

**HEALTH REFORM AND PUBLIC HEALTH CABINET  
COMMITTEE**

**Tuesday, 6th July, 2021**

**2.00 pm**

**Online**





## AGENDA

### HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Tuesday, 6 July 2021 at 2.00 pm  
Online

Ask for: **Emily Kennedy**  
Telephone: **03000 419625**

#### Membership

Conservative (12)	Mr A Kennedy (Chairman), Mr Baker, Mr D Beaney, Ms B Bruneau, Mrs P T Cole, Ms S Hamilton, Mr D Jeffrey, Mr J Meade, Mr D Ross, Mr A Weatherhead, Mr S Webb and Ms L Wright
Labour (2)	Ms K Constantine and Mr B H Lewis
Liberal Democrat (1)	Mr D S Daley
Greens and Independents (1)	Mr P M Harman

#### **UNRESTRICTED ITEMS**

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

- 1 Introduction
- 2 Apologies and Substitutes  
To receive apologies for absence and notification of any substitutes present
- 3 Election of Vice-Chair
- 4 Declarations of Interest  
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 10 March 2021 (Pages 1 - 6)  
To consider and approve the minutes as a correct record.
- 6 Minutes of the meeting held on 27 May 2021 (Pages 7 - 8)  
To consider and approve the minutes as a correct record.
- 7 Verbal updates by Cabinet Member and Director

- 8 Introduction to Public Health (Pages 9 - 20)
- 9 Performance of Public Health commissioned services (Pages 21 - 28)
- 10 Response, Restart and Recovery - Kent Drug and Alcohol Services (Pages 29 - 42)
- 11 Work Programme (Pages 43 - 46)

### **EXEMPT ITEMS**

*(At the time of preparing the agenda, there were no exempt items. During any such items which may arise, the meeting is likely NOT to be open to the public)*

Benjamin Watts  
General Counsel  
03000 416814

**Monday, 28 June 2021**

## 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 on Wednesday, 10 March 2021.

PRESENT: Mr G Lymer (Chairman), Miss D Morton (Vice-Chairman), Mr D Butler, Mr A Cook, Mrs L Game, Ms S Hamilton, Mr B H Lewis, Mr K Pugh, Mr A M Ridgers and Mr R H Bird

#### UNRESTRICTED ITEMS

**145. Apologies and Substitutes**  
*(Item 2)*

Apologies were received from Mrs Allen, Mr Messenger, Mr Daley and Mr Koowaree, for whom Mr Bird was present.

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

Miss Morton declared an interest as she was employed by Kent Community Health NHS Foundation Trust.

**147. Minutes of the meeting held on 21 January 2021**  
*(Item 4)*

It was RESOLVED that the minutes of the meeting held on 21 January 2021 are correctly recorded and a paper copy be signed by the Chairman subject to the following being noted:

Minute no. 138 at point 6 should read, "In response to questions from Members, it was noted:

- Around 300 Armed Forces personnel had been involved with the set-up of symptom-free testing sites in Kent but civilians were to staff sites moving forward."

There were no matters arising.

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

- 1) The Cabinet Member for Adult Social Care and Public Health, Mrs Bell, gave an update on the following issues:

- All 24 Covid-19 symptom-free testing sites remained open and the full list of sites was available on the website. Some testing sites had reduced their opening hours to reflect demand and to make best use of resources. As of 5 March, 390,789 symptom-free Covid-19 tests had been conducted. Over 2516 positive cases had been identified, meaning that these asymptomatic individuals were able to self-isolate, reducing the spread of virus to others. It was recommended that people get tested every 2 weeks.
- Kent Fire and Rescue were launching a new publication as part of their 'Safe and Well' home visit service. The publication would be provided for around 5000 Kent and Medway residents on a twice-yearly basis, many of whom were 70+ years, had disabilities or long-term health conditions. KCC placed an advert for the 'One You' Kent service in the first edition of the magazine. KCC would be sharing a half page with Medway Council for a Public Health theme in future editions.
- No Smoking Day was on 10 March 2021. KCC was promoting 'Quit for Covid' with assistance from 'One You' services and the 'My Quit Route' app. Rates of smoking in the county had fallen from 15% in 2018 to 13.7% in 2020, a record low. The 'My Quit Route' app was available via Google, Apple stores and the 'One You Kent' website.
- KCC was promoting No Smoking Day via its social media channels. KCC was also supporting a local NHS campaign run by Kent and Medway Cancer Alliance to raise awareness around persistent coughs being a sign of cancer as well as for Covid-19.
- On World Obesity Day on 4 March, the government announced £100million of national funding for healthier weight support services. £70million was to be invested in weight management support services made available through the NHS and local authorities. £30million would fund initiatives to help people maintain a healthy weight including access to a free NHS 12-week weight loss plan app and continuation of the successful 'Better Health' marketing campaign. 62.4% of Kent adults were classified as overweight or obese. KCC awaited to hear how the national funding would be rolled out locally.
- Overweight or obese children were more likely to be overweight or obese as adults and increasing their risk of heart disease and some cancers, while more young people than ever were developing type 2 diabetes. The Change4life campaign encouraged parents to make everyday swaps to reduce children's sugar intake and were encouraged to look for the 'Change4Life - good choice' badge in shops, to download the free food scanner app and more information was available on KCC's website: [www.kent.gov.uk/change4life](http://www.kent.gov.uk/change4life)
- Advice and support for lifestyles changes was available on the 'One You Kent' service website: <https://www.kent.gov.uk/social-care-and-health/health/one-you-kent>
- There was a meeting of the Kent and Medway Health & Wellbeing Board scheduled for 10 March to update on the Covid-19 local outbreak control plan and also on the agenda was the strategic plan to mitigate the impact of Covid-19 on health inequalities. It was intended that this would be the focus of the Board's work in the year ahead. The report being presented would outline the progress to date which included scoping the data, statistical and analytical support required by the strategy, mapping existing activity to reduce health inequalities and

discussion as to how oversight and governance of initiatives could be brought together. KCC were taking over the chairmanship of the Board in May 2021.

- Mr Scott-Clark's retirement from his role as Director for Public Health at KCC had been announced. Thanks were given and he was wished luck for the future.
- 2) The Director for Public Health, Mr Scott-Clark gave an update on the following issues:
- KCC had not received details from central government regarding the ringfenced grant allocation for Public Health for the next financial year. This was eagerly anticipated as it was important for planning the way forward.
  - An NHS white paper had been published in February on improving social care entitled 'Integration and Innovation- working to improve health and social care for all'. Kent Public Health had led the way on collaborative and partnership arrangements with KCHFT and Tunbridge Wells & Maidstone NHS Trust. It was intended that a full report would be brought to a County Council meeting.
  - Thanks were given to KCC staff and the Public Health teams who had worked tirelessly throughout the pandemic.
- 3) Members agreed to note the updates.

