

**HEALTH REFORM AND PUBLIC HEALTH
CABINET COMMITTEE**

Tuesday, 14th January, 2020

10.00 am

**Council Chamber, Sessions House, County Hall,
Maidstone**



AGENDA

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Tuesday, 14 January 2020 at 10.00 am
Council Chamber, 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 (14)

- 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 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

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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 1 November 2019 (Pages 1 - 8)
To consider and approve the minutes as a correct record.

- 5 Meeting Dates for 2020/21
The committee is asked to note that the following dates have been reserved for its dates 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 County Hall, Maidstone.

- 6 Verbal updates by Cabinet Members and Director (Pages 9 - 10)

- 7 Contract Monitoring Report - Targeted Relationships and Sex Education (RSE) and Emotional Resilience Intervention for Girls and Young Women aged 10-16 (Pages 11 - 32)

- 8 Budget and Medium-Term Financial Plan – **TO FOLLOW**

- 9 Performance of Public Health Commissioned Services (Pages 33 - 38)

- 10 Public Health Communications and Campaigns Update (Pages 39 - 46)

- 11 Update on the Prevention Workstream of the Sustainability and Transformation Plan (Pages 47 - 78)

- 12 Work Programme 2020/21 (Pages 79 - 84)

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

Monday, 6 January 2020

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 in the Darent Room, Sessions House, County Hall, Maidstone on Friday, 1 November 2019.

PRESENT: Mr G Lymer (Chairman), Ms D Marsh (Vice-Chairman), Mr P Bartlett (Substitute for Mr D Butler), Mr R H Bird (Substitute for Mr D S Daley), Mr D L Brazier (Substitute for Mr A Cook), Mr I S Chittenden (Substitute for Mr S J G Koowaree), Miss E Dawson, Mrs L Game, Ms S Hamilton, Mr P J Messenger, Mr K Pugh 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) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS**69. Welcome**
(Item 1)

The Chairman introduced and welcomed to the meeting Sian Connelly and Pete Healey, who had recently started work in the Democratic Services team as Information Governance Graduates.

70. Apologies and Substitutes
(Item 2)

Apologies for absence had been received from Mr D Butler, Mr A Cook, Mr D Daley, Mr S J G Koowaree and Mr B H Lewis.

Mr P J Bartlett was present as a substitute for Mr D Butler, Mr D Brazier as a substitute for Mr A Cook, Mr R H Bird as a substitute for Mr D Daley and Mr I Chittenden as a substitute for Mr S J G Koowaree.

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

There were no declarations of interest.

72. Minutes of the meeting held on 24 September 2019
(Item 4)

It was RESOLVED that the minutes of the meeting held on 24 September 2019 are correctly recorded and they be signed by the Chairman. There were no matters arising.

73. Verbal updates by Cabinet Member and Director
(Item 5)

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

10 October 2019 – World Mental Health Day and Every Mind Matters – Every Mind Matters was the first national mental health campaign, with an online tool and a website set up by the NHS. The theme of the day had been suicide prevention and there were case studies and other information online. Sessions House had hosted a range of events and stalls for the day, including a community chef, who had demonstrated easy, healthy recipes using fresh produce. Kent's mental health campaign, Live Well Kent, was a local version of a national campaign and included Six Ways to Wellbeing on KNet and an online tool kit aimed at supporting early intervention for children and young people with mental health difficulties.

30 October 2019 – Visit to Addaction (Young Person's Drug & Alcohol service) – this visit had been enlightening and included an opportunity to meet front-line staff working with vulnerable young people. The service worked with schools and families and also offered one-to-one counselling. Mrs Bell said she had been impressed by the awareness of and sensitivity shown to individuals' circumstances.

Deputy Cabinet Member's 'Flu Jab – this had been featured on social media as a reminder to others to book their 'flu jab before winter set in.

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

National Award for Suicide Prevention Work – he thanked Public Health colleagues - Jess Mookherjee, Tim Woodhouse, Hollie Brennan and Megan Abbott - who had put so much work into suicide prevention initiatives. The liaison between this team and NHS partners had shown an excellent example of joint working.

Clinical Commissioning Group (CCG) merger approval – since the committee's last meeting, the application for a single CCG had been submitted to and approved by NHS England. The next step would be to appoint an accountable officer in time for the new CCG to start on 2 April 2020. Dealing with one CCG rather than seven would make liaison and joint working much easier.

Gambling update – he had highlighted the impact of problem gambling at a recent meeting of the Association of Directors of Public Health, which had in turn included it in its response to the Government green paper on Prevention. Work by Public Health England was ongoing to highlight and acknowledge gambling addiction as a mental health concern.

30 October – London and South East Conference on Smoking in Pregnancy - at this event, Debbie Smith from the Public Health team and the Kent Community Health NHS Foundation Trust (KCHFT) colleagues had spoken about

the campaign work going on in Kent to reduce smoking in pregnancy, and he recorded his thanks to both of them.

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

74. Contract Monitoring Report - Young Persons' Drug and Alcohol Service
(Item 6)

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

1. Mrs Tovey introduced the report and referred to the recent visit to the Addaction service by the Cabinet Member, which had shown the commitment of staff to helping young people struggling with drug and alcohol issues. The performance of Kent's service had exceeded all targets and compared very well with the national average treatment rates. Mrs Tovey and Mr Scott-Clark responded to comments and questions from the committee, including the following:-

- a) asked about the low number of young people who reportedly 'had used' drugs, and what was meant by this term, Mrs Tovey advised that the relatively low figure quoted was taken from responses to a survey, so it was important to consider how honest young people may have been when responding. Mr Scott-Clark added that it was more helpful to look at trends rather than spot figures, and trends showed that use of all addictive substances was reducing;
- b) asked if a larger number of 'moderate' users could be concealing a core of heavy users, and if use of 'legal highs' was covered by the service, Mrs Tovey advised that the service covered use of all addictive substances, including legal highs;
- c) asked about the work of the Probation and Youth Justice services in identifying and addressing use of drugs and alcohol, Mrs Tovey advised that, at the time of arrest, the Youth Justice service, would assess a young person's usage of drugs and alcohol in order to best support them during custody. This approach achieved good outcomes, partly because young people entering the Youth Justice system were given no option but to engage with treatment programmes as part of their sentence. Mrs Tovey advised that the service did not operate in prisons;
- d) asked about the value for money represented by the County Council's investment in the service, Mrs Tovey explained that many of the young people who engaged with the service needed only minimal, short-term support rather than anything longer term. The service reached young people very effectively via schools, using the 'Risk It' programme, which offered good engagement. Addaction also sent staff to festivals and other events to strengthen their front-line engagement. This range of measures ensured that the service achieved the best value for money from the funding available;

- e) asked about the training available to professionals delivering the service, Mrs Tovey explained that the team was made up of professionals with mental health and social work backgrounds as well as students and volunteers, offering a good mix of skills;
- f) asked about the detail of the referral process for young people, Mrs Tovey explained that a young person would be contacted and invited to meet a worker for one-to-one support, including the use of a workbook, 'my journey', and a plan for a safe exit from their current usage;
- g) asked how the service would engage with young people who definitely did not want to engage and had no interest in using a workbook or the other methods on offer, Mrs Tovey said these young people could be contacted via schools to take part initially in group sessions to build up trust and confidence in the service before trying any more personalised approach, with the ultimate aim of engaging successfully with the young person, however long that might take. Mr Scott-Clark added that the support offered aimed at changing behaviours. *He offered to arrange a visit to the service for any Members who wished it, and this was subsequently arranged;*
- h) the Chairman pointed out the range and complexities of behaviour which could go on in the background of, and could support, the use of drugs and alcohol, including petty crime to raise money;
- i) the case studies included in the report were welcomed, and Mrs Tovey was asked how the service linked to the Children and Young People's Mental Health Service (formerly CAMHS). Mrs Tovey explained that the latter could be accessed via an multi-disciplinary team case conference or via a referral from a School Health team. Addaction could help a young person to access cognitive behavioural therapy (CBT);
- j) asked about the geographical reach of the service, Mrs Tovey explained that it was county-wide and could also be accessed via text and online. Meetings with a worker could take place wherever a young person most felt comfortable to meet, for example, at a youth club or school, and the service aimed to be as accessible and responsive as possible to a young person's wishes and needs. The approach and materials used could be adapted to suit the age of the young person;
- k) asked about the reliability of statistics for rates of re-offending, Mrs Tovey explained that statistics should be reliable. Low rates of re-offending were due to the planned and managed way in which young people moved out of being supported by the service, with realistic goals being set for their future behaviour;
- l) asked how prisons could build on the work of the Youth Justice system and Young Offending Institutions, Mrs Tovey advised that this could

include work on adverse childhood experiences (ACEs) *and undertook to look into this and advise the speaker outside the meeting;* and

m) asked how young people could come into the service if they were addicted to substances but were not apprehended through any involvement in crime, Mrs Tovey advised that they could self-refer, be referred by their parents or a guardian or by a GP. The service was well advertised in schools and youth clubs but advertising would be monitored to make sure it was robust. Training of a wider workforce would help social workers, teachers, etc, to understand the service and make referrals into it.

2. It was RESOLVED that the commissioning and provision of a Young Persons' Drug and Alcohol Service in Kent, the contractual performance to date and work to deliver continuous improvement be noted and welcomed.

75. Public Health Quality Annual Report 2018 - 2019
(Item 7)

1. Dr Duggal introduced the report and Mr Scott-Clark emphasised the importance of achieving quality in service commissioning. He reminded the committee that the Kent Community Health NHS Foundation Trust were among the few providers in the UK who had won an award for the outstanding services they delivered, particularly in the field of sexual health. The monitoring carried out by the committee supported and prepared the county's services for the Care Quality Commission process.
2. It was RESOLVED that the Public Health Quality Annual Report 2018-2019 be welcomed and endorsed.

76. Strategic Delivery Plan monitoring: Quarter 2, 2019/20
(Item 8)

Mr D Whittle, Director of Strategy, Policy, Relationships and Corporate Assurance, and Ms S Ryan, Business Planning Officer, were in attendance for this item

1. Mr Whittle introduced the report, which was the first such to be submitted to a Cabinet Committee for consideration and comment and reminded Members that the Strategic Delivery Plan had replaced the Business Plan model in 2018. Members were being asked to give feedback on the style and content of the report so these could be adjusted for future occasions. It was envisaged also that the content of the Strategic Delivery Plan would help to inform Cabinet Committees' future work planning. Mr Whittle responded to comments and questions from the committee, including the following:-

- a) the co-ordination of voluntary sector grants was being reviewed, and adult social care and public health grants would form part of the new Wellbeing offer;

- b) asked what feedback had been received from voluntary organisations about the impact of this upon them, Mr Whittle *undertook to look into this and advise the speaker outside the meeting, and this was subsequently done;*
 - c) the Cabinet Member for Adult Social Care and Health, Mrs C Bell, emphasised the importance of helping voluntary organisations to understand the situation around grant funding; and
 - d) asked if the County Council was able to recover the financial costs of caring for unaccompanied asylum seeking children (UASC), or if this had to be written off, Mr Whittle advised that this was an issue for the Leader of the Council and the S151 Officer to negotiate with the Home Office. The County Council had long been in negotiations with the Home Office about securing sufficient funding for its UASC population, which was the second largest of any local authority in the country.
2. It was RESOLVED that the Strategic Delivery Plan monitoring arrangements and the analysis from Quarter 2 2019/20 Public Health-related activity submissions be noted.

77. Update on Kent County Council Approach to Making Every Contact Count and a report on the outcomes of MECC training
(Item 9)

1. Dr Duggal introduced the report and, with Mr Scott-Clark, responded to comments and questions from the committee, including the following:-
- a) asked about training available on Making Every Contact Count (MECC), and who could access it, including elected Members, Dr Duggal advised that training was advertised widely and included Country Council staff groups;
 - b) asked about the background to the training and if it used similar methods to those use to training salespeople, *Dr Duggal undertook to look into this and advise the questioner outside the meeting.* She added that using sales training was a good idea as it increased confidence. Training for Tier 1 professionals was available online and was used to train Public Health Champions, while that for Tiers 2 and 3 would build on and extend this. Funding for Tiers 2 and 3 was provided using money from Health Education England;
 - c) asked how local Members should handle information given to them by local people requesting help, and how best to direct such a request, Mr Scott-Clark pointed out that research had shown that having even a brief conversation with a local person whom they trust, for example, their local elected Member, could be a help to some people in distress. The aim was to ensure that people seeking support were able to start conversations and seek support as easily as possible. Health and

social care professionals across a number of disciplines received MECC training, which meant that the approach taken once a person had been referred would be consistent. Dr Duggal added that, in this sense, MECC was a useful adjunct to existing pathways; and

- d) concern was expressed that services for people with mental health issues might not be able to cope with an increased volume of referrals arising from joint working. Mr Scott-Clark advised that no evaluation of the impact had yet been possible but would be undertaken in the near future as part of a broad evaluation of a range of services.
2. 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 be welcomed.

78. Work Programme 2020
(Item 10)

1. It was suggested that the planned update on the development of the Kent Medical School include an invitation to other Members, for example the Health Overview and Scrutiny Committee, to avoid duplication. The invitation was subsequently extended to all elected Members.
2. It was RESOLVED that:-
 - a) the Cabinet Committee's planned work programme for 2020 onwards be agreed; and
 - b) all elected Members be invited to a briefing about the Kent Medical School. *This was subsequently arranged for the afternoon of 14 January 2020, following the Cabinet Committee's next meeting, and all elected Members invited.*

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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 –
14 January 2020

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:

1. Forthcoming visits
2. Kent & Medway Joint Health & Wellbeing Board – update
3. Public Health Campaigns

Director of Public Health – Mr A Scott-Clark:

1. Appointment of new Clinical Commissioning Group Accountable Officer
2. Update on Public Health Budget for 2020/2021.

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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: 14th January 2020

Subject: Contract Monitoring Report – Targeted Relationships and Sex Education (RSE) and Emotional Resilience Intervention for Girls and Young Women aged 10-16

Classification: Unrestricted

Previous Pathway: None

Future Pathway: None

Electoral Division: All

Summary:

This paper provides an overview of the contract for 'Targeted Relationships, Sex Education and Emotional Resilience for Girls and Young Women aged 10-16 years old'. The service is called BeFree is provided by Barnardo Services Ltd. It has an annual value of £195,000. The contract is for two years with an option to extend for a further 2 year period in 12 month increments.

The service delivers a Relationship and Sex Education (RSE) and emotional resilience-based intervention to around 250 young people each year, enabling them to make informed choices about the emotional and physical relationships they have and the confidence and emotional resilience to enact those choices.

The service has been operating for a year and this paper provides an overview of performance in the first year. The service has performed well and met or exceeded the majority of targets. The initial contract term ends on the 31 September 2020 and the service is currently being reviewed to inform future commissioning decisions.

Recommendation:

The Health Reform Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the performance of the contract and the initial findings of a review of the service that will inform a commissioning decision in March 2020.

1. Introduction

1.1. Kent County Council (KCC) commission a Targeted Relationships and Sex Education (RSE) and Emotional Resilience Intervention for Girls and Young Women aged 10 to 16 which is funded by the Public Health Grant. The service was initially commissioned

in September 2012 and recognised the need to work with vulnerable young girls who were at risk of becoming young parents, experiencing early sexualisation, sexual exploitation, entering into coercive relationships or domestic abuse.

- 1.2. On 1st October 2018, following a competitive procurement and period of mobilisation, a new contract commenced with Barnardo Service Ltd. This contract was for 2 years with an option to extend for one year and then a further year.
- 1.3. This contract monitoring paper focuses on the service provided during the first year of the contract and provides the purpose, performance, outcomes, value for money and strategic direction of the service.

