

**HEALTH REFORM AND PUBLIC HEALTH
CABINET COMMITTEE**

Wednesday, 9th September, 2020

10.00 am

Microsoft Teams



AGENDA

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Wednesday, 9 September 2020 at 10.00 am
Microsoft Teams

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

In response to COVID-19, the Government has legislated to permit remote attendance by Elected Members at formal meetings. This is conditional on other Elected Members and the public being able to hear those participating in the meeting. This meeting will be streamed live and can be watched via the Media link on the Webpage for this meeting: <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=895&Mid=8594&Ver=4>

County Councillors who are not Members of the Committee but who wish to ask questions at the meeting are asked to notify the Chairman of their questions in advance.

Membership (13)

- Conservative (9): Mr G Lymer (Chairman), Ms D Marsh (Vice-Chairman), Mrs A D Allen, MBE, Mr D Butler, Mr A Cook, Mrs L Game, Ms S Hamilton, Mr K Pugh and Mr A M Ridgers
- 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

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

- 1 Chairman's Introduction
- 2 Membership
To note that Mr A Ridgers has filled the vacancy left by Mr I Thomas and Mrs A D Allen has filled the vacancy left by Mr M J Northey.
- 3 Apologies and Substitutes
To receive apologies for absence and notification of any substitutes present
- 4 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

- 5 Minutes of the meeting held on 8 July 2020 (Pages 1 - 10)
To consider and approve the minutes as a correct record.
- 6 Verbal updates by Cabinet Member and Director (Pages 11 - 12)
- 7 Suicide Prevention Programme update (Pages 13 - 74)
- 8 The Context for Substance Misuse Services in Kent (Pages 75 - 86)
- 9 West Kent Drug and Alcohol Service Review Summary (Pages 87 - 100)
- 10 Public Health Commissioning Update (Pages 101 - 104)
- 11 Performance of Public Health Commissioned Services (Pages 105 - 110)
- 12 Work Programme 2020/21 (Pages 111 - 114)

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

Tuesday, 1 September 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 Microsoft Teams on Wednesday, 8 July 2020.

PRESENT: Mr G Lymer (Chairman), Ms D Marsh (Vice-Chairman), Mr D Butler, Mr A Cook, Mr D S Daley, Ms S Hamilton, Mr S J G Koowaree, Mr B H Lewis, Mr P J Messenger and Mr K Pugh

ALSO PRESENT: Mrs C Bell and Mr R H Bird

IN ATTENDANCE: Mr A Scott-Clark (Director of Public Health), Mrs V Tovey (Public Health Senior Commissioning Manager), Miss T A Grayell (Democratic Services Officer) and Mrs A Hunter (Principal Democratic Services Officer)

UNRESTRICTED ITEMS

102. Chairman's welcome

The Chairman welcomed everyone to the first meeting of the committee to be run as a Live event using Microsoft Teams.

103. Membership (Item 2)

1. The Chairman reported that, following the recent passing of Mr Ian Thomas, the committee had a vacancy.
2. Also, since publication of the agenda, formal notice had been given that the new Vice-Chairman of the County Council, Mr Michael Northey, had left the committee, leaving a second vacancy.

104. Mr Ian Thomas

The Chairman paid tribute to Mr Thomas, saying what a valuable contribution he had made to the work of the committee and how much he would be missed by Members and officers.

105. Apologies and Substitutes (Item 3)

Apologies for absence had been received from Mrs L Game and Mr K Pugh.

There were no substitutes.

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

There were no declarations of interest.

107. Minutes of the meeting held on 6 March 2020
(Item 5)

It was RESOLVED that the minutes of the meeting held on 6 March 2020 are correctly recorded and that a paper copy be signed by the Chairman as soon as safely practical. There were no matters arising.

108. Protocols for Virtual Meetings
(Item 6)

1. The Democratic Services Officer introduced the report and explained that all committees were being asked to agree to adopt and follow the protocols for all future meetings held virtually.
2. It was RESOLVED that, in order to facilitate the smooth working of virtual meetings, the protocols be adopted.

109. Cabinet Member update
(Item 7)

1. The Cabinet Member for Adult Social Care and Public Health, Mrs C Bell, gave a verbal update on the work of the Kent Resilience Forum (KRF). The KRF had set up a multi-agency Recovery Coordinating Group, to comply with Government guidance, to co-ordinate with partners across Kent and Medway to produce an overall Recovery Strategy. The KRF consisted of several 'cells', of which Health and Social Care Recovery was one. Each cell had first to undertake an impact assessment identifying both the negative and positive impacts of the pandemic. A KRF report on 22 June, which was not yet publicly available, had identified strengths, weaknesses, opportunities and threats resulting from COVID-19.
2. The main public health themes identified in the report were:
 - a) Latent and generated demand, where services had not been available or people had chosen to wait before contacting services, as well as new demand arising from COVID-19. Activity in key services had dropped as some had been stood down during lockdown, but if activity in preventative services were to reduce, the demand for acute services could rise. Some problem areas, for example, domestic abuse and antisocial behaviour, had shown a rise during lockdown, and it was expected that, once the current

hold on evictions ended on 23 August, there would be a sudden increase in those at risk of eviction seeking support, all of which was likely to increase the demand for services.

- b) Implications for mental health. Several groups appeared to be at risk of adverse mental health outcomes, including those with chronic physical and mental health conditions, those who had lost a family member, those with lower levels of education and those living in outbreak hotspots. Additional factors which appeared to influence mental health status were the duration of the quarantine period and associated financial losses incurred. Demand for mental health services had originally reduced but was already rising to pre-COVID-19 levels, and some cohorts, for example, young people, had already been identified as having extra risk factors.
- c) There had been an increase in attempted and actual suicide by young people as well as an increase in mental health concerns in new mothers. People with dementia had experienced some disruption to services, including access to assessments and Deprivation of Liberty Safeguards (DOLs) assessments. Family carers were known to have poorer physical and mental health than the general population and it was expected that the strain of caring during the pandemic would have worsened the situation for many carers. Local housing associations were reporting a significant percentage of the client group exhibiting mental health difficulties and/or substance and alcohol misuse. A lack of coordinated strategic approach to addressing these needs had resulted in varying degrees of response across Kent.
- d) Impact on communities - the full impact was not yet understood, and a further impact assessment needed to be undertaken. It was identified that COVID-19 would disproportionately affect different groups within society, including those already living in poverty, those most financially impacted by COVID-19, black and minority ethnic people, those experiencing domestic abuse, family and informal carers, children and adults with learning disabilities, families with children with special educational needs, people with dementia, those already mentally unwell, those experiencing digital poverty and neighbourhoods which had been at the centre of an outbreak.
- e) Health inequalities already existed across Kent and Medway, with areas of deprivation most affected. Preventative services had been less accessible and there had been an impact on the physical wellbeing of those already experiencing health inequalities.
- f) There was also the likelihood of poor outcomes for those who were obese or smokers. Older vulnerable groups had also experienced different impacts from the wider population, for example, some vulnerable groups like those with dementia or learning disabilities, had had difficulty accessing testing. There was no co-ordinated county-wide testing in place for those accommodated under the rough sleepers initiative. Some children with disabilities had been unable to return to school as they would be unable to follow social distancing guidance, young carers had taken all

caring responsibilities as they've been concerned about letting home care workers into their homes, carers had not had access to short breaks or respite care, and some people would have found themselves taking on new caring duties during lockdown. Informal care would significantly reduce the demand on frontline services, and carers needed to be supported to be resilient in case of a second surge. People ineligible for services due to them having no recourse to public funds remained a challenge, and delay in the disabled facilities grant process would delay adaptations to people's homes to allow them to live independently for as long as possible.

3. Positive outcomes were:

- a) The impact assessments clearly identified how the workforce had risen to the demands of the pandemic in unprecedented ways and there was significant positive learning for an improved multi-disciplinary team approach.
- b) The use of digital technology had been accelerated across many services and people had received support which otherwise simply could not have been provided to them. There was emerging evidence that many people, for example, young people and those accessing mental health services, had found support through technology a very positive experience. Use of technology had created time and offered the opportunity of further efficiency. Partners had come together in far more imaginative ways due to the time created through holding virtual rather than physical meetings.
- c) The report also identified positives in terms of partnership working and collaboration. Much of the feedback recognized the approach across partners to come together against COVID-19. Improvements in system communication, trust and an unprecedented swiftness of decision-making, the absence of big set-piece meetings replaced by frequent and purposeful decision-making forums were widely welcomed. There had been a multi-agency approach to communication and partners clearly recognized that technology had enabled much of the agility and decision-making, creating significantly increased availability. There was a plea for 'digital by default' for future partnership meetings.
- d) The report also identified community resilience. This was a significant positive reason for changing demand due to an increase in individual family or community resilience. Extraordinary community spirit had been shown and had the potential to be sustained through the development of new community models.
- e) Forecasting and modelling - the system should analyse, forecast and model demand intelligently across the health and social care system in the short-, medium- and long-term and take account of a possible second wave of infection and the potential for local lockdowns. This work should build on the integrated datasets available to identify people receiving both health and social care services and to take account of the public voice. The report recommended that health and social care services should work

together to understand the public view of the impact of the pandemic and how their experience of changes to service delivery could shape new models of care. Consultation and engagement should be linked wherever appropriate to identify and act on priorities identified and a system needed to be prepared for a possible second and further waves of infection and the impact of winter pressure.

4. Quick wins identified were: Digital opportunities, mental health joint commissioning approach, building on volunteer workforce, communication with the public to support self-management and reduce demand, and encouragement of flu vaccinations. Process should be reduced and decision-making at the point closest to the issue enabled.
5. The next stage of work would be to identify critical success factors to achieving recovery.
6. The Chairman thanked Mrs Bell for her detailed update and it was RESOLVED that the update be noted, with thanks. There were no questions.

110. Public Health update - presentation by Director of Public Health
(Item 8)

1. The Director of Public Health gave a verbal update on the following issues:

COVID-19 response – the average 7-day case numbers for all areas of the population and all areas of the county were now falling and there had been no spike increase in cases following the easing of lockdown. Data had been shared with all district council partners across the county, including Medway.

Outbreak Control plans - COVID-19 was a notifiable disease and any institution suspecting a case was obliged to advise a local Public Health England team immediately so the latter could provide appropriate support and guidance on the steps which should be taken. Most cases reported were only single cases rather than clusters, and clusters, where found, were small and were mostly in care settings. Data was monitored daily to identify how cases had arisen.

Media Campaign on COVID-19 – called 'Protect Kent, Play Your Part', this sought to remind the public that COVID-19 had not gone away and that they still needed to be vigilant and act responsibly to avoid a repeat surge of cases and second, localised lockdown, as experienced in Leicester. The public was reminded of the need to continue observing 2-metre social distancing, to stay at home as much as possible, to wash hands regularly and use hand sanitiser gel where provided. The campaign would seek to be as flexible as possible and identify and address local concerns. The flu vaccine would be made available earlier than usual this autumn and had been launched on 2 July.

Testing – an additional testing site had been established at Manston airport and launched on 6 July, and coverage of the Kent population with static, mobile and postal testing facilities was good. If a cluster of cases were to be identified, a

mobile testing unit could be deployed without delay. The Department of Health was working to provide more walk-in and cycle-in testing sites and increase testing for vulnerable groups.

Data analysis and modelling work – much data analysis was being done to identify patterns of infection and help to prepare for various scenarios in which rates might increase in any one sector of the population or area of the county. Looking ahead to winter, when national levels of respiratory illness always increased, work would seek to identify more of those in the population who would be eligible for a flu vaccine. The vaccination programme would also start earlier than usual, in September rather than October.

Work with Partners – excellent partnership working had ensured that services could continue to be delivered. An Outbreak Control Plan had been published, to comply with Government requirements, and would be shared with all partners, and close joint working meant that all partners had an opportunity to learn from each other. With other local authorities, Kent had held outbreak control team meetings, in particular to address issues relating to the homeless. This would also seek to avoid the situation experienced in Leicester and issues which had arisen in meat packing plants in Europe and the USA.

2. Mr Scott-Clark responded to comments and questions from the committee, including the following:-
 - a) evidence of the effectiveness of face masks in limiting the spread of the virus was not strong, despite them now being compulsory on public transport. A face mask would lower the risk of the wearer infecting others around them rather than them being infected by others. Even if wearing face masks, the public must comply with Government guidance about distancing, use of hand sanitising gel where provided and frequent hand washing. The risk of spreading the virus was much less outdoors, with social distancing;
 - b) the outstanding role of care workers and care managers in supporting the elderly, disabled and vulnerable was applauded. The risk of infection among this client group, especially those living closely together in care homes, had been identified early, and teams consisting of NHS, Public Health England and Adult Social Care professionals had been deployed to identify outbreaks and provide advice and guidance to those caring for them. It was known that COVID-19 affected the frail and elderly more than younger people and that quite a lot of transmissions were asymptomatic. Asked how what proportion of Kent's care home population had died from the virus, Mr Scott-Clark explained that Kent was known to have a lower percentage of infection than many other local authorities. Figures were updated weekly by the Office of National Statistics and he undertook to provide the latest figures to the committee outside the meeting;
 - c) elected Members were proud of the work done by County Council staff and providers throughout the pandemic, particularly given the lack of information at the start about the nature of the virus and how it spread;

- d) asked to share the best practice discovered to deal with infection in the homeless population, Mr Scott-Clark explained that many who spent their days on the streets were not necessarily without homes but just chose not to stay in them. Spending a lot of time outside without access to washing facilities made them vulnerable to picking up the virus, and, if they showed symptoms, they would not follow advice to go home and stay home for seven days to avoid passing it on to others. Teams working with the homeless had the challenge of tracking them to test and follow up, including tracing those with whom they had had closest contact, but many homeless people did not want to be traced. To enforce self-isolation, the police and public health partners would have to prove that an individual posed a threat to others and would need to build a sufficient case for a magistrate to consider taking enforcement action. It was much easier for the police and public health to keep to the positive approach of 'Engage, Explain and Encourage' rather than enforce; and
- e) regular testing at care homes was welcomed and Mr Scott-Clark was asked if and how this could be extended to those using domiciliary care services. Mr Scott-Clark explained that regular testing had indeed been widened beyond the original 65+ age group to include people with learning disabilities, and would hopefully soon include those using domiciliary care services, as well as the carers delivering the service. This group already had access to testing but it was hoped that testing could be made more regular for them.

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

111. Public Health commissioning update, including digital inclusion and wellbeing hub
(Item 9)

- 1. Mrs Tovey presented a series of slides which set out how service delivery had adapted to accommodate the working changes and social distancing enforced by COVID-19, including new ways for the public to contact and access services remotely, including digital access. Some people wishing to access services chose to telephone rather than use the internet as they preferred to speak to someone, or else could not afford to use mobile data to use video access. A multi-agency project group had been established to look at digital access and user preferences and understand how best to support those who wished to access services in this way. A survey had been launched to look at equity of online access to public health, mental health and wellbeing and children and young people's services. The aim was to identify the challenges involved and why someone may not access; for example, some people shared a computer at home and could not always use it privately, while others might not have broadband or might need training and support to use digital services effectively. An update on this work would be supplied to the committee at a later meeting.
- 2. A new wellbeing hub had been launched to give the public easy, localised access to trusted health information which could help keep them well. This information continued to be updated and tailored to optimise its relevance to key

groups. A multi-agency group had been established to launch the hub at the start of April 2020, shortly after lockdown had started. In the first three months, there had been 4,801 page views, and initial feedback from use of the hub had identified anxieties around returning to work or school, families juggling childcare and work, those in the shielding community or with existing mental health and wellbeing issues. Local Members were asked to promote the wellbeing hub in their area and build public awareness of the information and guidance which was available there.

3. The Cabinet Member, Mrs Bell, added that its development fitted well with the work of the Kent Resilience Forum recovery cell and emphasised the effectiveness of good local engagement and the importance of listening to residents. The aim was that as many people as possible should be able to benefit from digital inclusion, including people in care homes, for example, by a videocall with their GP, to save them the need to travel and to save both parties time. Staff in homes would be trained to help residents to use devices and there should be a device available in every home.

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

112. Performance of Public Health commissioned services *(Item 10)*

1. Mrs Tovey introduced the report, which had been issued to the committee as a supplement to the main agenda pack, and highlighted the good performance of most services in the quarter leading up to the start of the COVID-19 pandemic and the start of lockdown. Data for four of the indicators had not been available at the time of writing the report due to the difficulties of collecting data during the pandemic.

2. The committee was being asked to support a change to key performance indicators (KPIs): to remove the existing indicator PHO2, which referred to the number and percentage of clients accessing GUM services offered an appointment to be seen within 48 hours, and replace it with a new indicator, to measure the proportion of all new first-time attendances taking up the offer and being screened for chlamydia, gonorrhoea, syphilis and HIV. This was something identified as a priority as part of the health needs assessment.

3. Asked about home visiting services for parents of new babies, Mrs Tovey explained that responsibility for these services was shared by various bodies. If there was a health need or any concerns or vulnerabilities about the family, it was likely they would have had increased face to face contact. The maternity service would support leading up to the birth and continue to support women for the first ten days. They would carry out checks while in hospital, in addition to those undertaken in the home, and some visits in the antenatal period have been virtual during the pandemic. The health visitor service was now conducting new birth visit in the home, however these were delivered virtually over the last few months, following national guidance. The service continued to offer face to face and virtual checks up to the age of two. The GP would make checks in the first 6 – 8 weeks, including immunisations. Communication between all agencies was critical to

support effective care. Mrs Tovey undertook to provide more detailed information outside the meeting.

4. It was RESOLVED that:-

- a) the performance of Public Health commissioned services in Quarter 4 2019/20 be noted; and
- b) the suggested change to key performance indicators, to remove the existing indicator PHO2, which referred to the number and percentage of clients accessing GUM services offered an appointment to be seen within 48 hours, and replace it with a new indicator, to measure the proportion of all new first-time attendances taking up the offer and being screened for chlamydia, gonorrhoea, syphilis and HIV, be supported.