**149. Update on Covid-19 - Advice and Services (Verbal Update)**  
*(Item 6)*

- 1) Andrew Scott-Clark, Director for Public Health gave an update on Covid-19 and reported that the infection rates for Kent were in decline at 37.2 cases per 100,000 and there had been a huge reduction in outbreaks. It was emphasised that lockdown measures were still in place and that close attention would be paid to cases in children.
- 2) Symptom-free testing sites were to remain open until at least the middle or end of June and assessments were being made about continuation of testing on the sites. Home testing was being used more widely by schools and employers.
- 3) The outbreak control plans were being refreshed and there would be enhanced contact tracing. Where outbreaks were occurring, further analysis would be done looking into the reasons.
- 4) The vaccination programme was being rolled out by the NHS and as of the end of February 2021, over 580,000 first doses and over 30,000 second doses had been administered. The record of uptake, particularly in older cohorts had been very good. Work was to be done looking at uptake across communities in Kent once priority groups 1-9 had been offered vaccinations.
- 5) The NHS had published a standard operating network on getting unpaid carers vaccinated.
- 6) In response to questions from Members, it was noted:

- Advice was being given through the Care Cell regarding agency staff working in more than one care home.
- It was not evident where the so-called Kent variant of Covid-19 had been first discovered.

7) It was RESOLVED that the update be noted.

## **150. Response, Restart and Recovery - Children's Services**

*(Item 7)*

- 1) Vicky Tovey, Head of Strategic Commissioning - Public Health gave an update to Members regarding the impact of Covid-19 on the mixture of mandated and non-mandated services. Partnership working and communications had been important during the pandemic. There had been a lot of communications campaigns and additional support provided such as hardship funding for families.
- 2) Some services had been stopped during the pandemic such as the national child measurement programme, hearing and vision screening and oral health screening. Many of these were normally provided within schools and were therefore not able to proceed due to school closures.
- 3) Where services could not be continued in person, they continued to offer a service digitally or many services moved to a blended offer based on assessment of risk. The online service offer had been increased and would likely form part of future delivery. Online mental health counselling services for children and young people had been expanded from 9 districts to 12 districts. Support was also being provided to schools through the School Health Service.
- 4) In the future, there would be a 'blended' offer of in person and digital services. It had been a key priority for there to be a 'catch up' on health visiting services, as later developmental checks had been put on hold during the height of the pandemic in line with national guidance.
- 5) It was RESOLVED that the information set out in the report be noted.

## **151. Risk Management: Health Reform and Public Health**

*(Item 8)*

- 1) Mr Scott-Clark introduced the report regarding risk management. Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) risk was ever present but had become more prominent with the Covid-19 pandemic, which KCC had been managing for the last year.
- 2) It was RESOLVED that the update be noted.

## **152. Public Health Communications and Campaigns Update**

*(Item 9)*

- 1) Jo Allen, Adult Social Care and Public Health Communications Partner gave an update to Members regarding communications and campaigns. In response to the



pandemic a wide range of communications and marketing material needed to be created and delivered, across a wide range of channels. It had been an extremely busy year as messages were changed and adapted.

- 2) Changes to service delivery with the changing restrictions during the pandemic had meant that non-Covid-19 messages going to the public had changed and there had been more focus on digital communications to advise people of changes to services.
- 3) A key role going forward would be the management of Covid-19 outbreaks and work had been undertaken with Public Health to identify key priority areas linked to Covid-19. Mental health and wellbeing, smoking and obesity would be prioritised and KCC were awaiting Public Health England's advice regarding what the focus should be for the coming year.
- 4) It was RESOLVED that the update be noted.

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

- 1) Ms Tovey gave an update to Members regarding the performance of Public Health commissioned services. 11 of 15 Key Performance Indicators (KPIs) were RAG-rated as green, including health visitor developmental reviews which had improved from Quarter 2.
- 2) There were some areas where data was not available due to the pandemic, such as sexual health services.
- 3) The KPIs rated as red related to the NHS Health Check programme and the "One You" lifestyle services. NHS Health Checks had not been delivered for much of the year due to the pandemic and capacity to deliver the programme was still limited within GP surgeries and in primary care.
- 4) Further outreach work would be undertaken to improve performance with "One You" lifestyles services to engage new clients from quintiles one and two.
- 5) It was RESOLVED that the performance of Public Health commissioned services in Q3 of 2020/21 be noted.

**154. 20/00132 - Bereavement Support Services in Kent and Medway-  
Procurement Update**  
(Item 11)

- 1) Laura Bush, Senior Commissioner – Public Health introduced the report regarding the procurement of bereavement support services in Kent and Medway.
- 2) It was RESOLVED that the recommendations set out in the report be noted.

**155. Meeting Dates for 2021/22 - For Information**  
(Item 12)

Members agreed to note the proposed meeting dates for 2021-22.

**156. Work Programme 2021/22**  
*(Item 13)*

RESOLVED that the Work Programme for 2020/21 be noted.

**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 Mote Hall Leisure Centre, Maidstone, Kent, ME15 7RN on Thursday, 27 May 2021.

PRESENT: Mr Baker, Mr D Beaney, Ms B Bruneau, Ms K Constantine, Mr D S Daley, Ms S Hamilton, Mr P M Harman, Mr D Jeffrey, Mr A Kennedy, Mr B H Lewis, Mr J Meade, Mr A M Ridgers, Mr D Ross, Mr A Weatherhead, Mr S Webb and Ms L Wright

**UNRESTRICTED ITEMS**

**157. Election of Chair**  
*(Item 3)*

It was proposed and seconded that Mr Kennedy be elected Chairman of the Committee.

RESOLVED that Mr Kennedy be elected Chairman of the Committee.