2. Why invest?

- 2.1. The service is part of KCC's prevention and early intervention offer supporting children who have been exposed to Adverse Childhood Experiences (ACEs) such as sexual exploitation, coercive and abusive relationships and familial domestic abuse. The draft Kent and Medway Domestic Abuse Strategy 2019-2022 reports that nearly 2 millionⁱ people a year in England and Wales experience domestic abuse.ⁱⁱ
- 2.2. There is growing evidence linking ACEs to poor outcomes, extending well into adulthood and impacting on mental health and social wellbeing¹. Domestic abuse, for example, impacts upon future generation's attitude towards relationships, parenting, self-esteem and mental health. Children who are exposed to adversity and are traumatised can find it difficult to learn, RSE that is taught in schools may not address the more complex and abusive experience of relationships experienced by these girls and young women.
- 2.3. The service delivers a psychoeducation intervention and builds resilience and self-efficacy in those at greater risk. Using resilience promoting, trauma informed and cognitive behavioural therapy (CBT) techniques, the girls and young women are able to build their understanding of relationships and sex and build their confidence in putting that understanding into practice.
- 2.4. Building relationships with these young women, and giving them permission to talk about their experiences, has led to the disclosure of sexual exploitation, self-harm, historic domestic abuse and cohesive familial and peer relationships.
- 2.5. There has been renewed focus nationally on Relationship and Sex Education (RSE) for children. RSE for secondary pupils is statutory from September 2020.
- 2.6. There is not a statutory duty to provide the service, but investment supports the PHE Framework for Teenage Pregnancy, NICE guidelines PH51 (Appendix 1) and contributes to achieving KCC's strategic vision to ensure that children and young people in Kent get the best start in life. (Appendix 2).

ⁱ Office for National Statistics (2018) 'Domestic Abuse in England and Wales: year ending March 2018' available at <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2018>

ⁱⁱ This figure excludes children witnessing abuse

3. What does the service provide?

- 3.1. The service delivers a RSE and emotional resilience-based intervention. This intervention ensures young people have access to relationships and sex education, which enables them to make informed choices about the emotional and physical relationships they have, and the confidence and emotional resilience to enact those choices. The service has a target to provide support to a minimum of 250 young people each year in Kent. Approximately 75% of interventions are undertaken on an individual basis and approximately 25% are undertaken as a group.
- 3.2. Referrals are made via a single point of access with a dedicated telephone line and service email address. Following a holistic assessment and triage the young person and their assigned project worker jointly develop a strengths-based and outcome focused personalised support plan. The plan includes a structured method of intervention (Appendix 3) for up to 12 weeks including:
 - **Family work**, which focuses on developing parent/carer empathy and an understanding of drivers behind the young person's presenting behaviours. The Project Worker encourages positive young person/parent/carer relationships to enable parent/carers to support objectives in the young person's plan and provide appropriate care, guidance and safety
 - **Individual psychoeducational life skills sessions** that include **psycho-therapeutic elements** utilising CBT, a domains based approach (see Appendix 4) and strategies to help the young person understand the relationship between their thoughts, feelings, behaviours, and to develop positive coping strategies. Sessions introduce awareness of abusive behaviour, sexual health and contraception, informed consent, Child Sexual Exploitation (CSE) and keeping safe in the community and online.
 - **Group-based psychoeducational life skills sessions** focus on topics including; self-esteem, anxiety management, positive communication skills, developing healthy relationships, CSE awareness, sexual health and recognising coercive/abusive relationships. Approximately 25% of interventions are undertaken on an individual basis.
- 3.3. Sessions take place wherever the young person feels most comfortable. This is largely at school and sessions are delivered during school hours. Sessions are also held in local communities, for example at a Children's Centre or Youth Hub as appropriate. The Project Worker assertively outreaches to the young person; not giving up if they are "hard to engage", as this is often associated with increased vulnerability.
- 3.4. Post intervention, the service offers a telephone mentor for 2 supportive sessions, however these are not always taken up by young people. An ongoing support plan is also put in place which details outcomes, any unmet needs, ongoing actions, onward referrals/signposts e.g. METRO for sexual health and Addaction for substance misuse and any ongoing support from the service. Parents, carers and young people are also signposted to the HeadStart Kent Resilience Hub and Kooth online counselling services.

4. Who is the service for?

4.1. The service is aimed at 10-16-year-old young females and young people who present as trans or gender variantⁱ living in Kent in line with identified needs. However, with agreement from KCC on an individual basis, other ages may be accepted where there is a clearly identified need and the intervention is deemed appropriate.

4.2. These individuals will have been exposed to adversities in their lives (ACEs). Without trauma informed RSE intervention these young people will be at significantly increased risk of:

- Early sexual activity
- Conceiving under the age of 16
- Conceiving under the age of 18
- Sexually Transmitted Infections (STIs)
- Mental health conditions
- Disengagement from education and training
- Low self-esteem
- Risk taking behaviours including substance misuse
- Forming inappropriate or abusive relationships
- Becoming engaged in the criminal justice system
- Becoming a Child in Care

5. How is it delivered in Kent?

5.1. A competitive procurement process was undertaken in Summer 2018. The tender opportunity was published in two lots, one for East Kent and one for West Kent. This was to support local VCS and funding in line with need. A contract for both lots was awarded to Barnardo Services Ltd. Barnardo's is a Charity with a wealth of expertise in this area and on a journey towards becoming a fully trauma informed and trauma responsive organisationⁱⁱ.

5.2. The contract runs from 1st October 2018 to 31st September 2020. There is the potential for the contract to be extended for a further 2 year period in 12 month increments. Commissioners are currently reviewing the service, as part of the commissioning cycle, to inform future timely commissioning decisions.

5.3. The workforce includes clinical psychologists, level 4 qualified project workers and volunteers (university psychology students). Staff are allocated to geographical areas.

5.4. As part of the wider pathway the team work closely with, and receive referrals from:

- Single Point of Access for emotional and mental health

ⁱ Trans young people are disproportionately affected by depression, anxiety, self-harm and suicidality; their mental health is significantly undermined by transphobic victimisation, METRO 2016 'Life Chances' <https://www.metrocentreonline.org/research>

ⁱⁱ <https://www.barnardos.org.uk/news/barnardos-embarks-charity-wide-training-project-all-staff>

- Specialist Mental Health Services
- Integrated Children's Services (including Open Access and HeadStart Kent)
- Providers of adult Domestic Abuse services
- Schools
- Health professionals and GPs
- Self-referral

6. What does good look like and how is the service performing?

6.1. The Service performance is monitored by the Public Health Commissioning Team to ensure that it delivers against the expected outcomes and quality standards. The key performance indicators, activity metrics and quality indicators include user satisfaction rates, number accessing the service, wait times, outcomes (as expressed by the young person) and ongoing support. More information relating to these is set out below and provided in Appendix 5 and 6.

6.2. **Service user experience:** has remained at a consistently high level with an average positive feedback of 89%, which exceeds the target of 85%. The service also collects regular feedback in the form of case studies (Appendix 6) and uses learning to improve service.

6.3. **Access to service:** 284 young people were referred to the service within the first year of the contract. Reasons for referral are provided in Appendix 5 and approximately 53% of these young people were already known to Integrated Children's Services (ICS), including approximately 11% who were Children in Care. 100% of referrals were contacted within 48 hours upon receipt of referral, as per the contractual target. There was an average wait of 5 weeks between the referral and an intervention commencing, which is lower than the target of 6 weeks.

6.4. **Activity:** Barnardo's proactively promote the service in a variety of settings, including attending team meetings for Early Help and Social Care, school pastoral teams, domestic abuse forums and multi-agency meetings. In the first year of the contract performance was slightly below the target of 250 participants and the service worked with 240 girls and young women. The service was in a transition period for the first few months of the contract following a short mobilisation timeframe over the summer holidays. The service is on track to deliver to at least 250 participants this year (between September 2019 and August 2020) and works with an average of 24 participants a month. Notably, referrals from ICS are continuing to increase.

6.5. **Meet individual outcomes (as expressed by the young person):** 97% of young people completed the intervention successfully. Where an intervention was not fully completed it was because the young person felt that they no longer required support. The service takes a flexible but structured approach so that interventions, including the number of sessions, can be individualised.

6.6. **Improved ongoing support:** The service introduced individualised co-produced ongoing support plans in July 2019. Since introduction, 82% of young people completing an intervention have decided to develop a plan. All service users completing an intervention are signposted to the Kent Resilience Hub and referred to other support

services as appropriate. On average 1 referral a month is made to the Integrated Children’s Services Front Door.

6.7 **Longer term impact:** It is challenging to measure the long-term impact of early intervention services such as BeFree. This is due to a range of confounding factors and the time limited nature of the service. Commissioners are working with the provider to increase the number of participants providing post intervention feedback at 6 and 12 months to better access longer term outcomes.

7. How much does it cost?

7.1. The total contract value is £385,197 (October 2018 – September 2020) with a potential further £386,122 should the two years contract extension be utilised. Needs analysis identified a greater demand in East Kent and therefore funding has been proportioned in line with service usage targets as follows;

	Year 1 (October 2018 – 31 st September 2019)	Year 2 (October 2019 – 31 st September 2020)	Year 3 (October 2020 – 31 st September 2021)	Year 4 (October 2021 – 31 st September 2022)
West Kent	£ 85,800.00	£ 83,686.68	£ 84,524.00	£ 85,369.68
East Kent	£ 109,200.00	£ 106,510.32	£ 107,576.00	£ 108,652.32
Total	£ 195,000.00	£ 190,197.00	£ 192,100.00	£ 194,022.00

8. Risk and Service Improvement

8.1. Risks are monitored using a shared risk register with the service. Key risks for the service include increased demand impacting wait times, challenges engaging other key services to ensure timely and appropriate referrals and engaging young people who are not in education and are therefore potentially at greater risk. A number of mitigating actions are in place to address risks.

8.2. Commissioners are currently reviewing the service, as part of the commissioning cycle, to inform future timely commissioning decisions. Initial findings from the review include;

- The service is performing well. The service currently works with girls and young women who are at greater risk of experiencing ACEs such as sexual abuse and coercive relationships, which impact on their future relationships, their sexual and mental health.
- A different approach is required for those not in education or who have a reduced timetable.
- Demand for services continues to increase, notably from Integrated Children’s Services (ICS).
- Schools appear to be under pressure to identify support for young people and sometimes refer to the service inappropriately.
- The service should continue to engage with partners from whom they have not received any referrals including GP’s and the Police.
- There is an opportunity to increase delivery in the community, in line with a young person’s wishes.
- Service targets (KPIs) do not take account for complexity of needs.

- Volunteer mentors are increasing but there are not currently enough.
- There may be opportunities to align access to the service with the Single Point of Access for emotional and mental health.

9. Conclusions

9.1. The Kent Targeted Relationships and Sex Education and Emotional Resilience Intervention delivers a RSE and emotional resilience-based intervention to a minimum of 250 young people each year, enabling them to make informed choices about the emotional and physical relationships they have and develop the confidence and emotional resilience to enact those choices.

9.2. In the first year of the Contract the service has performed well and met or exceeded the majority of targets. The service continues to improve its ongoing support offer for the young people through the recruitment, training and supervision of volunteer mentors.

9.3. The Contract ends on the 31 September 2020. A service review is currently being undertaken to inform future commissioning decisions. Initial findings have identified a number of potential opportunities for the service.

10. Recommendations

10.1. The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the performance of the contract and the initial findings of a review of the service that will inform a commissioning decision in March 2020.

11. **Background documents:** none

12. Contact Details

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APPENDIX 1 – Additional investment information and evidence base

Guidance:

The PHE Framework for Teenage Pregnancy Framework and NICE guidelines are clear in the need for targeted SRE .

‘Young people identified at risk should receive additional targeted prevention. The strongest associated risk factors for pregnancy before 18 are free school meals eligibility, persistent school absence by Year 9 and slower than expected progress between key stages 2 and 3. Young women who are looked after are 3 times more likely to be a parent by 18. Teenage pregnancy risk can be associated with a range of individual vulnerabilities and prevalence is often concentrated geographically in more deprived areas.’

NICE guidance PH51 recommends targeted work in tailoring services to reach socially disadvantaged young people. Outreach is a key component to engage young people at risk who may be unable or unwilling to access services.

Adverse Childhood Experiences impact on childhood development and future mental and physical health. Experiencing 4 or more ACEs can result in being 5 times more likely to have had sex under 16 and 16 times more likely to have been pregnant (or got someone accidentally pregnant) under 18’

<https://www.gov.uk/government/publications/teenage-pregnancy-prevention-framework> .

Evidence:

Sexual Abuse - 17.8% of girls and 5.1% of boys as having experienced contact sexual abuse. The % of girls exposed to sexual abuse increases to 31% in 18-24 year olds (NSPCC, 2001).

Domestic Abuse - Women are twice as likely as men to experience and report domestic abuse (Crime Survey for England , 2019)

Mental Health - Self-harm is increasing and is more prevalent in young women. 33% of girls, compared to 11% of boys report that they have ever self-harmed (PHE, 2017).

Although there has been a small increase in the prevalence of mental ill health amongst children and young people since 2005, this belies an increase in emotional health conditions predominantly in young women (NHSD, 2018).

Young women (16-25) have also been identified as a high risk group for mental health displaying significantly higher symptoms of PTSD and exposure to trauma than young men’ (Humphreys K., 2014)

Exposure to trauma in adolescence is associated with increased risk of developing anxiety-related disorders and are more likely to show a pattern of risky sexual

behaviours. An increase in risk-taking behaviors is seen in adolescents following trauma (Eckes A and Radunovich H, 2007)

Teenage Conception - Despite rates of conception in under 18's falling nationally (to 17.8% per 1000 in 2017) and in Kent (to 16.1 per 1000 in 2017), there is variation at district level. For example, the rate in Thanet is over 60% higher than the England average. Teenage Conceptions are greatest amongst those girls who have been exposed to multiple adversity.