113. Work Programme 2020/21
(Item 11)

It was RESOLVED that, subject to future adjustments to reflect ongoing COVID-19 recovery work, the committee's planned work programme be agreed.

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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 –
9 September 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) Digital support for quitting smoking and reducing alcohol
- 2) Forthcoming public health campaigns

Director of Public Health – Mr A Scott-Clark:

Mr Scott-Clark will give a verbal update at the meeting.

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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: 9 September 2020

Subject: Suicide Prevention Programme update

Classification: Unrestricted

Past Pathway: N/A

Future Pathway: N/A

Introduction:

This paper provides an update on the suicide prevention programme and includes;

- 1) The latest suicide statistics and commentary
- 2) How Covid-19 has impacted the Suicide Prevention Programme
- 3) A review of the 2015-20 Strategy
- 4) A proposal regarding the 2021-2025 Suicide Prevention Strategy
- 5) Risks relating to the Suicide Prevention Programme

Recommendation(s):

Committee Members are asked to provide comments and recommendations regarding any aspect of the suicide prevention programme.

1. Introduction

- 1.1 The Health Reform and Public Health Committee previously received information about the suicide prevention programme in February 2020.
- 1.2 This update provides Committee Members with;
 - The latest suicide statistics and commentary
 - How Covid-19 has impacted the Suicide Prevention Programme
 - A review of the 2015-20 Strategy
 - A proposal regarding the 2021-2025 Suicide Prevention Strategy
 - Risks relating to the Suicide Prevention Programme

2. Latest suicide statistics and commentary

- 2.1 It should be noted the latest national suicide statistics are due for publication in the first week of September (i.e. after this paper is submitted for publication, but before the Cabinet Committee Meeting). Assuming that they

are published according to schedule, a verbal update will be given at the meeting.

- 2.2 In November 2016, the Secretary of State for Health Jeremy Hunt wrote to all local authorities highlighting their role in suicide prevention planning and the national target to reduce the numbers of suicide by 10% by 2020/21. Statistics released in September 2019 indicate that the three-year rolling aggregate rate per 100,000 in Kent has been falling since 2013-15.
- 2.3 (The 3-year rolling rate is what NHS England use to measure progress against the 10% national reduction target. This is the preferred measure because it is a more reliable statistic than comparing the relatively small numbers of suicides in any one particular year).

Table 1: 3 year rolling suicide rates per 100,000

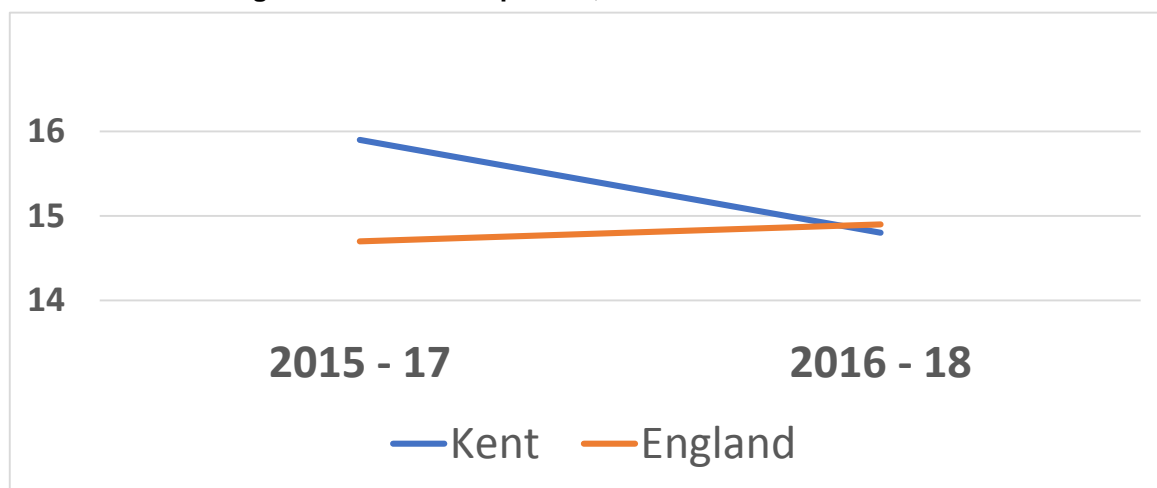
	2013-15	14-16	15-17	2016-2018
ENGLAND	10.1	9.9	9.6	9.6
Kent	12.0	11.6	10.5	10.0

Source: ONS

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesbylocalauthority>

- 2.4 The male suicide rate in Kent is now lower than the national average according to the latest available figures.

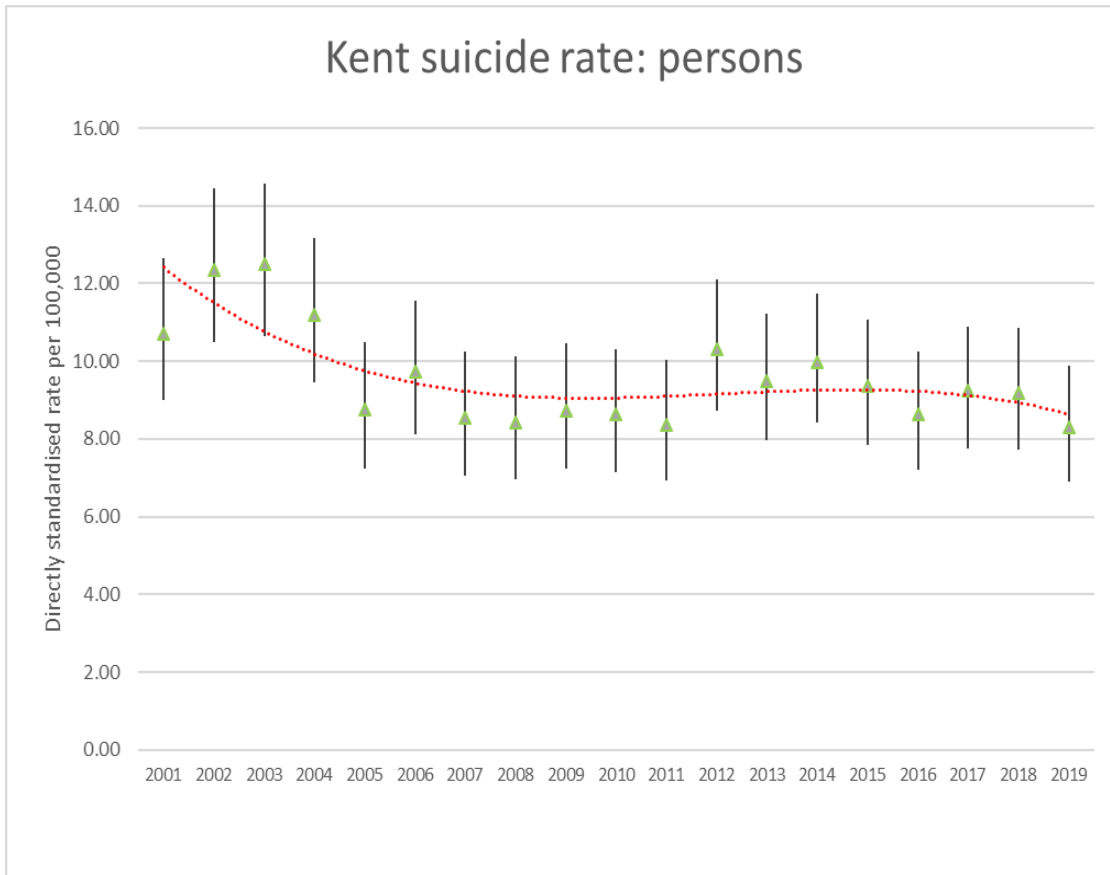
Chart 1 3-Year rolling male suicide rate per 100,000



Source – Public Health England <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/4/gid/1938132828/pat/6/par/E12000008/ati/102/are/E10000016/iid/41001/age/285/sex/1>

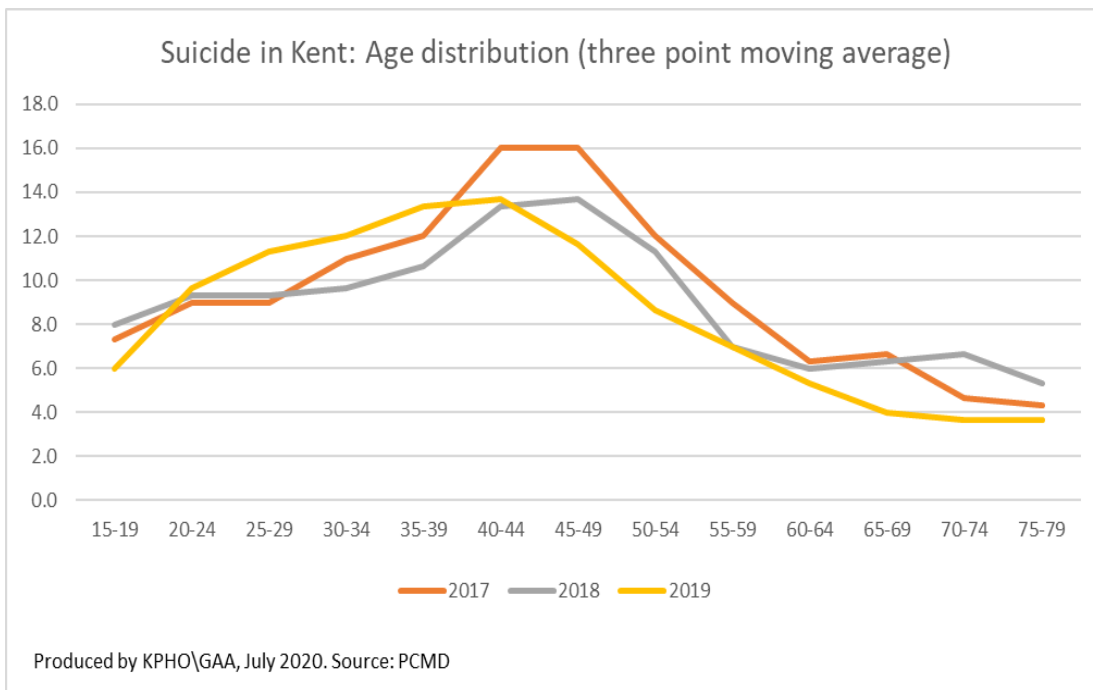
- 2.5 Analysis of the Primary Care Mortality Database by the Kent Public Health Observatory shows the longer-term trend in coroner confirmed suicides in Kent since 2001 and indicates a slight fall in the Kent suicide rate in 2019.

Chart 2 Kent Suicide Rate per 100,000 (Produced by KPHO / GAA July 2020 Source PMCD)



2.6 KCC Public Health Observatory analysis (Chart 3) also shows that the 25-55 age ranges have the highest suicide rates (although there are deaths in every age category).

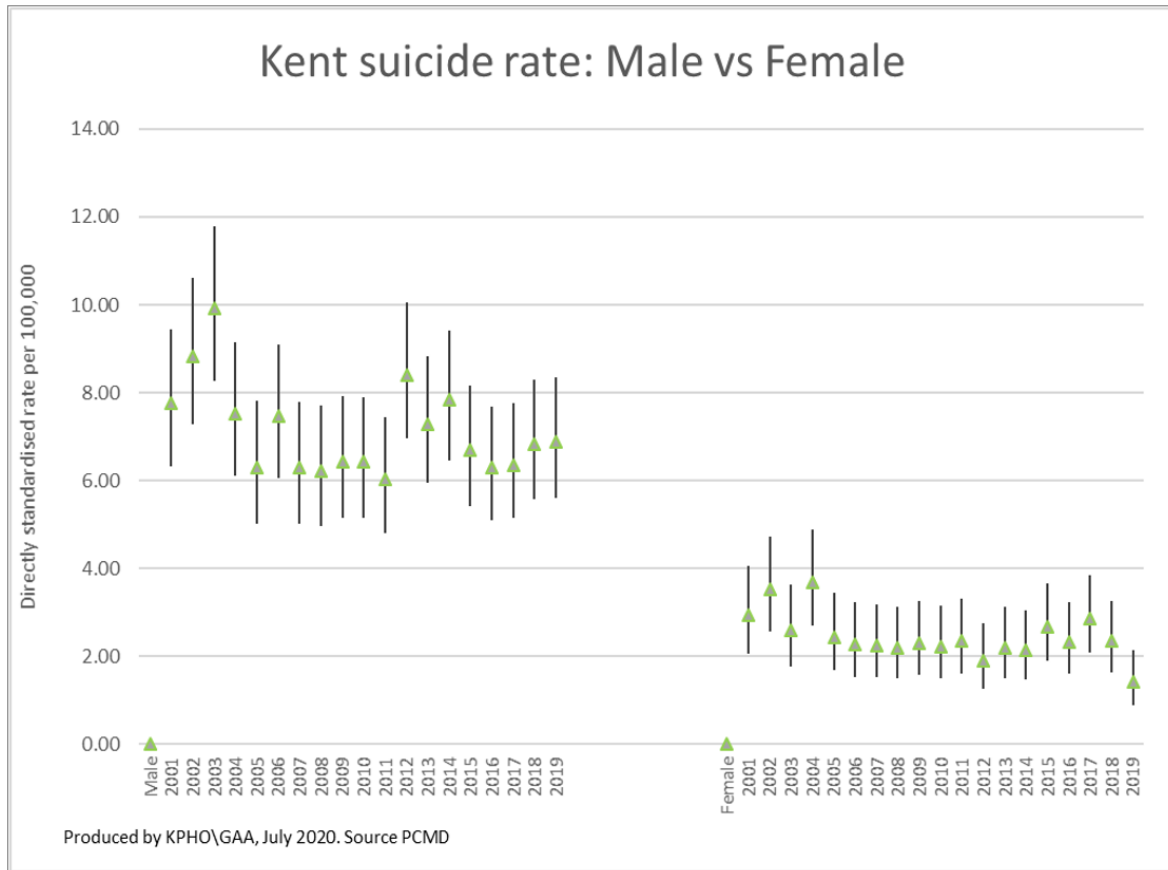
Chart 3 Kent Suicide rate by age range (all persons) per 100,000 (Produced by KPHO / GAA July 2020 Source PMCD)



Produced by KPHO\GAA, July 2020. Source: PCMD

2.7 Chart 4 shows that men continue to be more at risk of dying by suicide than women with much higher rates since 2001.

Chart 4 Kent Suicide rate Male vs Female per 100,000 (Produced by KPHO / GAA July 2020 Source PMCD)

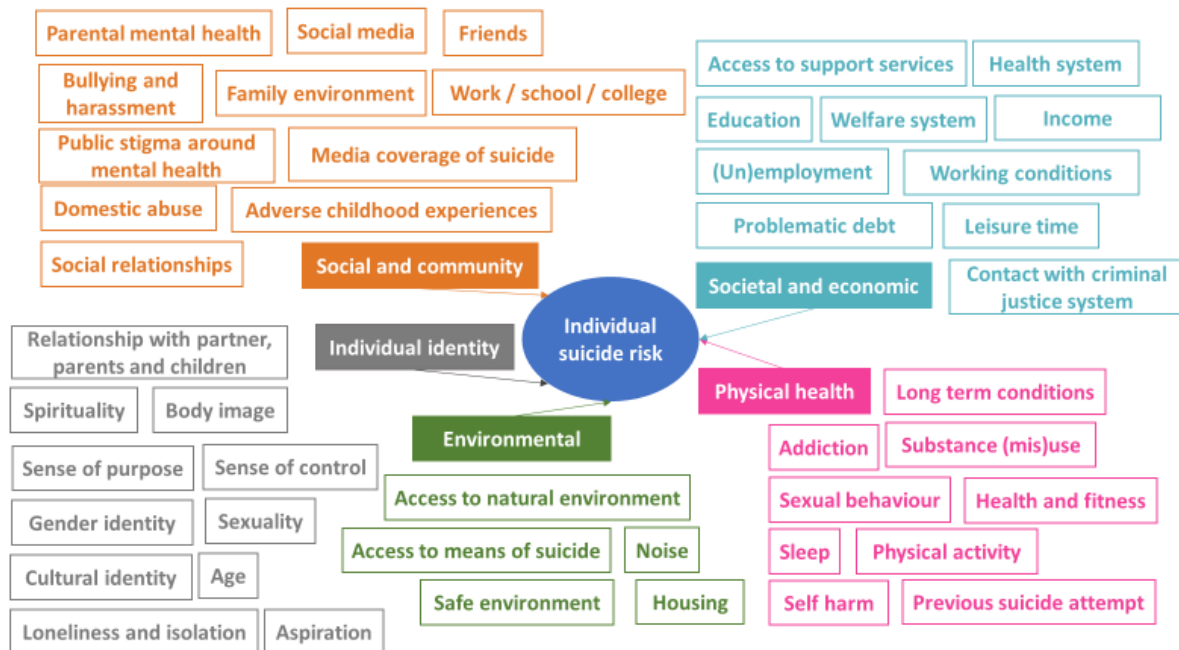


2.8 Analysis of national and local data confirms that the group at higher risk of death by suicide continues to be middle aged men. However, age and gender are not the only factors that influence suicide risk.

2.9 KCC Public Health have used information from a 2017 Samaritans report “*Dying from inequality Socioeconomic disadvantage and suicidal behaviour*”¹ and Public Health England’s 5-year Public Mental Health Framework 2020 to produce this image which highlights that there are a multitude of factors which influence suicide risk and demonstrates that there is no single reason why people take their own lives.

