes and controls that have been developed to deliver quality assurance for the providers of our commissioned services and the Public Health Directorate. Quality requires providers both in health and social care to deliver safe quality services and all commissioners to drive improvement in quality and safety.

1.2 The Health and Social Care Act (2012) defines quality in terms of three elements:

1.3 Clinical effectiveness - care is delivered to the best evidence of what works. Most interventions, support services and treatments will be provided at the right time to those patients/clients who will benefit. Our providers will have service / care outcomes which achieve those described in the Public Health Outcomes Framework and NICE Clinical, Public Health and Quality Standards.

1.4 Safety - care is delivered so as to prevent all avoidable harm and risks to the individual. This means ensuring that the environment is clean and safe at all times and that harmful events don’t happen.

1.5 Patient experience - care is delivered to give as positive an experience as possible for the individual. Patients will experience compassionate and caring communication from those who work in partnership with patients, relatives and their carers to achieve the best possible health outcomes.

High quality services require all three dimensions to be delivered.

1.6 Clinical governance and quality requires organisations to develop a culture where staff are supported to work safely and can utilise the best available evidence to guide and reflect on practice. It is reliant on strong leadership, effective partnership, continuous learning and innovation to deliver safe and effective care and ensures that the essential standards of quality and safety are maintained and there is a drive for continuous improvement in quality and outcomes.

2. Quality and Governance Strategy

2.1 All KCC Public Health provider contracts have quality and safeguarding clauses that they are required to comply with which include policies, risk registers, complaints and governance processes.

2.2 KCC Public Health has quality and safeguarding indicators that include NICE quality guidance as part of the quality dashboard. All providers from July 2016 provided their evidence using a digital reporting system which has been completely updated and made fit for purpose due to the increase and variety of commissioned services in 2019. The Public Health commissioned providers are very diverse from small charities to large national organisations therefore, to provide quality assurance equality and diversity the quality dashboard has remained the same but digital indicators and the quality reports have been streamlined. All quality and safeguarding issues are assured through the Quality Committee.

2.3 The KCC Public Health provider assurance process is managed through the provider's regular indicator reports and performance and quality meetings.

3. Quality and Governance Accountability and Assurance

3.1 The overall responsibility for delivery of the Governance, Clinical Governance and Quality agenda rests with the Director of Public Health. This responsibility is delegated to the Deputy Director in Public Health who has responsibility for ensuring that governance and clinical governance is delivered throughout the Public Health programmes and that this remains a priority and is an integral part of Public Health's policies, procedures and commissioning.

3.2 The Public Health Quality Committee has been the main committee responsible for the accountability and assurance for quality and governance and the Head of Quality and Safeguarding provided quarterly quality assurance reports.

3.3 All providers have systems and processes that ensure that they can meet the

quality and governance requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Regulations 4 to 20A), which are reflected in the Public Health quality dashboard and quality Indicators underpinning quality and continuous improvement. It exists to safeguard high standards of service and provide an environment in which excellence can flourish. The main components of governance are:

3.4

1. Risk management and safety
2. Effectiveness and evidence-based service
3. Client, staff and carer experience and involvement
4. Audit and due diligence
5. Education training and continued professional development
6. Staffing and staff management
7. Serious incident management
8. Complaints and compliments
9. Human resources including DBS checks and staff welfare
10. Informatics and Information governance
11. Policies and procedures
12. Equality and diversity
13. Inclusive culture
14. Business continuity

3.5 Providers should have effective governance, including assurance and auditing systems or processes. These must assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service.

3.6 The systems and processes must also assess, monitor and mitigate any risks relating to the health, safety and welfare of people using services and others. Providers must continually evaluate and seek to improve their governance and auditing practice.

3.7 Providers must securely maintain accurate, complete and detailed records in respect of each person using the service and records relating the employment of staff and the overall management of the regulated activity.

3.8 As part of their governance assurance, providers must seek and act on feedback from people using the service, those acting on their behalf, staff and other stakeholders, so that they can continually evaluate the service and drive improvement.

3.9 During 2018-19 all providers and the Public Health Directorate generally have evidenced a person–centred, accountable, safe and high-quality service in an open and questioning environment.

4. Public Health Quality & Safeguarding successes – 2018-19

Quality

4.1 Public Health was transformed twice during 2018-19 and is now part of Strategic Commissioning. Quality and safeguarding assurance has been maintained during all the changes.

4.2 Generic Quality & Safeguarding assurance clauses have been agreed and included for all PH contracts and specifications.

4.3 All Quality and Safeguarding information and evidence including data is now accessible on a shared drive accessible to relevant public health and commissioning staff. All processes are GDPR compliant.

4.4 Quality and Governance audits have been completed for a core group of providers who experienced budgetary and contractual changes in 2017/18. Action plans are in place and are being closely monitored to ensure quality and safety is maintained and any risks are appropriately mitigated.

4.5 Quality and Governance for newly commissioned contracts are being closely monitored.

4.6 The quality dashboard, digital Indicators and quality reporting and evidence systems are currently undergoing review to be made fit for purpose. The intention is to align quality reporting more closely with performance data and the new contract management purchased by Strategic Commissioning. This will mean that providers are not repeatedly asked for the same evidence and there will be better support tracking of trends.

4.7 All Public Health directorate staff have completed their mandatory Quality and Safeguarding training and are compliant for 2018/19.

Safeguarding

4.8 Public Health achieved a totally compliant (green) KSCB Section 11 audit of the Children`s Act 2004 which places duties on a range of organisations, agencies and individuals to ensure their functions and any services that they contract, have regard to the need to safeguard and promote the welfare of children.

Inspections

4.9 **JTAI (Joint Targeted Area Inspection)**: Kent was not inspected as part of the six joint targeted area inspections of Children Living with Neglect, which involved Ofsted, Care Quality Commission, HMI Constabulary and HMI Probation during 2018-19. These inspections evaluate the multi- agency response to all forms of child abuse, neglect and exploitation at the point of identification and the quality and impact of assessment, planning and decision-making in response to notifications and referrals. Public Health

assurance evidence and a crib sheet were made available for this area and are still available on request from a shared drive.

4.10 **Ofsted and the Care Quality Commission (CQC)**: Public Health quality has led on ensuring that all our relevant providers are prepared for a joint Inspection, on SEND (Special Educational Needs and Disability), which was held during 2018/19. All relevant actions from the report are being completed during 2019/2020.

4.11 A key quality and governance vehicle is the Kent Safeguarding Children's Board (KSCB) electronic (ECR) system for serious case reviews which Public Health as a commissioner has a log in and holds all the strategic assurance that all PH providers report and all the lessons learnt actions which ensure that providers provide assurance of completion. This is a key assurance improvement as Public Health will now be involved in the process.

4.12 All providers have a ratified child`s and adult safeguarding policy and an assurance framework. Public Health safeguarding group issues are reported through to the quality committee

4.13 Kent Safeguarding Children's Board (KSCB) are reviewing their Quality and Effectiveness Audit committee to ensure all lessons from the serious case reviews are learnt and to facilitate the embedding of the learning process and change in practice.

5. Serious Incidents

5.1 Any provider-reported serious incidents are discussed as part of the provider sections (below)

Serious Incidents Learning Partnership (SILP)

5.2

- The membership and remit of the Serious Incident Learning Partnership (SILP) for substance-related deaths was refreshed and the new Terms of Reference have a strong focus on sharing and embedding learning within organisations. The availability of a thematic report, which includes police data on reported deaths in Kent that involve substances, facilitates open and productive group discussions.

5.3 There are three important improvements:

- The sharing of knowledge from police-reported substance misuse deaths in Kent. This facilities partnership learning and assists partners to use such learning to effect significant changes.

- Evidence is emerging of how substance misuse is changing. For instance, there is evidence that there has been a decrease in young male heroin users but an increase in heroin users with long-term medical conditions/ chronic illness (LTCs). We are reviewing the types

of LTCs involved from both local events and the national evidence base for possible correlations. E.g. we know that many long-term substance misusers have respiratory diseases and we will look for assurance that primary and community NHS care support links are in place or improved.

- The providers have moved to a model of holistic care rather than the person-centred model used previously. The quality benefits of this are that the voice of the child is discussed with every client and all health including mental health and social care including housing are discussed and documented at every visit. Comorbidities and co-occurring conditions are documented, and a care plan is in place for every client. The services will ensure and facilitate that their clients are receiving care from the appropriate services.

Hepatitis C in Kent

5.4 NHS England had set a target to eliminate Hepatitis C by 2025. This date has been dropped but the intention is to eliminate Hepatitis C as quickly as possible. KCC Public Health and our substance misuse providers have been actively ensuring that every substance misuse client, and their families, who requires treatment receives it.

6. Public Health Provider Quality Summary

6.1 Kent Community Health Foundation Trust (KCHFT)

Public Health commission a number of programmes from KCHFT including:

- NHS Health Checks
- Health Improvement, including the One You weight loss, smoke free and lifestyle services
- Sexual Health Service
- Primary and Adolescent School Health services
- Health Visiting

6.1.1 NHS Health Checks

6.1.1.1 The NHS Health Check is a Kent wide programme that delivers a free assessment of an individual's vascular health via primary care and outreach. This programme is part of the national primary presentation screening programme for cardiovascular disease (CVD) risk assessment and risk management for adults aged 40-74 without a pre-existing condition; it checks the circulatory and vascular health and assesses the risk of developing vascular disease, to improve the health and quality of life for 40- 70-year olds whilst reducing overall health inequalities.

6.1.1.2 **Clinical effectiveness** – The NHS Health Checks service met and succeeded its invitation target. The service had a new IT software system for 2018/19 which has had some success in reducing the uptake challenges experienced

in 2017/18.

6.1.1.3 **Patient safety** - No serious incidents or incidents have been reported in the NHS Health Check service. 98.9% of the staff have completed their mandatory training and 100% have completed their appraisals.

6.1.1.4 **Patient experience** – At least 90.0% of the patients accessing the services were satisfied with the service. 100% of the patients surveyed in the NHS Health Check service felt that they had been involved in decision making about their health. 100% felt they had been given the right information, had been listened to and had been spoken to about life.

6.1.2 **Health Improvement** – The One You Kent lifestyle programme is a localisation of a national programme specifically designed to tackle health inequalities. It is a targeted service focusing on areas of deprivation rather than an overarching approach. One You Kent Lifestyle Advisors reach out to people who are in circumstances that put them in a greater risk of having poor health.

One You Kent delivered by KCHFT includes programmes for weight loss, smoking cessation and lifestyle. KCHFT reorganised and launched its new Health Improvement directorate to facilitate the necessary changes. The various strategies to improve staff retention and competencies have maintained their service delivery assurance but as expected there was an increase in both managed staff turnover and vacancy rates, by year end the figures were reducing.

6.1.3 **One You Healthy Weight Service**

6.1.3.1 **Introduction to the programme** – The One You Kent weight loss team operates in East Kent only. The team, along with a variety of partners, including community pharmacies and leisure centres, deliver a variety of programmes across tiers 1 and 2 of the healthy weight pathway (health walks, exercise referral scheme, food champions and weight loss).

6.1.3.2 **Clinical Effectiveness -** KCHFT provides several programmes that support healthy weight:

- Tier 1 of the healthy weight service model, free trained volunteer-led walks, which in 2018-19 offered walking opportunities over many sites and achieved 2,469 attendances.
- A community weight management programme called One You Weight Loss is delivered through community pharmacies and locality groups.
- A training scheme called Food Champion Programme (FCP) which builds capacity in local communities and supports them to take forward initiatives within their settings.