APPENDIX 2 – Strategic Outcomes:

KCC Strategic Statement:

Aims to ensure “Children and young people in Kent get the best start in life”. This includes;

- We keep vulnerable families out of crisis and more children and young people out of KCC care
- Kent communities are resilient and provide strong and safe environments to successfully raise children and young people
- Children and Young People have better physical and mental health

Further information can be found at

https://www.kent.gov.uk/_data/assets/pdf_file/0005/29786/Kent-County-Council-Strategic-Statement.pdf

Kent Children and Young People’s Framework:

Aims to ensure Children and young people have good physical, mental and emotional health. This includes

- Children and young people have good physical, mental and emotional health.
- Children and young people grow up in safe families and communities

Further information can be found at

<https://www.kent.gov.uk/about-the-council/strategies-and-policies/childrens-social-work-and-families-policies/working-together-to-improve-outcomes>

Kent Joint Health and Wellbeing Strategy:

Aims to ensure the Local Authority works in partnership with others to improve the health needs of the local population and reduce health inequalities. This includes

- Every child has the best start in life:
- Tackle gaps in provision
- Transform services to improve outcomes, patient experience and value for money

<https://www.kent.gov.uk/about-the-council/strategies-and-policies/health-policies/joint-health-and-wellbeing-strategy>

Kent Teenage Pregnancy Strategy 2015-2020

<https://democracy.kent.gov.uk/documents/s60081/Teenage%20pregnancy%20strategy%20v2.pdf>

Kent and Medway Domestic Abuse Strategy 2016 – 2020

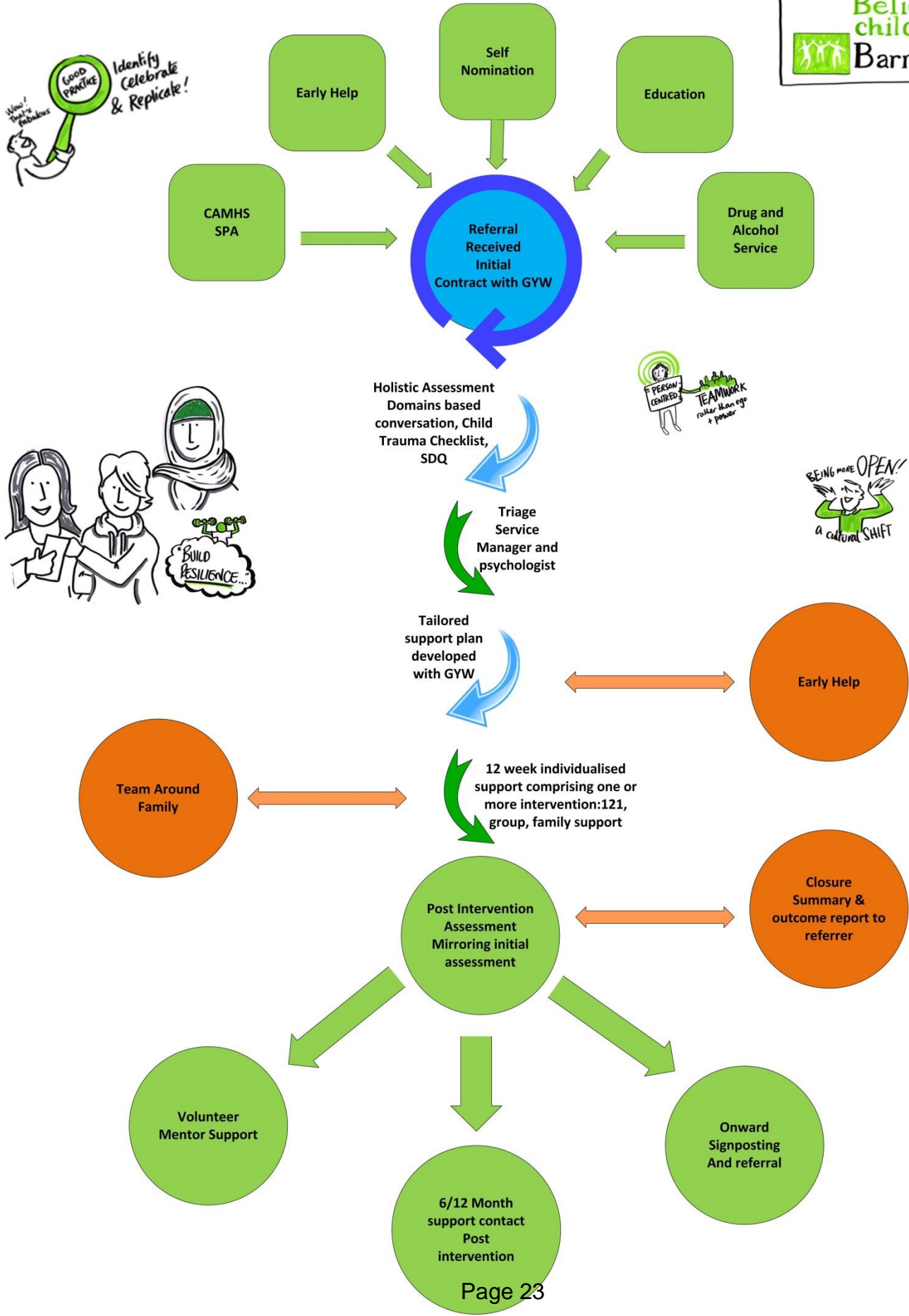
<https://democracy.kent.gov.uk/documents/s60081/Teenage%20pregnancy%20strategy%20v2.pdf>

Kent’s Local Transformation Plan for Children, Young People and Young Adult’s Emotional Wellbeing and Mental Health

<https://www.kent.gov.uk/about-the-council/strategies-and-policies/health-policies/transforming-health-and-social-care-in-kent-and-medway>

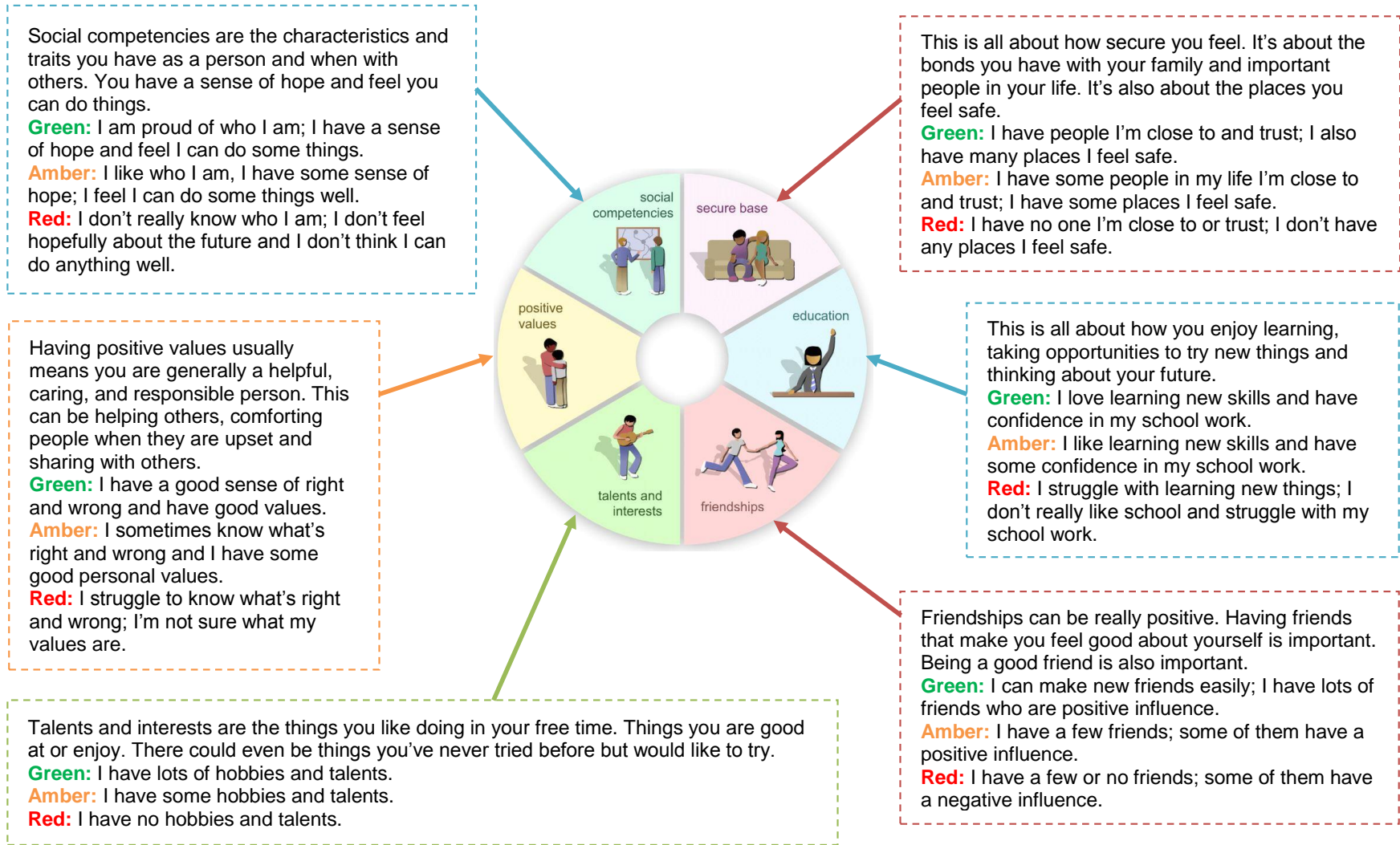
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APPENDIX 3 – Illustration of Intervention Structure



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APPENDIX 4 – Domains- based Approach



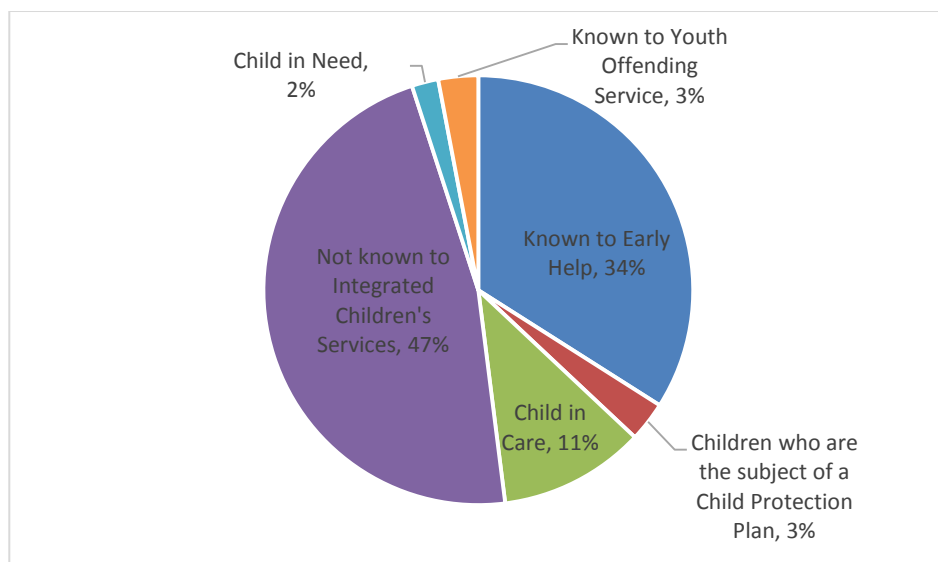
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APPENDIX 5 – Additional Performance Information

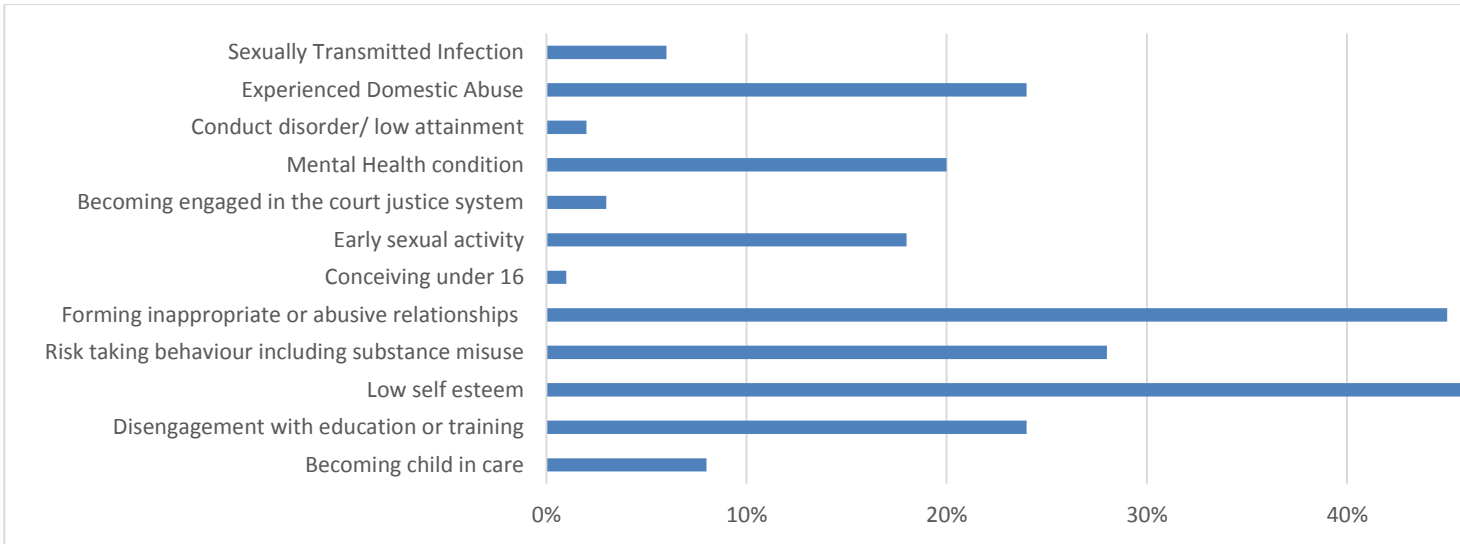
Completed interventions by district and area (1st October 2018 – 30th September 2019)

	Barnardos (BeFree) Service - Number accessing service by District											
				West Kent			East Kent					
	Tunbridge Wells	Tonbridge & Malling	Maidstone	Dartford	Gravesham	Sevenoaks	Folkestone & Hythe	Dover	Thanet	Swale	Ashford	Canterbury
Target	110						140					
Q3 18/19	Transition period						14			Transition period		
Q4 18/19	9	13	8	16	≤5	≤5	≤5	17	≤5	12	23	21
Q1 19/20	≤5	11	≤5	≤5	≤5	≤5	≤5	15	10	≤5	7	≤5
Q2 19/20	≤5	≤5	≤5	≤5	≤5	≤5	7	8	≤5	≤5	≤5	≤5
	86						154					

The proportion of service users known and unknown to Integrated Children's Services (1st October 2018 – 30th June 2019)



Reason for referral (1st July 2019 – 30th September 2019)



Please note more than one referral reasons is often stated on a referral form. This accounts for a total greater than 100%.

APPENDIX 6 – Case Study

Case Study– Individual Work

(All the names of those involved in the Case Studies have been changed to ensure their anonymity)

Danielle (not her real name) is 14 years old and lives in the Tonbridge and Mailing district. Danielle was referred by Early Help, who were supporting the family at the time. Danielle's birth mother was involved in multiple abusive relationships. Danielle now lives with her adoptive parents but struggles to understand relationships, which has led to her putting herself in danger online. Danielle has also been diagnosed with Autism, which can affect her understanding of safety.

Danielle completed the 'How Am I?' and 'Strengths and Difficulties' questionnaires and the HeadStart resilience conversation at the start of our sessions and was open to talking about relationships and her own experiences and feelings.

Healthy/unhealthy relationships: The BeFree project delivered sessions on relationships where Danielle was able to explore what love is to her and what love is not. Danielle was able to relay very clearly what was important to her and what she felt was positive and what could be negative in a relationship. The 'Love Statements' exercise was used as a basis for discussions and to go into further detail about relationships and situations that could be harmful or a warning sign to an unhealthy relationship.

Due to Danielle's autism she could be very literal with her understanding but when breaking down words and information she was able to demonstrate a good understanding by answering questions about healthy and unhealthy relationships.

Sexual health and consent: In the 'How Am I?' questionnaire, Danielle initially rated herself at a 4 on sexual health and consent and had progressed to a 2 by the end of the programme. In this session we explored sexual health and the reproductive organs, in which Danielle responded well to practical activities. During this session we also discussed STIs, contraception and sexual health clinics and I provided information for Danielle and her parents for when she needs it as she is not currently sexually active. In this session we also explored consent and the law and Danielle was able to answer correctly to questions about consent and age. Danielle did well to correctly identify risks and assess whether she felt consent was given.

Self-esteem: Danielle initially rated herself a 4 in the 'How Am I?' questionnaire and had progressed to a 2 by the end of the programme. It had been reported by Danielle's parents and herself that she could sometimes feel overwhelmed and low and found it hard to express her feelings. I recommended Danielle a self-esteem journal in the hope that she could begin to think positively and express herself and her emotions.

It was decided during my first home visit that Danielle's parents would start a folder of the worksheets and information delivered in the BeFree programme to go over

with Danielle at home. Danielle's parents reported to me that this was working well and having a positive effect on Danielle and her relationship with them.

In the session, Danielle discussed aspirations for her future and what she planned to do when she left school. We also spent time exploring what was going well for her at that time.

Danielle engaged well in the program and attended all her sessions during both term time and the summer holidays. Danielle's parents have provided feedback on how useful they have found the sessions for Danielle and engaged well in the parental session provided.