Figure 1 Complex factors influencing suicide risk in individuals (Produced by KCC Public Health TW 2020)

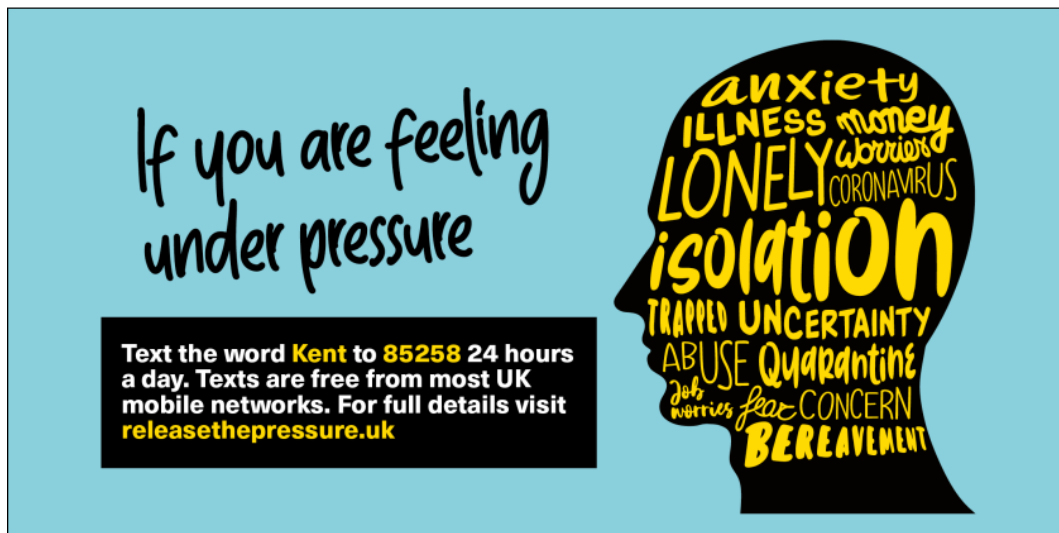
¹ Samaritans (2017) *Dying from inequality Socioeconomic disadvantage and suicidal behaviour* Available at <http://bjp.rcpsych.org/content/early/2017/03/02/bjp.bp.116.189993>



3. How Covid-19 has impacted the Suicide Prevention Programme

3.1 The coronavirus has had a substantial impact on what the Suicide Prevention Programme does, and how it does it. The Programme has reacted by:

- Holding weekly (now fortnightly) informal monitoring discussions to see how suicidal activity is changing on the ground with input from Medway PH, KMPT, Kent Police, Healthwatch, Porchlight and Shaw Trust
- Developing a formal Real Time Surveillance System with Kent Police
- Instigating the Suicide Prevention Cluster Protocol and developing a Response Plan after deaths in April and May
- Refreshing the Release the Pressure campaign imagery to reflect coronavirus
- Increasing funding for the 24-hour helpline at the heart of the Release the Pressure campaign. This has enabled them to answer over 10500 calls between April and July. This is a 18% increase (1600 additional calls) compared to the same period last year.
- Launching a new 24-hour mental health support service via text (which has received over 700 text conversations already)



- Moving all suicide prevention training (delivered by Mind) onto Zoom (over 350 people have completed the workshops since April 20)
- Agreeing new programmes and funding for two Citizens Advice branches to support MH initiatives reflecting current concerns over the financial impact of the coronavirus
- Creating new Release the Pressure imagery specifically aimed at children and young people (wording chosen by young people)



- Contributing to national discussions (through NSPA and NCISH) about how Covid is impacting suicide behaviour
- Supporting the development of www.kent.gov.uk/wellbeing and www.kent.gov.uk/wellbeingfamilies

3.2 In line with the wider KCC Strategic Reset, the Suicide Prevention Programme has used the coronavirus period to review what we do and how we do it. Section 5 contains a full proposal for a new 2021-25 Suicide Prevention Strategy, but we set out below how the Suicide Prevention

Programme has considered the three fundamental aspects of the KCC Strategic Reset.

Recovery

It is too early to speculate on how Covid-19 will impact suicide rates, but we are committed to remaining alert, flexible and agile to ensure we can identify and respond to high risk groups or patterns as they emerge. Action already taken in this area includes;

- Increasing funding for the 24 hour phone line to enable them to support more callers
- establishing the Real Time Surveillance System with Kent Police,
- providing funding to two Citizens Advice branches for Money and Mental Health programmes
- setting up a new Children and Young People Suicide and Self Harm Prevention Network

Resilience

One of the great strengths of the Suicide Prevention Programme is the partnerships it has with statutory agencies, the CCG, charities, Trusts and organisations across communities. And while future funding for the Programme remains uncertain (see Section 6) we will ensure that we work with all partners to make the most successful elements financially sustainable (by making the most of collective budgets where appropriate).

Reset

The Programme can point to a number of successes over recent years (see Section 4) however this coronavirus period, and the preparation of the next 5 year strategy (see Section 5), has given us a chance to review our priorities and the way in which we work. One outcome of this is that the Suicide Prevention Programme will take on more strategic responsibility in relation to general mental health and emotional wellbeing elements.

4. A review of progress under the 2015-2020 Suicide Prevention Strategy

- 4.1 The current Suicide Prevention Strategy expires at the end of this year and therefore it is a chance to review progress. Overall it is positive that suicide rates have fallen during the course of the Strategy and Kent is now below the national average for male suicide rates.
- 4.2 A full Impact Report for the Programme's work in 2019/20 can be seen in Appendix A, however a number of funded elements of the Programme have been particularly successful (including the Release the Pressure campaign, the Suicide Prevention training, and the Saving Lives Innovation Fund).

Slide 1 Release the Pressure Impact 2015-2020

11

Release the Pressure

Kent and Medway Social Marketing Campaign

The social marketing campaign is designed to..

- Increase awareness of a **24/7 support line**
- Increase **men's willingness** to call the helpline

Since 2015, the 24hr support line at the heart of the campaign has responded to

104,245

calls from people in distress

"I hope you realise you have saved my life"

"This service helped keep me alive and got me the help I needed"

"You have all saved my life several times and I thank you from the bottom of my heart"

The campaign highlights **real life events**, rather than mental illness as the potential trigger

24/7 text service available by texting the word **Kent or Medway** to **85258**



The campaign is promoted with advertising in **service stations, pubs, on radio, TV and online**



Adverts are used to ensure that when people search for **'how to kill myself'** or similar terms, **Release the Pressure** is the first link they see.

Financial year	Calls handled
2015/16	14,322
2016/17	19,724
2017/18	20,445
2018/19	23,765
2019/20	25,979

113,911

visits to the Release the Pressure webpage from 2016



Slide 2 Impact of Suicide Prevention Training and Saving Lives Innovation Fund

12

Impact Report

Highlighting the impact the current programme has had

Suicide Prevention & Awareness Training

Mind Maidstone and Mid-Kent
Supporting adults

2,828
people trained

	Before	After
Knowledge	6/10	9/10
Confidence	5/10	8/10

Mind West Kent
Supporting young people

1,256
people trained

	Before	After
Knowledge	3/10	8/10
Confidence	3/10	8/10

"This assisted me when I was talking to someone who was suicidal and I helped prevent them from completing their plan"

"The training you provided came in useful on Friday evening when I spent an hour persuading a young man not to [end his own life]"

617
people have taken the Suicide Prevention & Awareness e-learning module

Innovation Fund

49
projects funded via year 1 & 2 and legacy fund

The Saving Lives Innovation Fund was launched in 2018

The aim is to fund new projects with innovative ideas designed to **prevent suicide, save lives and reduce self-harm**



Over 2000
people were reached through innovation fund projects
1000
of those were not already known to the organisation

"And I believe deep in my heart it (the project) will save lives. In fact, it already has"

"I have learnt to let my emotions out in a better and safer way"

"To hear I'm not alone in how I felt is a comfort. This has been an amazing experience"

Kent and Medway recognised as best practice

- Invited to join NSPA Steering Group
- Many requests to speak at national events
- Release the Pressure and Innovation Fund replicated across the country
- Two national awards
- But we are not complacent – there is lots more to be done



4.3 In addition to the funded elements of the programme, there has also been many system leadership programmes where we have advocated for and delivered change across the system. Examples include;

- Establishing a Suicide Cluster Protocol in 2016
- Designing a multi-discipline team approach to supporting people with co-occurring conditions
- Reviewing and illustrating the depression pathway
- Uncovering more about the link between domestic abuse and suicide
- Conducting a Thematic Analysis of Suicides Amongst Children and Young People
- Developing multi-agency responses to potential suicide clusters in geographical locations or amongst high risk groups


4.4 Other impacts are contained in the slide below which sets out what has been achieved under each priority of the current strategy.

Slide 3 Impact of Suicide Prevention Training and Saving Lives Innovation Fund

13

Review of 2015-2020 strategy

The 2010-15 Kent and Medway Suicide Prevention Strategy focused on six priority areas. This table captures the headline activity over the last 5 years. (The limited space available means it is far from a complete record)

<p>1. To reduce the risk of suicide in key high-risk groups we...</p> <ul style="list-style-type: none"> • Launched the Release the Pressure social marketing campaign to increase the chances of men seeking help • Worked with KMPT, primary care and other health partners to increase safety and quality within services • Funded 50 community level projects through the Saving Lives Innovation Fund • Added a specific Children and Young People's Action Plan in 2018 	<p>4. To support research, data collection and monitoring we...</p> <ul style="list-style-type: none"> • Conducted an annual analysis of suicide data • Hosted a Darzi Fellowship to explore help-seeking behaviour amongst men • Conducted bespoke research into the links between domestic abuse and suicide, as well as the impact of debt • We commissioned a thematic analysis of suicides amongst children and young people
<p>2. To tailor approaches to improve mental health & wellbeing in Kent we...</p> <ul style="list-style-type: none"> • Funded over 4,000 places over Mental Health First Aid and Suicide Prevention Training • Supported national campaigns such as Time to Change and Every Mind Matters • Delivered specific campaigns and programmes with other high risk groups, areas or businesses 	<p>5. To support the media in delivering sensitive approaches to suicide we...</p> <ul style="list-style-type: none"> • Worked with local media outlets to promote positive stories about mental health and help-seeking behaviour • Contacted editors and reporters when inappropriate reporting is identified • Promoted the Samaritans Media Guidelines
<p>3. To reduce access to the means of suicide we...</p> <ul style="list-style-type: none"> • Adopted the Kent and Medway Suicide Cluster Protocol in 2016 • Developed an informal surveillance network which regularly identifies unusual patterns or areas of concern • Funded a major replacement programme of Samaritan's bridge signage in 2018/19 • Worked closely with Network Rail, Highways England and major landowners regarding sites of concern 	<p>6. To provide better information and support to those bereaved by suicide we...</p> <ul style="list-style-type: none"> • Gave support to local Survivors of Bereavement by Suicide groups (including a new group in Canterbury) • Funded research into the needs of bereaved families as part of 2019 Innovation Fund • Promoted Help is at Hand support toolkit to bereaved families 

4.5 While a lot of positive work has been completed, the review has identified a few areas where more progress could be made;

- Develop a service to support individuals bereaved by suicide
- Stronger engagement with primary care
- Support the media to deliver sensitive approaches to suicide

4.6 In conclusion we feel that the impact of the 2015-20 strategy can be summarised by the following slide.

We believe as a result of our suicide prevention programme;



Ultimately we believe individuals are alive today that otherwise may have ended their own lives



5. A proposal regarding the 2021-2025 Suicide Prevention Strategy

- 5.1 The current Kent and Medway Suicide Prevention Strategy runs to 2020 and therefore Public Health are currently preparing the draft 2021-2025 Strategy for consultation later in the Autumn.
- 5.2 The consultation for the new strategy will include a full review of the previous five years, as well as consider changes to national priorities.
- 5.3 Recent updates to national guidance suggest an increased focus on self-harm would be beneficial, as would stronger support for families bereaved by suicide.
- 5.4 Local evidence suggests that links with substance misuse, domestic abuse and suicides amongst young people (including young women) will require additional scrutiny.
- 5.5 Despite these changes in the detail (and others that emerge during consultation), the overarching priorities are likely to remain the same.

Proposed 2021-2025 Kent and Medway Suicide Prevention Priorities	
1	Reduce the risk of suicide and self-harm in high risk groups
2	Tailor approaches to improve mental health and wellbeing in Kent and Medway

3	Reduce access to the means of suicide
4	Provide better information and support to those bereaved by suicide
5	Support the media in delivering sensitive approaches to suicide
6	Support research, data collection and monitoring

- 5.6 Actions under Priority 2 will include more work on general wellbeing networks and campaigns.
- 5.7 Governance arrangements for the new strategy will include regular reporting to KCC and Medway Council Cabinet Committees, as well as to the Kent and Medway Health and Wellbeing Board.
- 5.8 Public Health are working with KCC's Engagement and Consultation Team to design an appropriate consultation schedule. This is likely to start in later in the autumn.

6. Risks relating to the Suicide Prevention Programme

- 6.1 During 2018/19 and 2019/20, NHS England provided the Kent and Medway STP with £668,000 per year, ringfenced for programmes to reduce suicide and self-harm. This external source has funded the suicide prevention team (based in Public Health) and the work programme.
- 6.2 This NHSE funding was reduced to £356,000 in 2020/21 and will fall to £0 in 2021/22. NHSE reasoning is to ensure that all areas of the country can benefit before the funding stream ends.
- 6.3 Given the confirmation that there will be no national funding available for 2021 onwards, local sources of funding will need to be found if the Programme is to continue.

7. Recommendation(s)

Recommendation(s):

Committee Members are asked to provide comments and recommendations regarding any aspect of the suicide prevention programme.

8. Contact details

Report Author

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Relevant Director

- Andrew Scott-Clark, Director of Public Health
- +44 3000 416659
- Andrew.scott-clark@kent.gov.uk

9. Appendix A

2020/21 Impact Report



Transforming
health and social care
in Kent and Medway

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Kent and Medway STP Suicide Prevention Programme 2019/20 Impact Report

Tim Woodhouse, Suicide Prevention Programme Manager, tim.woodhouse@kent.gov.uk

Hollie Brennan, Suicide Prevention Project Support Officer, hollie.brennan@kent.gov.uk

Megan Abbott, Suicide Prevention Project Support Officer, megan.abbott@kent.gov.uk

Transforming health and social care in Kent and Medway is a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council. We are working together to develop and deliver the Sustainability and Transformation Plan for our area.



Introduction

When someone dies by suicide, it is a tragedy for family, friends and the whole community.

Preventing suicides is also a task for the whole community. No single agency, charity, health body or individual is responsible or can do it alone. We all have a role to play.

2019/20 was the 2nd year that the Kent and Medway STP suicide prevention programme received funding from NHS England.

This document summarises some of our projects and sets out how we used the funding, and our wider influence, to deliver the suicide prevention programme.



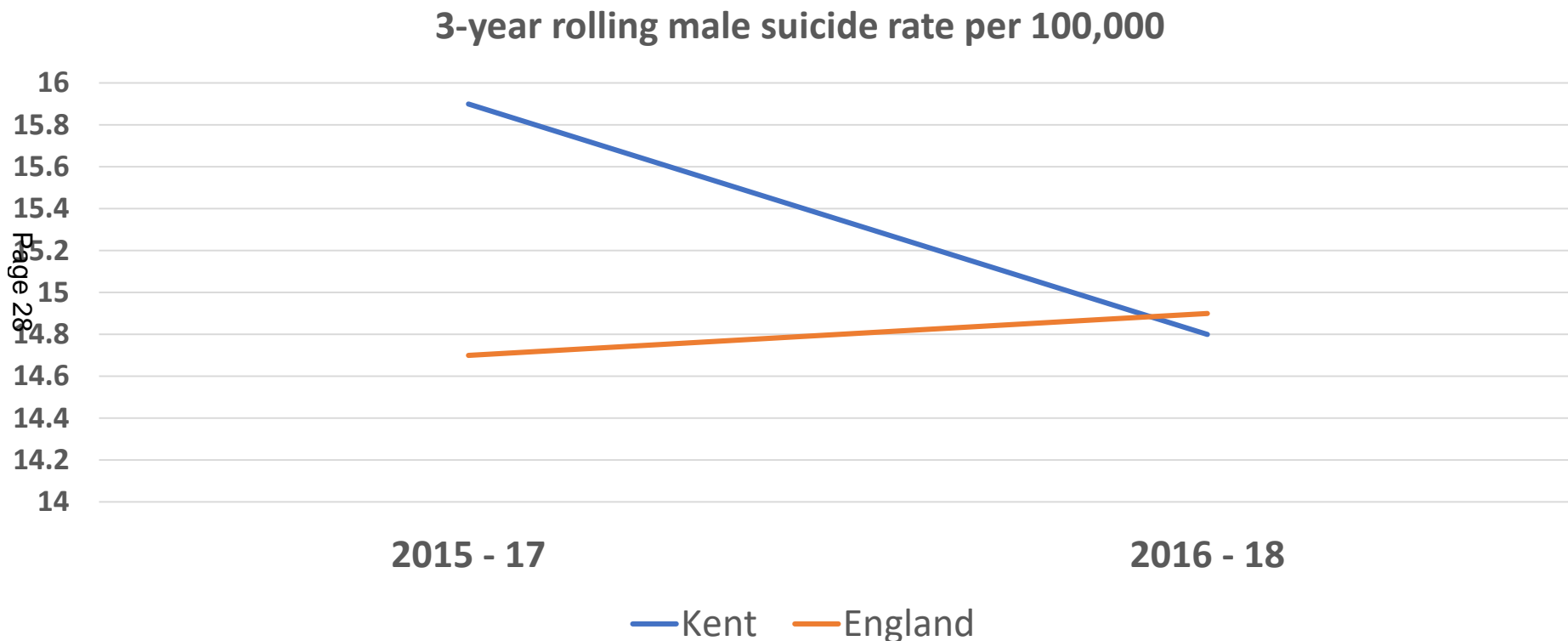
Latest publicly available data show that suicide rates are falling slightly in Kent and Medway

3-year rolling suicide rates per 100,000 (Source – [PHE Fingertips](#))

	2014-16	2015-17	2016-18
England	9.9	9.7	9.6
Kent	11.6	10.5	10.0
Medway	11.2	9.7	9.4



For the first time in over five years the male suicide rate in Kent is lower than the national average



Source – Public Health England <https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide/data#page/4/gid/1938132828/pat/6/par/E12000008/ati/102/are/E10000016/iid/41001/age/285/sex/1>



19/20 funded delivery snapshot

1) Release the Pressure

26,000 calls to the helpline
20,000 visits to the website
500 web chats



4) Strengthening secondary MH services

A&E self harm follow up; Staff Training; IAPT; Therapeutic leave;



5) Innovation fund

9 of the best Year 1 projects supported to grow further & 10 new projects identified to deliver ground-breaking community projects



6) Research

Nationally unique research into issues such as debt and domestic abuse



System leadership delivery

- Thematic review (and associated conference) into suicides amongst children and young people
- Led multi-agency response and action plans into a number of suspected suicide clusters
- Design of multi-disciplinary team approach pilot to tackle complex co-occurring conditions
- System leadership response after Thanet deaths including major conference and development of multi-agency action plan
- Supported a number of academic institutions with postvention
- Depression pathway - Multi-agency pathway review and redesign



2) Suicide Awareness & Prevention Training

Over 2174 completed 3hr workshops
665 completed e-learning



3) Workplace interventions

High risk industries targeted through tradeshows, exhibitions and support to individual businesses

We believe as a result of our suicide prevention programme;

Our local population and workforce is better skilled to support themselves and others

The safety and quality of many clinical pathways and services has been improved

More evidence of the link between domestic abuse and suicide has been discovered and highlighted locally and nationally

The specific risks to children and young people are better understood



IMPACT

Thousands of additional people accessed support for their mental wellbeing

Regional and national partners have benefitted from our campaigns and learning

The Kent and Medway system is better able to develop an effective five year suicide prevention strategy

Over 30 local organisations were funded to support high risk individuals

Ultimately we believe individuals are alive today that otherwise may have ended their own lives



Our Release the Pressure campaign and associated support

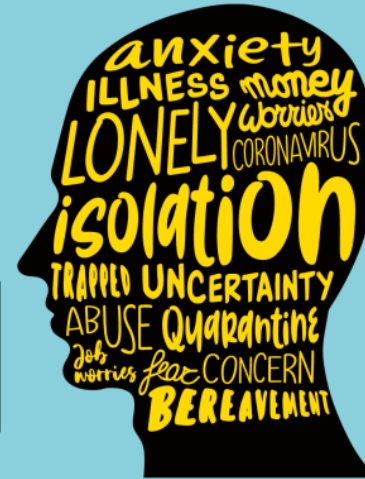
You've really helped me. I have been able to get that off my chest and I feel really good now...