6.1.3.3 **Patient safety -** There have been no reported complaints, incidents or serious incidents, in the service during this period. KCHFT is achieving more than the year-to-date target for mandatory training with 97% of the staff completing the

mandatory training. The appraisal rate is 100% and 83% of the staff working in the weight service have completed their children safeguarding training.

6.1.3.4 **Patient experience –** 97.1% of the patients who attended the service said they would recommend the service to friends or family. 99% of the patients surveyed in the Healthy Weight service felt that they had been involved in decision making about their health, had been given the right information and had been listened to and spoken to about life.

6.1.4 One You Smoke-Free Service

6.1.4.1 **Introduction to the programme -** The service is commissioned to provide a universal service to smokers who want to quit. The service has a focus towards reducing smoking prevalence in people with mental health problems, pregnant women and people from routine and manual class. The service is also commissioned to provide training, support, and resources for its own in-house staff as well as advisors who are based within community settings. These vary from GPs, pharmacies, mental health workers, libraries, supermarkets, hospitals, Children Centres and workplaces.

6.1.4.2 **Clinical Effectiveness** - The service is e-cigarette friendly in line with national and regional policies. Skype and telephone support are offered, alongside the traditional face to face and group work, to ensure that anyone who wants to quit has a number of options available to them.

6.1.4.3 **Patient safety -** There have been no reported complaints or serious incidents in this service during this period. There has been a high staff turnover rate and the vacancy rate in the service is 14.5%. In the Stop Smoking service 97.5% of the staff have completed their mandatory training and 94.3% of staff have completed the children safeguarding training.

6.1.4.4 **Patient experience -** 99.6% of the patients who attended the service would recommend the service to friends or family. 99% of the patients accessing the services were satisfied with the service. Of the patients surveyed in the Stop Smoking service, 97.1% felt that they had been involved in decision making about their health, felt they had been given the right information and had been listened to and talked to about lifestyles.

6.1.5 One You Kent Lifestyle Advisors

6.1.5.1 **Introduction to the programme –** the One You Kent Lifestyle Advisors' objectives, are a national programme specifically designed to tackle health inequalities.

It is a targeted service focusing on areas of deprivation where One You Lifestyle Advisors work with people at greater risk of poor health. They work with clients on a one-to-one basis in a wide variety of community settings to help clients achieve their own goals and to make healthier lifestyle choices. Part of their role also includes signposting individuals to other services and activities that might be suitable to their interest and needs and promote the

uptake of such facilities.

6.1.5.2 **Clinical effectiveness -** The service achieved 64%% of clients from two of the most deprived quintiles. Fantastic progress has been made within Job Centre Plus and probation services where the One You service is seeing a sizable number of clients. The service is also experiencing an increase in the number of clients with mental health conditions, as a result of working more closely with Kent and Medway Partnership Trust (KMPT), Porchlight, Change Grow Live (GCL) and Forward Trust. One You Kent Lifestyle Advisors have been trained and deliver NHS Health Checks and have moved to an electronic recording system.

6.1.5.3 **Patient safety -** There have been no reported complaints or incidents in the service from April 2018 to March 2019 There has been a reduction in the staff turnover rate which the service is confident will be addressed with the current action plan. 97% of One You Lifestyle Advisors staff have completed mandatory training.

6.1.5.4 **Patient experience -** 99.3% of the clients who used the service said they would recommend the service to friends or family. 99% of the clients accessing the services were satisfied with the service and felt that they had been involved in decision making about their health, had been given the right information and had been listened to and talked to about life.

6.1.6 Sexual Health Services

6.1.6.1 **Introduction to the programme** - The sexual health service provides a range of services delivered through clinical and non-clinical settings across Kent. The services provided include contraception services, genitourinary medicine (GUM), HIV treatment and support, psychosexual therapy, pharmacy sexual health services.

6.1.6.2 **Clinical Effectiveness** - There have been major improvements in the delivery of sexual health services after the roll out of the integrated sexual health model. The establishment of a clinical service lead for psychosexual therapy has enabled the provider to make improvements in recording service outcomes and expanding the service across Kent.

The delivery of training to pharmacists to provide a sexual health service has recently been improved and the availability of Emergency Hormonal Contraception (EHC) via pharmacies has improved. There is good coverage of this service across all districts, but there is a special focus on areas with the highest teenage pregnancy rates.

6.1.6.3 **Patient safety -** There have been one serious incident, seven incidents, which were successfully resolved, and the actions completed. and zero near misses in the service. There are 6.7 vacancies in the sexual health services, which equates to a vacancy rate of 8.2%. The staff turnover rate is 8.2%, an improvement on the position in 2017/18. 96.6% of staff have completed their mandatory training against an agreed trajectory of 85% with 87.3 % of the

staff having completed the adult safeguarding training and 98.9% of staff having completed the children safeguarding training. The appraisal rate is 100%.

6.1.6.4 **Patient experience** – 97.7 % of the patients who attended the service said they would recommend the service to friends or family. 98.3% of the patients accessing the services were satisfied with the service. 98.5% of the patients surveyed in the sexual health service felt that they had been involved in decision making about their health, 97.5% felt they had been given the right information and 98.6% had been listened to and talked to about life.

6.1.7 **School Public Health Team**

6.1.7.1 **Introduction to the programme** – the 5-19 element of the Healthy Child Programme is led by the School Public Health Nursing service. The universal reach of the Healthy Child Programme provides an invaluable opportunity from early in a child's life to identify families that need additional support and children who are at risk of poor outcomes.

School nurses have a crucial leadership, co-ordination and delivery role within the Healthy Child Programme. Following holistic assessment, interventions are planned in partnership with both the child/young person and other agencies, to achieve outcomes. There is now a targeted emotional health and wellbeing provision for 5-19-year olds which brings together the Children and Young People's Emotional Wellbeing and Mental Health team.

6.1.7.2 **Clinical Effectiveness** - The new structure was implemented by the end of 2017/18. The journey was, at times, challenging due to the streamlining of contracts to ensure an equitable and effective service. However, the service continues to engage with all stakeholders to ensure evidence based measurable outcomes. Collaborative working with partner agencies including NELFT North East London foundation to develop the (SPA) single point of access is delving improved clinical effectiveness and patient access.

6.1.7.3 **Patient safety** - There have been one serious incident, seven incidents and one near miss. The vacancy rate remains above the trust target and is reflected nationally due to shortage of qualified school nurses but is managed locally and the service remains safe. Mandatory training at 97.3% with 98.8% having completed the children safeguarding training is excellent. The school nurses (.91.7%) have completed the adult safeguarding training which is above trajectory.

6.1.7.4 **Patient experience** - 90.6% of the (patients) children and their parents / guardians who used the service said they would recommend the service to friends or family. One hundred per cent of the clients surveyed in the school service felt that they had been involved in decision making about their health, 96.3% felt they had been given the right information and 100% had been listened to and talked to about life.

6.1.8 **Health Visiting Service**

6.1.8.1 **6.1.8.1 Introduction to the programme -** The 0-5 element of the Healthy Child Programme is led by Health Visiting services. The Health Visiting service employs Specialist Community Public Health nurses who provide expert advice, support, and interventions to families with children in the first years of life and help empower parents to make decisions that affect their family's future health and wellbeing.

The service is central to delivering Public Health outcomes for children. There are five universally offered mandated checks carried out by the Health Visiting service in the programme.

6.1.8.2 **Clinical effectiveness -** The Health Visiting service during 2018/19 developed a more systematic approach to partnership working with Children's Centres and other community providers to promote optimal health and wellbeing for all children.

6.1.8.3 **Patient safety -** In this period there have been three serious incidents, eight incidents and three near misses in the service.

The vacancy rate is high, which reflects the national picture, but staff turnover rates are improving. Health Visiting resources are allocated based on need and are reviewed regularly to ensure equity of provision based on changing demographics and deprivation weightings.

Workforce strategy development work was completed and embedded. A new collaboration with Kent University for a fully accredited course to train newly qualified nurses to be Health Visitors commenced in September 2018 with encouraging results.

The completion rate for staff completing their mandatory training. was 97.3%. Those completing children`s safeguarding training was 98.1 % with an end of year adult safeguarding training of 91.7%. One hundred per cent of staff had appraisals.

Serious Incident learning has been addressed and embedded throughout the service.

Supervision, which was a recurring concern in the first two serious incidents, was embedded and achieved for staff. Serious Incident learning has been addressed and embedded throughout the service.

6.1.8.4 **Patient experience** – 96.8% of the patients who used the service and responded to questionnaires said they would recommend the service to friends or family**.** 99% of the patients accessing the services and that responded to questionnaires were satisfied with the service and 100% felt they had been given the right information from the service.

6.2 METRO

6.2.1 **Introduction to the programme** - Metro provides preventative sexual health awareness programmes online, condoms (GET IT) and training sessions for mainly young people across Kent.

6.2.2 **Clinical effectiveness** - During 18/19 the provider has evaluated their various programmes identified innovative and client- focussed improvements to support the delivery, promotion and monitoring of these programmes. This work from the provider has led to an increase in providing their expertise, support and collaboration with other providers working with young people.

6.2.3 **Patient safety** - No serious incidents or incidents or complaints were reported. There have been no reported issues with staffing levels in the service. All practitioners have completed their mandatory training including safeguarding and are assessed as being competent to deliver the service.

6.2.4 **Patient experience –** No formal client/patient experience has been recorded however the verbal and social meador messages have all been very positive and is reflected in the numbers of new clients attending services as a result of positive experiences of friends.

6.3 **Maidstone And Tunbridge Wells Hospital NHS Trust (MTW)**

6.3.1 **Introduction to the programme** - MTW provides sexual health services in West and North Kent. The services provided by the trust include specialist HIV care and treatment, integrated sexual health service and a sexual health outreach service.

6.3.2 **Clinical effectiveness** - Assurance was achieved in 2018/19; the provider successfully managed various issues with clinical premises. These were, mitigated by being flexible in the approach to the delivery of safe services. Online services, including screening have been very successful with an unexpected rise in reporting of adult safeguarding issues particularly domestic abuse.

6.3.3 **Patient safety** - No serious incidents, incidents, or near misses were reported by the service. All staff have completed their safeguarding and mandatory training, 96.6 % of staff working in the sexual health services have completed their children`s and 97.5 adult safeguarding training. 2.5% vacancies have been successfully mitigated via internal skill mix.

6.3.4 **Patient experience -** 98.1% of the patients who used the service said they would recommend the service to friends or family. 98.0% of the patients accessing the services were satisfied with the service. 96.7% of the patients surveyed felt that they had been involved in decision making about their health. 100% felt they had been given the right information and 100% had been listened and talked to about life.

6.4 **Substance Misuse Providers (adults) - Forward Trust & Change, Grow, Live**

6.4.1 **Introduction to the programme -** CGL (Change, Grow, Live) deliver substance misuse treatment services in West Kent (covering districts of Maidstone, Tonbridge and Malling, Tunbridge Wells, Sevenoaks, Dartford and Gravesham). Forward Trust delivers substance misuse treatment services in East Kent (covering districts of Swale, Ashford, Canterbury, Thanet, Folkestone & Hythe and Dover).

The substance misuse services offer drug and alcohol treatment to Kent residents aged 18 or over and give support to family and friends who are concerned about someone's drug and/or alcohol use.

Both services provide an integrated drug and alcohol service with access to community and in-patient detox and in-patient residential rehabilitation. They support vulnerable adults and help them understand the risks their drug or alcohol use pose to their health and wellbeing and encourage them to reduce or stop their use safely. Once stability or abstinence has been achieved, an aftercare service is provided to help maintain recovery and prevent the possibility of a relapse.