APPENDIX 7

Service User Feedback based on evaluation forms

		Percentage (%) of service users		
		Average		
		Yes	No	Not Sure
Q1	Being part of this programme has helped me gain more self-confidence and has shown me how to improve self-esteem	78%	2%	20%
Q2	Being part of this programme has allowed me to think of my future and what I want to achieve	76%	2%	22%
Q3	From the programme I have learnt more around the issues of unhealthy and abusive relationships	95%	1%	4%
Q4	Doing the programme I have learnt more about risks and how I can be safer when out	96%	0%	4%
Q5	I understand issues around consent and what the law says	94%	1%	5%
Q6	I have a deeper understanding around sexual health	92%	3%	5%
Q7	I know where to access contraceptive help and advice	89%	0%	11%
Q8	I feel I have been listened to by Barnardo's staff	95%	1%	4%

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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: 14 January 2020

Subject: Performance of Public Health commissioned services

Classification: Unrestricted

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

Future Pathway: None

Electoral Division: All

Summary:

This report provides an overview of the key performance indicators (KPIs) for Public Health commissioned services. Thirteen of the fifteen KPIs were RAG rated Green in the latest available quarter, one was Amber and one was Red.

The Red KPI is a continuing measure performing below the floor standard and is the number of antenatal contacts made by the Health Visiting service. All other Health Visitor contacts/checks have delivered to target levels.

Delivery of NHS Health Checks, sexual health services, the Live Well Kent service and the substance misuse services have all delivered at or above target levels.

Recommendation:

The Health Reform and Public Health Cabinet Committee is asked to NOTE the performance of Public Health commissioned services in Q2 2019/20.

1. Introduction.

- 1.1 A core function of the Cabinet Committee is to review the performance of services which fall within its remit.
- 1.2 This report provides an overview of the key performance indicators (KPIs) for the public health services that are commissioned by Kent County Council (KCC) and includes the KPIs presented to Cabinet via the KCC Quarterly Performance Report (QPR). Appendix 1 contains the full table of KPIs and performance over the previous 5 quarters.

2.0 Overview of Performance

2.1 Of the fifteen targeted KPIs for Public Health commissioned services thirteen achieved target (Green), one was below target but achieved the floor standard (Amber), and one did not achieve the floor standard (Red). This KPI relates to delivery of the antenatal visits by the Health Visiting Service.

2.2 Health Visiting

Delivery of the face-to-face antenatal contact continues to prove challenging for the provider, with a small increase in the number of visits delivered in the three months to September counteracted by an increase in the number expected to have received one. Families who are not prioritised for a face to face contact receive an introductory letter from the service.

2.3 Recruitment and retention of staff remain a priority; a new social media recruitment campaign is promoting the opportunities within the Kent Health Visiting Team and the benefits of working in Kent, specifically Swale, and the service are continuing to recruit Community Public Health Nurses who are training with Canterbury Christ Church University who will support the delivery of the service and increase capacity within the workforce.

2.4 National Child Measurement Programme (NCMP)

The NCMP for 2018/19 has been delivered and the results recently published. For Kent, 95% of children in Reception Year (4-5 year olds) and 94% in Year 6 (10-11 year olds) were measured, exceeding the target of 90%.

2.5 The proportion of Reception Year children with excess weight was 24.7% and 32.2% for Year 6. Where a child is identified as underweight or overweight the provider makes pro-active phone calls to engage parents, utilising the NCMP conversation framework developed by Public Health England. Where a need is identified, families are offered an intervention that supports them to make positive healthy lifestyle changes.

2.6 Adult Health Improvement

The NHS Health Check Programme continues to deliver higher numbers of checks in 2019/20 in comparison to the previous year, and the service is on track to deliver the target of 41,600 checks.

2.7 The proportion of clients seen by a One You Kent (OYK) advisor continues to be below the challenging target, however both the number and proportion for Q2 2019/20 are higher than Q2 2018/19.

2.8 Sexual Health

Sexual health services ensure that access to services across Kent are open; the providers continue to offer all who require an urgent Genito Urinary Medicine (GUM) appointment, an appointment to be seen within 48 hours, despite the challenge of embedding a new model in June 2019.

2.9 Demand for services not only continue to increase currently but are estimated to increase in the future, commissioners are putting in place strategies which seek

to address demographic pressures and increasing service costs with alternative methods of delivery or other sexual health services to ensure future activity can be delivered within budget. The future commissioning strategy makes use of new technologies and funding available through the NHS to offer different ways for care and treatment to be delivered. Examples include digital consultation which will be rolled out following a pilot. Webchat for advice and signposting, and postal options for both testing and treatment.

2.10 Drug and Alcohol Services

The numbers of adults accessing structured treatment for substance misuse has continued to increase, and there are now over 5,000 Kent residents accessing treatment. Commissioned services continue to ensure clients exiting treatment do so in a planned way and the proportion of those in treatment existing successfully was 27% in the 12 months to September 2019.

2.11 Commissioners are currently working on a strategy to utilise the OYK service or increase digital interventions for those with low to high risk levels of alcohol misuse, ensuring that structured services have increased capacity to focus on those with severe levels of dependency.

2.12 Mental Wellbeing Service

The Live Well Kent Service continues to deliver services producing high levels of satisfaction, with 100% of clients asked in the three months to September 2019 saying that they would recommend the service to family, friends or someone in a similar situation.

3.0 **Conclusion**

3.1 Thirteen of the fifteen KPIs remain above target and were RAG rated Green, which is an increase on the previous report. Commissioners across all the service areas are exploring other forms of delivery, for example digital services, to compliment traditional delivery mechanisms, to ensure current provision is fit for purpose and able to account for increasing demand levels in the future.

4.0 **Recommendations**

4.1 The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q2 2019/20.

5.0 **Background Documents**

5.1 None

6.0 **Appendices**

6.1 Appendix 1 - Public Health Commissioned Services KPIs and Key

7.0 Contact Details

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Appendix 1: Public Health Commissioned Services – Key Performance Indicators Dashboard

Service	KPI's	Target 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Target 19/20	Q1 19/20	Q2 19/20	DoT**
Health Visiting	PH04: No. of mandated universal checks delivered by the health visiting service (12 month rolling)	65,000	70,639 (g)	69,318 (g)	68,465 (g)	65,000	67,541 (g)	67,168 (g)	↓
	PH14: No. and % of mothers receiving an antenatal contact with the health visiting service	50%	1,804 41% (a)	1,066 25% (r)	1,048 26% (r)	43%	1,340 33% (r)	1,390 32% (r)	↓
	PH15: No. and % of new birth visits delivered by the health visitor service within 30 days of birth	95%	4,294 98% (g)	4,250 98% (g)	3,849 98% (g)	95%	3,957 99% (g)	4,231 98% (g)	↓
	PH16: No. and % of infants due a 6-8 week who received one by the health visiting service	80%	3,771 86% (g)	3,885 88% (g)	3,501 88% (g)	85%	3,543 90% (g)	3,908 90% (g)	↔
	PH23: No. and % of infants who are totally or partially breastfed at 6-8 weeks (health visiting service)	-	1,852 48%*	1,926 48%*	1,828 49%*	-	1,836 50%*	2,001 46%*	-
	PH17: No. and % of infants receiving their 1-year review at 15 months by the health visiting service	80%	3,907 87% (g)	4,075 87% (g)	3,854 87% (g)	85%	3,591 84% (a)	3,909 88% (g)	↑
	PH18: No. and % of children who received a 2-2½ year review with the health visiting service	80%	3,703 82% (g)	3,605 82% (g)	3,617 78% (a)	80%	3,547 80% (g)	3,679 84% (g)	↑
Structured Substance Misuse Treatment	PH13: No. and % of young people exiting specialist substance misuse services with a planned exit	85%	54 87% (g)	56 89% (g)	72 90% (g)	85%	61 87% (g)	64 85% (g)	↓
	PH03: No. and % of people successfully completing drug and/or alcohol treatment of all those in treatment	26%	1,139 25% (a)	1,171 25% (a)	1,272 26% (g)	25%	1,285 26% (g)	1,366 27% (g)	↑
Lifestyle and Prevention	PH01: No. of the eligible population aged 40-74 years old receiving an NHS Health Check (12 month rolling)	41,600	33,617 (a)	33,917 (a)	36,093 (a)	41,600	41,151 (a)	43,964 (g)	↑
	PH11: No. and % of people quitting at 4 weeks, having set a quit date with smoking cessation services	52%	711 53% (g)	787 53% (g)	1,003 60% (g)	52%	881 57% (g)	937 59% (g)	↑
	PH21: No. and % of clients engaged with One You Kent Advisors being from the most deprived areas in the County	60%	419 50% (a)	433 56% (a)	506 56% (a)	60%	436 53% (a)	628 54% (a)	↑
Sexual Health	PH02: No. and % of clients accessing GUM services offered an appointment to be seen within 48 hours	90%	11,356 100% (g)	10,870 100% (g)	11,467 100% (g)	90%	11,160 100% (g)	10,375 100% (g)	↔
Mental Wellbeing	PH22: No. and % of Live Well Kent clients who would recommend the service to family, friends or someone in a similar situation	90%	317 97% (g)	250 98% (g)	276 100% (g)	90%	383 99% (g)	429 100% (g)	↑

*Coverage above 85% however quarter did not meet 95% for robustness expected for national reporting

Commissioned services annual activity

Indicator Description	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	DoT
PH09: Participation rate of Year R (4-5 year olds) pupils in the National Child Measurement Programme	96% (g)	96% (g)	97% (g)	97% (g)	93% (g)	95% (g)	↑
PH10: Participation rate of Year 6 (10-11 year olds) pupils in the National Child Measurement Programme	94% (a)	95% (g)	96% (g)	96% (g)	96% (g)	94% (g)	↓
PH05; Number receiving an NHS Health Check over the 5-year programme (cumulative: 2013/14 to 2017/18, 2018/19 to 2022/23)	32,924	78,547	115,232	157,303	198,980	36,093	-
PH06: Number of adults accessing structured treatment substance misuse services	4,652	5,324	5,462	4,616	4,466	4,900	-
PH07: Number accessing KCC commissioned sexual health service clinics	-	-	73,153	78,144	75,694	76,264	-

Key:

RAG Ratings

(g) GREEN	Target has been achieved
(a) AMBER	Floor Standard achieved but Target has not been met
(r) RED	Floor Standard has not been achieved
nca	Not currently available

DoT (Direction of Travel) Alerts

↑	Performance has improved
↓	Performance has worsened
↔	Performance has remained the same

**Relates to two most recent time frames

Data quality note

All data included in this report for the current financial year is provisional unaudited data and is categorised as management information. All current in-year results may therefore be subject to later revision

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

14 January 2020

Subject: Public Health Communications and Campaigns Update

Classification: Unrestricted

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

Future Pathway: None

Electoral Division: All

Summary:

This paper reports on the campaigns and communications delivered through the KCC public health team in 2019 and outlines plans for the remainder of the financial year.

Plans for 2020/21 are currently being drawn up.

Delivering effective campaigns and communication to the residents of Kent is a public health priority and success is reliant on long term, consistent messaging which requires a whole systems approach, two-way support between key partners and providers.

We continue to promote healthy lifestyles by delivering messages to the whole population with awareness raising and call to action, signposting to support, to enable people to find information, resources to self-help and local services to help if needed.

Recommendation:

The Health Reform and Public Health Cabinet Committee is asked to **COMMENT on and ENDORSE** the progress and impact of Public Health campaigns in 2019/20.

1. Introduction

1.1 Marketing and Communications continues to be a key element of the public health strategy to support Kent residents to improve and protect both their physical and mental health.

1.2 The Public Health Marketing and Communication has three score drivers:

- Promoting healthier behaviours and self help
- Giving information and advice
- Promoting local services

- 1.3 Three guiding principles direct the work in Kent:
- Marketing campaigns and communications should form a key part of the customer (behaviour change) journey
 - Where Public Health England already has a relevant campaign brand, this will be extended and amplified in Kent to take advantage of the national investment into social marketing, tools and resources, and to ensure that residents are not confused by competing brands.
 - There should be a consistent approach to marketing and communications across the local system to maximise campaign reach and effectiveness
- 1.4 This paper covers campaigns for 2019/20, along with key activities and plans for the remainder of this financial year.

2.0 Background

- 2.1 When developing campaigns, it is key to identify the problem, understand the behaviour change needed, the target audience to be reached, what drives their behaviour, and the best ways to get messages across most effectively.
- 2.2 Wherever possible, national campaigns are supported, and their reach extended where needed, rather than trying to create something new, and therefore competing against national campaigns and brands such as Change 4 Life and One You. The Public Health team works with partners, and our commissioned service providers, wherever possible to ensure a coordinated approach to communicating messages to the public.
- 2.3 The Public Health team includes two posts with the KCC Communications team; PH Campaigns and Communications lead who works strategically across the Public Health system, including working with providers in order to ensure a joined up, coordinated approach to all PH campaigns and PH Communications, and a Digital Manager responsible for ensuring the content of the PH digital offer is up to date, consistent and easy to access.
- 2.4 Since the last report, the key campaigns have included:
- Change 4 Life '10 Minute Shake Up' summer campaign – raising awareness of childhood obesity, focusing on primary school aged children.
 - One You Kent 'New Year, New You' campaign – aimed at raising awareness of adult obesity and healthier lifestyles, especially for adults aged 40 to 60.
 - Alcohol awareness 'Know Your Score' campaign – raising awareness of people drinking at moderate and increasing levels of risk.
 - 'Stoptober' smoking cessation campaign – signposting to local support services.
 - HIV Awareness Week – raising awareness of late diagnosis rates and encouraging uptake of home testing kits.
 - Support of national NHS/PHE 'Every Mind Matters' mental wellbeing awareness campaign
 - Suicide prevention 'Release the Pressure' campaign – raising awareness among men, including a targeted campaign in Thanet
 - Severe weather communications – heatwave alerts during the summer

and now focussing on cold weather public health communications (also includes the flu immunisation campaign).

2.5 We continue to use existing internal and external communications channels for promoting Public Health services and messages including:

- Stakeholder engagement including partners and providers especially Districts and the Kent Association of Local Councils.
- KCC services such as children's centres, libraries, schools, gateways, adult disability centres, adult education centres, Community Wardens, frontline health and social care staff
- Traditional media and Public Relations opportunities
- Digital and online platforms including KCC website and social media channels including Twitter, Facebook, Instagram and Linked-In.

3.0 Campaigns and Communications 2019/20

3.1 One You Kent

The redeveloped website www.oneyoukent.org.uk has been promoted through organic social media content including partnership promotion with providers through the One You Kent Facebook and Twitter channels.

A paid-for promotion will be launched in January 2020 under the 'New Year, New You' banner, using a range of media, digital and social media channels including: Kent Online; Facebook; Google Adwords; online sites for Kent Football league clubs and Kent Cricket Club; Spotify and geo targeted mobile ads. This will be complimented with adverts in print and online publications including the Kent Chamber of Commerce, Community Ad magazine and the Kent Women's Institute.

Key messages continue to raise awareness of health issues including obesity, heart disease and stroke; and signpost to support services, online assets and promote NHS Health Checks.

3.2 Know Your Score

Almost 3,809 people have visited the kent.gov/knowyourscore page in 2019, with 1,912 completing the 'Know Your Score' test (online version of Audit-C) and receiving advice on their drinking levels.

PR, media and marketing opportunities have mainly centred on sharing of organic content but there was a paid for promotion for Alcohol Awareness Week in November and this will be developed further in Dry January, including signposting to support services through commissioned providers CGL, Forward Trust and One You Kent.

Key messages continue to raise awareness among drinkers below the high-risk groups about long term health messages including stroke and impacts on mental health. As with previous campaigns, social media content is targeted at key behaviours.

3.3 Every Mind Matters

Support for the launch of the NHS and PHE mental wellbeing campaign 'Every Mind Matters' has seen the integration of the online quiz at www.kent.gov.uk/everymindmatters

This was promoted through Kent media and social media channels along with stakeholder engagement, signposting to the online action plan and local commissioned support services including Live Well Kent, One You Kent and Release the Pressure.

There were 831 page views during the campaign promotion, peaking during the launch on World Mental Health Day.

