

KENT COUNTY COUNCIL

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Health Reform and Public Health Cabinet Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 14 January 2020.

PRESENT: Ms D Marsh (Vice-Chairman in the Chair), Mr R H Bird (Substitute for Mr S J G Koowaree), Mrs P T Cole (Substitute for Mr D Butler), Mr D S Daley, Miss E Dawson, Mrs L Game, Ms S Hamilton, Mr B H Lewis, Mr M J Northey (Substitute for Mr A Cook), Mr K Pugh, Mr H Rayner (Substitute for Mr G Lymer) and Mr I Thomas

ALSO PRESENT: Mrs C Bell

IN ATTENDANCE: Mr A Scott-Clark (Director of Public Health), Dr A Duggal (Deputy Director of Public Health), Mrs A Tidmarsh (Director of Adult Social Care and Health Partnerships), Mrs V Tovey (Public Health Senior Commissioning Manager) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

79. Apologies and Substitutes
(Item 2)

Apologies for absence had been received from Mr D Butler, Mr A Cook, Mr S J G Koowaree, Mr G Lymer and Mr P J Messenger.

Mrs P T Cole was present as a substitute for Mr Butler, Mr M J Northey as a substitute for Mr Cook, Mr R H Bird as a substitute for Mr Koowaree and Mr H Rayner as a substitute for Mr Lymer.

In the absence of the Chairman, Mr Lymer, the Vice-Chairman, Ms D Marsh, took the chair.

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

There were no declarations of interest.

81. Minutes of the meeting held on 1 November 2019
(Item 4)

It was RESOLVED that the minutes of the meeting held on 1 November 2019 are correctly recorded and they be signed by the Vice-Chairman. There were no matters arising.

82. Meeting Dates for 2020/21
(Item 5)

It was noted that the following dates had been reserved for meetings of the committee in 2020/21:

Friday 6 March 2020 (already in calendar)
Thursday 30 April 2020 (already in calendar)

Wednesday 8 July 2020
Wednesday 9 September 2020
Friday 20 November 2020
Friday 8 January 2021
Wednesday 10 March 2021
Wednesday 30 June 2021

All meetings will commence at 10.00 am at Sessions House, Maidstone.

83. Verbal updates by Cabinet Member and Director
(Item 6)

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

Forthcoming visits – she was shortly to visit Barnardo's, which delivered Sex Education Services for Children, Young People and Education, and Addaction, to which Cabinet Committee Members had also been invited. She recommended that Members visit service providers whenever possible as such visits were very helpful in showing front-line service delivery.

Kent and Medway Joint Health and Wellbeing Board – update – the joint Health and Wellbeing Board was set up initially to run for 2 years. Members supported the continuation of the Board beyond 2020. The Chairmanship of the Board alternated between Kent and Medway and this year was Kent's turn. The next meeting would take place in March 2020, with the agenda focussing on the draft Kent & Medway Strategy Delivery Plan. She hoped the Board would also discuss its future role and priorities, looking at other HWBs around the UK and seeking views from the LGA.

Public Health Campaigns – as people embarked on New Year's resolutions, to get fit or improve their diet, it was a good time to remind people of the range of public health campaigns which were around to support healthier lifestyles, healthy pregnancy, breastfeeding and good sexual health.

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

Appointment of new Clinical Commissioning Group Accountable Officer – it was not yet possible to announce publicly who this officer would be as due diligence around the appointment had yet to be completed. The Chairman of the new clinical commissioning group (CCG) was Dr Navin Kumta, who had previously chaired the Ashford CCG.

Update on Public Health Budget for 2020/2021 – he had hoped to be able to announce the public health budget for 2020/21 but this was not yet possible as Department of Health and Public Health England had not yet announced the public health grant. He expected £1.8m to be added to the budget this year, but this would not be a net increase; it was the same amount as was taken out of the public health grant at the start of the 2019/20 financial year. Pressures accumulating since had already exceeded this additional funding.

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

- a) asked what the expected £1.8m grant would include, he explained that it would cover the same as had been covered in previous years, and would be ring-fenced;
- b) asked about continuity between the previous clinical commissioning groups and the new single CCG, he explained that there would be no gap in governance and that ongoing work would continue as before; and
- c) concern was expressed that the expected increase in the public health grant might not be sufficient to cover the increasing needs of the Kent population. Mr Scott-Clark advised that the size of the grant was an issue to be determined by central government; it was for local government to make the best use of the available funds in serving the local population.