Forward Trust provides substance misuse services including access to detox and residential rehabilitation, whilst CGL deliver an integrated drug and alcohol service in West Kent. Both services help vulnerable adults to understand the risks their drug or alcohol use pose to their health and wellbeing and support them to reduce or stop their use safely. Once stability or abstinence has been achieved, an aftercare service is provided to help maintain recovery and prevent the possibility of a relapse. CGL offers support for people who use legal highs, illegal drugs, over the counter (OTC) medication and multiple drug and/or alcohol use.

Forward Trust, CGL and Addaction (the provider of county-wide young people's services) have reported no serious incidents in the given time period. The learning from root cause analysis is shared with wider partners via the SILP meeting to ensure there is a continuous programme of service improvement. CGL, Forward Trust and Addaction have robust safeguarding and safety policies which they audit and review regularly.

6.4.2 **Forward Trust Clinical effectiveness** – Forward Trust have maintained professionalism and delivered a safe service throughout 2018/19 including during an internal restructuring. All the clients received a safe, competent service with a focus on a more holistic care model of family and social involvement. The voice of the child and vulnerable adult now fully embedded.

6.4.3 **Forward Trust Patient safety** - No incidents or complaints were reported. Staffing levels and competences are assured even with the restructure and have remained at a safe level in the service. All practitioners have completed their mandatory training with 90% completing children`s and 89% adults safeguarding. All staff are assessed as being competent to deliver the service.

6.4.4 **Forward Trust Patient experience** - 99% of the clients who used the service said they would recommend the service to friends or family. 99.0% of the

clients accessing the services were satisfied with the service. 100% of the patients surveyed felt that they had been involved in decision making about their health, 100% felt they had been given the right information and 100% had been listened to and talked about life.

6.4.5 **CGL Clinical effectiveness -** CGL achieved a competent service during 2018/19 with significant improvement and quality assurance All practitioners have completed their mandatory training with 95% completing children`s and 97% adults safeguarding. All staff are assessed as being competent to deliver the service.

6.4.6 **CGL Patient safety -** No incidents or complaints were reported. The reporting templates for incidents and audits have been revised which have resulted in an improved standard and assurance of lessons being learnt and processes improved. The providers have a very robust and active safety process within the organisation. All the staff are fully involved in the governance process and lessons learnt are actively embedded into the service improvement.

6.4.7 **CGL Patient satisfaction -** 99.1% of the patients who used the service said they would recommend the service to friends or family. 98.0% of the patients accessing the services were satisfied with the service. 98.7% of the patients surveyed felt that they had been involved in decision making about their health, 100% felt they had been given the right information and 100% had been listened to and talked about life.

6.5 Young Addaction (young people's advice and substance misuse service)

6.5.1 **Introduction to the programme –** Young Addaction provide advice on drugs and alcohol for young people aged 10 to 24. Young Addaction support young people to understand the effects of their substance misuse and the harm it might cause them and the people around them. As well as one-to-one work, Addaction also offer a range of early intervention programmes in schools, youth clubs and other settings, helping young people reach their full potential. During 2018/19 the service also provided advice on the dark web, and gangs to both young people and their adult support.

6.5.2 **Clinical effectiveness –** Performance data shows the provider is achieving effective results in engaging young people who are at risk of reoffending, at risk of exclusion and are children of substance misusing parents and Children in Care**.** The provider delivers structured treatment for those young people who have very complex needs around their substance misuse.

Young Addaction is successfully engaged in prevention with both of the more complex client groups, especially those with two or more vulnerabilities, and prevention and awareness generally, with targeted young people using the latest appropriate technology. 100% of all staff have received their adult and children's safeguarding and all other mandatory training.

6.5.3 **Patient safety – Young Addaction** has not reported any serious incidents or complaints in the service during this time.

6.5.4 **Patient satisfaction – Young Addaction** conducts a young people's survey each quarter and have very active user groups. All feedback is used to inform development and reflected in the service governance. 98% of young people stated they would recommend the service to their friends and would be happy using the service in the future.

7. Discussion & Risk

7.1 During this very challenging year there has been a high level of engagement with the process from all providers of Public Health Services and the Public Health team - with all services providing a high-quality client experience and assurance. Most providers have been able to provide a high level of quality assurance of their services.

The quality indicators were revised during 2018/19 to reflect the changes and enable all providers to identify areas of good performance, and those that need improvement have action plans which are closely monitored.

8. Conclusions

8.1 This report provides assurance that the quality of Public Health and commissioned services meet national standards and demonstrates that a model of continuous improvement has been achieved.

9. Recommendations

9.1 The Health Reform and Public Health Cabinet Committee is asked to **COMMENT** on and **ENDORSE** the Public Health Quality Annual Report 2018/19.

10. Background Documents

10.1 None

11. Contact Details

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From: Roger Gough, Leader of the Council

David Cockburn, Corporate Director for Strategic and Corporate Services

To: Health Reform and Public Health Cabinet Committee – 1 November 2019

Subject: **Strategic Delivery Plan Monitoring: Quarter 2 2019/20**

Classification: Unrestricted

Past Pathway of Paper: Health Reform and Public Health Cabinet Committee (1 November 2019)

Future Pathway of Paper: Policy & Resources Cabinet Committee (8 November 2019); Children, Young People and Education Cabinet Committee (15 November 2019); Adult Social Care and Health Cabinet Committee (27 November 2019); Growth, Economic Development and Communities Cabinet Committee (28 November 2019); Environment and Transport Cabinet Committee (29 November 2019).

Electoral Division: All

Summary: This report provides an overview of the Council's Strategic Delivery Plan Monitoring arrangements and the analysis from Quarter 2 2019/20 public health related activity submissions.

Recommendation:

The Health Reform and Public Health Cabinet Committee is asked to consider and comment on the Strategic Delivery Plan Monitoring arrangements and the analysis from Quarter 2 2019/20 public health related activity submissions.

1. Introduction

1.1 In April 2019, Corporate Board agreed KCC's Strategic Delivery Plan for 2019-20, a single KCC business plan that is more delivery focused and acts as a 3-year rolling plan. During the development of the Strategic Delivery Plan, the Executive and Cabinet Committees expressed their support for the development of proportionate monitoring arrangements.

1.2 This cover paper provides an overview of the monitoring arrangements and identifies the specific public health related activities which Health Reform and Public Health Cabinet Committee may wish to consider. The Strategic Delivery Plan Monitoring Analysis Report (Appendix A) presents an overview, and analysis, of monitoring information collated for Quarter 2 (July to September 2019). Individual activity scorecards for Quarter 2 2019/20 are available on request as a background document.

1.3 Due to the cross-cutting nature of public health related activities, the Health Reform and Public Health Cabinet Committee are receiving the full analysis report alongside the cover paper which identifies the relevant public health related activities. Policy and Resources Cabinet Committee will receive an overview of all activity and exploration of specific trends and issues based on monitoring submissions. An amended analysis report tailored to the most relevant strategic outcome, with individual scorecards available as a background document, will be provided for other Cabinet Committees. Whilst the three outcomes do not directly match Cabinet Committee purviews there is significant alignment and will enable each Cabinet Committee to have a more focused discussion.

2. Strategic Delivery Plan Monitoring Arrangements

2.1 The Strategic Delivery Plan monitoring arrangements aim to support the delivery of activity and the role of the Corporate Management Team (CMT) in providing a leadership role for management action to deliver activity effectively and at pace. This includes ensuring appropriate resources and capacity is available to support delivery and that proportionate corporate assurance and risk management arrangements are in place. Activity that has high risk, complexity and financial value within the Strategic Delivery Plan will also be considered by Corporate Board, providing collective ownership of organisational issues to identify constructive action and building momentum to deliver better outcomes.

2.2 Monitoring of Strategic Delivery Plan activities takes place on a quarterly basis, providing a sense of progress on the County Council's key activities. The information gathered provides analysis across activities and builds-up trend data over time, to support CMT and Corporate Board to understand issues impacting on successful delivery, consider what actions may be required (if appropriate), consider wider trends and ensure appropriate and timely governance and assurance arrangements for activities.

2.3 The monitoring analysis is reported on a quarterly basis to the Corporate Management Team for action where required and to Corporate Board for Executive oversight. A report is taken to Policy and Resources Cabinet Committee on a 6-monthly basis with an overview of all activity and exploration of specific trends or issues based on monitoring feedback. Other Cabinet Committees receive a tailored report focused on the relevant activities within their purview.

2.4 Building on the approach used to develop the Strategic Delivery Plan, an online form was used to collect monitoring information from Lead Officers (or nominated colleagues) for each piece of activity in the Strategic Delivery Plan. The form is available to complete for 2 weeks every three months. Ahead of and throughout these submission windows, officers from across the organisation have access to a Microsoft Teams SDP monitoring site, where they can ask questions directly via an interactive conversation panel and access guidance documents such as FAQs, SDP Monitoring Quick Guide and

completed examples of the form. Microsoft Teams continues to be used to provide updates and engage officers.

3. Strategic Delivery Plan Monitoring - Quarter 2 2019/20 Analysis

3.1 Quarter 2 analysis was presented to CMT and Corporate Board in October 2019. A full analysis report on Quarter 2 2019/20 monitoring which provides an overview of the information received and highlights key trends across activities is available in Appendix A.

3.2 A summary of key findings from Quarter 2 2019/20 is summarised below:

- Engagement - There has been good engagement from officers, and in particular those responsible officers submitting the MS Form. All 16 public health related activities within the Strategic Delivery Plan submitted a response in Quarter 1 and Quarter 2.

- Delivery – In Quarter 2, 14 public health related activities were 'on track' for delivery, 1 was 'unlikely to be achieved' and 1 activity had not formally started. No activities required remedial action. The table of activity not on track is detailed in 2.2. of the analysis report (Appendix A).

- Activity End Dates – 2 public health related activities submitted a change to their end date or 'go live' date beyond their original SDP end date. Based on the end dates provided in the SDP, 6 public health related activities are due to complete in 2019/20, 5 of these are on track and 1 is unlikely to be achieved (Activity 52- Review of Voluntary and Community Sector Grants across the Council). The full list of activities with end date or go live date changes is detailed in 3.5 of the analysis report (Appendix A).

- Milestones – The Quarter 2 Strategic Delivery Plan monitoring included additional questions on activity milestones.13 public health related activities reported key milestones with a greater level of detail as part of their submissions. Further information on milestones is provided in section 3 of the analysis report (Appendix A).

- Governance – Of the 16 public health related activities 8 are expecting to report to Cabinet Committees in 2019/20. A significant number of activities also identified reporting to the informal governance boards in 2019/20, with 6 activities having reported in the last quarter and 2 activities intending to report to informal governance boards during the remainder of 2019/10. Further information on governance is provided in section 6 of the analysis report (Appendix A).