3.4 Release the Pressure

Partnership working and promotion of Kent and Medway STP funding for the campaign continues. PR and media opportunities included new grant awards to community groups and a suicide prevention conference in May.

A mini campaign burst was implemented in Thanet with sponsored content in Isle Magazine, Community Ad magazines and a partnership promotion at Margate Football Club. Visits to www.releasepressure.uk during this period totalled 6,080. Of those, 4,231 were new visitors and 1,838 were returning visitors. This is almost double the number of the previous quarter.

There is ongoing promotion through Google Adwords.

At the national Health Sector Journal (HSJ) Awards in November, the Kent and Medway STP Suicide Prevention Programme (which is led by KCC's Public Health team) was awarded Highly Commended (or 2nd place) in the Health and Local Government Partnership Category. The team is currently developing plans to consult on a new five year suicide prevention plan which will come to this Committee in due course.

3.5 Change 4 Life

KCC's Children's Centres and schools (through the Kelsi bulletin) were encouraged to take part in the national summer 10 Minute Shake Up campaign, utilising PHE toolkits.

During this period, there were 1,815 visits to the site, of which 1,357 were new visitors and 459 were returning visitors – 98 of those clicked through to the NHS 10MSU site and Healthy Lunchboxes page.

There will be further supported local paid for promotion of the national nutritional 'Sugar Swaps' campaign although PHE have delayed this from the normal start date of January to February.

We continue to promote key messages around healthy eating, reducing sugar, being more active and awareness of dental/oral health care through the @Change4LifeKent Facebook page.

3.6 Smoking Cessation

Paid for promotion of the national campaign Stoptober was carried out in Kent, signposting to commissioned support services. There were 6294 page views to the One You Kent 'Quit Smoking' pages at kent.gov, during the campaign duration. This is a 76 per cent increase on the same period in 2018.

The 'What the Bump?' campaign - providing women with a link to Stop Smoking services, and a journal to keep track of their pregnancy and their efforts to stop smoking – has now seen printed materials being delivered to key intervention points across east and west Kent – this includes midwives, health visitors, GPs, hospitals, pharmacists and children's centres.

Further marketing support and digital promotion is due to be launched in January/February 2020 to increase the conversations online and encourage women and their families to access the support services available.

3.7 Sexual Health

The kent.gov sexual health pages continue to be redesigned and are due to be completed in Spring 2020. These are currently among the most viewed of the KCC public health pages but the ambition is to increase awareness of the self-help and advice available on line including the availability of home testing kits.

Key national opportunities such as HIV Awareness Week in November led to targeted promotions aimed at the over-45s who are increasingly at risk when entering new sexual relationships after a period of monogamy, often post-menopause (when pregnancy is no longer a consideration, but little thought given to STIs). Key messages raised awareness of late diagnosis rates and encouraged people to apply for the free home testing kits.

There will be a further campaign promotion in February 2020 aimed at younger age groups of 16 to 24-year-olds which aims to reduce rates of STIs through increased condom usage.

3.8 Winter Campaign

We have a "warn and inform" responsibility during cold weather alerts and lead on the communications for public health messaging. We also support national PHE and NHS campaigns, providing partners with appropriate social media, marketing and digital asset support for level two and three alerts in Kent during the winter cold weather periods, offering advice and signposting support to enable residents to manage their health during extreme weather conditions.

We also continue to support the 'Stay Well This Winter' national campaign, sharing organic NHS content advising residents on steps to stay healthy and avoid A&Es. This included extending promotion of the national NHS flu campaign – utilising KCC social media, news media and internal communications channels (including children's centres, libraries, gateways and adult disability centres) to promote the vaccine to high risk groups.

3.9 Infant Feeding Services/Breastfeeding

Following work with commissioned providers KCHFT and Medway Council, a new countywide website 'Beside You' is due to be launched in January, signposting parents and families to local support services. We will be supporting further promotion of this resource through social media channels, health visitors and children's centres.

3.10 Air quality

A working group has been set up to deliver a brief for appointing a social marketing agency to look at behaviours and potential future delivery of a campaign around improving air quality around school gates.

We are also working with partners at Medway Council and district councils across Kent to look at consistent communications by the Kent and Medway Air Partnership.

4.0 Financial Implications

4.1 The budget for campaigns and communications is £240k for this financial year.

5.0 Conclusion and Next Steps

5.1 The Public Health team will continue to work with Kent Communications, Digital Services and commissioned partners to develop and improve the customer journey to and through its websites.

5.2 Our websites support marketing and communications campaigns while also providing an online access route through to our commissioned services and those of our partners.
Targeted digital marketing activity underpins each campaign and we will continue to work with local partners to extend the reach and effectiveness of core campaigns.

5.3 Previous successes and learning will be integrated in future campaigns, focussing on the most effective communications methods and channels to target key groups and issue areas, and on the benefits of developing and utilising social media and digital platforms.

5.4 It has also been recognised that long-term change requires long term, consistent messaging, and it is important to continue working with local partners and nationally with Public Health England, to provide stakeholders with appropriate resources.

6.0 Recommendation

The Health Reform and Public Health Cabinet Committee is asked to:

COMMENT on and ENDORSE the progress and impact of Public Health campaigns in 2019/20

7.0 Background Documents

7.1 <https://www.kent.gov.uk/social-care-and-health/health>

8.0 Contact Details

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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

14 January 2020

Subject: Update on the Prevention Workstream of the STP

Classification: Unrestricted

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

Future Pathway: None

Electoral Division: All

Summary:

Kent and Medway Public Health teams have collaborated with partners on the development of a Prevention Workstream and work plan for the Sustainability and Transformation Plan for Kent and Medway Health and Social Care system and the developing Integrated Care System.

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

1. Background and Introduction

- 1.1 Kent Public Health, alongside colleagues from Medway Public Health and NHS Partners have continued to work to embed prevention into the work of the Sustainability and Transformation Plan (STP) for Kent and Medway and to work with the forming Integrated Care System and Partnerships to ensure that prevention is embedded as normal practice as NHS services continue to transform.
- 1.2 Health Reform and Public Health Cabinet Committee asked for an update on the work of the Prevention Workstream of the Kent and Medway STP and this paper provides this update along with a description of some of the future work planned.

2.0 Introduction

- 2.1 Kent and Medway Health and Social Care partners have been working together for some time to develop a sustainability and transformation plan for the region. The publication of the NHS Long Term Plan made it clear that the NHS would

build on the progress made by STPs and develop Integrated Care Systems (ICS).

The ICS will pull together many NHS partners and work with the local authority to develop a place-based approach to health and wellbeing and is expected to work closely with the Health and Wellbeing Board. Figure 1 is the current model for the Integrated Care System, which will include 4 Integrated Care Partnerships (ICPs for Swale and Medway; Dartford, Gravesham and Swanley; West Kent and East Kent), and c.45 Primary Care Networks.

2.2

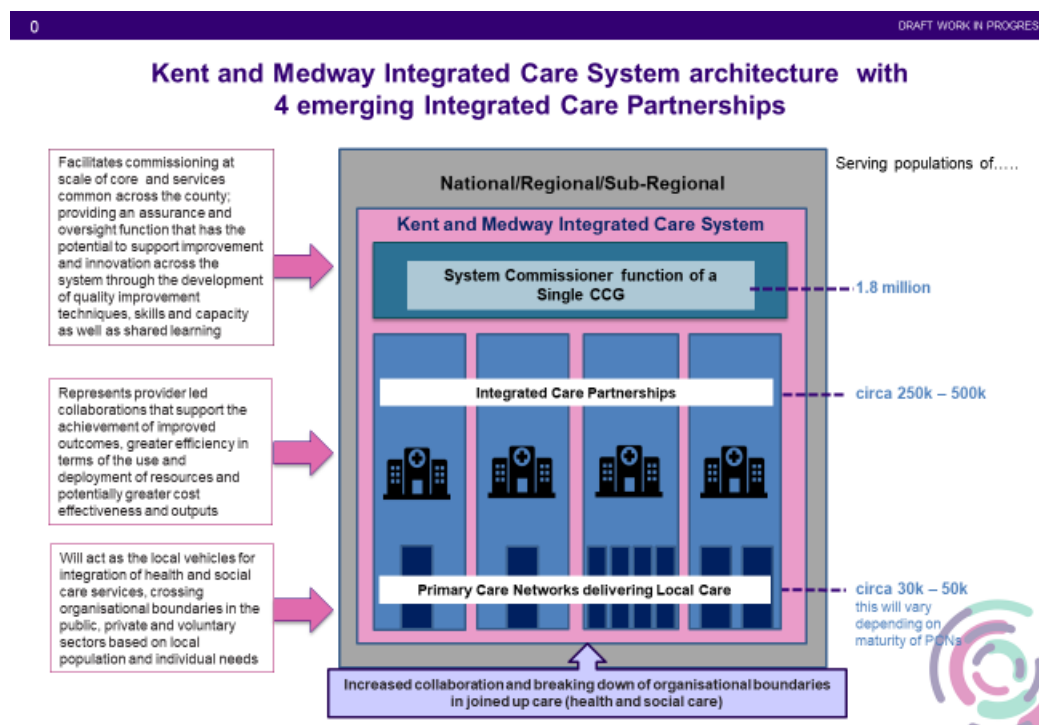


Figure 1. The new Health and Social Care system for Kent and Medway

2.3 The workstream aim is to make the prevention vision the responsibility of all health and social care services, employers and the public in Kent and Medway to allow delivery of prevention interventions at scale and the realisation of improved population health outcomes. In particular the involvement of clinicians in secondary care for secondary and tertiary prevention is stressed as these complement the population-level primary prevention initiatives of the STP. This also reflects the NHS Long Term Plan. It is felt important that all health and social care pathways start with prevention and it is the aim of the workstream to ensure that this is reflected in all the work of the STP/ICS.

2.4 The following are the proposed prevention principles for the STP/ICS:

1. Prevention will be owned by the whole Kent and Medway ICS. All partners have a clear understanding of prevention and of their role within the system.
2. Prevention and its role in reducing health inequality and variation will be a priority across the ICS, making the best use of a proportionate approach.

3. All clinical pathways will begin with prevention
4. Tackling prevention as an ICS will be a whole system approach. The wider determinants of health will be tackled alongside clinical interventions in a partnership approach making the most of partner specialisms
5. There is parity in the importance of good physical health alongside mental wellbeing.
6. The ICS will take a lifecourse approach embedding prevention alongside all life events. It's never too early nor too late for prevention.
7. Children and young people will be a priority, embedding prevention at the earliest opportunity. Schools and other education settings will be fully involved to shape the future of outcomes of children and young people.
8. Systems thinking will underpin all work, using an intelligence led, evidence-based approach to developing and evaluating interventions.
9. Interventions will be implemented at scale in a coherent and consistent way across the ICS to achieve the best outcomes.
10. Services will be co-commissioned to ensure prevention is fully embedded across the ICS. Every commission must be published with a section on prevention.

2.5 The strategic objectives of the Prevention Workstream have been written to fit with the strategic objectives of the NHS Long-Term Plan and include a commitment to enact prevention across the life course and across the health and social care system. This will include:

1. Reducing health inequalities

2. Tackling modifiable disease risk factors such as:

- Stopping smoking
- Reducing obesity
- Reducing alcohol consumption

3. Protecting health

- Improved screening uptake
- Improved vaccination uptake
- Improved infection control
- Reducing antimicrobial resistance (AMR)

4. Improving chronic disease management and secondary prevention

- Cardiovascular disease/stroke, respiratory disease, diabetes

5. Improving mental health

6. Improving air quality

3.0 Governance Arrangements

3.1 The Prevention workstream is currently led by Allison Duggal (Deputy Director Public Health Kent County Council) along with Jacqui Moore (Programme Manager) and Emma Hendricks (Programme Officer). The Senior Responsible

Officers are Andrew Scott-Clark, Director of Public Health Kent County Council and James Williams, Director of Public Health Medway Council. The workstream meets monthly, and reports to the Clinical Board for the STP which in turn reports to the STP Programme Board. As the ICS forms, the governance is being reviewed and there are plans to transform the workstream into a Board of the ICS.

Figure 2 depicts the current governance arrangements for the Prevention Workstream.

3.2

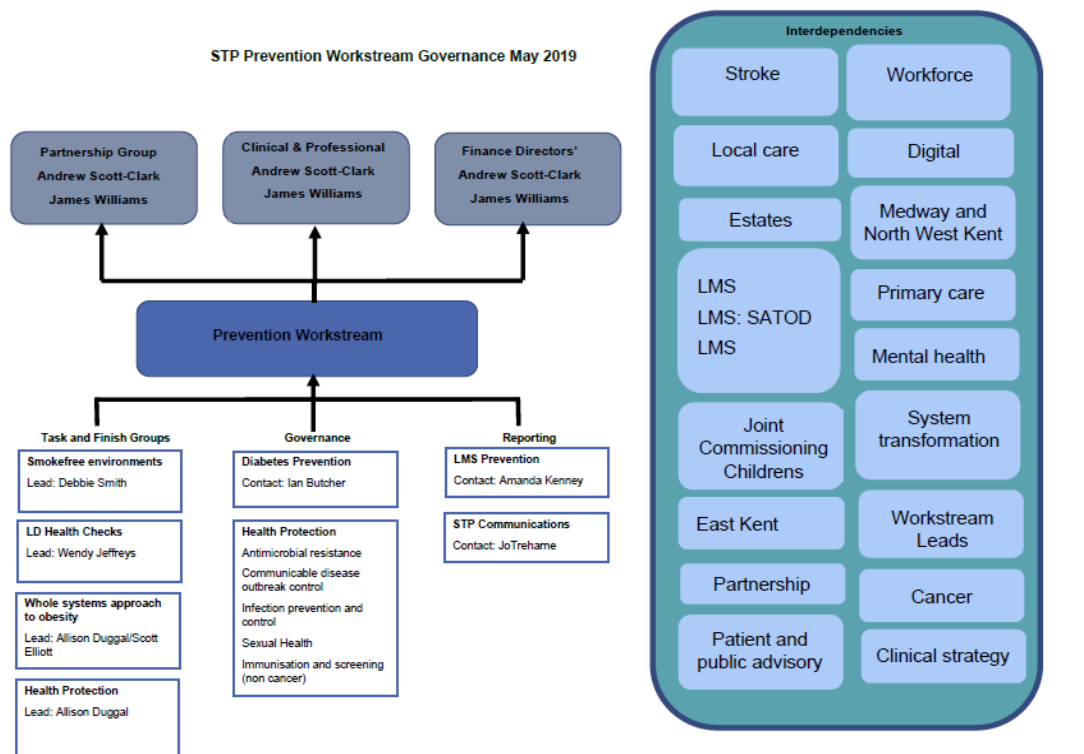


Figure 2 – Governance arrangements for the STP Prevention Workstream (2019)

4.0 Current Activity

4.1 The aim of this workstream is to treat both physical and mental health issues concurrently and effectively and to industrialise clinical treatments related to lifestyle behaviours and treat these conditions as clinical diseases. The main areas for focus on prevention activities in Kent and Medway have been identified as:

Obesity and Physical Activity:

To apply a whole systems approach to obesity across Kent and Medway.

Smoking Cessation and Prevention:

To assist NHS trusts to become smoke-free with trained advisors, tailored support for the young and youth workers, pregnant and maternal smokers and people with mental health conditions.

Workplace Health:

Working with employers on lifestyle interventions and smoking and alcohol misuse, providing training programmes for improved mental health and wellbeing in the workplace

Reduce Alcohol-Related Harms in the Population:

To develop and implement a Blue Light initiative' addressing change-resistant drinkers. 'Identification and Brief Advice' (IBA) in hospitals ('Healthier Hospitals initiative') and screening in GPs. To develop improved alcohol health messaging to the general population.

- 4.2 There are currently four separate task and finish sub-groups of the Prevention Workstream. These are:

LD Health Check Task and Finish Group:

Although Health Checks for people with learning disabilities are different to the NHS Health Check and are the responsibility of the NHS to provide, this workstream has been developed to address health inequalities due to accessibility issues and low levels of uptake.