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I feel less scared and panicked now...I will try and get some sleep

If you are feeling under pressure

Text the word **Kent** to **85258** 24 hours a day. Texts are free from most UK mobile networks. For full details visit releasethepressure.uk



If it hadn't been for this helpline, I wouldn't have coped one bit...I can't thank you enough

- Call numbers are continuing to rise
- 25,979 calls during 2019/20 (9% increase on 2018/19)
- 224 crisis calls, emergency services called 55 times
- Only 0.3% of callers felt they hadn't benefitted from the call
- 510 webchats during 2019/20
- **Adapted campaign for both Covid19 and for CYP**
- **Designed and launched crisis text service**

Without your help I never would have made it

I am so grateful for the support you have given me and my brother. I would trust you with my life



The CYP version of the campaign. Designed using Headstart research and currently with wider CYP groups for views

If you are feeling under pressure

Text the word **Kent** to **85258** 24 hours a day. Texts are free from most UK mobile networks. For full details visit releasethepressure.uk



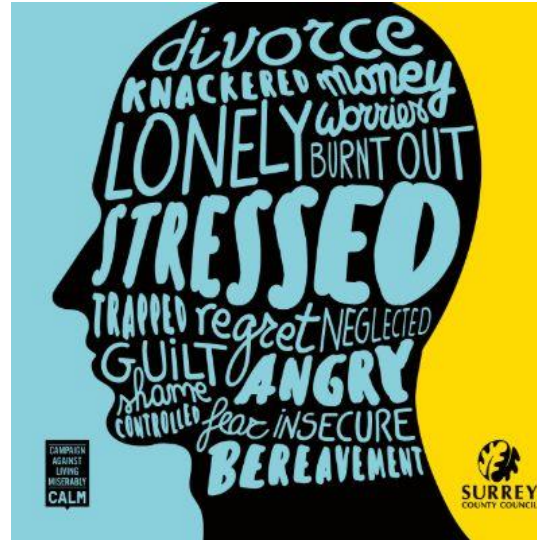
Release the Pressure

We gave permission for our Release the Pressure campaign to be adapted and used by other areas across the country ensuring thousands more people access support.

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Surrey County Council



City of London



Hampshire and Isle of Wight

Stay Alive App

Thinking about suicide?
#StayAlive

Download the free app to help you stay alive

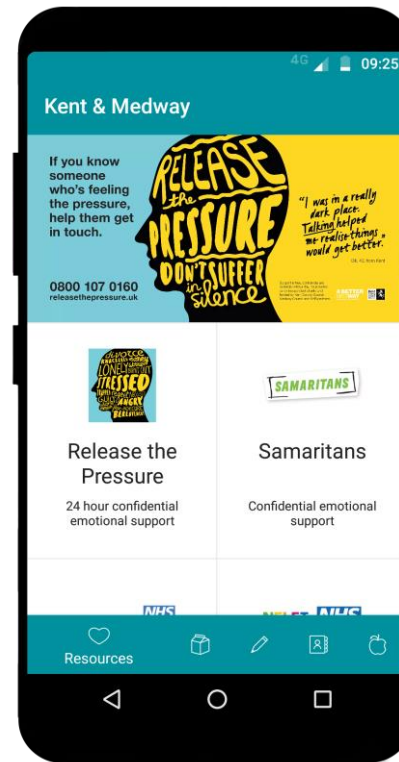
Download on the App Store | GET IT ON Google Play

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A BETTER MEDWAY | Kent County Council | NHS | GRASSROOTS SUICIDE PREVENTION
Supported by the Kent and Medway Sustainability and Transformation Partnership | www.prevent-suicide.org.uk

What is it?

A free app with lots of useful information and a customisable safety plan to help you stay safe if you're having thoughts of suicide or are concerned about someone who is.



Between April –2019 & March 2020 the Kent and Medway support section was clicked approximately 2,600 times



Saving Lives: Suicide Prevention Innovation Fund

**we are
withyou**
at Mind and Body


SURVIVORS OF
BEREAVEMENT
BY SUICIDE


perpetuity
research


citizens
advice North &
West Kent


catching
LIVES

SAMARITANS


Living
Words


National
Trust

Stepping Out 

Following the success of the Saving Lives Innovation Fund in 2018/19, we funded nine of the most successful organisations from our 2018/19 cohort and ten new organisations for 2019/20.

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We awarded over £130,000 in grants to small community programmes.

Projects directly supported over 770 people

- Direct outcomes included improving the wellbeing of many hundreds of individuals and greater awareness and understanding issues within the wider community
- A full evaluation will be available shortly on the Kent County Council website.


citizens
advice Tunbridge Wells
& District


Oasis
working to end violence and abuse

STUDENT *life*

 Dads Unlimited®
ADVICE • SUPPORT • COMMUNITY


Wave


sunlight
development trust


Kent
County
Council
Squirrels
Riding School


MEDWAY
DIVERSITY
FORUM



Free Suicide Awareness and Prevention Training – 2019/20

1478

People attended adult focused training



Each participant, of each training type, was followed up 3 months later to understand the value and impact it has made. From these 3 month follow ups, only 1 person felt that the training hadn't improved their knowledge and confidence in supporting suicidal people. These are some of the comments we received back

"This assisted me when talking on the phone to an individual who was suicidal and supported the provision of emergency assistance to prevent them from completing their plan."

"It has certainly increased my confidence around having those conversations around suicide and intention, with clients who are presenting at risk."

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696

People attended children and young people training



"I've used it in terms of speaking it through with a young person, being honest about our worries and what is going on for them, rather than talking around the subject."

"The training has helped me support a family member whose child was feeling suicidal to get the right support."

588

People completed eLearning



I work with some very vulnerable ladies that are recovering from domestic abuse, we have had some that have self-harmed and 2 that attempted suicide. The one thing that I took away from the training is to ask the question about whether they have a plan and how to deal with it if they did.

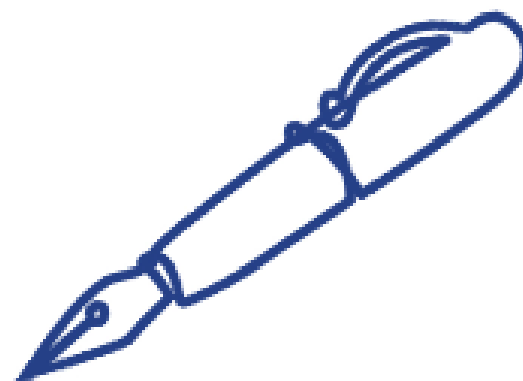


All training programmes have been adapted for delivery online as a response to covid-19

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Digital Suicide Prevention Training For People in Kent

Learn more about this free training.



KMPT are delivering five projects to increase patient safety

Improving access to IAPT: 6 month pilot working with, and supporting Insight Kent to Reduce the number of inappropriate referrals from Insight to KMPT services, increased number of accepted referrals and improve working relationship between Insight and KMPT

A&E Self-harm liaison psychiatry: Pilot to support patients who have self-harmed or shown signs of suicidal ideation, and come into contact with our A&E Liaison services, but who do not meet the criteria for secondary mental health care.

Mandatory Suicide Prevention Training: Provide tailored suicide prevention training to KMPT staff and external organisations and stakeholders. Objectives were to develop tailored suicide prevention training which would become mandatory for Acute care group. This would enable STORM practices and tools to become embedded within the Trust

Thanet Multi-Agency taskforce: Embedded MH Nurse: 6 month pilot which would embed a Mental Health Nurse within the Thanet Taskforce to build relationships between KMPT and organisations on the taskforce, train taskforce staff in wellbeing and change MH attitudes and focus on cases involving specific vulnerable groups

Therapeutic leave: looking to minimise the increased risk that 55% of all inpatient suicides happen with the patients are on agreed leave by ensuring all leave granted is therapeutic, there is a defined outcome for leave and a clear understanding how to rescind leave if a patient's condition deteriorates.



Thanet Mental Health Summit

Thanet has the highest suicide rate in the county, so in September 2019 and after a number of high profile deaths, we held a summit which brought together over 200 stakeholders

The key recommendations emerging from the Summit:

- 1) Ensure that people know about the services that are available
- 2) Consider a positive “mental fitness” campaign
- 3) Strengthen the capacity of, and support for, front line workers
- 4) Develop a multi-agency Mental Health Action Plan for Thanet



It wasn't a talking shop with no action, since the Summit local partners have:

- 1) Opened a Safe Haven in Thanet
- 2) Developed a mental health support directory
- 3) Promoted the directory through a new “*Help is Here*” campaign via social media, Google ads, local newspapers.

mhm
communitymatters



Your Safe Haven @ Thanet

We can help any resident of Kent and Medway aged 16+ at our MHM Safe Haven, where we offer a warm, welcoming, safe and comfortable environment.

Due to the current coronavirus (COVID-19) pandemic, the MHM Safe Haven will be providing telephone support only when they open on April 20th 2020 between 6pm and 11pm, 365 days per year.

If you are feeling distressed, overwhelmed, or that things are too much and you don't know where to turn to get support in the evening, then your Safe Haven is here. We offer a welcoming, safe, comfortable, non-judgmental and non-clinical environment. The emphasis is on reducing immediate distress, and supporting visitors to access services and opportunities available to them in the wider community, here you can access one-to-one emotional support from trained mental health professionals.

There are four MHM Safe Havens across Kent and Medway. For further details check out our website - www.mhm.org.uk

The sites will open for visitors as soon as it is safe to do so.

To contact your Safe Haven @ Thanet
Call 07850 555477
Email us at Thanet@mhm@nhs.net

Help is here



Find local mental health support at
www.thanetsupport.co.uk/mentalhealth
Your mental health matters



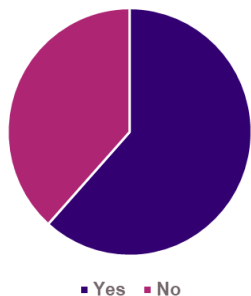
Domestic abuse and suicide research

Research with local DA services

- A significant number of Domestic Homicide Reviews in Kent are based on deaths by suicide.
- We asked three of our commissioned Domestic Abuse service providers to look through their DASH assessments and provide data on Q5 + Q22. A detailed report with recommendations is available on request.

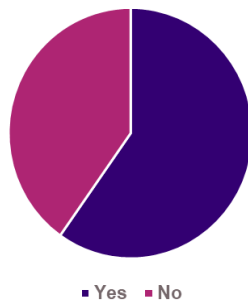
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Q5 - Are you feeling depressed or having suicidal thoughts?



Out of the sample of 928 clients **62%** were feeling depressed or having suicidal thoughts

Q22 - Has the abuser(s) ever threatened or attempted suicide?

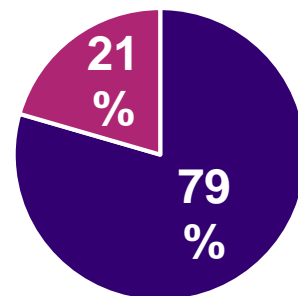


Out of the sample of 928 clients **60%** had an abuser(s) that had threatened or attempted suicide

Review of all nationally available DHRs

- We reviewed the Domestic Homicide Reviews from 48 other counties to establish more detail about the prevalence of DA related suicides and to learn from the recommendations that the DHRs produced.
- This is nationally unique research and is already driving national and local discussions.

Out of 93 DHRS



■ Homicides ■ Suicides

Of the 93 DHRs reviewed, over a fifth (21%) were confirmed as suicide; either that of the victim or perpetrator (murder/suicide).

- **11** of these suicides were completed by **victims of DA**,
- **13** suicides, were completed by the **perpetrator**, (perpetrator suicides are only reviewed if they murder their victim first)

- The Suicide Prevention Innovation Grant funded Oasis Domestic Abuse service to pilot the project 'Understanding trauma with DA survivors'.



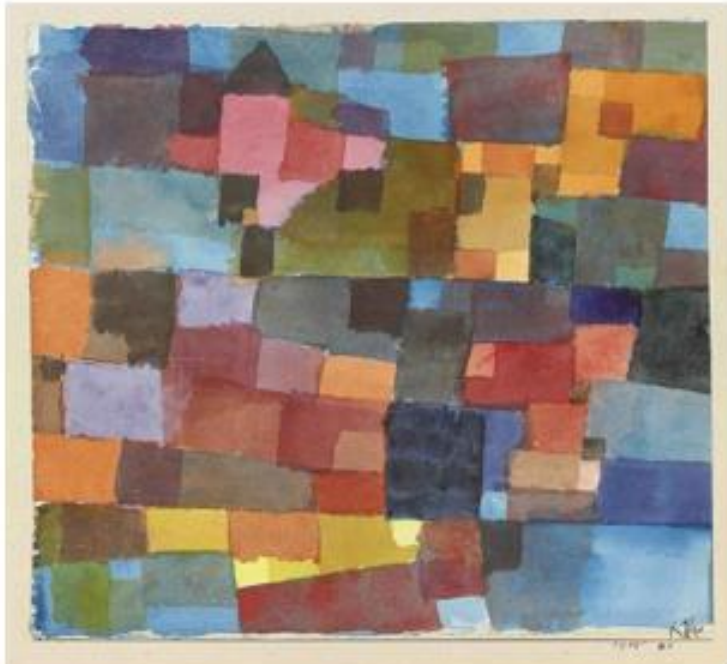
Suicide in Children and Young People – Thematic review and major conference

Suicide in Children and Young People

Crossing the Rubicon: From Suicidal Ideations to Suicidal Acts

Kent Safeguarding Children's Board Major Report

A Thematic Analysis



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Teenage suicide and self-harm in Kent

Raising awareness and exploring preventative strategies

Date: Tuesday 1st October 2019, 10:00 – 16:00 (registration from 9.30)

Venue: Ashford International Hotel

9:30	Registration and refreshments	
10:00 5 mins	House-keeping arrangements and day's programme	Mark Janaway (Conference host)
10.05 5 mins	Welcome and introduction to the day	Dr Anne-Maria Brennan Director of Graduate Studies, University of Kent
10.10 25 mins	'Understanding youth suicide: Individual Signatures and Thematic Patterns'	Dr Terence NICE , Programme Director (Psychotherapy), Lecturer in Psychological Therapies, University of Kent
10.35 20 mins	Children's mental health, the role of adversity, trauma and resilience	Jo Tonkin Public Health Specialist
10.55 25 mins	Mid-morning break	
11.20 25 mins	Children & Young People's Emotional Wellbeing and Mental Health Transformation	Sue Mullin Interim Senior Commissioning Manager East Kent Children's Commissioning Support Team
11.45 15 mins	NELFT	Dr Rachel Hussey Clinical Lead Kent and Medway Helen Gregory – Named Nurse Safeguarding Children Helen Richards - NELFT
12.00 15 mins	Importance of Co-Production and feedback from Kent Youth County Council	Jess Griffiths Former Chair of the Positive Stories Group with Kent Youth County Council & Headstart Young Leader
12.15 15 mins	Table discussion	All delegates

Working in partnership with the Kent Safeguarding Children Partnership and the University of Kent we shared learning from the tragic deaths of children in Kent over recent years with a wide range of frontline professionals



We also published this detailed guidance for front line professionals who may work with children who self harm

Multi-Agency Guidance for Staff in Universal Services Working with Young People Who Self-Harm

2nd Edition April 2019

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System leadership – depression leaflet

A small working party with representatives from across the system (and service users) developed a leaflet aimed at supporting those living with depression and anxiety highlighting how to seek help and signposting to services and support across Kent & Medway. The leaflet is due to be distributed to primary care and community settings as well as online.