3.3 A summary of public health related activities is provided in the table below:

Activity	Delivery	SDP End Date	Milestones	Cabinet Committee
Strategic Outcome 1: Children and young people in Kent get the best start in life				
2. Transforming Early Help and Preventative Services (EHPS) Commissioning	Yes, it is on track	01/04/2020 (new end date - 01/10/2020)	✓	
7. Transforming Children and Young People Mental Health Service commissioning (CYPMHS)	Yes, it is on track	01/04/2020	✓	✓
8. Integrate and transform Public Health Services for Children and Young People across Kent (KCHFT Strategic Partnership)	Yes, it is on track	31/03/2022	✓	✓
9. Progressing integration and joint commissioning through the 0-25 Kent Health and Wellbeing Board	Yes, it is on track	31/12/2019	✓	✓
Strategic Outcome 2: Kent Communities feel the benefits of economic growth by being in-work, healthy and enjoying a good quality of life				
38. Reviewing the JSNA to support commissioning, planning and delivery of improved health and wellbeing outcomes across the Kent and Medway health and care system	Yes, it is on track	01/04/2021	✓	
39. Further development of the Kent Integrated Dataset	Yes, it is on track	01/04/2020	✓	
40. Development of a refreshed Kent Joint Health and Wellbeing Strategy	It has not formally started	30/11/2021	✓	
41. Transforming preventative services through the Adult Healthy Lifestyle Commissioning Strategy	Yes, it is on track	01/04/2020	✓	✓
42. Continuing the transformation of Sexual Health Services in Kent	Yes, it is on track	31/03/2020	✓	
43. Refresh and implementation of the commissioning strategy for Substance Misuse Services (Drug and Alcohol services)	Yes, it is on track	31/03/2022	✓	
44. Reshaping homelessness support transition services	Yes, it is on track	31/03/2020		✓
Strategic Outcome 3: Older and vulnerable residents are safe and supported with choices to live independently				
45. Development of KCC's approach to an Integrated Care System for Kent and Medway	Yes, it is on track	01/03/2020		✓
46. Supporting Local Care Implementation	Yes, it is on track	31/03/2022	✓	
47. Continue to build effective strategic partnerships to maximise resource and improve public health outcomes (KCHFT and District partnerships)	Yes, it is on track	31/03/2020	✓	✓
52. Review of Voluntary and Community Sector Grants across the Council	No, it is unlikely to be achieved	01/01/2020 (new end date – 04/01/2021)	✓	✓
Corporate Enabling Activity				
79. Delivering the Social Isolation Select Committee action plan	Yes, it is on track	31/03/2021		

4. Next Steps

4.1 The Quarter 2 analysis will be presented to Cabinet Committees in November 2019 as part of 6-monthly reporting, with a tailored analysis report focused on the relevant Strategic Outcome activities. Cabinet Committees will receive Quarter 4 analysis following the monitoring process in April – June 2020.

4.2 The Strategy, Policy, Relationships and Corporate Assurance division will take forward CMT agreed actions to progress the SDP monitoring arrangements. This includes engaging Lead Officers to further develop responses and the submission process as part of Quarter 3 monitoring in January 2020. Greater guidance will also be provided to Lead Officers and wider colleagues via the SDP Monitoring MS Teams site to support the completion of the monitoring form.

4.3 Broader learning from Quarter 1 and Quarter 2 monitoring will be addressed through the development of the Strategic Delivery Plan for 2020/21.

5. Recommendation

Recommendation:

The Health Reform and Public Health Cabinet Committee is asked to consider and comment on the Strategic Delivery Plan Monitoring arrangements and the analysis from Quarter 2 2019/20 public health related activity submissions.

6. Background Documents

- Strategic Delivery Plan Monitoring – Quarter 2 2019/20: Scorecards (Background document available on request)

7. Contact details

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Strategic Delivery Plan Monitoring – Analysis Report

Quarter 2: July – September 2019

Report version: Health Reform and Public Health Cabinet Committee – 1 November 2019

Introduction

The Strategic Delivery Plan sets out, and seeks to drive delivery of, the most significant change activity for the Council.

The Strategic Delivery Plan includes 79 pieces of significant activity identified by services across the Council which align to the outcomes in KCC's Strategic Statement. Corporate Directors are responsible for delivering the activity in the Strategic Delivery Plan and the Operating Plans within their Directorate.

The Strategic Delivery Plan monitoring arrangements aim to support the delivery of activity and the role of the Corporate Management Team (CMT) in providing a leadership role for management action to deliver activity effectively and at pace. This includes ensuring appropriate resources and capacity is available to support delivery and that proportionate corporate assurance and risk management arrangements are in place. Activity that has high risk, complexity and financial value within the Strategic Delivery Plan will also be considered by Corporate Board, providing collective ownership of organisational issues to identify constructive action and building momentum to deliver better outcomes.

Lead Officers, named within the Strategic Delivery Plan, are responsible for providing a quarterly update on progress through the Strategic Delivery Plan monitoring arrangements. Information collated focuses on exceptions where there are issues to successful delivery and will be utilised to build both individual activity information and whole council trends over time.

This report presents an overview of monitoring information collated for Quarter 2 (July to September 2019) and detailed analysis. The analysis (based on the 79 responses for Quarter 2 2019/20) indicates the emerging issues for the County Council's significant activity. Individual activity scorecards are available as a background document on request.

The report summarises key themes for Corporate Management Team and Corporate Board consideration, in order to:

- Understand the activities which have identified issues for successful delivery;
- Consider what actions may be required to address issues (if appropriate);
- Consider wider trends and address cross-activity implications (where required);
- Consider trends from time series data;
- Ensure appropriate and timely governance and assurance arrangements for activities;

Contact Details:

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Director: David Whittle, Director of Strategy, Policy, Relationships & Corporate Assurance

Monitoring Quarter 2 (July – September 2019) overview

100% (79) of activities submitted a response

81% (64) of activities are on track for successful delivery

13% (10) of activities require remedial action

4% (3) of activities are unlikely to be achieved

3% (2) of activities have not formally started

38% (11) of activities that are due to complete in 19/20 are not on track or are on track but with a revised end date

35% (5) of activities not on track are **People Commissioning** type activities

61% (48) of activities were able to identify key milestones

69% (9) of activities not on track have identified **dependency** issues

62% (8) of activities not on track have identified **capacity** issues

46% (6) of activities not on track have identified **complexity** issues

46% (6) of activities not on track have identified **stakeholder/relationship** issues

77% (10) of activities with issues have mitigating actions or escalations in place

29% (23) of activities are expecting to report to **Informal Governance Boards** (Service Commissioning Board, Infrastructure Commissioning Board, Budget Delivery Group)

47% (37) of activities are expecting to report to Cabinet Committees

46% (6) of activities not on track which are recorded in **Project/Programme risk registers**

38% (5) of activities not on track which are recorded in **Service / Divisional risk registers**

15% (2) of activities not on track which are recorded in **Directorate risk registers**

8% (1) of activities not on track which are recorded in **Corporate risk registers**

Monitoring Quarter 2 (July – September 2019) summary

Each activity response for Quarter 2 2019/20 has been developed into a 'scorecard' providing an overview of the activity (available as a background document on request). Below is a summary for each activity:

Outcome 1: Children and young people in Kent get the best start in life

Activity	Delivery	Milestones	CMM	Corporate Board	Informal Governance	Cabinet Committee
1. Delivering the Kent Commissioning Plan for Education Provision 2019-2023	Yes, it is on track	✓	✓	✓	✓	✓
2. Transforming Early Help and Preventative Services (EHPS) Commissioning	Yes, it is on track	✓			✓	
3. Re-commissioning services to support the integration of Children's Services	Yes, it is on track	✓			✓	✓
4. Delivering the Total Placement Service Programme	It requires remedial action	✓			✓	
5. Mobilising the Young Persons Supported Accommodation and Floating Support Service	It requires remedial action					
6. Delivering the Commissioning Strategy for Disabled Children's Services	No, it is unlikely to be achieved	✓				
7. Transforming Children and Young People Mental Health Service commissioning (CYPMHS)	Yes, it is on track	✓			✓	✓
8. Integrate and transform Public Health Services for Children and Young People across Kent (KCHFT Strategic Partnership)	Yes, it is on track	✓			✓	✓
9. Progressing integration and joint commissioning through the 0-25 Kent Health and Wellbeing Board	Yes, it is on track	✓			✓	✓
10. Development and delivery of the Sufficiency Strategy, Market Position Statement and Market Intervention Plan for accommodation services for vulnerable children	It requires remedial action	✓			✓	
11. Full Cost Recovery of Unaccompanied Asylum-Seeking Children (UASC) Costs to KCC	It requires remedial action					
12. Delivering school improvement support to maintain and enhance school standards through The Education People (TEP)	Yes, it is on track					✓

Activity	Delivery	Milestones	CMM	Corporate Board	Informal Governance	Cabinet Committee
13. High Needs Funding and SEND Action Plan	Yes, it is on track		✓	✓		✓
14. Delivering the Post 16 Education Review, to facilitate better education, skills and training opportunities for young people	Yes, it is on track		✓			✓

Outcome 2: Kent communities feel the benefits of economic growth by being in-work, healthy and enjoying a good quality of life

Activity	Delivery	Milestones	CMM	Corporate Board	Informal Governance	Cabinet Committee
15. Planning for housing growth and infrastructure in Kent	Yes, it is on track	✓	✓			
16. Input to Local Plans and Significant Development across Kent and nationally	Yes, it is on track		✓			
17. Maximising opportunities of the Strategic Development Contributions process and updated strategy	Yes, it is on track	✓				✓
18. Delivering the Council's Infrastructure Capital Delivery Programme	Yes, it is on track	✓			✓	✓
19. Delivering Local Growth Fund schemes and projects	Yes, it is on track		✓			
20. Delivering the Kent Broadband Programme	Yes, it is on track	✓				✓
21. Developing the Kent and Medway Enterprise and Productivity Strategy	It requires remedial action	✓	✓	✓		✓
22. Responding to Thames Estuary Growth Commission Report	Yes, it is on track	✓				✓
23. Lobbying opportunities from the UK Shared Prosperity Fund, linked to the Local Enterprise Partnership (LEP) governance, strategy and funding	Yes, it is on track	✓				✓
24. Highways Term Maintenance Contract commissioning project	Yes, it is on track	✓			✓	✓
25. Improving our highway assets and fixing Kent's potholes	Yes, it is on track					
26. Delivery of KCC's input to the development of Operation Stack / Brock and related infrastructure improvements	Yes, it is on track		✓			✓
27. Delivery of a solution to Overnight Lorry Parking	Yes, it is on track		✓			✓
28. HGV Bans / Freight Management options	Yes, it is on track		✓			
29. Highway response to Brexit	Yes, it is on track		✓			

Activity	Delivery	Milestones	CMM	Corporate Board	Informal Governance	Cabinet Committee
30. Trading Standards management of impacts from Brexit & resilience planning	It requires remedial action	✓				✓
31. The Big Conversation – delivery and evaluation of rural discretionary subsidised bus service pilot schemes	Yes, it is on track		✓			
32. Parking management and enforcement review	Yes, it is on track		✓			
33. Development of the Minerals and Waste Local Plan	Yes, it is on track	✓				
34. Waste Partnerships: implementation of West Kent (2019) and development of East Kent (2021) with a duration of ten years	Yes, it is on track	✓				✓
35. Critical Waste contracts commissioning programme	Yes, it is on track				✓	✓
36. Charging for non-household waste materials at Household Waste Recycling Centres	Yes, it is on track		✓			
37. Development and implementation of the Libraries, Registration and Archives Strategy	Yes, it is on track	✓				✓
38. Reviewing the JSNA to support commissioning, planning and delivery of improved health and wellbeing outcomes across the Kent and Medway health and care system	Yes, it is on track	✓				
39. Further development of the Kent Integrated Dataset	Yes, it is on track	✓				
40. Development of a refreshed Kent Joint Health and Wellbeing Strategy	It has not formally started	✓				
41. Transforming preventative services through the Adult Healthy Lifestyle Commissioning Strategy	Yes, it is on track	✓			✓	✓
42. Continuing the transformation of Sexual Health Services in Kent	Yes, it is on track	✓			✓	✓
43. Refresh and implementation of the commissioning strategy for Substance Misuse Services (Drug and Alcohol services)	Yes, it is on track	✓				
44. Reshaping homelessness support transition services	Yes, it is on track					✓

Outcome 3: Older and vulnerable residents are safe and supported with choices to live independently