(<https://www.nhs.uk/conditions/learning-disabilities/annual-health-checks/>)

Smokefree environments:

Acute and mental health trusts are working together to achieve full implementation of 'smokefree' on Trust sites and working to achieve greater consistency and coherence in policies across Kent and Medway. This includes work to improve communications around smokefree environments such as speaker systems, appointment letters and signage on NHS sites(

<https://www.nhs.uk/smokefree>).

Health protection

The Health and Social Care Act 2012 led to the fragmentation of the many areas of health protection, which includes communicable disease control, immunisation, screening, infection prevention and control, and antimicrobial resistance.

This task and finish group is developing a co-ordinated approach to health protection across Kent and Medway which assists the Directors of Public Health to assure the health protection system in the County and aids in tackling health inequalities and communicable disease threats across Kent and Medway.

Obesity – Whole Systems approach

This is the latest task and finish group to be set up. The group aims to co-ordinate and manage the Whole Systems Approach to Obesity

(<https://www.gov.uk/government/publications/whole-systems-approach-to-obesity>).

5.0 Progress

5.1 Progress has been made on prevention in 2019 and the workstream has been successful in securing funds from the STP to enable the operationalisation of the Prevention Workstream Action Plan.

- An NHS Health Check outreach programme has now been mobilised and arrangements are in place for a joint dashboard to ensure consistent reporting across Kent and Medway. The outreach programme should improve uptake and reduce health inequalities.
- For the first quarter of 2019/20 the Kent NHS Health Check Programme delivered the strongest three months since the transition of the programme from NHS to KCC, delivering nearly 11,000 NHS Health Checks and in 2018/19 uptake for health checks was at 9.9% of the total eligible population.
- Recurrent funding has been agreed to fund lead smoking in pregnancy midwives. This will assist their employing trusts by reducing the turnover of staff which has been an ongoing problem due to the uncertainty of funding. Kent County has re-oriented the Smoking in Pregnancy service to deliver a home visit advisor service which is proven to enhance quitting rates in women smoking during pregnancy.
- There has been a collaborative effort between public health teams and the acute trusts to promote SmokeFree hospitals, including developing improved signage and information. There was a reduction in the prevalence of smoking in all adults in 2018 (15% Kent/14.7% Medway). There was also a reduction in the prevalence of smoking at the time of delivery; after a rising trend in the 3-year rate up to 2017/18, there has now been a reduction to 13.8% in Kent and 15.9% in Medway in 2018/9.
- The work to embed Making Every Contact Count (MECC) has been very successful with a 3-month follow-up demonstrating that 70% of training delegates have had conversations using skills they have gained via the training at least weekly and 75% of delegates have referred on to a service.
- The workstream has already developed links with many partners and other workstreams and there is representation at the workstream meetings e.g. from communications and finance workstreams. In addition, links have been made to other parts of the health and social care system such as the Local Maternity System and the Kent and Medway Cancer Alliance. There have been a number of 'deep dive' meetings to explore particular areas of health and care such as improved prevention in maternity service and cancer prevention.

6.0 Next Steps

6.1 There are a number of planned initiatives that will be commenced in the coming months. A number of these are being developed whilst resourcing decisions are

considered. These include:

1. Learning Disability (LD) health checks (not NHS Health Checks)

Following work across Kent and Medway to ascertain the performance on these checks which contribute to the prevention of chronic disease in people with learning disabilities and reduce health inequalities, there is work planned to promote awareness of, and implementation of, these checks and further development of leadership in this area. There is a proposal to train a champion nurse in each Primary Care Network (PCN) to be able to deliver physical health assessments to enable them to support GPs in carrying out LD annual health assessments

2. Making Every Contact Count (MECC)

After the successful work training health and social care staff in MECC, there are plans to continue the programme at a similar level for 2019/20. We will work in collaboration with the Local Workforce Action Board and Health Education England and we are discussing the work with the new Regional Training Hubs.

3. Tackling modifiable risk factors – Smoking

The NHS Long Term Plan includes initiatives to address in-patient smoking cessation, including mental health in-patient premises and out-patient treatment for tobacco dependence, particularly for high-risk cases such as people awaiting surgery. In Kent there is an opportunity to pilot the stop smoking role to be undertaken by the NHS in the NHS Long Term Plan, embed good practice and to assist in meeting the requirements of NICE PH48.

In addition, Public Health can offer leadership and advice to these programmes and in addition Public Health will develop roles for 'Smoking Quit Coaches' for prevention of tobacco use and treatment support for tobacco addiction in young people.

There are also opportunities to equip and encourage GPs to systematically identify and have conversations with patients about the risks of smoking and offering support to quit. GPs may then refer to Public Health commissioned specialist services for support or support the patient directly and prescribe nicotine replacement therapy.

4. Tackling modifiable risk factors - Excess weight and obesity

We will implement a Whole Systems Approach to Obesity from January 2020. We will influence commissioning of both KCC public health and the NHS through the new single commissioner for the Integrated Care System (ICS) by publishing needs assessments for Kent on Childhood and Adult excess weight and assist a service review of weight management services for both adult and children across Kent

5. Alcohol care teams

A key recommendation from the Alcohol and Substance Misuse Health Needs

Assessments (HNA) for Kent and Medway is for the NHS to identify and be equipped to help people with substance misuse, including alcohol, and to obtain the right treatment at the right time. In the case of reducing alcohol consumption this can be achieved by alcohol support teams as highlighted in the NHS Long Term Plan based in A&E departments. Currently both Kent and Medway do not qualify for the funding available for this initiative, but we will explore funding options with NHS partners given the impact on A&E from acute and chronic excessive alcohol consumption.

6. Improving chronic disease management and secondary prevention

- NHS Health Check outreach programme - To continue the NHS Health Check Outreach programme started in 2019/20. Analysis is being performed to determine the most effective targeting of the service to best address health inequalities.
- Enhanced identification of people with atrial fibrillation through targeted NHS checks in order to reduce the risks of stroke
- Optimised management of patient anticoagulation – An initiative is being planned that is based on an adaptation of Virtual Clinic model for the optimisation of anticoagulation. This should have a substantial beneficial effect for stroke prevention.
- Pulmonary and cardiac rehabilitation - Review of pulmonary and cardiac rehabilitation to identify the barriers and enablers to people taking up this service. This will be used to improve take-up of service.

7. Improving air quality

A number of individuals who live with a long term or chronic pulmonary/cardiovascular condition require primary care support as a result of a poor air quality episode s and we will lead on the creation of an app with push notifications to provide advice and guidance on poor air quality episodes and actions to take to protect your health alongside raising awareness with clinicians and developing champions.

7.0 Risks

- 7.1 The key risk for this workstream continues to be financial input from the STP. The funding required for the prevention of lifestyle-related harm is substantial and it is not possible to fund this from the public health budgets of local authorities without detriment to the prescribed legal functions of local authority public health.
- 7.2 There is also a continuing risk to Local Authority Public Health funding. Whilst promises have been made of additional monies, these are likely to come with additional burdens on Local Authority Public Health which may actually lead to a reduction in available funding.
- 7.3 An additional risk is a lack of buy-in from clinicians in primary and secondary care. It is essential that clinicians accept their responsibility for secondary and

tertiary prevention.¹ Prevention is often seen as solely the role of Public Health and public health improvement services and therefore is not adequately incorporated across all workstreams, business cases and pathways despite comprehensive NICE guidance.

8.0 Summary

8.1 KCC Public Health continues to make progress with partners from Medway Public Health and the wider health economy. 2019 will see the team expand the number of prevention interventions across Kent and Medway, linking these to the NHS Long-term plan and the transformation of health and social care in the region. The local prevention workstream will develop the new task and finish groups and continue to develop collaborations with other parts of the health economy and with partners in other workstreams of the STP.

9.0 Recommendation

The Health Reform and Public Health Cabinet Committee is asked to:

COMMENT on and ENDORSE the contents of the report

10.0 Background Documents

Kent and Medway Sustainability and Transformation Plan Prevention Action Plan – *attached as Appendix 1*

Public Health England -Whole Systems Approach to Obesity:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/820783/Whole_systems_approach_to_obesity_guide.pdf

The NHS Long-Term Plan – a Summary: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/the-nhs-long-term-plan-summary.pdf>

11.0 Contact Details

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¹ Secondary prevention is the prevention of illness in those known to be susceptible e.g. screening to identify people at higher risk of cancer and interventions to then prevent the development of cancer
Tertiary prevention refers to interventions aimed at minimising the impact of disability or further deterioration in people with existing health condition or complex care and support needs.

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Kent and Medway Sustainability and Transformation Plan Prevention Action Plan

To shift the balance of care from reactive to proactive

Priority Outcomes	Priority outcomes for the integrated change programme	Actions	Timescales	Progress
<p>People are aware of how to look after themselves and are encouraged and assisted to take responsibility for their own health.</p> <p>Page 57</p>	<ul style="list-style-type: none"> Fewer people smoke Fewer people are overweight or obese More people undertake the recommended amount and mix of physical activity Fewer people drink to excess More people have positive mental wellbeing 	<ul style="list-style-type: none"> Advertising, media and social media campaigns (One You Kent, A Better Medway) boost awareness of what people can do to look after their health and why it is important – linking in with national media coverage and opportunities (e.g. Taking Care of Dad) 	Sept/Oct 2018	<ul style="list-style-type: none"> - Smoking prevalence in Medway is now down from 19% (2016) to 17.6% (2018). Routine and manual prevalence is also down from 34.2% (2016) to 23.9% (2016) which is lower than the England average of 25.7% - (22/08/18) -Smoking Prevalence in Kent is currently 16.3% (1.4% above the national average). (DS 12/9/18)
		<ul style="list-style-type: none"> Advertising, media and social media campaigns (One You Kent, A Better Medway) boost awareness of range of services to help people become healthier, including apps, websites (such as Explore Kent), and local fitness / community opportunities 	Sept/Oct 2018	<ul style="list-style-type: none"> - Ashford One You shop has provided drop in advice and support for members of the public who wish to improve healthy lifestyles (DS 17/1/19) - There have been 5,500 healthy lifestyle interventions in the shop since it opened in February 2017 (DS 17/5/19)
		<ul style="list-style-type: none"> Health and wellbeing champions/Health Champions (such as hairdressers) and peer supporters (such as for breastfeeding) are trained to talk to people about their health/ ways to improve their health 	April 2019	<ul style="list-style-type: none"> -Nationally the number of people setting a quit date fell for the sixth consecutive year in 2017/18. This represents a national decrease of 11% on 2016/17. Medway demonstrated a 7% increase in number of quits. (22/08/18). while rates continue to decline in Kent (by 8.1% in 2017/18) (DS 17/5/19)
		<ul style="list-style-type: none"> Primary and community care staff, including pharmacists, have materials and training to make use of “teachable moments” with people at point when they are ready to change and give out clear messages to patients about benefits of healthy lifestyle 	April 2019	<ul style="list-style-type: none"> -A Better Medway website has been refreshed and relaunched. A ‘Book Now’ feature will be launched in for the Medway digital smoking service on 1st October -Review of Medway Champions programme complete. New MECC focussed prog now live , 350 Better Medway Champions have been trained to date(AG, 16/10) -Several community events were held across Medway in the last quarter, this led to 6 healthcheck

To shift the balance of care from reactive to proactive

Priority Outcomes	Priority outcomes for the integrated change programme	Actions	Timescales	Progress
Page 58		<ul style="list-style-type: none"> • Make use of public spaces e.g. libraries, children’s centres, to publicise events such as Splashathon, Medway Mile, Park Run, local fitness events (such as half marathons) and resources such as One You Kent, Explore Kent • Evidence-based work with parents and children to set healthy habits, in particular around healthy eating and nutrition 	<p>April 2020</p> <p>April 2020</p>	<p>referrals and 20 stop smoking referrals. 473 blood pressure checks carried out aligned with the Know your Score campaign; 121 people that were referred back to their GP for further testing and 10 people that needed an urgent referral as their blood pressure reading gave serious cause for concern and several referrals to stop smoking services (AG 16/10)</p> <p>-Evaluation post 6 month following changes to the delivery of infant feeding support in Kent – report due early 2019 may help identify need for and opportunities for wider health messaging. (WJ 24/9/18)</p> <p>Infant feeding service integrated within the Health Visiting Service</p> <p>Evaluation of school health lifestyle package of care and family weight management pilot with University of Kent.</p> <p>Continued integration with Children’s Centres (Early Help) and Health Visitors eg co-delivery of Parenting Programmes with Health Visiting and Early Help Staff.</p> <p>Oral Health Promotion – Child to Dentist by one (VT 26/10/18)</p> <p>- Infant feeding strategy approved at Medway H&WB. Multi-agency strategy to improve healthy eating and nutrition in children (AG, 16/10)</p> <p>Medway has successfully awarded the first 15 nursery and pre-schools with bronze status for its newly launched Healthy Early Years Award. (SE 15/11/18)</p>

To shift the balance of care from reactive to proactive

Priority Outcomes	Priority outcomes for the integrated change programme	Actions	Timescales	Progress
				Medway has launched its Stay Well This Winter campaign mainly using social and print media to advice at risk people to get a flu jab and general health messages for the winter period (SE, 19/12)

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 10 of 10</p> <p>People are involved in decision making and care planning</p> <ul style="list-style-type: none"> • People enabled to make decisions about where, when and how they access health & social care in primary, secondary, and independent sector, within the Local Care Model. • Promote use of Health Help Now, commissioned across most of Kent and Medway, which has 	<ul style="list-style-type: none"> • Staff competent to support people in prioritising their needs, helping them get information to make informed choices. • People are able to access different types of support dependant on their needs- (range of different providers/options) • Integrated rehabilitation between community health services and social care enablement. Supporting a person-centred assessment and care plan. 	<ul style="list-style-type: none"> • Reduction in those accessing ambulatory A&E (target TBC) • increase in proportion of older people supported to live at home (Social Care Metric) • Proportion of people who use services who have control over their daily life (2015/16 baseline) • Develop a tool to record patient involvement in decision making. 	<p>April 2020</p> <p>April 2020</p> <p>April 2020</p> <p>April 2020</p>	<ul style="list-style-type: none"> - Kent and Medway care record have just secured funding for the second phase - Medway long term condition self care pilot, is underway, individuals with three or more long term conditions registered with GP practices in the pilot area have been invited to attend a self management course or self management event tailored to their existing level of skills and knowledge in managing their condition. Course delivery is currently underway. CE 11/04/19 -Development of a Social Prescribing model in Medway that is being used with care navigation and VCS contracts and external funding bids <p>Medway their first multi-partner social prescribing</p>
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To shift the balance of care from reactive to proactive