Free and confidential services available across Kent

RELIEF
Free 24/7 expert advice from trained counsellors is available for every mental health concern.
Call: 0800 107 0160
relasethepressure.org.uk


shout
The UK's first 24/7 text service. Free on all major mobile networks, for anyone in crisis anytime, anywhere. A place to go if you're struggling to cope and need immediate help.
Text Shout to 85258

SAMARITANS
We offer a safe place for you to talk any time you like, in your own way – about whatever's getting to you. We won't judge or tell you what to do. We'll listen to you.
Call: 116 123

mind
Mind provide advice and support to empower anyone experiencing a mental health problem. We campaign to improve services, raise awareness and promote understanding.
mind.org.uk

Live Well
We can help you improve your mental and physical health and wellbeing. It is a free service for anyone over 17.
Call: 0800 567 7699
livewellkent.org.uk

ONE YOU KENT
One You Kent is packed with practical tips, tools and free apps to help you improve your health today.
kent.gov.uk/one-you-kent



Six Ways to Wellbeing

Be Active - Go for a walk or run. Play a game, garden, dance. Exercise makes you feel good. Discover a physical activity that you enjoy.

Keep Learning - Try something new. Rediscover an old interest. Sign up for a course. Learning new things will make you more confident, as well as being fun.

Give - Do something nice for a friend or stranger. Smile. Volunteer your time. See yourself, and your happiness, linked to the wider community. It's rewarding.


Connect - With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community.

Take Notice - Be curious. Catch sight of the beautiful. Remark on the unusual. Savour the moment. Be aware of the world around you and what you are feeling.


Care for the planet - Make small changes to your life that will reduce your energy use, recycle more, leave the car at home.

Managing your Depression and Anxiety

Support and advice for you when it seems difficult to balance the demands of everyday life.



IMPORTANT
If you are struggling and you ever feel like harming yourself reach out, speak to someone.

NHS 

How are you feeling?

The symptoms of depression can be complex and vary widely between people. But as a general rule, if you're depressed, you feel sad, hopeless and lose interest in things you used to enjoy.

Everyone gets down or anxious now and again and this can make everyday tasks feel overwhelming and impossible. For most of us this will pass if we do some simple things even though we might not feel up to it.

For some people these feelings can go on for a long time and lead to being numb, losing confidence and having negative thoughts about yourself. We want you to take this seriously.

It is important to recognise the symptoms of depression and anxiety. You can find a list of possible symptoms and assess your mood at nhs.uk/conditions/stress-anxiety-depression

Being in a depressed mood and anxious to the point that life is continuously unbearable often means that getting help and reaching out is hard. This could be part of conditions called *clinical depression and/or anxiety*. If you seek help from your GP or Talking Therapist they will take some steps to help you. Hard as it is - even when you feel really low there are things you need to do, AND things your doctor can do to help you.

If you have felt down with low mood and/or anxious for at least 3 weeks your GP can help you. But first they will have to assess you.

Helping yourself

Some places you can go for help: A list of organisations /services can be found at: livewellkent.org.uk/community-services

Every Mind Matters nhs.uk/oneyou/every-mind-matters/your-mind-plan-quiz/ can help you create a personal plan. There are various apps that can help you understand and manage depression and anxiety such as **Moodpath**.

Going for a walk or some physical activity is often better than medication for treating low mood and anxiety. Try to look after yourself even if that is the last thing you feel like doing. **'One You'** can help with advice on diet and exercise: kentcht.nhs.uk/service/one-you-kent/

Try the **Six Ways to Wellbeing**. Simple things that can have a huge impact on the way you feel. Find out more on the back of this leaflet.

Live Well Kent can help you improve your everyday living, become more independent and confident, meet new people, get better skills or find a job. They won't judge you and what you discuss will remain confidential.

livewellkent.org.uk

Seeking help

Depression and anxiety can be disabling but you don't need to suffer alone. You deserve to feel better, you deserve to get treatment. You might be using drugs and alcohol to make yourself feel better but this won't help your depression/ anxiety in the long run. The time and steps taken will vary for each person, **people do recover**.

If your GP sees you are suffering from depression they might offer you medication. It takes time to find the right one because everyone is different. They will need to monitor the medication and make sure your physical health is ok too. Your GP will help you find the right level of support. This may mean booking double appointments. You can write things down and ask a friend to come with you – that can help.

Docrady.org is a useful tool

Talking therapy has been proved to help and you can access either through your GP or calling a service yourself, Live Well Kent have a directory of services available across Kent and Medway

livewellkent.org.uk/in-your-area/

Other services and organisations which are available to help are listed on this leaflet.



Medway Public Health team delivered on the following projects

Adolescent Self-Harm:

Established a self harm support service within Medway Hospital A&E

Production of a self-harm strategy for Medway

Delivery of Alumina self harm training, raising awareness in local schools

Medway Time to Change Hub:

Medway has 83 Champions registered with Time to Change national Database

The Porchlight Co-ordinators have hosted 9 formal champions meetings.

Champions and the Hub have had a presence at a number of Medway Events across the last 12 months, which has resulted in 885 individual social contact

The Bright ideas Fund:

The aim of the fund was to encourage champions or the organisations that support them to delivery projects which spread the Time to Change message wider across the community.

Workplace Health:

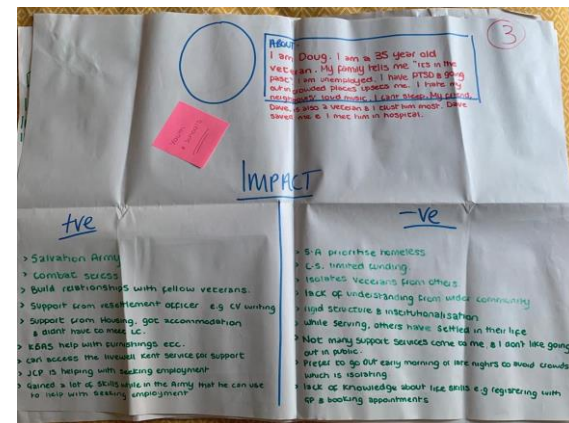


Whole system approach to suicide prevention

A wide range of stakeholders from across the wider system in Maidstone attended a half-day workshop exploring how taking a *'whole systems approach'* could be applied to suicide prevention in the Borough.

Key recommendations from the workshop:

- Develop a 'supervision network' for frontline staff working in the borough to share, learn and obtain support.
- Identify which groups of the population should be prioritised for support
- Develop a borough focused suicide prevention strategy
- Work with revenue and benefits team to identify training and support needs and areas for development.



Canterbury Christ Church University: Suicide Safer Universities

Funding supported the Canterbury Universities' Suicide Safer Project which had three elements Prevention, Intervention and Postvention

Prevention - funding has paid for bespoke suicide prevention training videos for security caretaker staff and Livingworks suicide prevention training for staff with 131 staff being trained

Intervention - funding has facilitated working with the local NHS mental health provider to develop a student care pathway; the development of a student peer support role.

Postvention - funding has allowed for the development of a resource for academic staff on 'supporting students affected by suicide'; funding also supported the establishment of a student and young persons' Suicide Loss Support Group in Canterbury.

The work with KMPT, the University Medical Centre, and the University of Kent on developing and piloting a student care pathway has been impactful and has led to more rapid assessment of students in crisis



The suicide prevention programme has responded to Covid-19 by doing the following;

- Weekly monitoring of incidents to see how suicidal activity is changing on the ground with input from Medway PH, KMPT, Kent Police, Healthwatch, Porchlight and Shaw Trust
- Contributing to daily (now twice-weekly) STP MH Sit-Rep Cell multi-agency calls
- Instigated the Suicide Prevention Cluster Protocol and developed a Response Plan after deaths in April and May
- Refreshed the Release the Pressure campaign to reflect coronavirus concerns
- Launched 85258 text service with keywords 'Kent' & 'Medway' (c500 text conversations already)
- Both suicide prevention training workshops (delivered by Mind) has been moved onto Zoom with dates available throughout July
- We delivered the annual conference as a webinar (with recordings still available on YouTube)
- Agreed continuation funding for five Innovation Fund projects for 2020/21
- Agreed new programmes and funding for two Citizens Advice branches to support MH initiatives reflecting current concerns over the financial impact of the coronavirus
- Contributing to national discussions (through NSPA and NCISH) about how Covid is impacting suicide behaviour
- Supported the development of www.kent.gov.uk/wellbeing and www.kent.gov.uk/wellbeingfamilies
- More frequent newsletters
- Delaying public consultation of the 2020-2025 Suicide Prevention Strategy



Suicide prevention webinar May 5th 2020

5th May 2020 should have been our annual suicide prevention conference, and while social distancing meant that we couldn't all be in the same room, it didn't stop us coming together virtually to listen to great conversations, share ideas and discuss what the future may bring. If you weren't able to join the webinar, we recorded the conversations for you to watch back at your leisure.

Opening remarks from Cllr Diane Marsh (Kent County Council) and Cllr David Brake (Medway Council) 4 minutes: [click here for YouTube link](#)

Expert reflections about the impact of Covid-19 on suicidality (at a national and local level) with Professor Louis Appleby (National Confidential Inquiry into Suicide and Self-Harm) and Jess Mookherjee (Public Health Consultant Kent County Council) 19 minutes: [click here for YouTube link](#)

How Kent's mental health trust (KMPT) and other local services have responded to COVID-19 with Laretta Kavanagh (Kent and Medway STP) and Jacquie Mowbray-Gould (KMPT) 18 minutes: [click here for YouTube link](#)

How are men doing in lockdown? A discussion between the leaders of two inspirational projects - Ben Akers (Steve and Talk Club) and Nav Mizra (Dads Unlimited) 19 minutes : [click here for YouTube link](#)

What is the 24 hour mental health text service all about and how does it work? With Dorian Hughes and Ariele Noble (SHOUT Crisis Text Service) 13 minutes: [click here for YouTube link](#)

How is the coronavirus influencing the delivery of a grassroots project? With Medway Time to Change Hub 19 minutes: [click here for YouTube link](#)

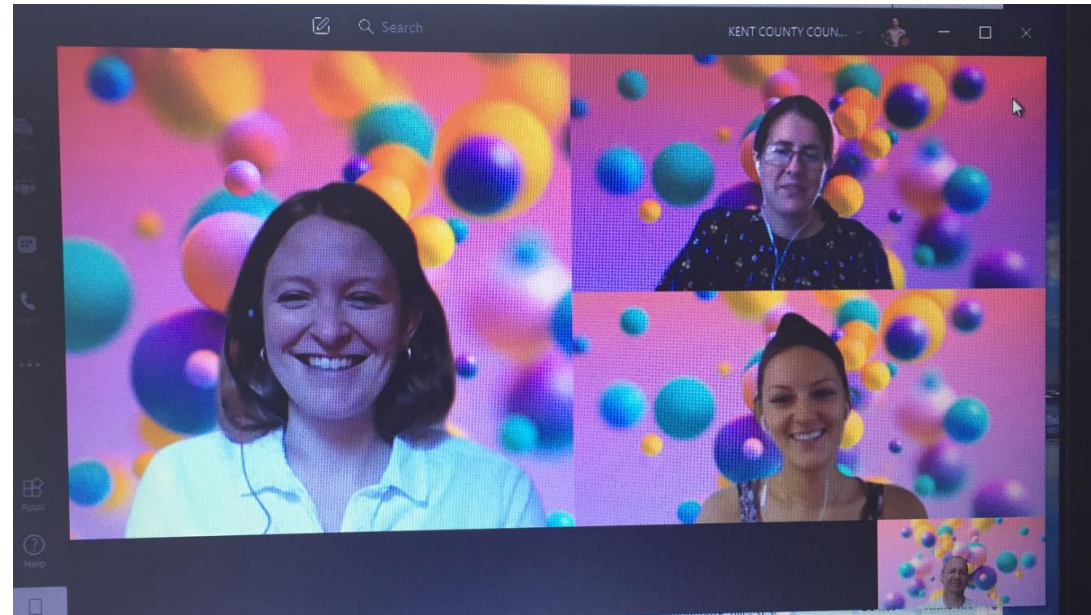


Our work has been recognised with two national Awards, but we know that there is lots more to be done in 2020/21 and beyond



Additional impact

- The funding has allowed three individuals to continue and develop their careers, as well as allowing for significant personal development (including an Open University Degree, and an MA in Social Research)
- The funding developed the infrastructure within KCC to allow us to host a 4th member of the team – Heather the South East Suicide Prevention Sector Led Improvement Officer (funded by the LGA and ADPH)
- One consequence of the funding was allowing Tim Woodhouse (the Programme Manager) to work full time on Suicide Prevention. This in turn has led to him being appointed to the National Steering Group of the National Suicide Prevention Alliance. This means that he is able to feed in the views of local government into the work of this influential organisation.



Suicide Prevention Programme Update:

Page 51

Tim Woodhouse: Suicide Prevention Co-ordinator
Jessica Mookherjee: Consultant in Public Health
Kent County Council

Our update contains:

- The latest suicide statistics and commentary
- How Covid-19 has impacted the Suicide Prevention Programme
- A review of the 2015-20 Strategy
- A proposal regarding the 2021-2025 Suicide Prevention Strategy
- Risks relating to the Suicide Prevention Programme

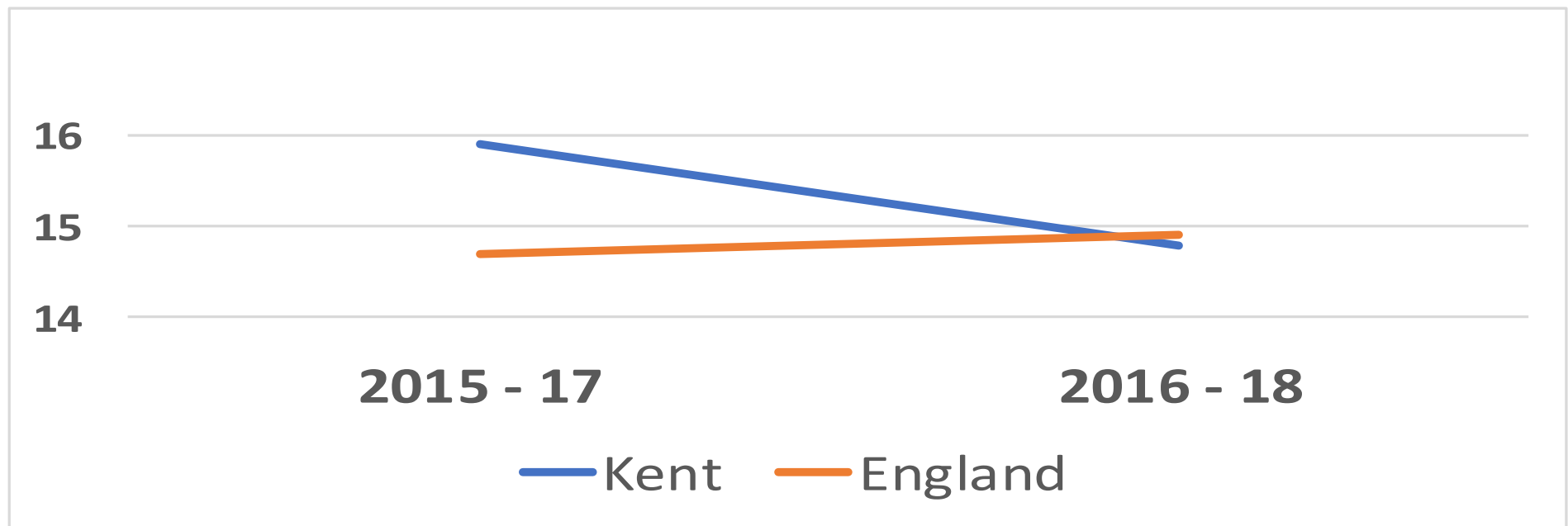
The Public Health Approach to Suicide Prevention & The Local Suicide Prevention Strategy

- To guide, monitor, advise, co-ordinate and lead a local approach to meet the 10% reduction of suicide rates in Kent.
- To collate good data and information to Kent system in order to closely monitor and understand the actions needed to prevent deaths by suicide.
To work in partnership with mental health system and others in Kent to improve access to services and prevention including awareness campaigns.
- To co-ordinate and monitor the NHS funded Suicide Prevention grant.
- To enable the health, social care and voluntary sector to work together to prevent deaths by suicide.
- To develop a sustainable, robust strategy and strategic multi agency group for suicide prevention in Kent.