Activity	Delivery	Milestones	CMM	Corporate Board	Informal Governance	Cabinet Committee
45. Development of KCC's approach to an Integrated Care System for Kent and Medway	Yes, it is on track					✓
46. Supporting Local Care Implementation	Yes, it is on track	✓				
47. Continue to build effective strategic partnerships to maximise resource and improve public health outcomes (KCHFT and District partnerships)	Yes, it is on track	✓			✓	✓
48. Refresh of the Community Support Market Position Statement to inform market shaping, oversight and sustainability	Yes, it is on track				✓	✓
49. Effective Winter Pressures Commissioning and High Impact Changes – Home to Decide and Home to Settle	Yes, it is on track	✓			✓	
50. Refresh of the Older Persons Accommodation Strategy and Delivery Plan	Yes, it is on track	✓			✓	✓
51. Analysis of Housing with Care (Extra Care) Placements	Yes, it is on track	✓			✓	
52. Review of Voluntary and Community Sector Grants across the Council	No, it is unlikely to be achieved	✓			✓	✓
53. Recommissioning Care and Support in the Home Services and delivering associated projects.	Yes, it is on track	✓	✓		✓	
54. Commissioning Disability and Mental Health Residential Care Services	Yes, it is on track				✓	✓
55. Dementia Service Redesign and commissioning - KMPT	Yes, it is on track	✓				
56. Kent & Medway Neurodevelopmental (ND) Health Service commissioning	It requires remedial action	✓			✓	
57. Delivering the Transforming Care Programme for children and young people with autism and/or learning disability	Yes, it is on track	✓			✓	✓
58. Delivering the Transforming Care Programme for Adults with Learning Difficulties (LD)	Yes, it is on track					
59. Recommissioning of Carers Short Breaks	It requires remedial action	✓			✓	✓

Activity	Delivery	Milestones	CMM	Corporate Board	Informal Governance	Cabinet Committee
60. Deliver the Income Pathway projects and develop future policy on the contribution from Adult Social Care clients	Yes, it is on track	✓	✓			✓
61. Implementing MOSAIC Adult Social Care case management and finance system	Yes, it is on track	✓				

Corporate Enabling Activity

Activity	Delivery	Milestones	CMM	Corporate Board	Informal Governance	Cabinet Committee
62. Development of the new Strategic Statement for Kent County Council	Yes, it is on track	✓	✓	✓		✓
63. To input to, influence and take account of the impact of the Fair Funding Review and Business Rate Retention in the MTFP	It requires remedial action		✓	✓		
64. Implementing outcomes based budgeting and accountability	Yes, it is on track		✓	✓		
65. Review of Company Governance	Yes, it is on track	✓	✓			✓
66. Strategic Commissioning: Whole Council Approach Stocktake and Future Delivery Options	It has not formally started					
67. Good, Better, Best - Continuing evolution of Commissioning in KCC to enable better outcomes for the residents of Kent	Yes, it is on track					
68. Review of KCC's Voluntary and Community Sector (VCS) Policy	Yes, it is on track		✓			✓
69. Delivery of the Property Asset Strategy	Yes, it is on track					
70. Delivery of the Disposals Programme	No, it is unlikely to be achieved		✓		✓	
71. Delivering a business case for Property Development Arrangements, to maximise value from the disposal of appropriate Council assets	Yes, it is on track	✓	✓	✓	✓	✓
72. Developing a business case for the asset utilisation of Oakwood House	Yes, it is on track	✓			✓	

Activity	Delivery	Milestones	CMM	Corporate Board	Informal Governance	Cabinet Committee
73. Re-commissioning of Contracts to provide Facilities Management services to the KCC office estate.	Yes, it is on track	✓			✓	
74. Delivery of the Capital Programme and Revenue Maintenance for KCC's Corporate Landlord Estate	It requires remedial action	✓			✓	
75. Delivering a compliance programme responding to Grenfell, Hackitt Review and Health and Safety reviews	Yes, it is on track					
76. Delivering the KCC Brexit Resilience Emergency planning and Business Continuity programme	Yes, it is on track	✓	✓	✓		✓
77. Oracle contract review and planning for procurement	Yes, it is on track	✓			✓	✓
78. Maximise the number of staff accessing Apprenticeship training within Kent County Council and schools	Yes, it is on track		✓	✓		✓
79. Delivering the Social Isolation Select Committee action plan	Yes, it is on track		✓			

Monitoring Quarter 2 (July – September 2019) analysis

1. Submissions

1.1 The Quarter 2 2019-20 submission window opened on 30 August for Lead Officers to complete and submit their online form. The MS Form closed two weeks later on 13 September.

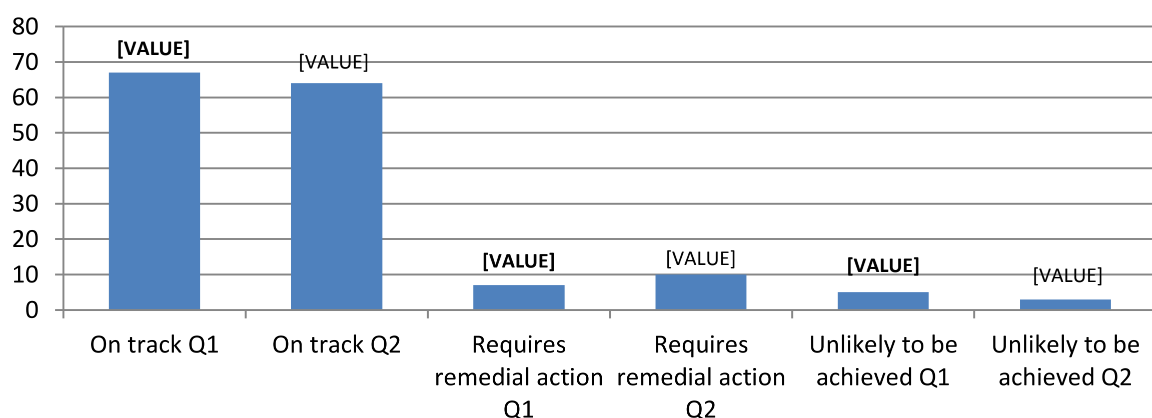
1.2 Overall, 79 pieces of activity were submitted (100% of all Strategic Delivery Plan activities).

1.3 Engagement from Lead Officers and other relevant colleagues continues to be driven through the MS Teams site which includes an MS Form and guidance. Positive feedback was received on the use of the online form (a rating of 3.70 stars out of 5); although this was lower than the 4.22 stars in Quarter 1 which may be due to the increased milestone questions. A number of Directorates and Divisions also included additional governance processes to the submissions of activity updates in Quarter 2 which required completion of word documents rather than online completion. The online form will continue to be revised to reflect learning which should further support completion and monitoring in future.

1.4 Overall the quality of responses received improved from Quarter 1 with greater information in the 'Progress Description' and more detailed milestones. This will also be considered with further guidance to Lead Officers in future monitoring.

2. Delivery

2.1 Lead Officers were asked whether their activity is on track to be delivered successfully (to time, budget and with the necessary approvals). This is based on whether the activity has breached tolerance levels in the professional judgement of the Lead Officer or as defined in activity documentation. 64 activities are on track (67 activities in Q1) 10 require remedial action (up from 7 in Q1) and 3 are unlikely to be achieved (down from 5 in Q1). 2 activities have not formally started.



2.2 Those that are not on track for successful delivery are:

Activity	Delivery Q1	Delivery Q2	Emerging Issues	Mitigating Actions / Escalations
4. Delivering the Total Placement Service Programme	Unlikely to be achieved	Requires remedial action	Capacity; Dependencies	✓
5. Mobilising the Young Persons Supported Accommodation and Floating Support Service	Yes	Requires remedial action	Capacity; Complexity; Stakeholders; Financial Benefits; Dependencies	✓
6. Delivering the Commissioning Strategy for Disabled Children's Services	Yes	Unlikely to be achieved	Capacity; Complexity	✓
10. Development and delivery of the Sufficiency Strategy, Market Position Statement and Market Intervention Plan for accommodation services for vulnerable children	Yes	Requires remedial action	Capacity; Dependencies	✓
11. Full Cost Recovery of Unaccompanied Asylum Seeking Children Costs to KCC	Unlikely to be achieved	Requires remedial action	Capacity; Complexity; Stakeholders; Dependencies	✓
21. Developing the Kent and Medway Enterprise and Productivity Strategy	Yes	Requires remedial action	Capacity	✓
30. Trading Standards management of impacts from Brexit & resilience planning	Requires remedial action	Requires remedial action	Legal; Stakeholders; Delivery Environment; Dependencies	✓
52. Review of Voluntary and Community Sector Grants across the Council	Yes	Unlikely to be achieved	Capacity; Complexity; Stakeholders; Delivery Environment; Dependencies	✓
56. Kent & Medway Neurodevelopmental Health Service commissioning	Requires remedial action	Requires remedial action	Financial; Governance; Stakeholders; Dependencies	✓
59. Recommissioning of Carers Short Breaks	Yes	Requires remedial action	Complexity; Stakeholders; Delivery Environment; Dependencies	✓
63. To input to influence and take account of the impact of the Fair Funding	Unlikely to be achieved	Requires remedial action	Legal	x

Review and Business Rate Retention in the Medium Term Financial Plan				
70. Delivery of the Disposals Programme	Yes	Unlikely to be achieved	Financial; Delivery Environment	✓
74. Delivery of the Capital Programme and Revenue Maintenance for KCC's Corporate Landlord Estate	Yes	Requires Remedial Action	Capacity; Complexity; Delivery Environment; Dependencies	✓

2.3 A number of activities have moved to being 'On track' in Q2, having previous been 'Requires remedial action' or 'Unlikely to be achieved' in Q1, as set out in the table below. However these activities did not include information as part of their Q2 submissions on any specific resolution of the issues identified within Q1 reporting.

Activity	Q1 Status and Issues	Q2 Status	Reason for Change
34. Waste Partnerships; implementation of West Kent (2019) and development of East Kent (2021) with a duration of ten years	Remedial Action	On Track	No information given on resolution of Q1 issues (Capacity; Financial; Delivery Environment; Other).
35. Critical Waste contracts commissioning programme	Remedial Action	On Track	No information given on resolution of Q1 issues (Capacity; Governance)
51. Analysis of Housing with Care (Extra Care) Placements	Remedial Action	On Track	No information given on resolution of Q1 issues (Complexity; Dependencies). Change of End Date.
54. Commissioning Disability and Mental Health Residential Care Services	Remedial Action	On Track	No information given on resolution of Q1 issues (Financial)
58. Delivering the Transforming Care Programme for Adults with Learning Difficulties	Unlikely to be achieved	On Track	NHSE funding of £2.2, for South East. No specific reference to whether this resolves Q1 financial issue.
61. Implementing MOSAIC Adult Social Care case management and finance system	Remedial Action	On Track	No information given on resolution of Q1 issue (Complexity). Change of End Date.
63. To input to influence and take account of the impact	Unlikely to be achieved	Remedial Action	Change in End Date.

of the Fair Funding Review and Business Rate Retention in the Medium Term Financial Plan			
78. Maximise the number of staff accessing Apprenticeship training within Kent County Council and schools	Unlikely to be achieved	On Track	No information given on resolution of Q1 issues (Stakeholders; Delivery Environment).

2.4 Based on the end dates provided in the SDP, 29 activities are due to complete in 19/20. Of these activities 24 are on track for successful delivery, 3 require remedial action, and 2 are unlikely to be achieved. Of these 29 activities, 9 have provided new end dates, 6 of which still reported to be 'On Track'.

2.5 Where activity progress descriptions were detailed, many activity responses provided updates on the following:

- Progress with individual key elements of activity;
- Where milestones have been met or work completed;
- Specific activity updates including business case development, consultations, infrastructure delivery and progress with commissioning cycle activities including reviews, modelling and evaluations;
- Engagement both internally with officers and Members and externally with local and national partners;
- Progress with workforce recruitment and / or training;
- Identified dependencies and / or changes in context;
- Identified next steps;
- Challenges, concerns or issues.