This page is intentionally left blank

# **Public Health in Kent County Council**

## **June 2021**

**Dr Allison Duggal**  
**Interim Director of Public Health**  
**Kent County Council**

# A (very)Brief History

- There has been an Association for Directors of Public Health, or an equivalent, for more than 160 years
- Chadwick and Poor Law reforms – 1842
- Public Health Act 1848 followed huge cholera outbreaks
  - First time Government had legislated on health
  - Local Authorities – Officer of Health to improve sanitation
- Further Cholera outbreaks and the ‘Great Stink’
- But by 1872 there were only 50 councils that had a Medical Officer of Health (expense of infrastructure projects)

# A (very)Brief History - cont

- 1875 Public Health Act
  - Forces councils to carry out improvements including clean water, drainage and sewage systems and the appointment of a MoH for each area
- Local Government Act 1929
  - MoHs were important and influential in the establishment of municipal hospitals (precursor to the NHS)
- 1974 – Public Health moved to Community Medicine in the NHS
- 2013 – Public Health moved back to Local Authority

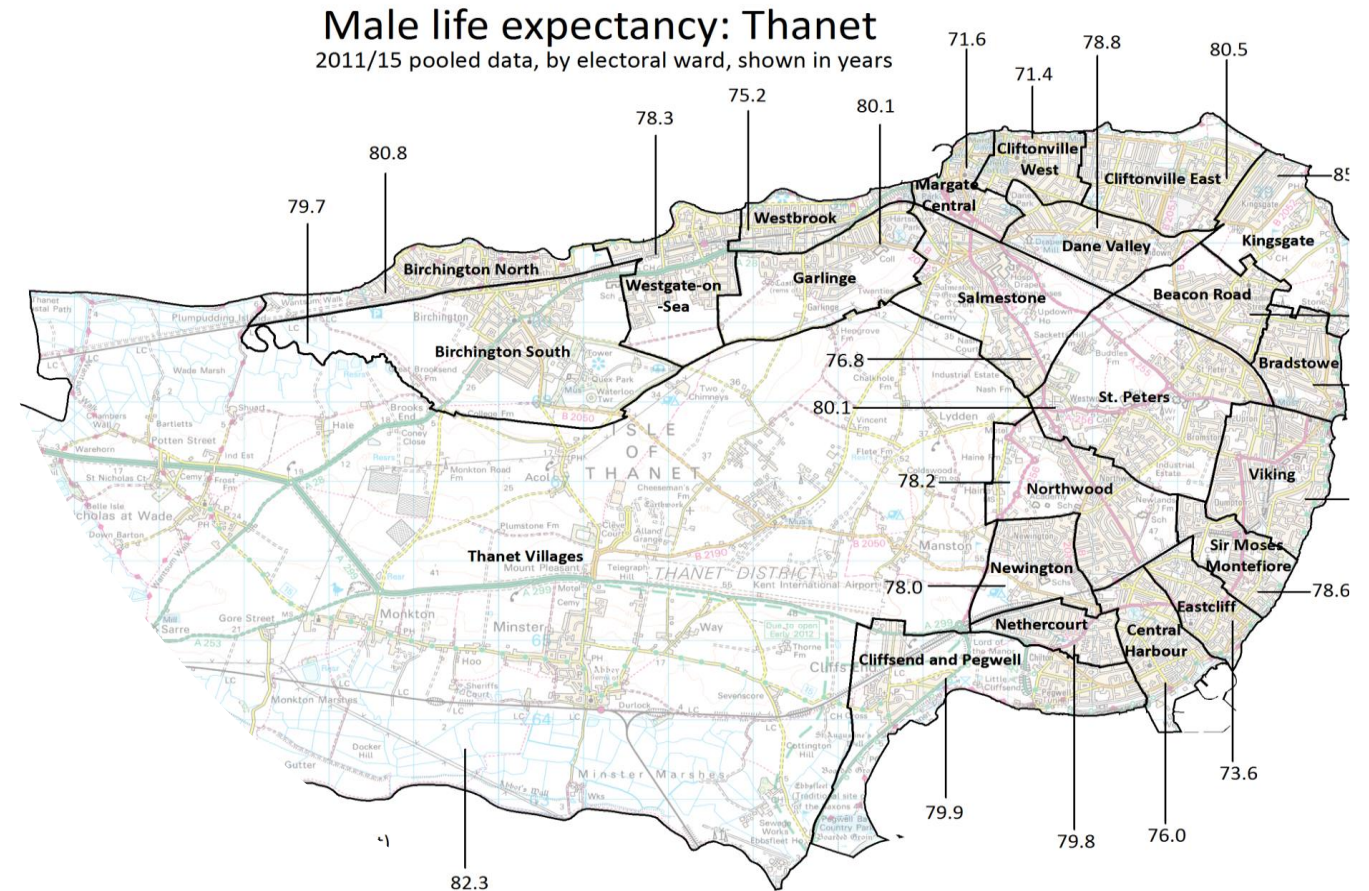
- The Public Health division has three overriding aims, these are:
  - **Improving** the health of the Kent population (healthy diet, smoking cessation)
  - **Protecting** the health of the Kent population (communicable disease, environment)
  - **Improving the quality, effectiveness and access** to, health and social care services
- By achieving these aims we will not only improve the wellbeing of the people of Kent, but also reduce the need for expensive acute interventions, thereby reducing the pressure on other KCC services, and the wider public sector.
- We will also reduce **health inequalities** and assure the system for dealing with outbreaks of communicable disease and environmental hazards.
- We also commission **clinical services** such as health visiting, sexual health and school health.



# KCC - A Public Health Authority

- Health and Social Care Act 2012 gave KCC statutory responsibility to take steps to improve the health of the population of Kent and make provision for a number of mandated Public Health programmes
- KCC received a ringfenced grant since 2013 (Currently £69.7m) with conditions and requirements for discharging Public Health responsibilities