THE LATEST SUICIDE STATISTICS AND COMMENTARY

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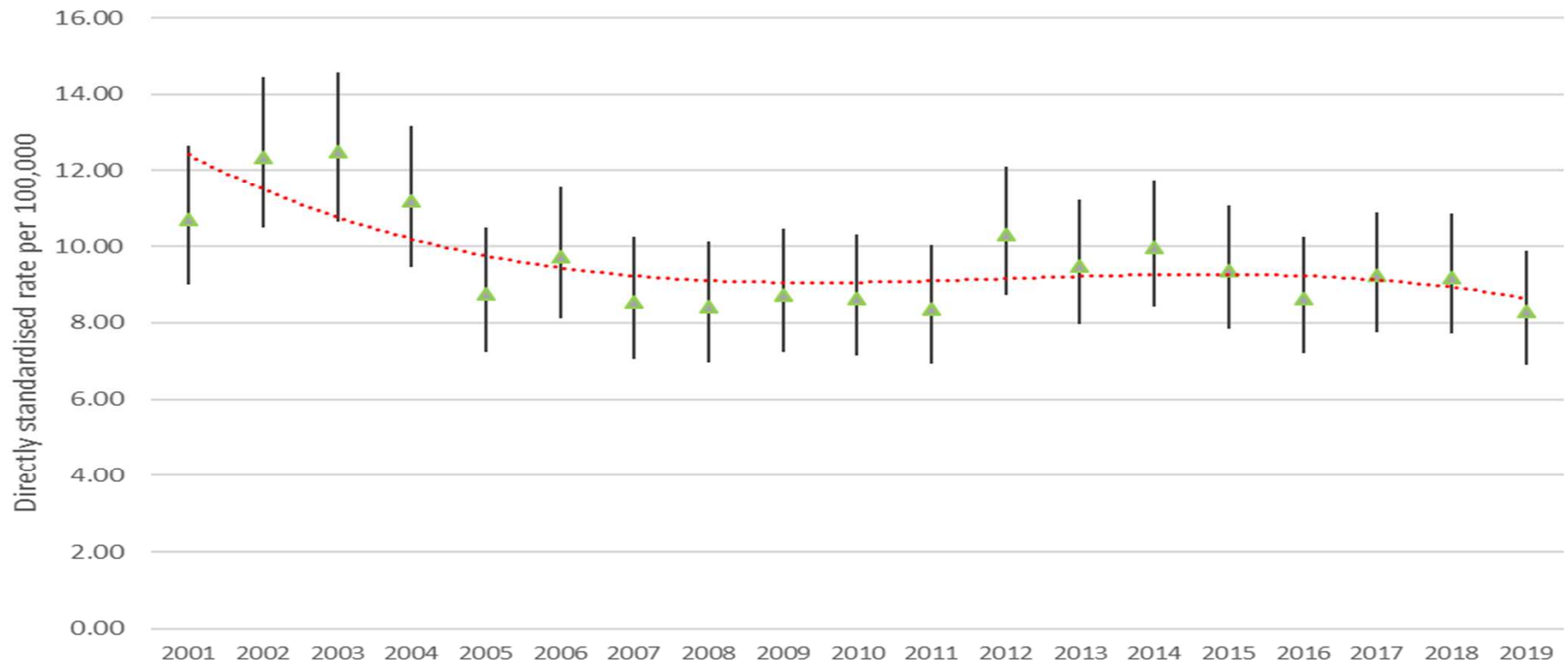
For the first time in 8 years Kent's Suicide Rate for Men is below the national average



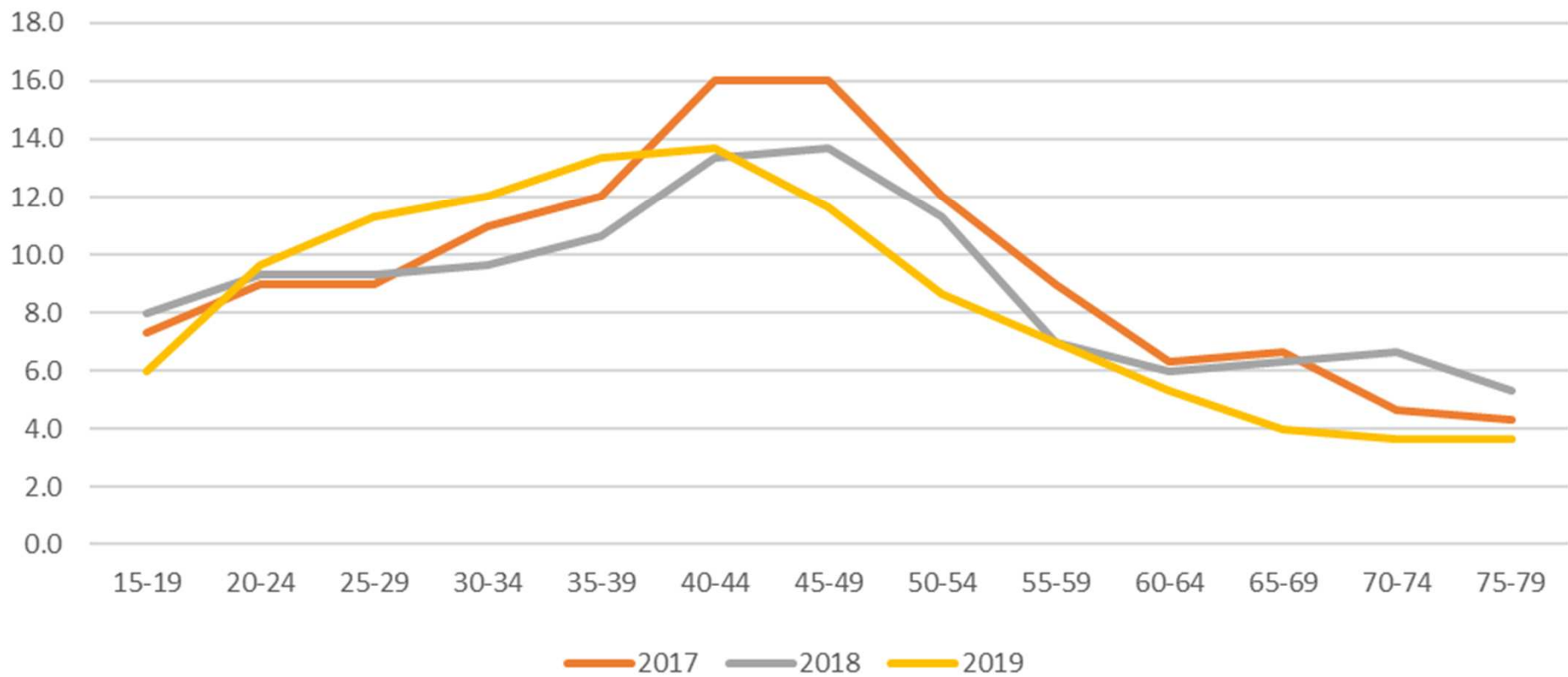
Key Facts: Suicide Prevention in Kent

- Most completed suicides in Kent (and England) are to men aged 35-55.
- In Kent the rates of suicide for men is now just under the national average for the first time in many years.
- Kent has made improvement in its rates of suicide overall – although every death is a tragedy. Kent's rate for all people is now 10 per 100,000 (2016-18), just above the national average rate of 9.6.
- The largest age group affected are 25-55. However there are deaths in every age group. There has been a slight increase in deaths to people aged 25-35.

Kent suicide rate: persons

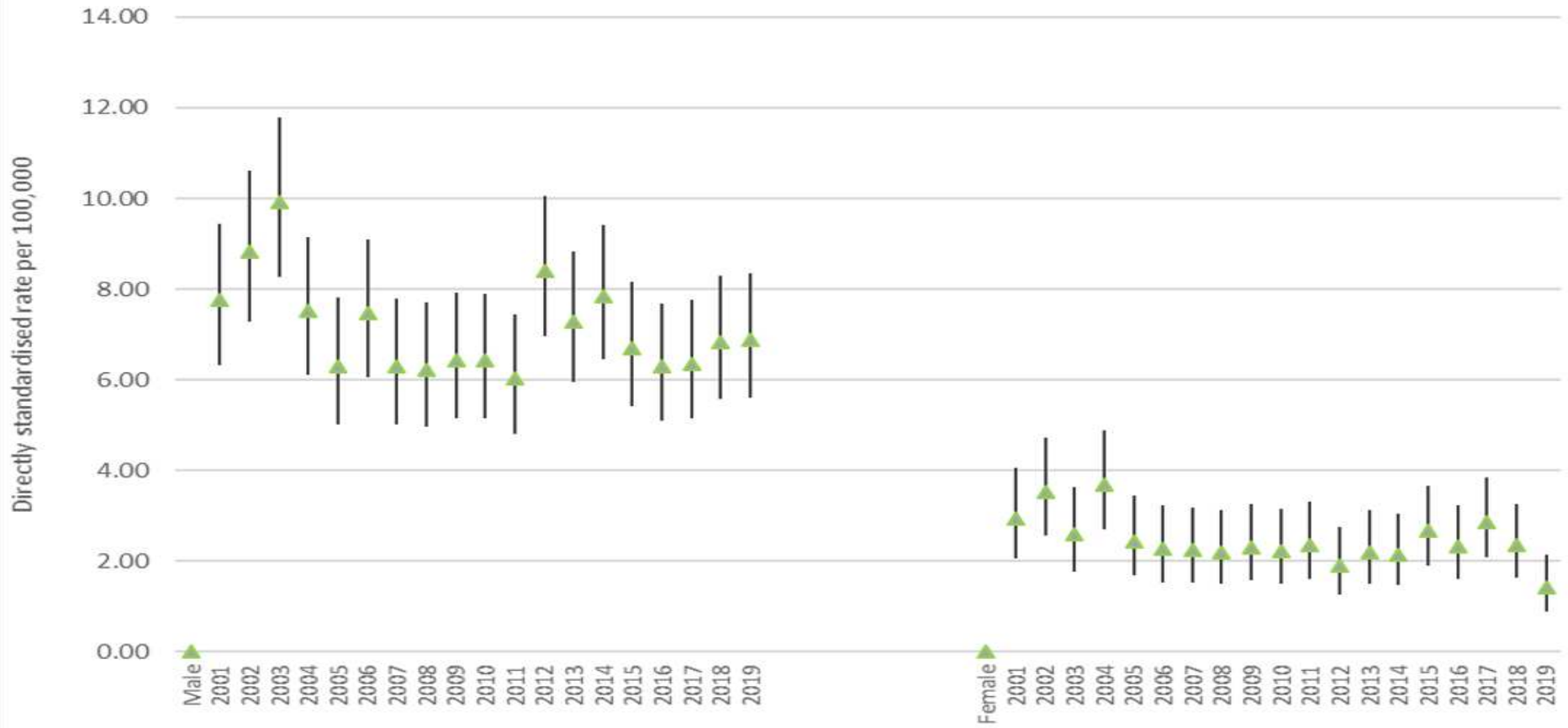


Suicide in Kent: Age distribution (three point moving average)



Produced by KPHO\GAA, July 2020. Source: PCMD

Kent suicide rate: Male vs Female



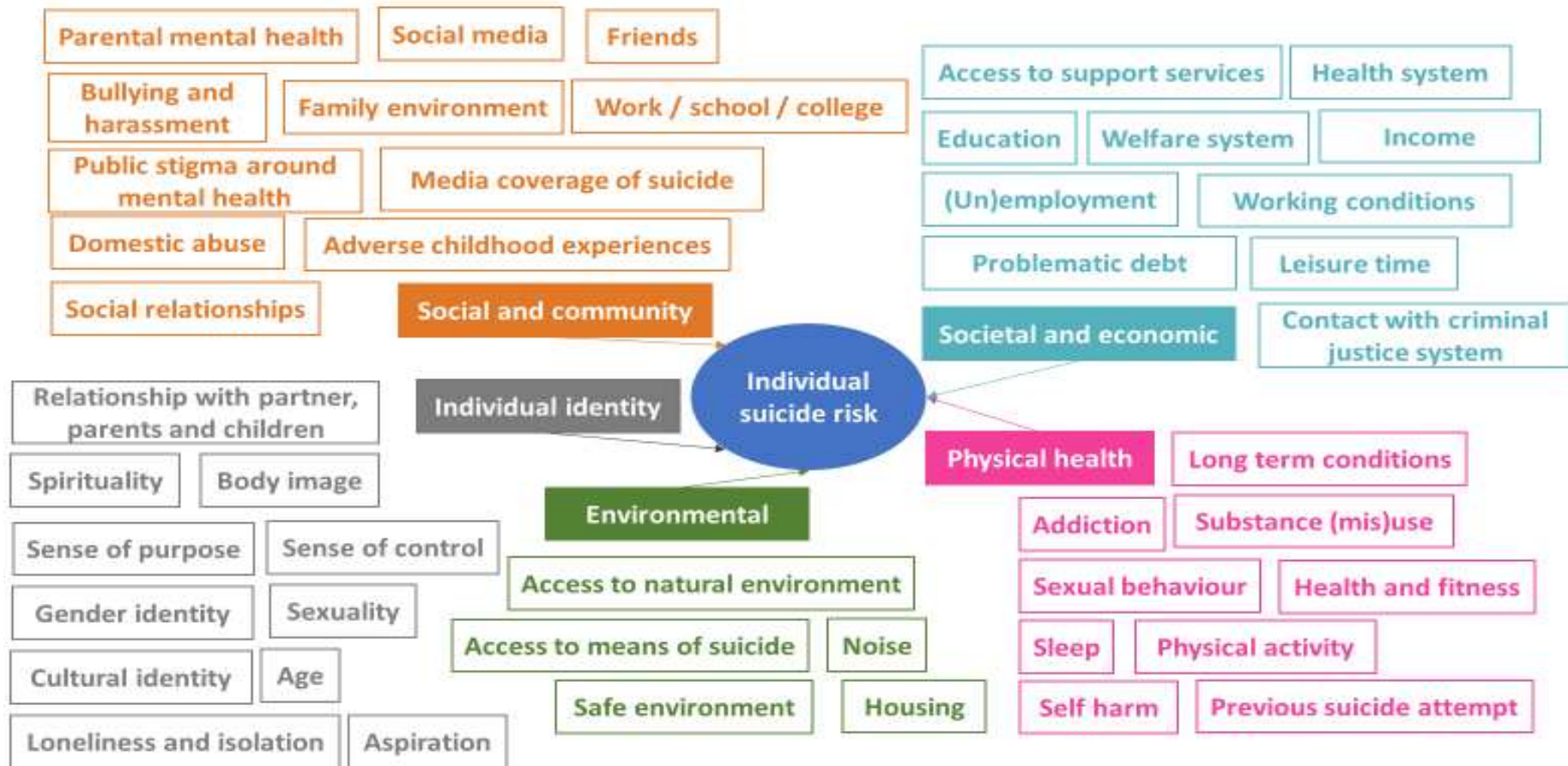
Produced by KPHO\GAA, July 2020. Source PCMD

HOW COVID-19 HAS IMPACTED THE SUICIDE PREVENTION PROGRAMME

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A Public Health Approach: Preventing Suicide is not the responsibility of only one agency: We are all Responsible

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Since COVID19...

- Holding weekly (now fortnightly) *informal* monitoring discussions to see how suicidal activity is changing on the ground with input from Medway PH, KMPT, Kent Police, Healthwatch, Porchlight and Shaw Trust
- Developing a **formal** Real Time Surveillance System with Kent Police
- **Instigating** the Suicide Prevention Cluster Protocol and developing a Response Plan after deaths in April and May
- Supporting system improvements to death investigations and sharing **learning** from serious incidents (in both children and adults).
- Refreshing the Release the Pressure **campaign** to reflect coronavirus
- Launching a new 24-hour mental health **support service** via text (which has received over 700 text conversations already)

Since COVID19...

- Moving all suicide prevention training (delivered by Mind) onto Zoom (over 350 people have completed the workshops since April 20)
- Agreeing **new programmes** and funding for two Citizens Advice branches to support MH initiatives reflecting current concerns over the financial impact of the coronavirus
- Creating new **Release the Pressure** imagery specifically aimed at children and young people (wording chosen by young people)
- Contributing to **national discussions** (through NSPA and NCISH) about how Covid is impacting suicide behaviour
- Supporting the development of www.kent.gov.uk/wellbeing and www.kent.gov.uk/wellbeingfamilies

What we have learned during the pandemic

- **It is too early** (since March 2020 – 5 months) to say if there has been an increase in suicides. National research is cautious. There is a small trend that has shown that young people in the vulnerable/neurotypical cohort are a particularly at risk group in a time of change. However there is no statistical significant national change in the pattern.
- Page 64 That people with **existing mental health problems** and people in already vulnerable conditions are going to experience more mental distress during lockdown and require additional and appropriate support.
- Agencies must have good, agile **working relationships**, exhibit calm and appropriate leadership, be collaborative and creative in these times of change in order to mitigate the impacts of lockdown.
- **On line** messages and information can be useful and **helpful if clear**, but can also amplify and spread confusion if unclear.

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A REVIEW OF THE 2015-20 STRATEGY

The Suicide Prevention Strategy needs to be refreshed for 2021-2025

- The funding for the programme will need review. The NHS funding of £600,000 has tapered to £300,000 and ends in 2021.
- Due to uncertainty regarding impact of the pandemic and recession on suicide rates there must be a continued focus on surveillance and data and learning
- Working with the NHS regarding quality and outcomes for vulnerable people.
- New focus areas such as self harm, debt, co-occurring conditions, domestic abuse neurodevelopmental conditions, support individuals bereaved by suicide, support primary care and ensure responsible media and a focus on young people.
- A consultation of the new focus for the 2021-2026 strategy will be launched in the Autumn.

Release the Pressure

Kent and Medway Social Marketing Campaign

The social marketing campaign is designed to..

- ❑ Increase awareness of a **24/7 support line**
- ❑ Increase **men's willingness** to call the helpline

Since 2015, the 24hr support line at the heart of the campaign has responded to **104,245** calls from people in distress

"I hope you realise you have saved my life"

"This service helped keep me alive and got me the help I needed"

"You have all saved my life several times and I thank you from the bottom of my heart"

The campaign highlights **real life events**, rather than mental illness as the potential trigger

24/7 text service available by texting the word **Kent or Medway to 85258**



"I was in a really dark place. Talking helped me realise things would get better."

The campaign is promoted with advertising in **service stations, pubs, on radio, TV and online**



Adverts are used to ensure that when people search for **'how to kill myself'** or similar terms, **Release the Pressure** is the first link they see.