2.6 Where progress description information was more limited this was often where activities referenced information set out in other internal or directorate monitoring processes or where the progress update did not directly refer to the specific aims stated within the Strategic Delivery Plan submission.

2.7 A significant number of responses in Q2 reported that their activity has completed, stopped or become business as usual. These were:

Activity	Completed, Stopped or BAU	Reason for Ending SDP Activity
16. Input to Local Plans and Significant Development across Kent and nationally	BAU	Business as usual – regular engagement is a core business function. CMT agreed activity is BAU and to be removed from SDP monitoring.

17. Maximising opportunities of the Strategic Development Contributions process and updated strategy	BAU	Business as usual – seeking developer contributions is a core business function. CMT agreed activity is BAU and to be removed from SDP monitoring.
23. Lobbying opportunities from the UK Shared Prosperity Fund, linked to the Local Enterprise Partnership (LEP) governance, strategy and funding	BAU	Business as usual – KCC is a member of SELEP. CMT agreed activity is BAU and to be removed from SDP monitoring.
25. Improving our highway assets and fixing Kent's potholes	BAU	Business as usual – core HTW asset management work. CMT agreed activity is BAU and to be removed from SDP monitoring.
36. Charging for non-household waste materials at Household Waste Recycling Centres	BAU	Business as usual – policy changes have been implemented. End date of 31/08/19. CMT agreed activity is BAU and to be removed from SDP monitoring.
70. Delivery of the Disposals Programme	BAU	Business as usual. CMT agreed for activity to remain on SDP monitoring.
71. Delivering a business case for Property Development Arrangements, to maximise value from the disposal of appropriate Council assets	Completed	The Strategic Business Case activity has completed. Other new activities and workstreams form the next steps. Property Development Company to be established by April 2020. CMT agreed for activity to remain on SDP monitoring.
74. Delivery of the Capital Programme and Revenue Maintenance for KCC's Corporate Landlord Estate	BAU	Business as usual. CMT agreed for activity to remain on SDP monitoring.

3. Milestones

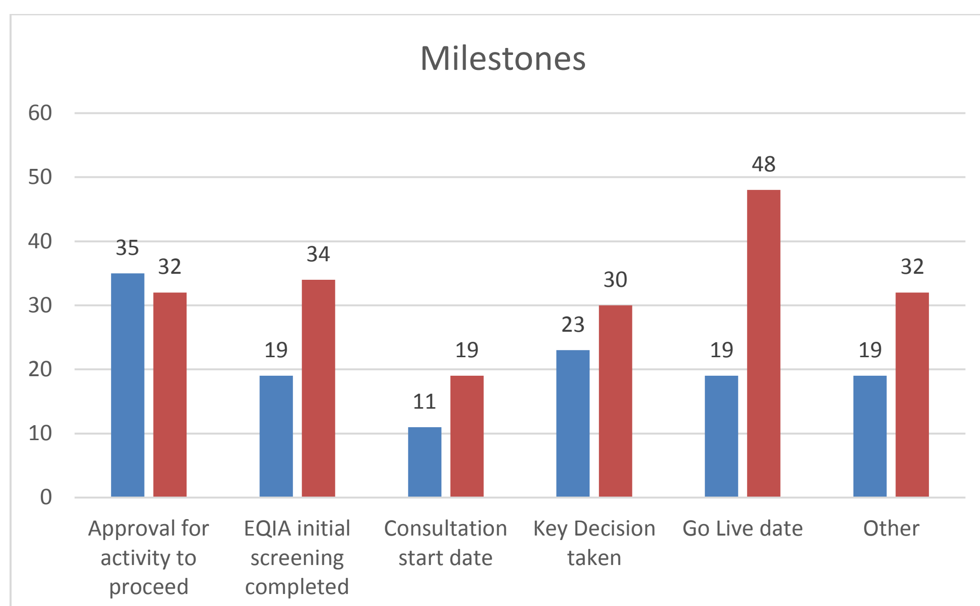
3.1 The Quarter 2 Strategic Delivery Plan monitoring included additional questions on activity milestones. Whilst 48 of the 79 activities reported key milestones which was down from 51 in Quarter1, the level of detail included in submissions around key milestones has greatly increased.

Milestones

61% (48) of activities were able to identify key milestones

3.2 The level of accuracy and detail was inconsistent across activities with many activities providing estimates rather than a specific date. From the five options provided, 32 activities were able to identify milestones for approval to proceed (down from 35 in Q1), 34 for when an EQIA initial

screening would be completed (up from 19), 19 for a consultation start date (up from 11 in Q1), 30 for when a Key Decision would be taken (up from 23 in Q1), 48 for a 'Go Live' date (up from 19 in Q1), and 32 provided 'other' milestones.



3.3 32 activities identified 'other' milestones (up from 19 in Quarter 1). Milestones provided included commissioning and procurement milestones such as completion of analysis or contract start dates, review activities, engagement and consultation activity, presentations or reports to a wide variety of boards both directorate, Council and external, and approval milestones.

3.4 In future, activities will be monitored against the milestones they have provided and trend information over time will be reported via the quarterly report to Corporate Management Team and Corporate Board.

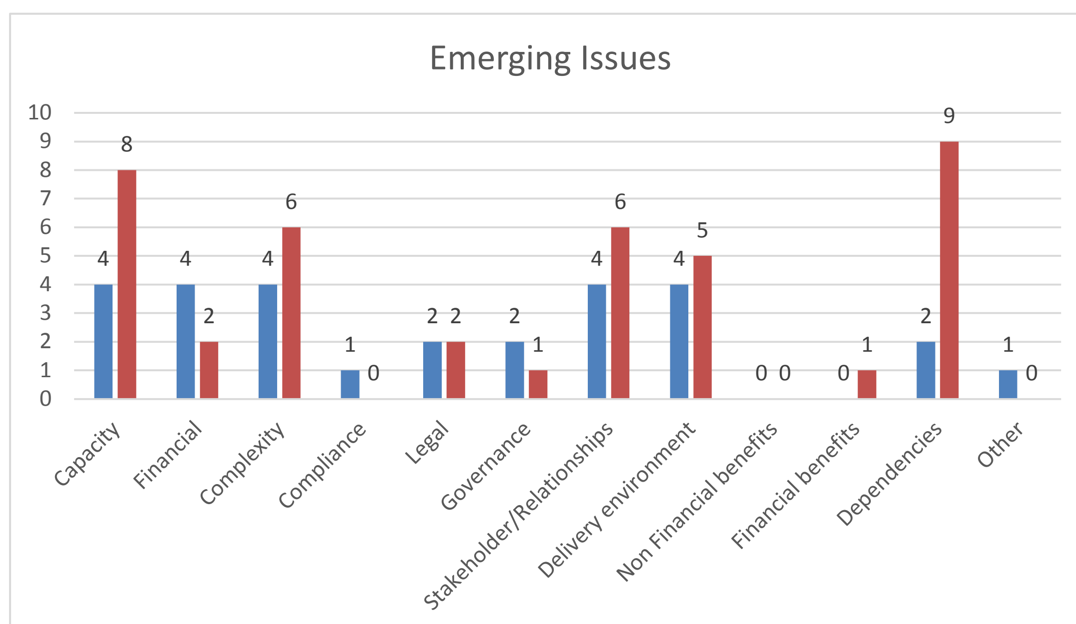
3.5 A significant number of activities in Q2 have revised their end dates or 'Go Live' dates beyond their original SDP end date. Many of these are reporting as 'On Track' These were:

Activity	Status	Original SDP End Date	New End Date	New 'Go Live' date
2. Transforming Early Help and Preventative Services (EHPS) Commissioning	Yes, it is on track	01/04/2020	01/10/2020	
3. Re-commissioning services to support the Integration of Children's Services	Yes, it is on track	01/04/2020	01/10/2020	
4. Delivering the Total Placement Service Programme	It requires remedial action	31/03/2020		01/09/2020
6. Delivering the Commissioning Strategy for Disabled Children's Services	No, it is unlikely to be achieved	31/03/2020	01/04/2021	
10. Development and delivery of the Sufficiency Strategy,	It requires remedial action	31/05/2019		01/09/2020

Market Position Statement and Market Intervention Plan for accommodation services for vulnerable children				
15. Planning for housing growth and infrastructure in Kent	Yes, it is on track	01/08/2019	01/11/2019	
20. Delivering the Kent Broadband Programme	Yes, it is on track	31/03/2023	30/06/2023	
21. Developing the Kent and Medway Enterprise and Productivity Strategy	It requires remedial action	31/07/2020		30/03/2021
24. Highways Term Maintenance Contract commissioning project	Yes, it is on track	31/08/2019		01/06/2021
26. Delivery of KCC's input to the development of Operation Stack/Brock and related infrastructure improvements	Yes, it is on track	01/04/2023	12/1/2019	
33. Development of the Minerals and Waste Local Plan	Yes, it is on track	01/01/2020		12/12/2018
49. Effective Winter Pressures Commissioning and High Impact Changes – Home to Decide and Home to Settle	Yes, it is on track	01/11/2019	06/04/2020	
51. Analysis of Housing with Care (Extra Care) Placements	Yes, it is on track	30/06/2019	31/10/2019	
52. Review of Voluntary and Community Sector Grants across the Council	No, it is unlikely to be achieved	01/01/2020	4/1/2021	
55. Dementia Service Redesign and commissioning - Kent and Medway NHS and Social Care Partnership Trust	Yes, it is on track	01/08/2019	01/09/2021	
56. Kent & Medway Neurodevelopmental Health Service commissioning	It requires remedial action	31/03/2020	10/31/2020	
59. Recommissioning of Carers Short Breaks	It requires remedial action	01/01/2020	4/1/2021	
61. Implementing MOSAIC Adult Social Care case management and finance system	Yes, it is on track	30/09/2019	31/03/2020	
63. To input to, influence and take account of the impact of the Fair Funding Review and Business Rate Retention in the Medium Term Financial Plan	It requires remedial action	01/04/2020	4/1/2021	
68. Review of KCC's Voluntary and Community Sector Policy	Yes, it is on track	31/05/2020	31/03/2020	

4. Issues

4.1 Where activities are not on track for successful delivery, Lead Officers were asked to identify the issues impacting on their activity. 11 options, based around Delivery Environment Complexity Analytic (DECA) themes, were provided with multiple responses allowed and an 'other' option where free text could be provided if required. Lead Officers were also asked to provide further detail explaining the issues, when and why they had occurred and what impact they will have on successful delivery.



4.2 Of the 13 activities which are not on track (either 'requires remedial action' or 'is unlikely to be achieved'), all were able to identify the contributing factors against DECA themes. The table above shows the identified issues for Quarter 1 (blue) and Quarter 2 (red).

4.3 Key Emerging Issues:

4.3.1 **Capacity –** Project capacity and corporate support were both identified as issues. Capacity issues for ControCC Systems changes were also highlighted as key for a number of activities in Quarter 1 and continue to impact on delivery of activity no. 4: Delivering the Total Placement Service Programme; activity no. 6 Delivering the Commissioning Strategy for Disabled Children's Services, and activity no. 10: Development and delivery of the Sufficiency Strategy, Market Position Statement and Market Intervention Plan for accommodation services for vulnerable children.

4.3.2 **Complexity** – Activities identified significant complexities in relation to ICT changes (ControCC Systems) and increasing demand (activity no. 5 Mobilising the Young Persons Supported Accommodation and Floating Support Service and activity 11. Full Cost Recovery of Unaccompanied Asylum Seeking Children Costs to KCC).