<p>information about local services and advice on which to use for different symptoms</p>	<ul style="list-style-type: none"> • People have the maximum opportunity to remain at home, while receiving effective clinical and social care. • Promote the use of social prescribing. 			<p>event, with a wide range of public, voluntary and academic sector partners joining. The network aims to work collaboratively to deliver social prescribing at scale, to realise the benefits to people and the system (SE, 19/12)</p>
<p>Improve early detection and treatment of risk factors related to non-communicable diseases</p> <p>Public Health</p> <ul style="list-style-type: none"> • Consistent assessments of need • Reduce and eventually minimise inconsistency in both primary and secondary care i.e. consistent systems of care through care pathways, guidelines and information given to the patient and carers wherever possible • [Effective referral system for all relevant services] • Continue to develop high-quality, consistent care that is evidence based, protocol driven, safe and of a high standard that improves 	<ul style="list-style-type: none"> • Consistent assessments of need • Minimise inconsistency in both primary and secondary care i.e. consistent systems of care through care pathways, guidelines and information given to the patients and carers wherever possible <p>Effective referral system, with common points of access and integrated triage.</p> <ul style="list-style-type: none"> • Continue to develop high-quality, evidence based care that improves patient outcomes • Increase availability of 	<ul style="list-style-type: none"> • Case management targets achieved for example: <ul style="list-style-type: none"> - Increase the number of patients diagnosed with hypertension, increasing the completeness of Hypertension registers - Improve the care of those already diagnosed with hypertension, supporting adherence to treatment and lifestyle by increasing self-monitoring of BP % of patients on QOF Hypertension register - Increase the number of people with respiratory conditions (COPD, asthma) who have a seasonal influenza vaccination - Improve the management of those diagnosed with COPD and support COPD patients who smoke to quit - Develop comprehensive COPD programmes using Right Care - Improve the detection of atrial 	<p>April 2019</p> <p>April 2019</p> <p>Dec 2018</p> <p>Dec 2018</p> <p>Dec 2018</p>	<p>- In the 6 months of the delivery of the Health Checks outreach project in Medway, of the 782 checked, 23% of those were identified with possible hypertension and were referred on to their GP for further treatment. – (22/08/18)</p> <p>-September 10th sees the launch of know your numbers week in Medway, offering free BP checks for all. – (JT 21/09/2018) Data is still being collated, however so far the following were carried out:</p> <ul style="list-style-type: none"> • BP Checks – 320 • Non Urgent Referrals – 74 • Urgent referrals – 7 • Health Check referrals- 17 <p>-Medway CCG are piloting a new model for people with frequent exacerbations of COPD</p> <p>- Medway Public Health (PH) have been working with the CCG to ensure that referral pathways are in place between PH and GP’s for those identified at risk of AF.</p> <p>- (JT21/09/18) Referral pathways have been agreed with the CCG. To date 14, 1 lead ECG’s have</p>

To shift the balance of care from reactive to proactive

<p>patient outcomes</p> <ul style="list-style-type: none"> Local public mental health campaign 	<p>digital self-care packages</p> <ul style="list-style-type: none"> Individuals are identified as at risk of a LTC, or having a LTC Increased public mental health campaigns based on local needs and behavioural insight principles 	<p>fibrillation (AF) to match that of comparator organisations</p> <ul style="list-style-type: none"> Improve the care of those already diagnosed with atrial fibrillation, such as offering anticoagulants to those who would benefit Prevent the onset of type 2 diabetes in people at risk of the condition, including a full rollout of the DPP and an increased marketing of the service Improve the prevention and management of those with diabetes Improve the management of type 2 diabetes, increasing proportion of patients with optimal treatment to national good practice levels Establish IAPT programmes for patients with LTC Implement care navigation programmes across STP footprint. Perform local public health needs assessments for mental health and suicide prevention Implement guidance on local authority actions to prevent suicide Use behavioural insight/economics to develop messaging around public mental 	<p>April 2019</p> <p>April 2019</p> <p>April 2019</p> <p>April 2019</p> <p>April 2020</p> <p>Dec 2018</p> <p>June 2018</p>	<p>been carried out, all reported as normal.</p> <ul style="list-style-type: none"> -Link to the maternal weight needs assessment - Gestational diabetes linked to maternal obesity which increase the risk of type 2 diabetes for the mum and child. (WJ 24/09/18) -(JM 24/09/18) Kent public health needs assessments for mental health and suicide prevention complete -Medway suicide prevention mapping and analysis is complete, full JSNA chapter to be completed in 2019. CE 11/04/19. Partners in Medway successfully awarded “Organic Time to Change hub” status in March. Awarded £25k STP funding to deliver plans. The partnership is aimed at ending mental health stigma. Detailed hub plans are being developed but will include campaigns and training community champions with lived experience of mental health stigma to hold community events that will challenge mental health stigma. CE 11/04/19 -Suicide prevention guidance/actions is included in K+M suicide prevention strategy – implemented by quarterly steering group. -Expansion of release the pressure suicide prevention campaign was undertaken in 2019, resulted in significant increase in number of calls to the release the pressure helpline. CE 11/04/19 Extra Release the Pressure comms activity for World Suicide Prevention day increased hits on the website from 200 in week before to 900 in week after campaign CE 15/11/18 Innovation fund (Saving Lives) allowing local groups to bid for funds to tackle suicide in local community has now awarded funding to 27 successful bids
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To shift the balance of care from reactive to proactive

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 62</p>		<p>health campaigns, including 6 ways campaign</p>	<p>across K+M (over £80k funding allocated). Projects will be implemented by 2018. CE 15/11/18. Showcase network event for innovation fund projects held in November. "Stay Alive" safety planning app for those at risk of suicide launching this month. CE 20/12/18 -2019/20 funding has been confirmed for the STP Suicide Prevention project at the same level as 2018/19 (£667,000) Suicide prevention awareness training has been commissioned and has now opened for booking. Over 900 people have already booked a place. Further training for children and young people and e-learning is in development. CE 15/11/18 KMPT (mental health trust) have appointed a lead to progress their suicide prevention projects focusing on zero suicides among inpatients and enhancing support following discharge from inpatient mental health services CE 15/11/18 Recently published statistics have shown that the suicide rates in Kent and Medway have fallen faster than the national rates. This is positive; however the Kent and Medway rates are still higher than national levels. There are a wide range of STP funded suicide prevention projects underway including further promotion of release the pressure, commissioned suicide prevention training and an innovation fund which has awarded funding to 27 projects across the STP footprint. KMPT are leading on five transformation projects within their services and the Kent Safeguarding Children's Board is leading on a Thematic Review of Suicides Amongst Children. (TW 22/11/18)</p>
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To shift the balance of care from reactive to proactive

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 63</p>			<p>-The providers of the two major training elements have been secured after a procurement process (public announcement shortly)</p> <p>-The £82,000 Innovation Fund has been launched (deadline October 11th) www.kent.gov.uk/savinglives</p> <p>HeadStart Kent – building young people’s resilience Emotional Mental Health and Wellbeing support embedded and with School Public Health Service. (VT 26/10/18)</p> <ul style="list-style-type: none"> • Successful STP Suicide Prevention conference held 14.May. 230 delegates. Strong TV, radio and online coverage secured. Very good feedback from delegates and presenters • Hosted two day visit from NICHE external researcher evaluating the STP Suicide Prevention programme. Awaiting formal feedback • KMPT drafted Zero Suicide Plan and presented to STP MH meeting • Productive KCC / KMPT meeting re co-occurring conditions • Innovative partnership with Maidstone BC secured to pilot what Borough Councils can do to support suicide prevention • Suicide Prevention e-learning now available – we can provide to any Trust that would like to add it to their internal e-learning options • Depression pathway stakeholder workshop held (16.May) (TW 23/5/19)
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To shift the balance of care from reactive to proactive

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<p>Optimise workforce Capacity and Capability</p> <ul style="list-style-type: none"> There is a competent and knowledgeable workforce with the appropriate skills to be responsive to the populations needs. 	<ul style="list-style-type: none"> Integrated care pathways used to plan workforce development across health, social care and other settings Role descriptions and individual 	<ul style="list-style-type: none"> Targets and measures to be agreed and set by LWAB to include: <ul style="list-style-type: none"> x amount of staff trained all new job descriptions reflecting prevention agenda record uplift in volumes of referrals 	<p>April 2019</p>	<ul style="list-style-type: none"> -SBF and CBT contracts awarded for tier 3 MECC training and dates confirmed and will be available on Eventbrite by the end of 2018 (JH 12/12) -Tier 2 and 3 MECC programmes agreed and ready for roll out across Medway and West Kent from Jan 2019 (JH 12/12)
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To shift the balance of care from reactive to proactive

<p>Page 65</p> <ul style="list-style-type: none"> The workforce is trained to deliver health promotion advice Front line staff are supported and encouraged to contribute to continuous improvement as well as to provide high quality, responsive person-centred care. 	<p>responsibilities are amended to enable sufficient flexibility to allow realignment of services as required to meet the changing needs of patients</p> <ul style="list-style-type: none"> Education and training programmes are developed to ensure the workforce has appropriate clinical and interpersonal competencies that include behaviour change and self-management Ensure appropriate staff are aware and trained in Making Every Contact Count and social prescribing Develop programme of multi-skilled workforce and hybrid workers Promote the use of social prescribing 	<p>(to see if the contacts do count and conversations are leading to higher rates of referrals to services)</p>		<ul style="list-style-type: none"> -Tier 1 MECC training in Medway Underway and over 100 people trained already, (JH 12/12) -MECC baseline survey is live, currently 500 responses across Medway, more required across Kent (total target of 750). (JH 12/12) -Youth Mental Health First Aid training rolled out in Medway in 2018 and already over 80 professionals trained across the workforce with more sessions scheduled in 2019 (JH 12/12) - Connect 5 training being rolled out in Medway with 12 trainers in place and over 160 people trained (JH 12/12) -
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<p>Effective Commissioning</p> <ul style="list-style-type: none"> Use new and existing STP resources to support primary secondary and tertiary prevention A collaborative approach to 	<ul style="list-style-type: none"> Reduce duplication of care through clear and effective governance of service provision, for both individuals and services as a whole. Effective and efficient use of all resources; 	<ul style="list-style-type: none"> Clear service specifications for evidence based prevention interventions in place and integrated prevention pathways in place across Kent and Medway. 	<p>April 2020</p>	<ul style="list-style-type: none"> -Medway 0-19, Sexual Health, Domestic Abuse and Substance Misuse (AG 16/10) contracts fully embedded prevention. CCG/MC community services, Care navigation. CVS specs have embedded prevention and social prescribing Kent Substance Misuse Service linking in the Mental
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To shift the balance of care from reactive to proactive

<p>strategic commissioning of prevention focussed activity is put in place</p> <ul style="list-style-type: none"> Evidence of Return on Investment (ROI) and capacity planning for prevention. <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 66</p>	<p>including staff, equipment and estates</p> <ul style="list-style-type: none"> Revising the business cases for the prevention work as more evidence becomes available, using systems modelling approach 	<ul style="list-style-type: none"> Performance management system to evaluate impact of prevention interventions in place Outcome focussed prevention CQUINs developed, implemented and performance managed with identified providers across primary and secondary care in Kent and Medway All commissioned contract opportunities are assessed for opportunities to embed prevention agenda within service specification and KPIs 	<p>April 2020</p> <p>April 2020</p>	<p>Health Workstream of the STP to ensure future commissioning arrangements are embedded. Workshops have taken place to start this process off and will continue within 2019/20 (VT 26/10/18)</p> <p>Kent currently in the process of transforming Sexual Health Services across Kent, working with strategic partners MTW and KCHFT. Services are currently being remodelled in line with findings of a recent needs assessment. New contracts are due to start from April 2019. (VT 26/10/18)</p> <p>-New school aged immunisation service commissioned in 2018</p> <p>-smoking CQUINs in place across Kent and Medway and being worked on by Medway community healthcare CiC, MTW NHS Trust, Dartford and Gravesham NHS Trust and EKHUFT. (DS 17.1.19)</p> <p>-Medway Council Procurement strategy requires new providers/contracts to embed workplace health KCHFT strategic partnership – collaborative approach</p>
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To shift the balance of care from reactive to proactive

Page 67	Smoking Cessation and Tobacco Control	<ul style="list-style-type: none"> • Reduce the prevalence of smoking in Kent and Medway • Provide direct smoking cessation support after discharge • Assure that there is tailored support for people with mental health conditions • Move to smoke free status across Kent and Medway • Greater signposting of smokers to smoking cessation • Work with appropriate agencies to reduce the availability of illicit tobacco in communities • Target populations with highest smoking prevalence (i.e. routine and manual workers) to attend a cessation support service • Reducing smoking at time of delivery • Smoke Free School Gates • Provide a range of digital quit support services and smoking cessation campaigns 	<ul style="list-style-type: none"> • Ensure smoking advisors located in each of the acute trust sites across Kent and Medway • All Acute and Community Trusts and the mental health trust to be smoke free across Kent and Medway • GPs and other health professionals are encouraged to develop routing CO monitoring and encourage smoking cessation services for patients. • Introduce Very Brief Advice for smokers to be delivered by health care professionals and incorporating asking and recoding smoking status, advice on the best way of quitting and offering referral to specialist support and the prescription of medication if appropriate. • Use MECC or similar programme(s) to ensure all pregnant women are CO monitored and referred to smoking cessation services when needed. • Use MECC or a similar programme to raise awareness of the harms of smoking in pregnancy and develop routine CO monitoring in clinical settings followed by referral to smoking cessation services where required. • Implement smokefree school gates and measure the number of schools with smokefree policies. • Roll-out of Kent and Medway 	April 2019	<p>-Acute advisors within MFT and discussions with the Medway planned care board are about to commence, regarding stop before the op policy mobilisation. Joint meetings planned for September 18 - (22/08/18) - (JT21/09/2018) Meeting cancelled due to CCG capacity</p> <p>-In Kent, Smoking Advisors are located in each of the Acute Trusts. Specialist Midwives with a lead in Smoking in Pregnancy are working towards ensuring all women are CO monitored at first ante-natal booking and again at 16 and 36 weeks all [DAS 15/2/19] all identified smokers referred directly to Stop Smoking Services. SIP midwives are also running cessation clinics for pregnant women who smoke and who have declined core stop smoking services. Quit rates are high and cessation groups can include partners who also want to quit smoking. EKHUFT have recruited two maternity staff with responsibility for discharge which involves taking a CO reading and providing information on second hand smoke and a smokefree home.</p> <p>What the Bump Smoking in Pregnancy campaign is being launched across East Kent and will be rolled out across West Kent later in the year. The campaign will also be delivered through Social Media (DS 17/5/19)</p> <p>What the Bump campaign targeting pregnant women who smoke is being rolled out across South Kent Coast and Thanet CCG areas. (DS 15/2/19) Smoking in Pregnancy rates in Kent are currently 14.4% (DS 15.2.19)</p> <p>Very Brief Advice smoking cessation training scheduled for GP and surgery staff at Local Care</p>
				Sep 2018	
				Sep 2018	
				Sep 2018	

To shift the balance of care from reactive to proactive

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 68</p>		<p>smoking cessation campaigns based on behavioural insight work, collaborating with partners</p>	<p>Team meeting in February 2019 (SE 15/11/18)</p> <ul style="list-style-type: none"> -Smoking Plus pilot commenced in Ashford from 4th February where GPs in Ashford will identifying smoking status of patients (as part of QOF) and either referring smokers to stop smoking services or prescribe patients with dual NRT or champix to help them quit. (DS 15.2.19) (DS 17/5/19) -Specialist Midwives in Kent are currently training Acute Trust health professionals and midwifery staff in very brief advice on smoking and championing Smokefree Hospital Sites. -Home Visit Advisers are delivering home-visit quit support to pregnant women who smoke in Thanet and South Kent Coast CCGs. They have supported 76 quitters to date. There are further plans to expand this initiative across the whole of Kent from August 2019 (DS 17.5.19) -MFT is already smoke free and will be holding a 2 year celebration event on the 17th of October 2018 (22/08/1/). - JT 21/09/2018 MFT and Medway Council will be signing up to the declaration at the launch event <p>East Kent District Authorities are developing an East Kent wide Illicit Tobacco Action Plan that will demonstrate local authorities' contribution to the illicit tobacco agenda. (DS 17.5.19)</p> <ul style="list-style-type: none"> -Plans are underway working with Kent Trading Standards to deliver an East Kent wide Illicit Tobacco workshop to engage district council partners in ways to tackle illicit tobacco in the area. (12/9/18). On 11th January there was a workshop to scope the potential and an action plan is being developed (DS 17.1.19)
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To shift the balance of care from reactive to proactive