Financial year	Calls handled
2015/16	14,322
2016/17	19,724
2017/18	20,445
2018/19	23,765
2019/20	25,979

113,911

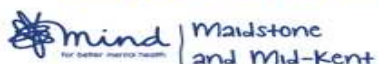
visits to the Release the Pressure webpage from 2016



Impact Report

Highlighting the impact the current programme has had

Suicide Prevention & Awareness Training



Supporting adults

2,828
people trained

	Before	After
Knowledge	6/10	9/10
Confidence	5/10	8/10



Supporting young people

1,256
people trained

	Before	After
Knowledge	3/10	8/10
Confidence	3/10	8/10

"This assisted me when I was talking to someone who was suicidal and I helped prevent them from completing their plan"

"The training you provided came in useful on Friday evening when I spent an hour persuading a young man not to {end his own life}"

617
people have taken the Suicide Prevention & Awareness e-learning module

Innovation Fund

49
projects funded via year 1 & 2 and legacy fund

The Saving Lives Innovation Fund was **launched in 2018**

The aim is to fund new projects with innovative ideas designed to **prevent suicide, save lives and reduce self-harm**



Over 2000
people were reached through innovation fund projects
1000
of those were not already known to the organisation

"And I believe deep in my heart it {the project} will save lives. In fact, it already has"

"I have learnt to let my emotions out in a better and safer way"

"To hear I'm not alone in how I felt is a comfort. This has been an amazing experience"

Kent and Medway recognised as best practice

- Invited to join NSPA Steering Group
- Many requests to speak at national events
- Release the Pressure and Innovation Fund replicated across the country
- Two national awards
- But we are not complacent – there is lots more to be done



Review of 2015-2020 strategy

The 2010-15 Kent and Medway Suicide Prevention Strategy focused on six priority areas. This table captures the headline activity over the last 5 years. (The limited space available means it is far from a complete record)

1. To reduce the risk of suicide in key high-risk groups we...

- Launched the Release the Pressure social marketing campaign to increase the chances of men seeking help
- Worked with KMPT, primary care and other health partners to increase safety and quality within services
- Funded 50 community level projects through the Saving Lives Innovation Fund
- Added a specific Children and Young People's Action Plan in 2018

2. To tailor approaches to improve mental health & wellbeing in Kent we...

- Funded over 4,000 places over Mental Health First Aid and Suicide Prevention Training
- Supported national campaigns such as Time to Change and Every Mind Matters
- Delivered specific campaigns and programmes with other high risk groups, areas or businesses

3. To reduce access to the means of suicide we...

- Adopted the Kent and Medway Suicide Cluster Protocol in 2016
- Developed an informal surveillance network which regularly identifies unusual patterns or areas of concern
- Funded a major replacement programme of Samaritan's bridge signage in 2018/19
- Worked closely with Network Rail, Highways England and major landowners regarding sites of concern

4. To support research, data collection and monitoring we...

- Conducted an annual analysis of suicide data
- Hosted a Darzi Fellowship to explore help-seeking behaviour amongst men
- Conducted bespoke research into the links between domestic abuse and suicide, as well as the impact of debt
- We commissioned a thematic analysis of suicides amongst children and young people

5. To support the media in delivering sensitive approaches to suicide we...

- Worked with local media outlets to promote positive stories about mental health and help-seeking behaviour
- Contacted editors and reporters when inappropriate reporting is identified
- Promoted the Samaritans Media Guidelines

6. To provide better information and support to those bereaved by suicide we...

- Gave support to local Survivors of Bereavement by Suicide groups (including a new group in Canterbury)
- Funded research into the needs of bereaved families as part of 2019 Innovation Fund
- Promoted Help is at Hand support toolkit to bereaved families



We believe as a result of our suicide prevention programme;

Thousands of additional people accessed support for their mental wellbeing

The safety and quality of many clinical services and pathways have been improved

More evidence of the link between domestic abuse and suicide has been discovered and highlighted locally and nationally

The specific risks to children and young people are better understood



IMPACT

Our local population and workforce is better skilled to support themselves and others

Many more partner organisations are committed to take action to reduce suicides

The local system is in a strong position to develop a new and effective five year suicide prevention strategy

Over 40 local organisations were funded to support high risk individuals

Ultimately we believe individuals are alive today that otherwise may have ended their own lives



A PROPOSAL REGARDING THE 2021-2025 SUICIDE PREVENTION STRATEGY

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Proposed 2021-2025 Kent and Medway Suicide Prevention Priorities

1

Reduce the risk of suicide and self-harm in high risk groups

2

Tailor approaches to improve mental health and wellbeing in Kent and Medway

3

Reduce access to the means of suicide

4

Provide better information and support to those bereaved by suicide

5

Support the media in delivering sensitive approaches to suicide

6

Support research, data collection and monitoring

Risks

- During 2018/19 and 2019/20, NHS England provided the Kent and Medway STP with £668,000 per year, ringfenced for programmes to reduce suicide and self-harm. This external source has funded the suicide prevention team (based in Public Health) and the work programme.
- This NHSE funding was reduced to £356,000 in 2020/21 and will fall to £0 in 2021/22. NHSE reasoning is to ensure that all areas of the country can benefit before the funding stream ends.
- Given the confirmation that there will be no national funding available for 2021 onwards, local sources of funding will need to be found if the Programme is to continue.

Committee Members are asked to provide comments and recommendations regarding any aspect of the suicide prevention programme

The Context for Substance Misuse Services in Kent

Jess Mookherjee: Consultant in Public Health,
Kent County Council.

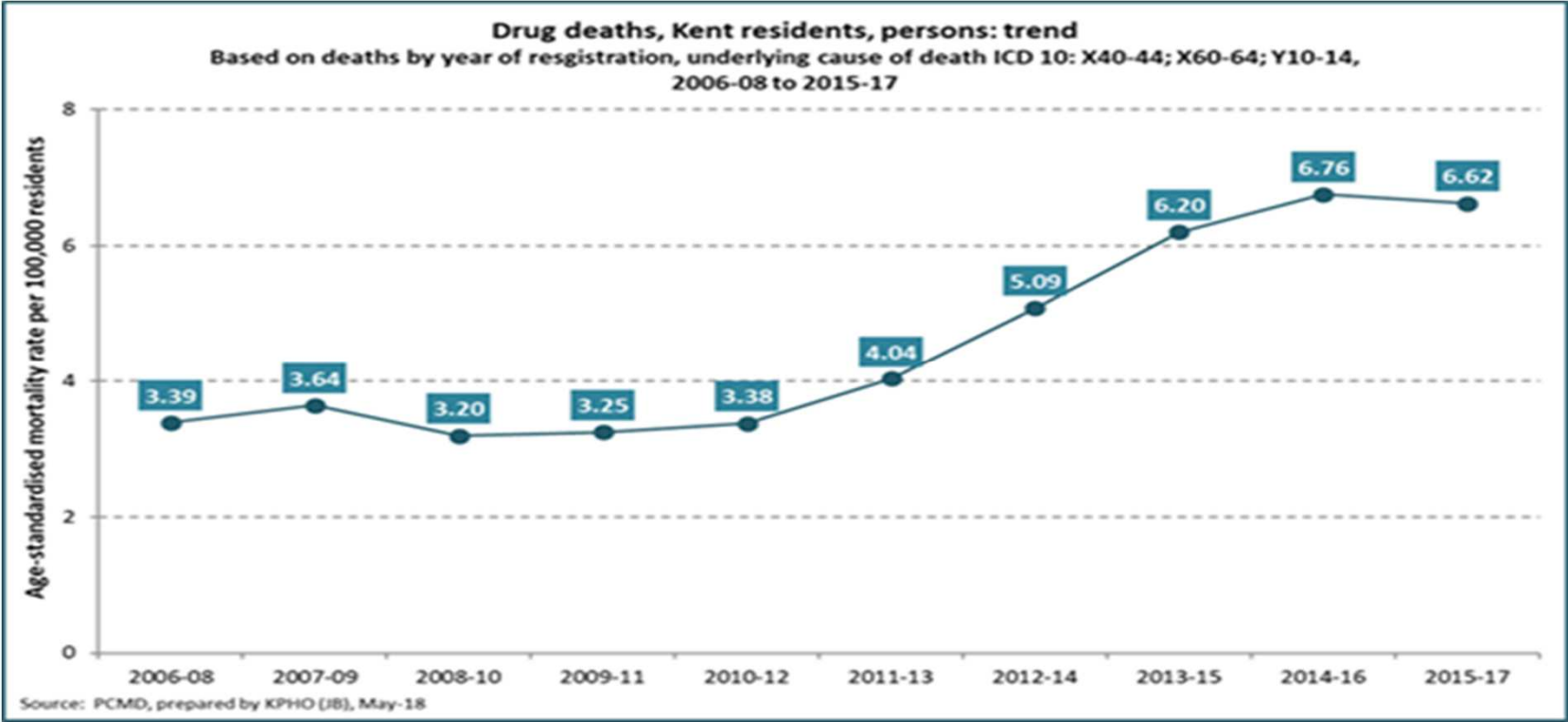
Recent Issues in Substance Misuse in UK

- Dame Carol Black - independent review into UK Drug Services
- New guidance on treatment of substance misuse and mental health conditions – NICE guidance for NHS and partners.
- New patterns of usage – Dark Web and on line alcohol sales to young people
- **COVID-19** change in consumption: National study shows 42% cut down, 21% say they are drinking more and of that group 15% say they are drinking more per session
- Alcohol related admissions to hospital in England at an all time high

Changing Context of Drug and Alcohol Harms

- Very large rise in drug deaths in Kent
- Alcohol is easy and cheap to buy and is normalised
- The drugs people are using have changed – cocaine, MDMA etc
- ‘County Lines’ drug supply routes is grooming children into crime
- Huge treatment gap for alcohol dependent drinkers
- Increasing liver deaths in England and Kent
- Understanding of increasing adverse child experiences leads to addictions
- Mental health support is often missing
- Workforce and skills

Drug Deaths in Kent are Increasing



From BBC News : Arrests in Gravesend as £2m of cocaine seized in raids





Estimated People Using Illegal Drugs in Kent	Estimated people drinking alcohol –high dependent/ vulnerable with complex needs.	Estimated number of dependent drinkers : Alcoholics in Kent	Estimated people who are using heroin and crack cocaine in Kent	Drug deaths in Kent.	Alcohol related deaths in Kent	Numbers in Treatment
10% adult population	VERY HARD TO QUANTIFY est only 20% of dependent drinkers get treatment. 1% of population are highly severe and complex. Over 90% of street homeless people have addiction needs.	Est: 72,000 Broad definition dependent (4% pop)	Est: 5,600 (2016) Rate: 5.5 per 1000 pop	6 per 100,000, this higher than England	8 per 100,000 (alcohol specific death rate) 14.5 in Folkestone and Hythe.	3,055 Drug (opiate and crack)
						2,467 (Alcohol)
Declining trend: for casual drug use. Class A slight increase.	What about the: 80% ? 60-80% mental health need? Unidentified. 25% of clients were also in mental health system. 45% had mental health identified need.	30% of people in treatment had severe dependence Treatment Gap high in UK	Increasing rates in Kent But lower than national average.	Pooled 3 year rates have increased from 2 per 100,000 and Thanet rate is 9.	Kent is much lower than the England average BUT masks local variation and the trend was reducing but is recently showing increase.	Kent's services are tackling a growing complex drug and alcohol dependency problem with big treatment gaps.

Definitions

Trauma informed approach: An organisational transformation model that improves awareness of trauma and its impacts, supports services to consider and put in place appropriate support, and prevents re-traumatising those accessing or working in services.

Trauma: Refers to events or circumstances that are experienced as harmful or life-threatening and can have lasting impacts on mental, physical, emotional and/ or social well-being.

Adverse Childhood Experiences (ACE): Refers to some of the most intensive and frequently occurring sources of stress that children may suffer early in life. Such experiences include multiple types of abuse; neglect; violence between parents or caregivers; other kinds of serious household dysfunction such as alcohol and substance abuse; and peer, community and collective violence. Exposure to multiple ACE is associated with health harming behaviours and physical and mental health conditions in adulthood.



kent.gov.uk/spacematters



Health Education England

Case Study: Jack

- Jack's teenage mum couldn't cope and suffered domestic abuse and Jack had mental health issues as a child.
- At 16: took drugs with friends, prescribed Prozac at 19. Had blackouts and bouts of violence.
- At 24: first suicide attempt – his job in events industry – normalised his substance misuse.
- At 28: got married and had a well paid job in the City but had 2nd suicide attempt. Hiding his drinking and morning drinking.
- At 35: had a child but the relationship breaks down. Substance misuse goes up. Cocaine, cannabis, alcohol.
- At 40: first time in substance misuse treatment services when...
- At 43: loses job and suffers second breakdown and first alcohol inpatient detox.
- At 45: more inpatient detoxes, liver problems, mental health, suicide attempts, injuries, arrests, assaults, 24 hour drinking, homelessness, white cider, isolation.
- 50: **via CGL** - 4th detox: Bridge House and 6 weeks Kenward Trust – but no onward mental health support or housing or care plan. Suicide attempt: 3 week out of area placement and CMHT referral then **re-engaged with CGL** and achieved sobriety, offered psychotherapy and medication review.
- 52: **sober for 24 months and housing support and now seen by GP for severe depression.** Re-established relationship with daughter.

A New Substance Misuse Alliance and Strategy for Kent : First Step – Peer Assessment

- **The CLear Assessment Process is a self assessment** Created by Public Health England to help health and social care systems improve and create better strategies.
- It helps us to have a framework – so we can learn the strengths and challenges in our system.
- **CLear** was developed originally for Tobacco Control. It has been used successfully in Kent on creating the Tobacco Control Alliance
- **First part of self assessment completed – results in late September.**

Even in the Context of COVID-19 – Some Early Successes

- Creation of NHS MDTs (Multi disciplinary teams)
- Co-occurring conditions protocol and learning networks (Substance Misuse and Mental Health services)
- West Kent Review of services
- Substance misuse now a priority in NHS
- Better links with Safeguarding and Vulnerable Adults groups
- Better joined working between adults and child social services
- Getting alcohol and drug prevention into mainstream public health offer via One You: Identification and Brief Advice.

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West Kent Drug and Alcohol Service Review Summary

August 2020



**Change
Grow
Live**

Vicky Tovey, Public Health Lead Commissioner
Provided by Change Grow Live (CGL) Services Limited



Purpose of the review

- Change Grow Live (CGL) has delivered the contract since April 2016 and there is an optional 36-month extension included within the original term
- The review was to determine if this extension should be enacted for April 2021 onwards
- The review included background, analysis of performance, quality, user views, financial analysis, market analysis, COVID response and wider content (PESTLE analysis)



Wellbeing Services

Dartford, Gravesend, Maidstone,
Sevenoaks, Tonbridge,
Tunbridge Wells

We offer specialist drug and alcohol support services for adults in West Kent.

Anybody can be affected by drug and/or alcohol use, regardless of their ethnicity, religion, beliefs, class, age, sexuality, disability or lifestyle. If you have concerns about drugs and/or alcohol we can help.

We provide confidential information, advice and treatment options for service users, their families and the wider community within the districts of Dartford, Gravesend, Maidstone, Sevenoaks, Tonbridge & Malling and Tunbridge Wells.

Change, grow, live is a health and social care charity that works with individuals who want to change their lives for the better and achieve positive and life-affirming goals.

...venues and outreach settings across West Kent.

Please contact us on the number below for more information, or visit our website at:

www.westkentrecovery.org.uk



Opening Hours

Monday to Friday:

9am - 5pm

Open access:

Times vary by location - please contact us for details

Late opening:

Evening sessions are available by appointment

Contact us

T: 0844 225 0652

E: westkentinfo@cgl.org.uk

Service Content and Outcomes

- Previous presentation shared wider context e.g. Drug deaths increasing, increasing demand.
- The West Kent Drug and Alcohol Service contributes towards Public Health Outcome Framework (PHOF) Indicators:
 - ***Successful completion of treatment C19 (formerly 2.15)***
 - ***Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison within 3 weeks C20 (formerly 2.16)***
- Drug and Alcohol Treatment Services also contribute towards several national agendas such as The Health and Social Care Act (2012) and The National Drug Strategy (2017)

Performance and quality

Performance:

- Performance indicators are based on criteria set by PHE and the National Drug Treatment Monitoring System (NDTMS)
- KPIs have generally improved or remained the same
- Every indicator shows performance either above target or above default target
- Performance is similar or better than national and regional averages, with the exception of conversion rates (referral to treatment) of alcohol and non-opiate users

Quality:

- CQC rating of Good (October 2019)
- Quality metrics show improved quality of life post-treatment
- Complaints within expected levels and high satisfaction reported

CGL Annual Service User Survey - 2019

Summary findings

- 95% of respondents said their service was accessible.
- 96% said the service provided them with what they wanted.
- 89% said they had trust and confidence in the team member supporting them.
- 68% said they had been asked for their views on the service they had received.
- 62% said they would like to be involved in improving their own or others' experience of the service.
- 96% said they had been treated with fairness, dignity and respect.
- 94% said they would feel confident in recommending the services to someone they cared about.
- 67% rated the service as very good, 28% rated it as good, 6% as adequate, **0% rated it as poor and 0% as very poor.**

Case Study

Who : Amanda, homeless, 32 years old from the past 4 years and recently started injecting abscess present due to poor injecting technique shoplifting offences in local town with outstanding

Treatment: Full medical assessment and care for Amanda. It was critical to address the injecting Amanda had any Blood Borne Virus (BBV). made available and referrals made to the GP for specialist housing support.

Outcome: Amanda has remained in treatment living in secure accommodation; she is abstinent and stable on her methadone medication. She was Hep C positive, so she has started seeing the Hep C nurse that is co-located at CGL service.



Case Study (2)

Who: Elaine, 48 years old, from Maidstone. Problematic alcohol use for over 20 years. Increasing alcohol use led to severe dependency, with abnormal liver function and other physical health problems including significant weight loss and osteoporosis. There was also significant childhood trauma and depression w use.