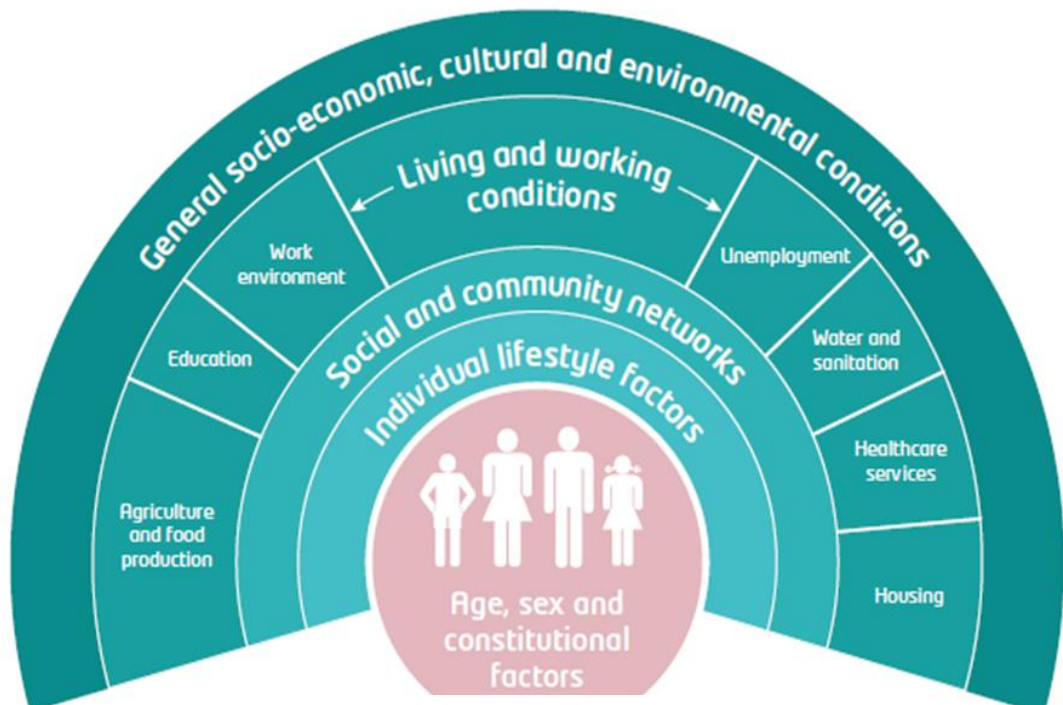
Page 13



Source: PCMD, ONS, SEPHO, prepared by: KRHO (LLY)

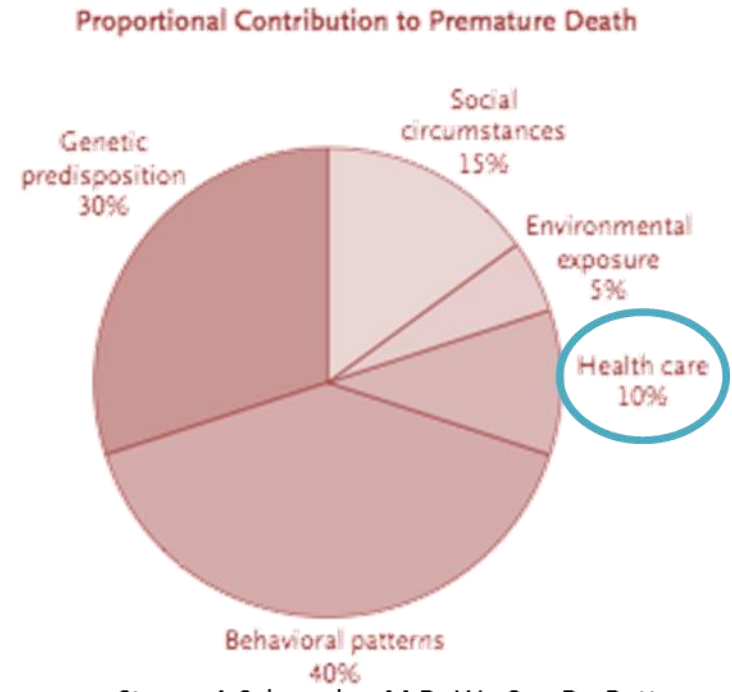
# What is Health? A complete state of physical, mental and social wellbeing

Page 14



Dahlgren and Whitehead's Social Model of Health (1991)<sup>6</sup>

Sir Michael Marmot review of health inequalities:  
<http://www.ucl.ac.uk/gheg/marmotreview>



Steven A.Schroeder, M.D. We Can Do Better  
 NEJM 357;12

- DPH is appointed by the Authority and the Secretary of State for Health
- DPH is the champion for health within the local authority, providing leadership and expertise
- DPH works across the Authority, with the NHS, District Councils and other partners such as Police to protect health and improve health and wellbeing
- Takes responsibility for the management of their authority's public health services, with professional responsibility and accountability for their effectiveness, availability and value for money
- Contributes to and influences the work of NHS commissioners, ensuring a whole system approach across the public sector.

- To provide an **annual report** on the health of the local population, a **pharmaceutical needs assessment** and a **Joint Strategic Needs Assessment** for use by local authority and NHS commissioners
- Responsible for **improving** the health of their local population and **reducing** health inequalities.
- Produce & Exercise the local authority's functions in planning for, and responding to, **emergencies that present a risk to public health**
- Co-operate with the police, the probation service and the prison service to assess the risks posed by violent or sexual offenders
- Any of the Secretary of State's public health protection or health improvement functions that s/he delegates to local authorities

# Public Health Commissioning Responsibilities

## Local Authority Commissioning Responsibilities (1)



### Public Health Grant

Total of £73.6m

PH Grant  
PH Reserves  
Income

- Tobacco control & smoking cessation
- Alcohol and drug misuse
- Services for children 5-19
- National Child Measurement Programme\*
- Obesity and weight management
- Local nutrition services
- Increasing physical activity

- NHS Health Checks\*
- Public mental health services
- Dental public health services
- Injury prevention
- Birth defect prevention
- Behavioural and lifestyle campaigns to prevent LTCs
- Local initiatives on workplace health

- Support and challenge of NHS services (imms and screening)
- Public health advice to NHS\*
- Sexual health services\*
- Seasonal mortality initiatives
- Local role in health protection incidents\*
- Community safety
- Social exclusion