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 69</p>			<ul style="list-style-type: none"> -The Medway Maternal Smoking Strategy has been approved by Medway HWB with the action plan being progressed by the strategy partnership. Performance is being managed and monitored by the LMS - (22/08/18). Smoking at time of delivery rates are decreasing across Medway and have reduced from 19% in Qtr 1 to 15.9% in Qtr 4 (2017/18) -VBA training for Health visitors will be delivered to Health visitors with a Workforce development role with the aim to effectively offer information on the risks and harms to children caused by second hand smoke and offer referrals into the Stop Smoking Support Services. (DS 24/9/18) -Stoptober campaign delivered across Kent with support of NHS and district authorities. -VBA training mandatory for all community and acute midwives at MFT. 2017/18 Medway PH trained 337 staff: <ul style="list-style-type: none"> • 166 Midwives • 133 Health visitors • 55 Undergraduates 5 Children centre staff - (22/08/18) - All 6-8 week and 1 year checks by health visitors include CO testing as standard from May 2018 (resulting in 75 referrals into the service) (JH 12/12) -All materials for the 'Whats the bump campaign' disseminated across Medway - (22/08/18) -A digital platform is being delivered to improve self-help and motivational advice to encourage smokers to quit. This will be delivered as part of Smoking Plus (DS 24/0/18) -Ashford and Canterbury have implemented Smokefree School gates in targeted Primary
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To shift the balance of care from reactive to proactive

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 70</p>			<p>Schools. Thanet schools plan to roll this out in October/November. Shepway and Dover are also in to process of developing smoke free school gates initiatives. (12/9/18)</p> <ul style="list-style-type: none"> -Quit Clubs are being delivered across local businesses as part of workplace health. (DS 24/9/18) -The Quit Coach programme has been redesigned to respond to the resource pressures on youth services. (DS 24/9/18) Appropriate bespoke training for peer mentors is planned for August 2019 so that the pilot can commence in Ashford from September 2019. The aim is for 60 young people to quit smoking as a result of the peer mentor programme. (DS 17.5.19) -Kent PH E cigarette paper has been shared for consultation and will be finalised in October 2018 (DS 24/9/18)
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To shift the balance of care from reactive to proactive

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 71</p> <p>Obesity and Physical Activity</p>	<ul style="list-style-type: none"> • Care pathway changes to all long-term conditions • Whole Systems Approach • Environmental changes • Planning restrictions • Physical activity • Weight Management • Support adults and children to achieve a healthy weight • Increase breastfeeding rates • Create healthy settings for children and employees 	<ul style="list-style-type: none"> • Public Health professionals to work with appropriate clinicians within specialist teams to implement routine process of obesity related subjects being discussed, recorded and reported within routine treatment • Adopt a Whole Systems Approach to tackling obesity, obesogenic environments and lack of physical activity across adults and children • All NHS and Care sites to become healthy setting with changes to food offer, placement and pricing. • Explore ways of working with planning colleagues to reduce obesity and overweight • All NHS and Care sites to support physical activity for staff, patients and visitors • Collaboration with Public Health England on the Whole System Approach – including information and training sessions and implementation of Let's Get Moving • Scale up existing Tier 2 weight management for adults across Kent and Medway • Explore provision of a universal Tier 2 weight management service for children and families across Kent and Medway, ensuring equity of access for residents • Scale up existing Tier 3 weight management for adults across Kent 	<p>All - Sep 2020</p>	<ul style="list-style-type: none"> -Medway healthy weight summit taking place on 25th September -Man vs Fat pilot was a huge success with the Medway league achieves the highest ever recorded weight loss for the 80 players of all the national leagues (almost 700k lost by 80 participants in 15 weeks) SE, 19/12 -Medway Local Plan is currently in development with strong policies being developed to bolster the hot food takeaway guidance note -In Kent pilot programme to link Primary School Health short intervention with practical activity and nutrition sessions led by districts councils in Dartford and Gravesham. -In Kent working in partnership with KCHFT to implement the healthy weight pathway for health visiting. Pathway is being delivered in Primary School Health Service. Initial discussions underway to develop intervention in secondary school health service. -KCHFT Health Visiting Service have achieved stage 2 BFI accreditation. KCC Children centres achieved level 2 BFI status March 2019 supported by KCHFT and will now work towards both WJ 23/5/19 services achieving stage 3 by the end of 2019. (SB 24/09/18) -Sugar Smart Medway campaign is planned for launch in July 2018, encouraging residents and organisations to reduce their sugar intake - restricted frenulum pathway communication has been developed for maternity services, GP, third sector providers] in Kent. Further amendments made following infant feeding interim evaluation of the revised model of IF support. To be disseminated imminently. The increased skill set
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To shift the balance of care from reactive to proactive

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 72</p>		<p>and Medway</p> <ul style="list-style-type: none"> • Implement Tier 3 weight management for children across Kent and Medway with a multi-disciplinary team • Develop referral pathways with both primary and secondary care services to ensure that people are referred to appropriate services • Develop a care pathway within the school public health and health visiting services in line with their contractual obligations • Promoting healthy eating, physical activity and healthy weight campaigns to the public and professionals, reinforcing messages of how to achieve a healthy weight • Support all appropriate and community sites to achieve the highest standard of UNICEF Baby Friendly accreditation and implement a range of evidence based infant feeding initiatives • Work with schools, pre-schools and employers to ensure settings promote physical activity when they can and develop a whole food approach • Support children and adults to achieve basic physical literacy skills and develop home cooking skills and confidence • Identify and/or develop a range of digital support solutions (such as 	<p>amongst health visitors in Kent to use the Bristol Tongue Assessment Tool has identified more tongue tie. The capacity of frenulum division services is insufficient to meet demand. WJ 23/5/19</p> <p>-BFI stage 3 assessment at MFT being prepared and neonatal stage 1 assessment</p> <p>KCHFT BFI accredited stage 2 Children’s Centres working towards stage 2. KCHFT working towards Stage 3.</p> <p>-Medway schools and pre-schools healthy settings award being launched in 2018</p> <p>-Ante and post-natal Infant feeding pathways disseminated June 2018 and revised November 2018. [WJ 18/12/18]</p> <p>-Activity to develop an LMS whole system communication [social media/website] re infant feeding including the benefits of breast feeding within the first hour following birth. . Business case to be developed [WJ 18/12/18]</p> <p>- Agreed to adopt and develop the Medway ‘Beside You’ campaign across the LMS. WJ 23/5/19</p> <p>-Incorporated additional contact in HV service spec re child weight at 3-3½ years to those where weight/diet a concern at the final mandated contact.</p> <p>-Kent public health financing the UNICEF assessments in maternity trusts.</p> <p>-KCC children centres level 2 assessment currently deferred.</p> <p>-KCHFT BFI level 2 achieved September 2018. MTW NHS Trust working towards BFI level 2 assessment. [WJ 18/12/18] Neonatal assessment Level 1 November 2018</p> <p>-Dartford & Gravesham NHS Trust have recently</p>
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To shift the balance of care from reactive to proactive

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 73</p>		<p>apps) that can support people to lead healthier lives and promote these services to residents</p>	<p>achieved BFI level 3 -EKHUFT commenced BFI process with presentation May 2019. WJ 23/5/19 -Medway will be kicking off a consultation with residents to ask about their preferences for a digital weight management service, starting with an online survey for existing and potential service users (SE, 19/12)</p>
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To shift the balance of care from reactive to proactive

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 74</p>	<p>Improved prevention of cardiovascular disease, cancer and maternal health</p>	<p>Collaboration with Public Health England on the primary and secondary prevention of cardiovascular disease</p>	<p>Detection and treatment of atrial fibrillation</p>	<p>April 2019</p>	<p>-See above.</p>
		<p>Collaborate with the local Cancer Alliance, PHE and partners around cancer screening and cancer prevention</p>	<p>Detection and treatment of hypertension</p>	<p>April 2019</p>	<p>-Kent and Medway Cancer screening group joining Medway 20 event to raise awareness</p>
		<p>Collaborate with the Local Maternity System around healthy lifestyles and improved maternal health</p>	<p>Detection and treatment of hypercholesterolaemia</p>	<p>April 2019</p>	<p>- Public Health represented at STP cancer strategy development day in October, prevention and screening highlighted</p>
		<p>Work with partners in the cancer network on developing opportunities to discuss healthy living and survivorship with cancer patients Work with partners on primary and secondary cancer prevention e.g. smoking cessation</p>	<p>Use the local Health Protection Committees to assure the cancer screening services and local immunisations. Work with partners in the cancer network on developing opportunities to discuss healthy living and survivorship with cancer patients Work with partners on primary and secondary cancer prevention e.g. smoking cessation</p>	<p>April 2019</p>	<p>-First joint Swale & Medway Cancer Steering Group will take place on Tuesday 24th July</p> <p>- Kent and Medway Maternal weight needs assessment being undertaken and completed WJ 23/5/19. Draft completed & with colleagues for feedback[18.12.18 WJ] Evidence re high BMI at booking, speed of weight gain and impact on child obesity as early as age 2 ½ -3 yrs Need to prioritise preconception care. (WJ 24/09/18) and the impact of no contraception use because of weight (WJ 19/10/18). Pre conception care is included in the LMS plan 2019/20 submitted to NHSE [WJ 18.12.18]</p> <p>Health Visitors – antenatal contact action plan, creation of Baby Hubs, Development and delivery of “You and Your Baby” antenatal programme in Children’s Centres. (VT 26/10/18)</p> <p>Grow My Brain campaign scheduled to go live in</p>

To shift the balance of care from reactive to proactive

Page 75			February 2019, promoting interactions between parents and infants in order to support breastfeeding and other maternal health agendas (SE 15/11/18)
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To shift the balance of care from reactive to proactive
Embedding Prevention Work Across All Workstreams and STP

Leads from Prevention are engaged in the following STP Workstreams

Workstream/Group	PH Reps	Activity to date	Future activity
Clinical Board	James Williams Andy Scott Clarke		
Programme Board	James Williams Andy Scott Clarke	Deep dive into prevention workstream in April 2018	
Communications and engagement	Emma Burns		
Estates	Su Ormes		
Local care	James Williams Andy Scott Clarke David Whiting Allison Duggal		
Mental health	Clare Ebberson Jess Mookerjee		
Workforce	Aeilish Geldenhuys Allison Duggal	Sept 18 - Developed LWAB strategy - identified opportunities to better embed prevention within the strategy; including embedding MECC principles into new medical school and social care academy. (AG 16/10)	PH team drafting project plan and specifications for the training.
Stroke	David Whiting James Williams	Consultation has now closed with input from PH throughout process. June 2018: Medway PH Intelligence team and the Shared Health Analytics Board are	PH team is providing analytical support to the stroke programme board, to inform the selection process.

To shift the balance of care from reactive to proactive

		submitting a joint proposal to support further analysis of stroke options.	
Digital	Abraham George		
Local Maternity Strategy (SATOD)	Julia Thomas Debbie Smith	April 18 - The LMS task and finish group have noted that Medway Foundation Trust (MFT) need to have a specialist midwife for smoking in pregnancy to support a consistent approach across the LMS system. I'm aware that KCC have supported these specialist midwives for 1 more year but now need maternity commissioners to continue funding so that resources can be invested in stop smoking initiatives such as Home Visit Quit smoking programmes.	
LMS	Julia Thomas Wendy Jeffreys	21/09/18 Smoking in pregnancy KPI's have been agreed by the LMS: <ul style="list-style-type: none"> • 95% C.O. at booking rates • 90% referral to stop smoking services rate and • 100% C.O. testing at 36 weeks or delivery Monitoring processes are currently being developed via support from the Public Health intelligence team.	
Hospital care			

To shift the balance of care from reactive to proactive

LMS (infant feeding)	Wendy Jeffries		
Productivity	???		
System transformation	???		
East Kent	Not applicable		
Medway and North West Kent	James Williams Ian Sutherland		
Finance modelling group	Abraham George and David Whiting		
Finance group	James Williams and Andy Scott Clarke		
Partnership board	Not applicable		
Patient and Public Advisory Group	Gary Frost and Sarah Horley		
Workstreams lead group	Allison Dougall		
Clinical strategy	Andy Scott Clarke		
Cancer			
Primary Care			

From: Benjamin Watts, General Counsel

To: Health Reform and Public Health Cabinet Committee – 14 January 2020

Subject: **Work Programme 2020/21**

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 2020/21.

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 2020/21

2.1 An agenda setting meeting was held 1 November 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.

<p>4. Recommendation: The Health Reform and Public Health Cabinet Committee is asked to consider and agree its work programme for 2020/21.</p>

5. Background Documents

None.

6. Contact details

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HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE WORK PROGRAMME 2020/21

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

6 MARCH 2020

- *Verbal Updates*
- *Contract Monitoring – One You Kent/Adult Health Improvement*
- *Work Programme*
- **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**
- **Regional approach to tackle illicit tobacco** (from item 10 at 22/11/18 mtg) **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**
- **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**
- **Health Inequalities** – annual
- **Kent Care Record** – update on integration/info sharing between different systems - **requested at September meeting**

30 APRIL 2020

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

8 JULY 2020

- *Verbal Updates*
- *Contract Monitoring – Adult Substance Misuse contracts*
- *Work Programme*
- **Update on Public Health Campaigns/Communications**
- **Strategic Delivery Plan monitoring** – to all Cabinet Committees six-monthly (agreed by Corporate Board, June 2019)

9 SEPTEMBER 2020

- **Verbal Updates**
- **Contract Monitoring – *Children and Young People’s condom programme and online Sexual Health services***
- **Work Programme**
- **Public Health Performance Dashboard – incl impact of STP**
- **Annual Report on Quality in Public Health, incl Annual Complaints Report**
- **Annual Equality and Diversity Report*** for Public Health, this is part of the Strategic Commissioning Equality and Diversity, which goes to the Policy and Resources Cabinet Cttee

20 NOVEMBER 2020

- **Verbal Updates**
- **Contract Monitoring – *Health Visiting***
- **Work Programme**
- **Public Health Performance Dashboard – incl impact of STP**
- **Strategic Delivery Plan monitoring** – to all Cabinet Committees six-monthly (agreed by Corporate Board, June 2019)

8 JANUARY 2021

- **Verbal Updates**
- **Contract Monitoring – *Primary School Health Services***
- **Work Programme**
- **Public Health Performance Dashboard – incl impact of STP**
- **Budget and Medium-Term Financial Plan**
- **Update on Public Health Campaigns/Communications**

10 MARCH 2021

- **Verbal Updates**
- **Contract Monitoring – *NHS Health Checks***
- **Work Programme**
- **Public Health Performance Dashboard – incl impact of STP**
- **Strategic Development Plan** (replaced former Directorate Business Plans)
- **Risk Management report (with RAG ratings)**
- **Health Inequalities – annual**
-

30 JUNE 2021

- **Verbal Updates**
- **Contract Monitoring – *Integrated Sexual Health services***
- **Work Programme**
- **Public Health Performance Dashboard – incl impact of STP**
- **Update on Public Health Campaigns/Communications**
- **Strategic Delivery Plan monitoring** – to all Cabinet Committees six-monthly (agreed by Corporate Board, June 2019)

PATTERN OF ITEMS APPEARING REGULARLY	
Meeting	Item
January	<ul style="list-style-type: none"> • Budget and Medium-Term Financial Plan • Public Health Performance Dashboard – incl impact of STP • Update on Public Health Campaigns/Communications
March	<ul style="list-style-type: none"> • Strategic Development Plan (replaced former Directorate Business Plans) • Risk Management report (with RAG ratings) • Health Inequalities – annual
April/May	<ul style="list-style-type: none"> • Public Health Performance Dashboard – incl impact of STP
June/July	<ul style="list-style-type: none"> • Update on Public Health Campaigns/Communications • Strategic Delivery Plan monitoring – to all Cabinet Committees six-monthly (agreed by Corporate Board, June 2019)
September	<ul style="list-style-type: none"> • Annual Report on Quality in Public Health, incl Annual Complaints Report • <i>Annual Equality and Diversity Report*</i> 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	<ul style="list-style-type: none"> • Strategic Delivery Plan monitoring – to all Cabinet Committees six-monthly (agreed by Corporate Board, June 2019) (<i>January?</i>)

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