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

84. Contract Monitoring Report - Targeted Relationships and Sex Education (RSE) and Emotional Resilience Intervention for Girls and Young Women aged 10-16
(Item 7)

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

1. Mrs Tovey introduced the report and explained that the current provider was performing well against key performance indicators (KPIs) and that the current contract would end in September 2020, so was being reviewed with a view to taking advantage of an option in the current contract to extend it for another two years. Mrs Tovey and Ms Jeffreys then responded to comments and questions from the committee, including the following:-

- a) a view was expressed that 'forming inappropriate or abusive relationships' should instead be worded 'being a victim of inappropriate or abusive relationships' in the list of risks to young women who had previously had adverse childhood experiences (ACEs). Mrs Tovey advised that young people who found themselves in such a situation might be deterred from coming forward and accessing the service due to stigma. There may be more demand beyond the average 250-case workload which the service worked with

annually. Counsellors were very aware that the first step for young people approaching such a service was always the hardest;

- b) asked about the criminal nature of sexual relationships with young people under the age of 16, and if the service would report such activity to the police so perpetrators could be prosecuted, Mrs Tovey advised that the service included a safeguarding element and worked with schools and youth clubs on initiatives such as 'stay safe online';
- c) another view was expressed that it was important to achieve a balance between making young women feel able to approach the service safely and of dealing with the criminal aspect of under-age sex without making them any more of a victim. Mrs Tovey acknowledged that the balance to be achieved was delicate and added that, if young women felt that engaging with the service would lead to criminal investigations, they would be less likely to seek help;
- d) asked about the age range of the service and if this could be extended to include 16-18 year olds, Mrs Tovey advised that deciding a cut-off point for a service was always a challenge, and as the budget for the service for 2020/21 was not yet known, it was not possible at the moment to consider any extensions to the age group. Ms Jeffreys added that young women up to 25 had been identified as a high-risk group so would benefit from the service if it proved possible to extend it. Being able to address relationship issues early in adulthood would help later in life;
- e) asked how the service linked to schools, and how this could be improved, Mrs Tovey said the School Health Service used a triage process to refer students on to other professionals but had to make a judgement about when and to where a referral was appropriate. It was important that the service was as easy to approach and use as possible;
- f) a view was expressed that the KPIs used to measure performance did not take account of cases involving young people with more complex needs. Mrs Tovey explained that involvement with any young person would normally be for a maximum of 12 weeks, but this could be adjusted to suit their needs; many needed a shorter and less intense involvement. The individual nature of the support given was a key part of the service and the provider would always be asked to be as flexible as possible;
- g) volunteer mentors would be recruited from among other professionals who were experienced at working with families, for example, Headstart, and were rigorously trained before taking on this specific role with the RSE service;
- h) asked if a similar service was available to boys and young men who had had similar experiences, Ms Jeffreys explained that girls had been identified as having a greater need for the service, both in terms of the incidence of the type of relationship it dealt with and the mental health difficulties which could arise from it. Dealing with teenage pregnancy was also an issue which boys did not face in the same way. She advised that there were similar programmes

available in Kent for young men but these were not commissioned by the County Council but by bodies such as Porchlight;

- i) asked for more detail of services for boys, and if boys tended to be more reluctant or ashamed to report sexual abuse, Mrs Tovey explained that, as part of Headstart, there was a programme for young men who had experienced domestic abuse. Ms Jeffreys added that a pilot programme in Thanet sought to identify and respond to boys experiencing abuse;
 - j) asked how referrals were usually received by Barnardo's, what signposting took place and if some young people were deterred from approaching the service, Mrs Tovey explained there was a range of ways in which a young person could refer themselves to the service online, for example, by using email or clicking on the website, and that they could choose to have a one-to-one meeting with a support worker wherever they felt comfortable, for example, at school, at a youth club or sports centre. She added that the uptake of the service across districts would be looked at when the extension to the contract came up for consideration, to check that access across the county was as even as possible; and
 - k) a comment was made that a young person's background and home situation - birth family, foster family, etc - would have a bearing on how abuse would be handled, and some young people without a supportive home set-up would be more vulnerable than others to experience and struggle to cope with abuse. Young people from different backgrounds would also learn from each other's experiences at school. Mrs Tovey advised that schools were aware of the risk factors to look out for, and would of course know pupils' home situations, and would know the referral process. Pupils who were not in mainstream school but attended a pupil referral unit, for example, would also have teachers who knew their situation and the process.
2. It was RESOLVED that the performance of the contract and the initial findings of a review of the service, which will inform a commissioning decision in March 2020, be noted.