\* Indicates mandated services

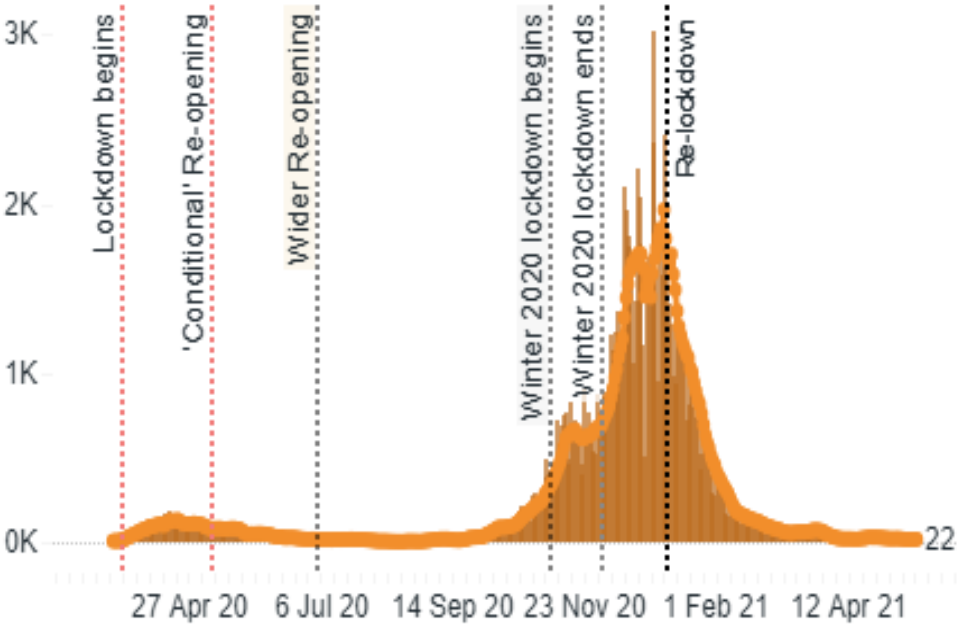
10

Page 17

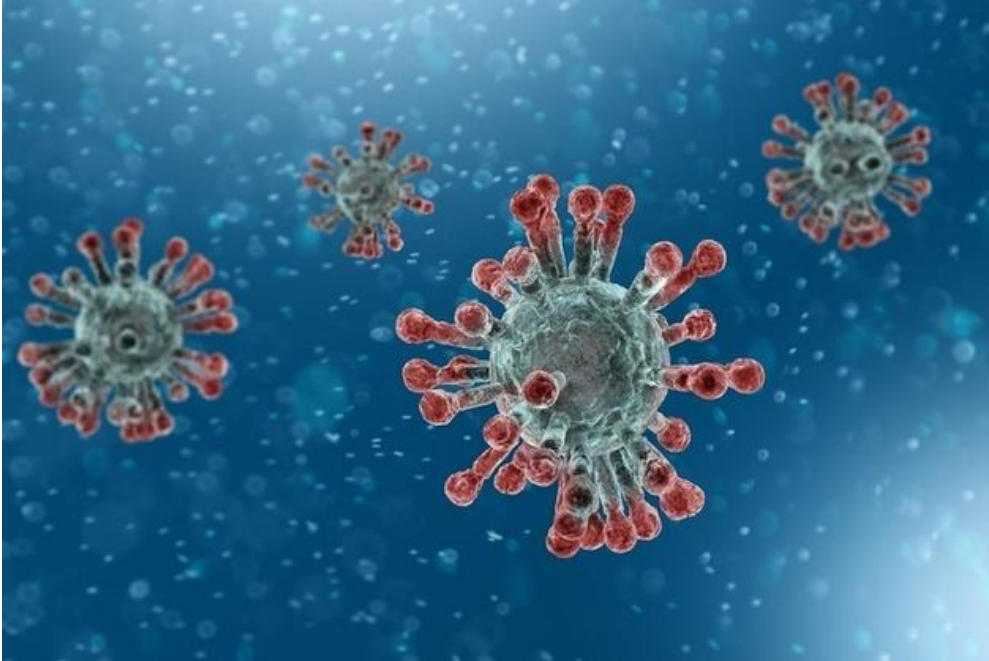
Health visiting since 2015 – 5 mandated visits\*  
Oral health since 2018 – statutory survey

# COVID-19: Epidemic Curve - Kent

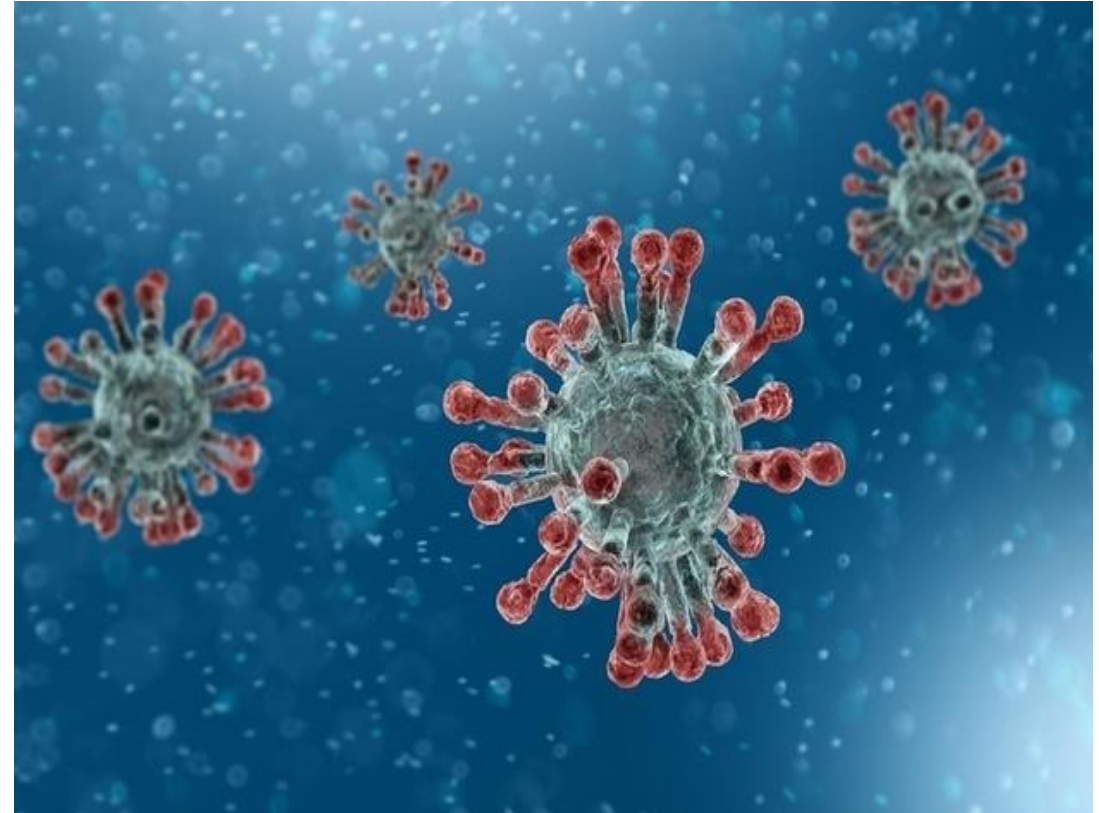
Cases (PHE - Pillars 1 & 2) trend - daily and 7-day moving average



Page 18



- Ongoing support for COVID-19 vaccination
- Enhancing national delivery of Contact Tracing locally
- EU Exit; Op Fennel
- Delivery of Symptom-free Testing (ATS)
- Enforcement
- Communications
- Education and School testing
- Surge Testing for Variants
- Napier Barracks







**From:** Clair Bell, Cabinet Member for Adult Social Care and Public Health  
Allison Duggal, Director of Public Health

**To:** Health Reform and Public Health Cabinet Committee

6<sup>th</sup> July 2021

**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. Twelve of the fifteen KPIs were RAG rated Green in the latest available quarter, one was Amber, two were Red.