Treatment: The care plan developed and referral for inpatient detoxification to prepare and was admitted to Brid days to safely detox. Aftercare included support group at CGL alongside peer Anonymous (AA) and referral for sp

Outcome: Elaine graduated from C her inpatient detox. She has been a and has started a volunteering place baking course and plans to pursue e



Finance and value

- The total contract value is £17,208,722 (April 2016- March 2021) with a further estimated value of minimum £10,382,469 for three years
- KCC and CGL operate open book accounting to ensure Kent achieves value for money
- There is strong evidence around the benefits of investing in these critical lifechanging service that can make rapid changes to short/long term life expectancy
- Kent's spends less than the national average but achieves good outcomes, which are often better than the national picture, representing good value for money (PHE Spend and Outcome Tool)

<u>SPOT Tool</u>	<u>Alcohol (£ RO)</u>	<u>Drug (£ RO)</u>	<u>Outcome</u>
Kent	£2.67	£5.16	Low Spend Better Outcome
National	£3.71	£7.99	

Market Analysis

- CGL is one of a number of providers who deliver Drug and Alcohol Treatment Services across the UK



- Forward - East Kent Adults
- We are with you - Kent CYP
- Turning point - Medway



Covid-19

- As a result of the COVID-19 outbreak, CGL acted quickly and safely to ensure the service continued to provide support for clients
- CGL had to use innovative approaches in order to ensure continuity of care

No Client Closures	Relapse Prevention planning for recently closed clients	Remote Delivery for needle exchange	Multi Disciplinary Team for Home Detox
Medical Assessment and care planning via phone/skype	Opiate Substitute Therapy Action plan	Hand delivery of prescriptions	Additional hours to offer support on bank holiday

CGL Pulse Survey Findings- July 2020

- Nationally CGL have collaborated with the University of Manchester to gather Service User insights into the changes to service delivery since Covid-19 (68 surveys were completed for West Kent)
- Findings have been summarised in a paper called *“The perspectives of those who receive support from Change Grow Live on COVID-related changes to service provision: Pulse Survey – First Stage Summary”*.

Theme	Key themes from responses
Likes: <i>“what changes do you like?”</i>	<ul style="list-style-type: none"> Convenience of COVID changes Keeping in touch Substitute care – changes to Medically Assisted Treatment and sessions
Dislikes: <i>“what changes don’t you like?”</i>	<ul style="list-style-type: none"> Limits of substitute care – changes to sessions Loneliness/ Isolation Not enough support
Do Differently: <i>“what could we do differently?”</i>	<ul style="list-style-type: none"> Improve communication Increase support New models of treatment post-COVID Keep it as it is

Key findings

- The service operates in a complex environment but has considerable drive to improve outcomes for service users and their families
- CGL and Commissioners continually work together to improve the service quality and outcomes – this has included service re-design, performance improvement plans, and undertaking pilot initiatives.
- Demand for treatment has increased, including for alcohol treatment which is against the national trend. Complexity has also increased.
- CGL cannot continue to increase the number accessing treatment without impacting on quality
- There is a need to align the service with existing care pathways and it is acknowledged that pathways could be improved between ICS and Drug and Alcohol Services, to improve outcomes for substance misusing parents and their children.
- More work is needed to support recovery through commissioned services such as OneYou Kent and Live Well Kent and ensure coordinated support to patients with co-occurring conditions.

Conclusion and recommendations

- Given the good performance of the current contract and the potential for disruption to vulnerable individuals - the recommendation is to extend the contract for an initial 12 months+
- **The committee is asked to note and comment on the findings from the review and associated recommendation.**
- The provider and commissioners will action recommendations to drive continuous improvement and improve outcomes for local residents.

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Public Health Commissioning Update HRPH Committee

September 2020

Vicky Tovey

Lead Commissioner for Public Health





Key updates



- All Public Health services will be restarted in line with phase 3 guidance. Commissioning staff will seek assurance that services are delivering in a safe way.
- Services continue to deliver differently, utilising a mix of virtual and face to face.
- Innovation evidenced to offer benefits will be taken forward e.g. sexual health.
- Changing patterns of demand are being closely monitored and there is a need for an agile approach to respond quickly - e.g. launch of new lifestyle apps.
- Planning the restart for school based services is taking place alongside NHS colleagues to ensure aligned approaches and communication.
- Risk based approaches prioritising limited resources e.g. NHS Health Checks.
- Logging of COVID costs and budget planning for 2021/22 taking place.
- Progressing actions identified through recovery and restart programmes.

Challenges

- **Significant budget uncertainty**– e.g. rising demand, NHS pay and pension costs, increased service costs due to new ways of working.
- **Significant catch up work and possible impact of a second lockdown** – e.g. Health Visiting developmental reviews, screening programmes.
- **Premises** – limited access to existing sites preventing step up of services.
- **Increasing demand and reduced capacity in GP and pharmacy impacting on lifestyle services** – e.g. waiting list for stop smoking.
- **Long term effectiveness of new ways of working unclear**
- **Latent demand/ impact of trauma/ hidden harm** – may lead to an increase in demand and safeguarding case loads etc.
- **Increasing issues around equity of access and impact of COVID-19** – e.g. digital poverty.
- **Providing joined up care to protect the most vulnerable**

Forward Look



Ongoing:

- Continued progression of new projects in collaboration with key partners – e.g. wellbeing hub, digital inclusion pilot and virtual parenting resources.
- Regular campaigns to help keep people well, safe and enable self management.
- Development on new sexual health hub in Thanet.



October onwards

- Launch of new workplace health offer planned for October 2020.
- Transfer of PREP (pre-exposure prophylaxis) to Local Authorities from NHSE.
- Launch of digital postural stability pilot.
- Increased outreach provision within substance misuse services.
- Promotion of new digital apps – [Drink Less](#) and [My Quit Route](#)
- Refinement of 2021/22 budget and exploration of additional income

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

9th September 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. Eight of the fifteen KPIs were RAG rated Green in the latest available quarter, three were Amber, one was Red and three had data unavailable due to the Coronavirus pandemic (COVID).

The Red KPI is Health Checks which was paused in delivery due to the current pandemic.

Delivery of the Live Well Kent service and majority of Health Visiting services have 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 Q1 2020/21

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.
- 1.3. Due to the coronavirus pandemic, some providers have been unable to provide data in time for publication. Providers have needed to focus on maintaining services, ensuring delivery is safe and in line with national guidance and with this it was agreed for some data submissions to be postponed.

2. Overview of Performance

2.1. Of the fifteen targeted KPIs for Public Health commissioned services eight achieved target (Green), three were below target but achieved the floor standard (Amber), and one did not achieve the floor standard (Red). This KPI relates to delivery of the NHS Health Checks Service.

3. Health Visiting

3.1. Despite some of the Health Visiting Service workforce having been re-deployed into frontline NHS services, the Health Visiting Service has increased the number of mandated universal contacts delivered. This is due to an increased focus on delivering antenatal contacts in line with the national Coronavirus response guidance. 76% of pregnant women have received a virtual antenatal contact, exceeding the 43% target. 94% of parents have received a virtual or face to face new birth visit contact, with the service focusing on vulnerable and first-time parents.

3.2. Where capacity has allowed, the service have also continued to deliver the other 3 mandated contacts which were deprioritised nationally. Alongside these, a weekly health clinic has run in each district and appointments were made available, following triage, on a bookable basis.

4. Adult Health Improvement

4.1. The NHS Health Check Programme had a strong year in 19/20 delivering over the targeted level. The programme was halted in March due to the Coronavirus pandemic. Public Health are working with the provider on a future recovery plan, which will be informed by national guidance and capacity in primary care. There will be an impact to the number of checks that can be completed within 20/21, however the programme runs on a 5-year cohort and work is ongoing to ensure catch up cohorts are invited within that timeframe.

4.2. In Q1 the smoking service has been offering telephone and video appointments to help to maintain a service through the Coronavirus Pandemic. Referrals initially reduced however are now increasing weekly following a successful quit for Covid campaign (which is currently on hold locally). Third party providers (GP & Pharmacy) ceased their delivery of quit support at the beginning of the pandemic as their work was diverted to supporting and dealing with pandemic orientated work. 60% of the service is traditionally provided by these providers who continue to have limited capacity to step up services. This has resulted in a waiting list.

4.3. Urgent work is underway to support people to quit and address the waiting list. This includes launch of a new quit smoking app and upskilling staff to increase provider capacity. Data is not currently available for Q1 as the deadline for the national submission was extended.

4.4. The number of service users accessing the One You Kent adult healthy lifestyle service has also dropped as expected. Service providers with the support of KCC have worked together to find new ways to continue to support people in

improving their health and well-being. The use of brief health promotion and wellbeing videos along with physical activity videos was initiated to enable providers to increase interest in the services (these included diet advice, portion sizes, wellbeing, physical activity). Early data shows an increase in referrals and positive perceptions on using the technology for some service users.

5. Sexual Health

5.1. Sexual health services have continued during the pandemic but have altered the service delivery model to control patient flow and provide additional capacity through digital methods and virtual triage. Core clinics have remained open throughout to see those patients who need to be seen face to face, this is determined through the triage assessment. During recovery, Sexual Health providers, KCC commissioners and Health commissioners are working together to evidence that the new triage service delivery model is sustainable for pre-Covid levels of demand and to understand any potential adverse effects on patient access.

5.2. The new sexual health metric came into effect from April 2020 and to benchmark future delivery and present pre 2020/21 figures the national dataset was used. Due to the Coronavirus pandemic, use of the dataset has been embargoed by Public Health England and data is currently unavailable for October 2019 to March 2020.

5.3. Coronavirus has also affected performance for Q1 due to restricted activity, drop in demand and a focus on reducing patient contact time during appointments. To minimise face to face contact, the service referred many patients to home testing services and commissioners are working further to enhance the use of this medium.

6. Drug and Alcohol Services

6.1. Adult Drug and Alcohol Services have seen a decline in referrals over the Coronavirus period, however the conversation rates for people starting structured treatment has increased in quarter 1, meaning that the referrals have been more appropriate. Final data for Q1 is not yet available.

6.2. The Young Person service has seen a decline in the percentage of young people who complete their treatment successfully (82%) although the number that are completing successfully is in line with pre-Coronavirus levels (56 individuals). This is due to a small proportion (28) electing to not continue their treatment digitally and being added to a waiting list until the service is able to meet clients face to face. This has led to an increase in the number of young people exiting the service in an unplanned way, the service is adding them to a list to re-contact once face to face interventions are available. These young people will still get an offer of a service and can choose to reengage at any time.

7. Mental Wellbeing Service

7.1. Live Well Kent continue to reach their target of 90% of clients saying they would recommend the service to family, friends, or someone in a similar situation. For Quarter 1 2020/21 they achieved 99.7%.

8. Conclusion

8.1. Eight of the fifteen KPIs remain above target and were RAG rated green.

8.2. 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, meets user needs and able to account for increasing demand levels in the future.

9. Recommendations

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to NOTE the performance of Public Health commissioned services in Q1 2020/21

10. Background Documents

None

11. Appendices

Appendix 1 - Public Health Commissioned Services KPIs and Key.

12. Contact Details

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

Service	KPI's	Target 19/20	Target 20/21	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	DoT**
Health Visiting	PH04: No. of mandated universal checks delivered by the health visiting service (12 month rolling)	65,000	65,000	67,541 (g)	67,168 (g)	67,387 (g)	67,627 (g)	69,073 (g)	↑
	PH14: No. and % of mothers receiving an antenatal contact with the health visiting service	43%	43%	1,340 33% (r)	1,390 32% (r)	1,412 34% (r)	1,321 34% (r)	3,095 76% (g)	↑
	PH15: No. and % of new birth visits delivered by the health visitor service within 30 days of birth	95%	95%	3,957 99% (g)	4,231 98% (g)	4,103 97% (g)	3,729 96%(g)	3,868 97%(g)	↑
	PH16: No. and % of infants due a 6-8 week who received one by the health visiting service	85%	85%	3,543 90% (g)	3,908 90% (g)	3,760 89% (g)	3,446 86% (g)	3,447 89%(g)	↑
	PH23: No. and % of infants who are totally or partially breastfed at 6-8 weeks (health visiting service)	-	-	1,836 50%*	2,001 46%*	1,905 48%*	1,591 48%*	1,646 51%	-
	PH17: No. and % of infants receiving their 1-year review at 15 months by the health visiting service	85%	85%	3,591 84% (a)	3,909 88% (g)	4,089 90% (g)	3,841 89% (g)	3,669 89% (g)	↔
	PH18: No. and % of children who received a 2-2½ year review with the health visiting service	80%	80%	3,547 80% (g)	3,679 84% (g)	3,816 84% (g)	3,764 81% (g)	3,269 72% (a)	↓
Structured Substance Misuse Treatment	PH13: No. and % of young people exiting specialist substance misuse services with a planned exit	85%	85%	61 87% (g)	64 85% (g)	40 91% (g)	77 90% (g)	56 82% (a)	↓
	PH03: No. and % of people successfully completing drug and/or alcohol treatment of all those in treatment	25%	25%	1,285 26% (g)	1,366 27% (g)	1,361 27% (g)	1,345 27% (g)	nca	↔
Lifestyle and Prevention	PH01: No. of the eligible population aged 40-74 years old receiving an NHS Health Check (12 month rolling)	41,600	41,600	41,151 (a)	43,964 (g)	43,126 (g)	39,995 (a)	29,046 (r)	↓
	PH11: No. and % of people quitting at 4 weeks, having set a quit date with smoking cessation services	52%	52%	881 57% (g)	937 59% (g)	977 63% (g)	1,102 61% (g)	nca	↓
	PH21: No. and % of clients engaged with One You Kent Advisors being from the most deprived areas in the County	60%	60%	524 55% (a)	636 54% (a)	677 55% (a)	647 53% (a)	nca	↓
Sexual Health	PH24 % of all new first-time attendances who take up the offer and are screened for chlamydia, gonorrhoea, syphilis and HIV	-	70%	12183 71%(g)	12819 72%(g)	nca	nca	621 48%(a)	↓
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%	90%	383 99% (g)	429 100% (g)	339 100% (g)	219 99.7% (g)	308 99.7% (g)	↔

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

Commissioned services annual activity

Indicator Description	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	DoT
PH09: Participation rate of Year R (4-5 year olds) pupils in the National Child Measurement Programme	96% (g)	97% (g)	97% (g)	93% (g)	95% (g)	95% (g)	↔
PH10: Participation rate of Year 6 (10-11 year olds) pupils in the National Child Measurement Programme	95% (g)	96% (g)	96% (g)	96% (g)	94% (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)	78,547	115,232	157,303	198,980	36,093	76,093	-
PH06: Number of adults accessing structured treatment substance misuse services	5,324	5,462	4,616	4,466	4,900	5,053	↑
PH07: Number accessing KCC commissioned sexual health service clinics	-	73,153	78,144	75,694	76,264	71,543	↓

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: Benjamin Watts, General Counsel

To: Health Reform and Public Health Cabinet Committee – 9 September 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 planned 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 discussion was conducted by email, via which items for this meeting were agreed and future agenda items planned. The Cabinet Committee is requested to consider and note the items within the proposed Work Programme, set out in the appendix to this report, and to suggest any additional topics that they wish to be considered for inclusion in agendas of future meetings.
 - 2.2 The schedule of commissioning activity which falls within the remit of this Cabinet Committee will be included in the Work Programme and considered at future agenda setting meetings. This will support more effective forward agenda planning and allow Members to have oversight of significant service delivery decisions in advance.
 - 2.3 When selecting future items, the Cabinet Committee should give consideration to the contents of performance monitoring reports. Any 'for information' or briefing items will be sent to Members of the Cabinet Committee separately from the agenda, or separate Member briefings will be arranged, where appropriate.

3. Conclusion

- 3.1 It is vital for the Cabinet Committee process that the committee takes ownership of its work programme, to help the Cabinet Members to deliver informed and considered decisions. A regular report will be submitted to each meeting of the Cabinet Committee to give updates of requested topics and to seek suggestions of future items to be considered. This does not preclude Members making requests to the Chairman or the Democratic Services Officer between meetings, for consideration.

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

5. Background Documents

None.

6. Contact details

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Last updated: 1 September 2020

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.

9 SEPTEMBER 2020

- *Verbal Updates*
- *Update on COVID-19 – Advice and services*
- *Contract Monitoring – West Kent Substance Misuse Services contract review*
- *Work Programme*
- *Public Health Performance Dashboard*
- *Review of Suicide Prevention Strategy*
- *Recovery in Public Health*

20 NOVEMBER 2020

- *Verbal Updates*
- *Update on COVID-19 – Advice and services*
- *Response, restart and recovery - Sexual Health services*
- *Work Programme*
- *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

8 JANUARY 2021

- *Verbal Updates*
- *Update on COVID-19 – Advice and services*
- *Response, restart and recovery - Lifestyle services*
- *Work Programme*
- *Public Health Performance Dashboard*
- *Budget and Medium-Term Financial Plan*
- *Update on Public Health Campaigns/Communications*

10 MARCH 2021

- *Verbal Updates*
- *Update on COVID-19 – Advice and services*
- *Response, restart and recovery - Children's services*
- *Work Programme*
- *Risk Management report (with RAG ratings)*
- *Health Inequalities – annual*

30 JUNE 2021

- **Verbal Updates**
- **West Kent Substance Misuse services contract review**
- **Work Programme**
- **Public Health Performance Dashboard**
- **Update on Public Health Campaigns/Communications**

NORMAL * PATTERN OF ITEMS APPEARING REGULARLY – *adjusted in 2020 to accommodate changes to respond to Covid-19

Meeting	Item
January	<ul style="list-style-type: none"> • Budget and Medium-Term Financial Plan • Update on Public Health Campaigns/Communications • Public Health Performance Dashboard
March	<ul style="list-style-type: none"> • Risk Management report (with RAG ratings) • Health Inequalities – annual
April/May	
June/July	<ul style="list-style-type: none"> • Update on Public Health Campaigns/Communications • Public Health Performance Dashboard
September	<ul style="list-style-type: none"> • <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
November	<ul style="list-style-type: none"> • Annual Report on Quality in Public Health, incl Annual Complaints Report

****Strategic Delivery Plan (SDP) monitoring removed from work programme as per David Firth's email 10/7/20:***

SDP monitoring arrangements are being kept on pause for the time being, recognising the continued additional demands placed on the authority and the need to review, and potentially re-base, a significant number of activities.

In the longer term the intention is to reinstate the monitoring arrangements but it is not possible yet to confirm a timescale for this.

Until further is known, the SDP monitoring item should be removed from work programmes.