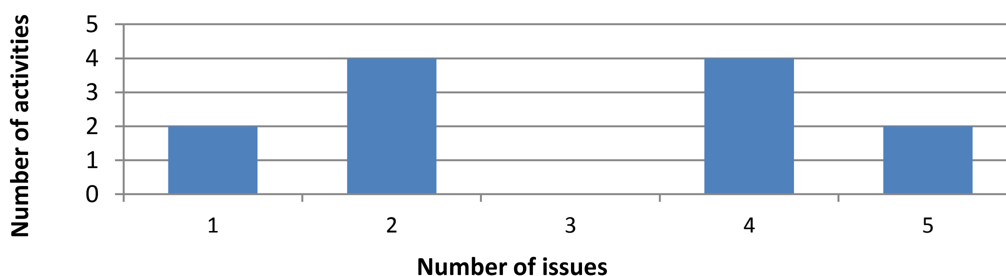
4.3.3 **Dependencies** – Activities identified dependencies with other projects including the delivery of ICT capability and activity 59. Recommissioning of Carers Short Breaks impacted by the revised project plan for the Community Wellbeing Services offer. Dependencies on Government were also particular issues with activity 11. Full Cost Recovery of Unaccompanied Asylum Seeking Children Costs to KCC and activity 30. Trading Standards management of impacts from Brexit & resilience planning.

4.3.4 **Delivery Environment** – Activities identified issues where they are significantly dependent on partnerships with health, the voluntary and community sector or wider markets. Activity 52. Review of Voluntary and Community Sector Grants across the Council highlighted the revised service model and procurement plan south to ensue less of a destabilising impact on the Kent Voluntary and Community Sector. Activity 56. Kent & Medway Neurodevelopmental Health Service commissioning identified the complexities of the changing landscape of the CCGs Integrated Care Partnerships. Activity 70. Delivery of the Disposals Programme identified the impact of investor confidence and market constraints on progression of disposals.

4.3.5 **Stakeholders / Relationships** – Government progress was identified as an issue for both activity 11. Full Cost Recovery of Unaccompanied Asylum Seeking Children Costs to KCC and activity 30. Trading Standards management of impacts from Brexit & resilience planning where greater clarity is required on the proposed legislative and service delivery changes.

4.4 The level of complexity of activities is highlighted by the fact that 8 activities identified more than one emerging issue (up from 7 in Q1). Of the 13 activities which identified issues, 2 identified 1 issue, 4 identified 2 issues, 4 identified 4 issues and 2 identified 5 issues.

Activities that reported multiple issues



5. Mitigating Actions or Escalations

5.1 Of the 13 activities which are not on track for successful delivery, 10 have identified mitigating actions or escalations.

5.2 Key themes from mitigating actions or escalations:

5.2.1 **Change of Approach** – A number of activities have taken a change in approach to address issues including no. 52 Review of Voluntary and Community Sector Grants across the Council which has reviewed the service model and developed a revised procurement plan and no. 6 Delivering the Commissioning Strategy for Disabled Children's Services which has aligned the Community Support Contract procurement with the commissioning of the Short Breaks programme. A significant number of activities revised the end date or go live date in respond to issues.

5.2.2 **Specific Action** – A number of activities are taking specific actions to resolve their issues. This includes establishing specific working groups to address issue (no. 4 Delivering the Total Placement Service Programme), development of internal and joint action plans and undertaking reviews (no. 5 Mobilising the Young Persons Supported Accommodation and Floating Support Service), developing greater strategic leadership involvement to address whole system issues (no. 56. Kent & Medway Neurodevelopmental Health Service commissioning).

5.2.3 **National and Partner Engagement** – Activity 5. Mobilising the Young Persons Supported Accommodation and Floating Support Service has commenced work with District and Boroughs to review current arrangements, Activity no. 30 Trading Standards management of impacts from Brexit & resilience planning continues to engage with Government departments to influence the development of plans and better understand the implications and no. 70 Delivery of the Disposals Programme includes actions to monitoring and anticipate economic climate changes. Whilst activity no. 63 To input to influence and take account of the impact of the Fair Funding Review and Business Rate Retention in the Medium Term Plan did not specifically identify mitigating actions, continued Government lobbying will be crucial going forward.

5.2.4 **Resource arrangements** – Activity 21 Developing the Kent and Medway Enterprise and Productivity Strategy is considering resource options, activity 10. Development and delivery of the Sufficiency Strategy, Market Position Statement and Market Intervention Plan for accommodation services for vulnerable children is progressing DBS checks to ensure commissioning officers are able to support the analysis, activity 11. Full Cost Recovery of Unaccompanied Asylum Seeking Children Costs to KCC continues to lobby Government for a funding response and activity 56. Kent & Medway Neurodevelopmental Health Service commissioning has progressed funding arrangements with CCGs.

5.3 The 3 activities which did not identify mitigating actions or escalations are:

- **52: Review of Voluntary and Community Sector Grants across the Council**. No mitigating actions have been identified, however the activity has reviewed the service model and revised the procurement plan to address issues.

- **63: To input to, influence and take account of the impact of the Fair Funding Review and Business Rate Retention in the Medium Term Financial Plan**. There is limited ability for KCC to influence Government on timescales for the Fair Funding Review which has been overridden by the short-term priority of a one-year settlement for all government departments including local government.

- **70: Delivery of the Disposals Programme.** Although no mitigating actions were identified the programme continues to monitor the market and anticipate changes in the economic climate to force a more holistic review of the disposal programme in the coming months.

6. Governance

6.1 Lead Officers were asked to identify if they had reported on their piece of activity to a number of boards during Quarter 2. Of the 79 activities in the Strategic Delivery Plan, 17 have reported to Cabinet Members Meeting, 14 have reported to Cabinet Committees, and 21 have reported to an informal governance board (Service Commissioning Board, Infrastructure Commissioning Board or Budget Delivery Group).

Governance (Reporting since Quarter 1)

17	activities have reported to Cabinet Members Meeting.
14	activities have reported to Cabinet Committees.
21	activities have reported to Informal Governance Boards.

6.2 Lead Officers were also asked if they were intending to report on their piece of activity during the rest of the monitoring year (2019/20). 25 responses indicated that they expected to report to Cabinet Members Meeting (down from 31 in Q1), 37 to Cabinet Committees (down from 41 in Q1) and 23 to an informal governance board (down from 31 in Q1). 21 activities are not expecting to report to any of the boards in 19/20 (up from 19 in Q1).

Governance (Expected reporting in 19/20)

25	activities expected to report to Cabinet Members Meeting.
37	activities expected to report to Cabinet Committees.
23	activities expected to report to Informal Governance Boards.

6.3 Of those 23 activities which expect to report to an informal governance board in 19/20, 7 (30%) have a scheduled item on the informal governance forward plan. Being able to confirm (if at least provisionally) an expected date to report to an Informal Governance Board or Cabinet Committee would help to manage the forward agenda planning of the Boards.

7. Additional Oversight and Assurance

7.1 **Corporate Risk and Assurance** provides oversight of a number of the Council's most significant or complex change activities and conducts independent reviews on the associated projects and / or programmes. Corporate Risk and Assurance have reviewed the Strategic Delivery Plan monitoring information which is consistent with their understanding of activities.

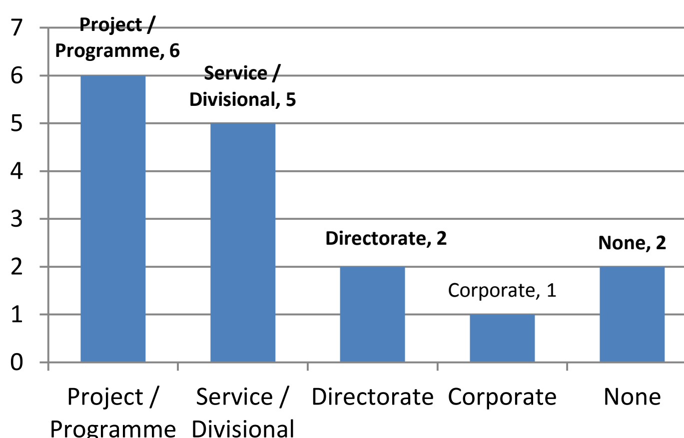
7.2 **Internal Audit** provides an evaluation of the effectiveness of the County Council's risk management, control and governance processes. In future SDP monitoring Internal Audit will be engaged to ensure their findings around specific activities feeds into the SDP monitoring report. The Internal Audit and Counter Fraud Plan 2019-20 identified a review into 'Companies in which KCC has a substantial interest / investment' (RB48 2020) for completion in Quarter 1 2019/20. This will be reviewed to ensure consistency with SDP monitoring findings once reported to Governance and Audit Committee.

7.3 The Internal Audit and Counter Fraud Plan 2019-20 can be found at: https://democracy.kent.gov.uk/documents/s90024/Item%2008%20Internal%20Audit%20and%20Counter%20Fraud%20Plan%202019-20.pdf

8. Risk

8.1 Where activities identified issues to successful delivery, those Lead Officers were asked whether their issues are currently recorded on a risk register. 11 of the 13 activities with issues do have risks recorded within project / programme, service / divisional, directorate or corporate risk registers.

8.2 The majority of these (6 activities) have recorded the issues within their project or programme risk registers, with 5 activities being recorded in service or divisional risk registers.



8.3 2 activities which require remedial action or are unlikely to be achieved are not recorded within risk registers. These activities are no. 6: Delivering the Commissioning Strategy for Disabled Children's Services and no. 70: Delivery of the Disposals Programme.

9. Activity Scorecards

Each activity response for Quarter 2 2019/20 has been developed into a 'scorecard' providing an overview of the activity. These are available as a background document on request.

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From: Clair Bell, Cabinet Member for Adult Social Care and Public Health

Andrew Scott-Clark, Director of Public Health

To: Health Reform and Public Health Cabinet Committee

1 November 2019

Subject: Update on Kent County Council Approach to Making Every Contact Count and a report on the outcomes of MECC training

Classification: Unrestricted

Previous Pathway: This is the first committee to consider this report

Future Pathway: n/a

Electoral Division: All

Summary: Making Every Contact Count (MECC) is an approach to behaviour change that uses the millions of day-to-day interactions that organisations and people have with other people to support them in making positive changes to their physical and mental health and wellbeing.

Kent County Council and Medway Council Public Health received £170K from Health Education England in 2018 to create, deliver and evaluate a training programme for MECC.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to: **COMMENT on and ENDORSE** the contents of the report.

1.0 Background and Introduction

1.1 Making Every Contact Count (MECC) is an approach to behaviour change that uses the millions of day-to-day interactions that organisations and people have with other people to support them in making positive changes to their physical and mental health and wellbeing. This includes, for example, conversations regarding housing status, childcare and social services interactions.

MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations. Drawing on behaviour change evidence, MECC maximises the opportunity within routine health and care interactions for a brief or very brief discussion on health or wellbeing factors to take place.

A MECC interaction takes minutes and is not intended to add to the busy workloads of health, care and the wider workforce staff. It is structured to fit into

and complement existing professional clinical, care and social engagement approaches. There is good evidence for brief intervention and evidence suggests that the broad adoption of the MECC approach by people and organisations across health and care could potentially have a significant impact on the health of our population.

Kent County Council and Medway Council Public Health received £170K from Health Education England (HEE) in 2018 to create, deliver and evaluate a training programme to upskill the wider workforce in having conversations about health & lifestyle choices and signposting to local sources of support.