85. Draft Capital Programme 2020-23 and Revenue Budget 2020-21
(Item 8)

Mrs J Blenkinsop, Finance Business Partner, and Mrs V Tovey, Senior Commissioning Manager, were in attendance for this item.

1. The Vice-Chairman advised the committee that the report had been published late and had therefore not been in the public domain for the statutory minimum of five clear working days. She asked the committee if it would consider the item as urgent business and this was AGREED.
2. Mrs Blenkinsop introduced the report and advised the committee that it had not been possible yet to identify a budget for the County Council's public health function as the public health grant for 2020/21 had not yet been announced.

3. The budget would need to take account of pay costs for staff employed by the NHS, currently estimated at £4.1m. As the public health grant for 2020/21 was expected to be £1.8m, this figure had been included as an assumption when drafting the budget. However, the grant itself had been cut year-on-year since 2015, with the cuts totalling 11% of its total. If the public health grant, when allocated, was less than expected, it might be necessary to identify savings to cover the £4.1m cost and avoid an overspend, and these savings could be approximately £2.8m. To identify areas in which these savings could be made, the County Council would seek to minimise the impact on service users and would need to look at services which were discretionary rather than statutory.

4. Mr Scott-Clark added that the NHS pay rise and pension costs which the County Council needed to cover were not new this year but were a familiar part of the budget. They related to staff employed by the NHS to deliver services commissioned by the NHS on behalf of the County Council. A total of 70% of the County Council public health budget was spent on services commissioned in this way.

5. In response to a question about savings and how these would affect staffing, Mr Scott-Clark explained that he would work with providers and would take appropriate steps to address any necessary staff cuts, while protecting front-line services. He assured Members, however, that he was not expecting any redundancies as there were currently shortages in staffing, for example, of health visitors. Once the budget was known, he would take steps to ensure that statutory duties were met and that services could break even.

6. It was RESOLVED that the draft capital and revenue budgets and Medium-Term Financial Plan, including responses to consultation and the estimate of the government's funding settlement, be noted.

There were no suggested changes to be made before the draft budget is presented to Cabinet on 27 January 2020 and full County Council on 13 February 2020.

86. Performance of Public Health-Commissioned Services *(Item 9)*

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

- a) asked how the rates for breastfeeding at 6 – 8 weeks compared to the rest of the UK and Europe, and if more could be done to increase this figure, Mrs Tovey advised that, although Kent was not the only area in the UK to struggle to meet targets for antenatal services, it did not compare well to other areas. Support to encourage breastfeeding was as flexible as possible but encouraging mothers to continue was an ongoing challenge. Mr Scott-Clark added that much work had been done with NHS partners on commissioning such services and to increase breastfeeding initiation as well as continuation, and that the new single clinical commissioning group would focus on these issues as an area of development. Mrs Tovey added that there were several methods of reaching mothers, including health visitors, Children's Centres and

the Midwifery service, and that the timing and tailoring of the message was important, to achieve the best engagement. The consistency of the message was also important; and

- b) asked about the facilities across the county which people could attend to access advice and support with healthy living, Mrs Tovey advised that they could engage in a number of ways, for example, at health centres, citizens advice bureaux, etc, and could access NHS Health Checks and public health campaign materials there. In West Kent, the services were delivered by district councils. The Ashford One You shop was a useful centre and worked well as a centrally-located, community hub, which local people had requested and used well. Mr Scott-Clark added that the One You service was provided by Healthy Living Centres in North Kent and Thanet, using local leisure centres, and although it was desired that more centres be established, it was difficult to identify and establish suitable premises.

- 2. It was RESOLVED that the performance of public health-commissioned services in quarter 2 of 2019/20 be noted.