The Red KPI's are delivery of the NHS Health Checks programme which was paused in delivery due to the current pandemic between March 2020 and August 2020, Public Health and the provider is working on a future recovery plan. The other Red KPI is One You Kent which was due to a reduction in outreach work by the Providers.

Due to changes in delivery mechanisms and current performance trends experienced by Kent and Nationally, this Cabinet Committee paper proposes changes to two of the KPI targets for 2021/22.

**Recommendation:** The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q4 2020/21 and the proposed target changes for 2021/22

## 1. Introduction

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

## **2. Overview of Performance**

2.1. Of the fifteen targeted KPIs for Public Health commissioned services twelve achieved target (Green), one was below target but achieved the floor standard (Amber), and two did not achieve the floor standard (Red). These KPI's relate to the delivery of the NHS Health Checks Service and the number of clients engaged with One You Kent Advisors.

## **3. Health Visiting**

3.1. The Health Visiting Service has continued to increase the number of mandated universal contacts delivered during the year and delivery of all five mandated contacts have remained above target during Quarter 4. In 2020/21, over 71,900 checks were delivered against a target of 65,000 (up by 3% against the previous quarter 70,455).

3.2. The service has continued to increase face to face delivery for mandated contacts throughout the year in line with national guidelines and premises availability. The service continues to ensure vulnerable families or those with identified health needs receive a face-to-face contact in a clinic or at home. The number of completed 6-8 week contacts has risen from Q1 (90%) to Q4 (92%). The percentage of 9-12 month contacts has significantly increased over the year from 65% Q1 to 89% contacts in Q4.

## **4. Adult Health Improvement**

4.1. The NHS Health Check Programme was halted in March 2020 due to the Coronavirus pandemic following national guidance. The service was able to resume from Quarter 2 onwards and is on a careful and managed roll-out ensuring all Health Checks are delivered in a safe way. Around a third of contracted GP practices have come forward to confirm they are able to restart delivery or will be able to in the next few months. As a result, there are less GP practices who can deliver Health Checks, the provider core team are continuing to run clinics.

4.2. In order to reflect the efforts and performance of the core team, a new performance metric has been agreed which takes into account the limited delivery from GP's. The metric is based on a 20% increase in the amount of health checks delivered each quarter during 21/22. This reflects the gradual recovery of the programme and is based on the capacity of the core team and GP's and designed to drive continuous improvements. There are plans in place to ensure that a targeted approach is taken to address the backlog from 20/21 and the current 21/22 eligible cohort in line with risk factors.

4.3. In Q3 and Q4 the smoking cessation service continued to offer telephone and video appointments in addition to 19 GP practices and 22 Pharmacies resuming their one to one offer. The waiting list continues to be monitored which shows the wait time since March 2021 to be just under a week which reflects average wait times pre-Coronavirus Pandemic. To provide more flexibility and easy access for clients, some of whom have returned to work, the service has extended support to provide an 'out of hours' service. The 'My Quit Route' app continues to be

promoted by the smoke free advisors to support clients with their quit attempt. The number setting a quit date continues to increase and is under review in line with the contract end date.

4.4. The One You Kent adult healthy lifestyle service referrals remain lower when compared to this time last year and is largely due to a reduction in GP referrals and limited outreach delivery. Due to COVID the team is working virtually and has with staff members redeployed to support the smoking service. Data is showing a small but steady increase in referrals and the service has received positive feedback on using digital interventions which have been developed to help support service users through the pandemic. There has also been a small but steady increase in the number of males and BAME communities engaging in the lifestyle offer.

## **5. Sexual Health**

5.1. The sexual health service was unable to report accurately on the previous KPI due to changes in the pathway for testing in response to the Coronavirus pandemic. The available data only included clients who are seen face to face and not those clients who are directed to online testing. The latter now makes up a significant proportion of clients due to new ways of working. An agreement has been reached with the providers to deliver an alternative metric which demonstrates the providers contribution towards improving outcomes and ensures all patients are directed to testing either face to face or through the online service.

5.2. The new sexual health indicator seeks to provide assurance that new patients to the service are being offered a full sexual health screen, where it is appropriate to do so, with the purpose of improving detection rates. The screen will be offered to patients that visit specialist integrated sexual health services for both genitourinary reasons and/or contraceptive reasons to ensure staff are taking the opportunity to triage and offer a screen to patients. (See section 8 for further information).

## **6. Drug and Alcohol Services**

6.1. The Adult Community Drug and Alcohol providers have continued to deliver treatment interventions throughout 2020/21. Due the Coronavirus pandemic, there has been a blend of virtual and face-to-face delivery based on service user risk, vulnerability, and clinical need. Planned exits remain stable throughout the year with 28% of clients leaving structured treatment in a planned way in Q4. Community Drug and Alcohol services experienced a reduction in referrals and treatment starts during the early phase of both lockdowns (Q1 and Q4); however, referrals in Q2 and Q3 rose to higher levels than before lockdown. Aside from the temporary lockdown-related decreases, the number of starts has remained relatively stable throughout the year, highlighting that along with planned exits, services have effectively facilitated access to treatment during the pandemic.

6.2. The Young Person Service had seen increased referrals in Q4 (126), but this has not returned to pre-pandemic levels due to the referrals from education providers

remaining low in the quarter. The amount of young people exiting treatment in a planned way has increased from Q3 to 85%; of this number 30% of the young people reported abstinence.

## 7. Mental Wellbeing Service

7.1. Although Live Well Kent Services ceased face-to-face appointments due to the Coronavirus pandemic, service user satisfaction rates have maintained above target performance throughout the year. Due to the Coronavirus pandemic more intensive support has been required for individuals and the service responded effectively to this need. The service is following national guidance to plan offering face to face support when safe and appropriate to do so.

## 8. Proposed KPI changes for 2021/22

8.1. Table 1 outlines proposed changes to 2 of the current KPI targets for 2021/22. It is proposed that the KPIs have the targets to reflect current performance trends and changes to current delivery mechanisms.

8.2. All other KPIs and their targets are to remain the same. Performance Indicator Definition forms (PIDs) are available on request.