2.0 MECC training in Kent and Medway 2018-2019

2.1 Kent County Council and Medway Council Public Health received £170K from Health Education England in 2018 to create, deliver and evaluate a training programme for MECC. This was informed by a MECC pilot for Kent, Surrey & Sussex carried out between 2015 and 2017. This pilot identified the importance of having a flexible and tiered training offer that takes account of the wide variety of skills, experience and expertise across the workforce and the challenges of fitting training around competing work pressures.

Both councils designed, developed, implemented and delivered/commissioned the training offer, the overall aim of which was to improve the confidence and knowledge of the wider workforce in engaging people in conversations about improving health behaviour and signposting people to local services.

The intended outcomes for those participating in the training were:

1. Increased understanding of Making Every Contact Count
2. Increased confidence in having health related conversations (with specific reference to smoking, alcohol, mental health and maintaining healthy weight)
3. Increased confidence in signposting people to local health services
4. Individuals acquire skills and have confidence in using more advanced communication tools/techniques Solution Focussed Therapy (SFT), Cognitive Behaviour Therapy (CBT) and Motivational Interviewing).

3.0 Training Delivery Model

3.1 The delivery model consisted of 2 tiers. Each tier was designed with particular cohorts in mind to ensure that there was a range of training to suit different levels of skill, knowledge and experience across the workforce.

The health and lifestyle content of the training focussed on the 4 key themes identified by the Sustainability and Transformation Partnership (STP) – Smoking, Alcohol, Obesity and Mental Health.

The 2- tier model was set up as follows:

Tier	Title	Duration	Description	Target audience
Tier 2	Making Every Contact Count with Motivational Interviewing Techniques	1 day	All tier 1 content plus an introduction to Motivational Interviewing techniques and how to apply them in conversations about health & wellbeing	• Those having direct contact with service users and where conversations about lifestyle and health are likely to occur • Those with opportunities to give brief advice and signpost to health services • May suit the following roles: Housing officers, children's centre staff, community nurses, youth workers, pharmacy staff
Tier 3	Making Every Contact Count with Cognitive Behavioural Therapy Techniques	2 days	All tier 1 content plus CBT techniques and how to apply them in conversations about health & wellbeing	• Both tier 3 options would suit professionals who have frequent contact with service users over longer periods of time and where opportunities to have health and lifestyle related conversations are likely to occur • Professionals who manage case work may particularly benefit as the training provides tools for carrying out interventions related to behaviour change. This can be applied in a range of casework settings, enhancing the work they do with individuals and families. (For example, midwives, social workers, health visitors, early help case workers)
	Making Every Contact Count with Solution Focussed Therapy Techniques	2 days	All tier 1 content plus SFT techniques and how to apply them in conversations about health & wellbeing	

- In Medway, a tier 1 MECC training was delivered. In Kent County, tier 1 training has been delivered by our partners to their staff e.g. KCHFT offers staff MECC training and we train individuals via our Public Health Champions programme.
- Tier 2 was delivered in Medway by the Workforce Development Team. There were also two commissioned services in Kent, one in Dartford, Gravesham, Sevenoaks, Tunbridge Wells, Tonbridge & Malling, Maidstone, Ashford and Swale and one for Shepway, Thanet, Dover and Canterbury.
- Tier 3 was delivered across all of Kent & Medway by two providers commissioned using the monies from HEE. SCCH Consulting delivered MECC with CBT Techniques and First Contact Clinical delivered MECC with SFT Techniques.
- Both Kent and Medway continued to offer their existing health champions programmes as part of the MECC offer as an alternative tier 2.

Promotional and recruitment activities included face to face meetings with local care teams, internal partners such as social care teams and commissioned services. Details of the training offer were emailed to internal and external partners. Social media promotional work was also carried out. KCC and Medway Communication teams liaised to assist in promoting the programme across the County. KCC's Workforce Development Manager emailed key contacts about the training offer to raise awareness with key internal and external stakeholders.

An initial pilot tier 1 session was delivered to MCH staff in December 2018. Fifty training sessions were then booked and delivered at 41 venues across Kent and Medway between February and July 2019 (27 tier 2 sessions, including Train the Trainer sessions, 11 tier 3 SFT sessions and 8 tier 3 CBT sessions.) 2 Train the Trainer Sessions (tier 3 Solution Focussed Therapy and CBT) and one re-scheduled tier 3 CBT session are planned for September and November 2019. Train the Trainer sessions are also being set up for the motivational interviewing training.

Two bespoke one day tier 3 SFT sessions were delivered for midwives in July. These were developed in response to the challenge of freeing up midwives' time to attend a 2-day course.

4.0 Sustainability of the programme

4.1 To create a sustainable model, the training packages were developed so that they could still be utilised once the initial funding had ceased. For instance, the training and signposting materials were designed to be used for future training and all training included Train the Trainer sessions.

5.0 Outcomes

5.1 Participants were asked to assess their levels of confidence in relation to each of the four outcomes of training:

Objective 1: That People understand with MECC is

Objective 2: That training increases people confidence in having health related conversations

Objective 3: That individuals feel confident in signposting people to local services

Objective 4: That individuals have confidence in using more advance communication tools/techniques (motivational interviewing techniques, Cognitive behavioural therapy techniques and/or solution focused therapy techniques.

5.2 Ninety-three per cent of participants felt that they fully understood the principles and concepts of MECC after the training, compared with 31% before the training.

5.3 For objective 2, most attendees improved their confidence in having health conversations regarding alcohol, smoking, mental health and obesity after completing the training. The percentage that increased their confidence is given below for each of the areas:

Alcohol: 72%
Smoking 68%
Mental Health: 67%
Obesity: 78%

5.4 Most attendees improved their confidence in signposting people to local services and resources after the training (62% of attendees).

5.5 Feedback suggests that most attendees (91% who completed MECC tier 2 and/or tier 3 training improved their confidence in using more advanced communication tools/techniques following the training.

5.6 A follow-up questionnaire was sent to attendees and 118 attendees responded. At follow-up 90% of respondents reported having had MECC conversations since the training and 70% of respondents reported having MECC conversations once a week or more. Seventy-five per cent of respondents said that they had made a referral to health improvement services with most referrals being made to mental health services.

6.0 Next Steps

6.1 Public Health are presenting the evaluation of this round of MECC training to the Local Workforce Action Board in November 2019 and will be actively seeking funding from the STP to continue with this training.

6.2 If funding is obtained, KCC Public Health will engage with the Integrated Care Partnerships (ICPs) to explore ways of increasing the reach of MECC training in the NHS and local authorities, including districts and boroughs. Public Health will also look to commission more training on MECC and CBT awareness for teams most likely to be able to utilise it, such as those in Primary Care Networks.

7.0 Summary

7.1 Kent County Council and Medway Council Public Health received £170K from Health Education England in 2018 to create, deliver and evaluate a training programme for MECC.

A number of courses have been delivered to over 500 participants with positive feedback and good evaluation outcomes.

8.0 Recommendation

8.1

The Health Reform and Public Health Cabinet Committee is asked to **COMMENT** on and **ENDORSE** the contents of the report.

9.0 Contact Details

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10.0 Background documents: none

Further Reading: Making Every Contact Count: Consensus Statement

Placed in the online library:
https://democracy.kent.gov.uk/ecSDDisplay.aspx?NAME=SD5742&ID=5742&RPID=32337070

From: Benjamin Watts, General Counsel

To: Health Reform and Public Health Cabinet Committee – 1 November 2019

Subject: **Work Programme 2020**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: Standard 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 2020.

1.1 The proposed Work Programme has been compiled from items on the Forthcoming Executive Decisions List, from actions arising from previous meetings and from topics identified at agenda setting meetings, held six weeks before each Cabinet Committee meeting, in accordance with the Constitution, and attended by the Chairman, Vice-Chairman and the Group Spokesmen. Whilst the Chairman, in consultation with the Cabinet Members, is responsible for the final selection of items for the agenda, this report gives all Members of the Cabinet Committee the opportunity to suggest amendments and additional agenda items where appropriate.

2. Work Programme 2020

2.1 An agenda setting meeting was held on 24 September 2019, at which items for this meeting were agreed and future agenda items planned. The Cabinet Committee is requested to consider and note the items within the proposed Work Programme, set out in the appendix to this report, and to suggest any additional topics that they wish to be considered for inclusion in agendas of future meetings.

2.2 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. This will support more effective forward agenda planning and allow Members to have oversight of significant service delivery decisions in advance.

2.3 When selecting future items, the Cabinet Committee should give consideration to the contents of performance monitoring reports. Any ‘for information’ or briefing items will be sent to Members of the Cabinet Committee separately from the agenda, or separate Member briefings will be arranged, where appropriate.

3. Conclusion

3.1 It is vital for the Cabinet Committee process that the committee takes ownership of its work programme, to help the Cabinet Members 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 of 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 2020.

5. Background Documents

None.

6. Contact details

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Last updated on: 21 October 2019

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE WORK PROGRAMME 2020

Items to every meeting are in italics. Annual items are listed at the end.

14 JANUARY 2020

- ***Verbal Updates***
- ***Contract Monitoring – Positive Relationships***
- ***Work Programme 2020***
- **Budget and Medium-Term Financial Plan**
- **Public Health Performance Dashboard – incl impact of STP**
- **Update on Public Health Campaigns/Communications**
- **Regional approach to tackle illicit tobacco** (from item 10 at 22/11/18 mtg) moved from November
- **Future agendas will need to cover updates/more information on STP issues arising at 20 June mtg**: digital, estates, multi-disciplinary team models, mental health services, communications and raising public understanding, future of the voluntary sector, staff recruitment and training moved from November
- **More detail of suicide patterns** requested at September meeting – timing will depend on the availability of published detail by Office of National Statistics
- **Also, linked to above, link between debt and suicide** arose from gambling item at September meeting
- **Kent Care Record –** update on integration/info sharing between different systems - requested at September meeting
- **Update on new Kent and Medway Medical School –** invite Dean or Deputy. To cover funding and timing (building, first intake) moved from November

6 MARCH 2020

- **Strategic Development Plan** (replaced former Directorate Business Plans)
- **Risk Management report (with RAG ratings)**
- **Work of Macmillan organisation** – invite representative? presentation? requested at September meeting
- ***Verbal Updates***
- ***Contract Monitoring – One You Kent/Adult Health Improvement***
- ***Work Programme 2020***

30 APRIL 2020

- ***Verbal Updates***
- ***Contract Monitoring – Oral Health***
- ***Work Programme 2020***
- **Public Health Performance Dashboard – incl impact of STP**

Contract monitoring subjects as yet unallocated (can be assigned once 2020/21 meeting dates are set)

- ***Contract Monitoring – Workforce Development***

- ***Contract Monitoring – Children and Young People's condom programme***

PATTERN OF ITEMS APPEARING REGULARLY	
Meeting	**Item**
January	• Budget and Medium-Term Financial Plan • Public Health Performance Dashboard – incl impact of STP • Update on Public Health Campaigns/Communications
March	• Strategic Development Plan (replaced former Directorate Business Plans) • Risk Management report (with RAG ratings) • Health Inequalities – annual
May	• Public Health Performance Dashboard – incl impact of STP • Update on Public Health Campaigns/Communications *(May or June?)* • **Strategic Delivery Plan monitoring** – to all Cabinet Committees six-monthly (agreed by Corporate Board, June 2019) •
June/July	• Update on Public Health Campaigns/Communications *(May or June?)*
September	• Annual Report on Quality in Public Health, incl Annual Complaints Report • *Annual Equality and Diversity Report** this is part of the Strategic Commissioning Equality and Diversity, which goes to the Policy and Resources Cabinet Cttee • Public Health Performance Dashboard – incl impact of STP
November	• **Strategic Delivery Plan monitoring** – to all Cabinet Committees six-monthly (agreed by Corporate Board, June 2019)