87. Public Health Communications and Campaigns Update *(Item 10)*

Mrs G Smith, Campaigns and Communications Manager, was in attendance for this item.

- 1. Mr Scott-Clark and Mrs Smith introduced the report and emphasised that campaigns formed a large part of the public health workload. They then responded to comments and questions from the committee, including the following:-
 - a) it was pointed out that parish councils could be a useful ally in promoting health improvement campaigns to their local communities, and some of the online tools had been tried by local groups, with the encouragement of their local Member. People were more likely to engage with, and remember the information in, a campaign if there was a light-hearted, interactive or quiz element to it. Some media coverage of campaigns might not be seen and read by the intended audience. Mrs Smith welcomed this information and explained that the team tried to use as wide a range of media and formats as possible, with the aim of tailoring the approach to the target audience. Social media, spotify and Kent online were all used. For some people, a lighter approach would engage their interest sufficiently to draw them in, while others needed a harder-hitting message, but avoiding a 'nanny' tone. To reach parish councils, campaign information was being sent out via the Kent Association of Local Councils (KALC);
 - b) asked why the current campaigns did not include any mention of gambling addiction, Mr Scott-Clark explained that the current report was looking back at the activity and performance of campaigns which had been running for some years; new activity would appear in future reports;

- c) asked about the retention of personal and contact information of people taking part in online campaigns, and how such data was safeguarded, Mrs Smith explained that health and lifestyle questionnaires on any 'kent.gov' website did not record and retain any identifying data from those taking part. Mr Scott-Clark reassured Members that programmes which appeared to 'remember' a user on a subsequent visit did so by using cookies which allowed the user's computer and the County Council computer to 'speak to' each other electronically. This was the standard method of running any website and computer programme so was quite normal;
 - d) the 'Change 4 Life' programme had good local publicity and was welcomed as it included nutritional information and advice on healthy cooking, something which did not seem to be taught in schools now. Mrs Smith clarified that 'Change 4 Life' was a national campaign which had been adopted locally and had run successfully for many years. As PH England tended to refresh the programme each summer, Kent had opted to run its own local 'Change 4 Life' programme in January, using social media and signposting, to tie in with people making New Year's resolutions to get fit and live more healthily;
 - e) asked about the take-up rates of the flu vaccinations, Mr Scott-Clark *undertook to circulate this information to the committee after the meeting* and this was subsequently done;
 - f) there were local initiatives around the county which encouraged families to cook and eat healthily, for example, 'Summer Kitchen' in Thanet, which sought to feed children healthily over the summer holidays and reduce the use of sugar and salt, and 'Sheppey Matters' on the Isle of Sheppey. *Recipes used by the latter would also be shared with the committee;* and
 - g) the establishment of a working group to look at a campaign to improve air quality around school gates was welcomed.
2. It was RESOLVED that the progress and impact of public health campaigns in 2019/20 be welcomed and endorsed and the information about flu vaccinations and healthy eating recipes, referred to in paras e) and f) above, be circulated to the committee.

88. Update on the Prevention Workstream of the Sustainability and Transformation Plan
(Item 11)

Ms Jacqui Moore was in attendance for this item, with Dr Duggal.

1. Dr Duggal and Ms Moore introduced the report and highlighted the link between the development of the prevention workstream and the integrated care system. At a meeting on 13 January 2020, the Sustainability and Transformation Partnership had decided there would be an official sub-committee to look at workstream issues. Joint working on prevention included local authorities, the NHS and other partners, and it was hoped that an innovative approach could be developed. Mr Scott-Clark added that

Kent's prevention work had been highly commended, particularly its plan to reduce smoking in pregnancy and the role taken in this by midwives. Kent and Medway would be putting more resources into their Prevention work stream and would set up a co-ordinating board to support this work.

2. In response to a question about including gambling addiction among the prevention work stream, Mr Scott-Clark advised that this would come under the mental health rather than the prevention workstream. He *undertook to find out about any clinic offering support with gambling addiction and advise the questioner outside the meeting.* Another speaker added that addiction to online gambling was the fastest-growing area of concern among local parents in his 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.

89. Work Programme 2020/21
(Item 12)

It was RESOLVED that the committee's work planned programme for 2020/21 be agreed.