Table 1: Proposed KPI changes for 2021/22

KPI:	Change:
PH01: No. of the eligible population aged 40-74 years old receiving an NHS Health Check (12 month rolling)	Target changed to increase by 20% every quarter from 1778 to reflect changes in delivery due to the Coronavirus Pandemic. Amber 5% below target Red 10 % below target
PH24: Percentage of first-time patients (at any sexual health clinics or telephone triage) who are offered a full sexual health screen.	New Sexual Health Indicator Green 92% and above Amber 75% - 91% Red 74% and below

## 9. Conclusion

9.1. Twelve of the fifteen KPIs remain above target and were RAG rated green.

9.2. Public Health and the Commissioners continue to explore 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.

## 10. Recommendations

**Recommendation:** The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q4 2020/21 and the proposed target changes for 2021/22.

## 11. Background Documents

None

## 12. Appendices

Appendix 1 - Public Health Commissioned Services KPIs and Key.

## 13. Contact Details

Report Authors:

- Yozanne Perrett: Performance & Analytics Manager, Strategic Commissioning
- 03000 417150
- [Yozanne.Perrett@kent.gov.uk](mailto:Yozanne.Perrett@kent.gov.uk)
- Victoria Tovey: Lead Commissioner - Public Health
- 03000 416779
- [Victoria.Tovey@kent.gov.uk](mailto:Victoria.Tovey@kent.gov.uk)

This page is intentionally left blank

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

Service	KPI's	Target 19/20	Target 20/21	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	DoT**
Health Visiting	PH04: No. of mandated universal checks delivered by the health visiting service (12 month rolling)	65,000	65,000	67,627 (g)	69,073 (g)	69,440 (g)	70,445 (g)	71,932 (g)	↑
	PH14: No. and % of mothers receiving an antenatal contact with the health visiting service	43%	43%	1,321 34% (r)	3,095 76% (g)	2,877 70% (g)	2,727 68% (g)	2,821 72% (g)	↑
	PH15: No. and % of new birth visits delivered by the health visitor service within 30 days of birth	95%	95%	3,729 96%(g)	3,868 97%(g)	4,061 99%(g)	3,965 99%(g)	3,815 99%(g)	↔
	PH16: No. and % of infants due a 6-8 week who received one by the health visiting service	85%	85%	3,446 86% (g)	3,447 89%(g)	3,711 90%(g)	3,685 90%(g)	3,474 92%(g)	↑
	PH23: No. and % of infants who are totally or partially breastfed at 6-8 weeks (health visiting service)	-	-	1,591 48%*	1,646 51%*	1,851 51%*	1,855 50%*	1,738 48%*	-
	PH17: No. and % of infants receiving their 1-year review at 15 months by the health visiting service	85%	85%	3,841 89% (g)	3,669 89% (g)	3,420 81% (a)	4,011 89% (g)	3,745 91% (g)	↑
	PH18: No. and % of children who received a 2-2½ year review with the health visiting service	80%	80%	3,764 81% (g)	3,269 72% (a)	3,028 70% (a)	3,754 84% (g)	3,911 87% (g)	↑
Structured Substance Misuse Treatment	PH13: No. and % of young people exiting specialist substance misuse services with a planned exit	85%	85%	56 82% (a)	55 77%(a)	42 91%(g)	38 78%(a)	40 85%(g)	↑
	PH03: No. and % of people successfully completing drug and/or alcohol treatment of all those in treatment	25%	25%	1,345 27% (g)	1,320 27% (g)	1,312 27% (g)	1,350 27% (g)	1,362 28% (g)	↑
Lifestyle and Prevention	PH01: No. of the eligible population aged 40-74 years old receiving an NHS Health Check (12 month rolling)	41,600	41,600	39,995 (a)	29,046 (r)	17,449 (r)	9,596 (r)	3,490 (r)	↓
	PH11: No. and % of people quitting at 4 weeks, having set a quit date with smoking cessation services	52%	52%	1,102 61% (g)	246 57% (g)	559 62% (g)	851 63% (g)	905 65% (g)	↑
	PH21: No. and % of clients engaged with One You Kent Advisors being from the most deprived areas in the County	60%	60%	647 53% (a)	283 47% (r)	260 51% (a)	300 42% (r)	307 47% (r)	↑
Sexual Health	PH24 No. and % of all new first time patients (at any clinic or telephone triage) offered a full sexual health screen (chlamydia, gonorrhoea, syphilis, and HIV)	-	70%	nca	2943 69%(r)	4960 75%(a)	5391 87%(a)	4321 87%(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%	319 99.7% (g)	308 99.7% (g)	490 99.4% (g)	401 99.3% (g)	462 100.0% (g)	↑

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

## Commissioned services annual activity

Indicator Description	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	DoT
PH09: Participation rate of Year R (4-5 year olds) pupils in the National Child Measurement Programme	97% (g)	97% (g)	93% (g)	95% (g)	95% (g)	nca	↔
PH10: Participation rate of Year 6 (10-11 year olds) pupils in the National Child Measurement Programme	96% (g)	96% (g)	96% (g)	94% (g)	94% (g)	nca	↔
PH05: Number receiving an NHS Health Check over the 5-year programme (cumulative: 2013/14 to 2017/18, 2018/19 to 2022/23)	115,232	157,303	198,980	36,093	76,093	79,583	-
PH06: Number of adults accessing structured treatment substance misuse services	5,462	4,616	4,466	4,900	5,053	4,944	↓
PH07: Number accessing KCC commissioned sexual health service clinics	73,153	78,144	75,694	76,264	71,543	58,457	↓

### Key:

#### RAG Ratings

<b>(g) GREEN</b>	Target has been achieved
<b>(a) AMBER</b>	Floor Standard achieved but Target has not been met
<b>(r) RED</b>	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.



# **Response, Restart and Recovery**

## ***Kent Drug and Alcohol Services***

Tuesday 6 July 2021

# Kent Drug and Alcohol Services

- Local authorities are responsible for commissioning treatment services for people who misuse drugs and alcohol. The Drug and Alcohol Service's across Kent deliver an open access, recovery-orientated treatment and harm reduction service for adults aged 18+.
- Services are delivered by The Forward Trust in Ashford, Canterbury, Dover, Folkestone, Thanet and Sittingbourne and the surrounding areas and Change Grow Live (CGL) in Maidstone, Tunbridge Wells, Gravesend, Tonbridge & Malling, Sevenoaks and surrounding areas.
- KCC also commission a Residential Recovery Housing Service for individuals who are in recovery of their drug and alcohol who have an accommodation need. Delivered by CGL in East Kent.

This service is across 2 sites:

Shepherd House in Folkestone- 11 Flats

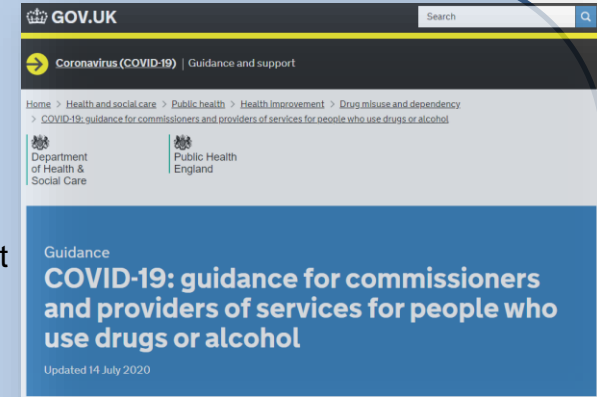
The Cedars in Canterbury- 7 Flats

*Please note – The Young Person Substance Misuse service is not covered in this update as this service was presented at a previous committee.*

# Impact of COVID-19

## National Page 31 Guidance & Service Impact

- Drug and alcohol service users at greater risk of COVID-19 due to their presenting complexity and underlying health conditions, with many service users categorised as clinically vulnerable.
- Drug and alcohol services remained open, with services initially being offered remotely to protect the vulnerable at greater risk from COVID-19 and help reduce the burden on other healthcare services. Services quickly moved to home detoxing clients where safe to do so.
- Service offers associated with increased risk of COVID-19 infection due (including where intervention needed to be delivered face to face and where fluids need to be obtained), were curtailed. This included, detoxification, supervised consumption for Opiate Substitute Therapy (OST), drug testing, Blood-borne Virus (BBV) testing, and Hepatitis C treatment.
- Services risk assessed clients on OST and where appropriate and safe to do so their medication was adjusted to allow for less frequent pick up, in order to reduce risk of catching and spreading the virus and also to reduce the pressure at pharmacies.
- Services increased their provision of safe storage boxes and Naloxone for those on OST to prevent drug-related deaths and reduce the risk of harm of any dependents or children living in the households.
- As services are CQC registered PPE needs were met through the government portal.



# Impact of COVID-19

## Service Activity and Trends

Page 32

- Drug and Alcohol services have continued to deliver support and treatment interventions throughout the pandemic.
- There was a rapid shift to online/virtual delivery and an increase in virtual consultations for service users which was received positively. Currently, there has been a blend of virtual and face-to-face delivery based on service user risk, vulnerability, and clinical need.
- During the first lockdown, services refrained from exiting service users who had completed treatment to offer consistency and wellbeing support during this period.
- Services experienced a reduction in referrals and treatment starts during the early phase of both lockdowns; however, referrals between this period rose to higher levels than before lockdown, notably for alcohol. Current data suggested this is not stable.
- Aside from the temporary lockdown-related decreases, the number of treatment starts has remained relatively stable throughout the year, highlighting that services have effectively facilitated access to treatment during the pandemic.
- Staffing levels remained stable during lockdown and throughout 2020/21.
- Treatment services have in place a digital platform that supports people in treatment, known as Breaking Free Online – activity levels on clients using this increased since March 2020.
- During 2020/21 the service managed to achieve a 27.5% treatment complete success rate, an improvement compared to 2019/20 (26.6%). The service treated 4,944 people, which was 2% lower than the previous year.”

# Response and Restart

Collaboration between commissioners, Public Health England and service providers has provided an effective mechanism to respond rapidly to COVID-19 to implement several revised service models to ensure these vulnerable services users have safe access to services.

Increased partnership working at a time of reduced face to face contacts

Page 33

- Flexible service offers and session times to accommodate service user need e.g., telephone, video consultation
- Increased joint appointments and regular communication between agencies to manage service user risk and share the information, e.g., Probation, Pharmacies, KMPT
- Introduction of virtual Multi-Disciplinary Team (MDT) meeting for complex service users with substance use and co-occurring mental ill-health
- Improved pick-up rate for those released from prison, ensuring continuity of care for those released into the community
- Joint training sessions with Live Well Kent and Drug and Alcohol Service to ensure smooth recovery planning for individuals
- Implementing reflective practice between drug and alcohol services and integrated children services

Increase harm reduction strategies and implementation

- Increase of 115% for the provision of safe storage boxes for those on OST (Methadone, Buprenorphine).
- Increase of 20% provision of Naloxone to prevent drug related death when accidental opiate overdose occurs
- Introduction of home-delivery Needle Exchange for service users that inject drugs.

# Response and Restart

Increasing  
access to  
services  
equitably

Page 34

- The move to using digital technologies has increased access for some and streamlined approaches. It has also enhanced service user choice and there has been improvement from some groups e.g. Opiates users. We will therefore continue as blended model.
- Access to services is not limited by geography e.g. family, friends and significant other groups.
- Kent County Council and Medway Council are piloting a digital loan scheme intended to improve access to services and improve health and wellbeing Digital Inclusion Pilot – 200 devices will be loaned to vulnerable service users to enable them to join online meetings/appointments. As of 14<sup>th</sup> May 12 devices have been loaned to clients within Drug and Alcohol Service.
- Lower risk clients are given the choice of face to face or virtual appointments.
- Providing training to OneYou service to provide extended brief interventions to people who are at risk of becoming dependent to alcohol.
- Put in place outreach provision to engage 'hard to reach' service users e.g., Homeless with the recruited of three outreach workers

# Drug and Alcohol Services – Future Priorities for Recovery

## Building on innovation and lessons learned from the Covid-19 response

- Evaluation of new ways of working to ensure the service meets the needs of service users through service user surveys and analysis of performance data
- Continue to embed co-production and quality improvement methodology into service development and delivery
- Review and further enhance digital presence to provide more flexible access to support and services, where it is safe to do so

## Phased recovery of services

- Increase face to face appointments as lockdown restrictions ease
- Increase urine drug testing and intelligent fingerprint testing in all sites and re-introduce alcohol breathalyser testing
- Medically Assisted Treatment and prescribing decisions will continue to be made via an MDT based on service user need and risk
- Re-introduce:
  - Blood-borne virus testing on-site as required
  - Routine Hepatitis B vaccination on-site
  - Blood pressure and ECG screening
  - Home visits where required
  - Home Peer Mentors and Volunteers to return to the sites to deliver specific activities and interventions – advised to minimise public travel in rush hour
- Group work to be offered face to face for those who cannot access digitally; restriction on the numbers allowed in groups

*“Flexibility with appointments”*

*“more convenient with telephone support – especially now working”*

**Service user feedback**

*“Alleviates anxiety by not having to attend service”*

*“Good to have someone to talk to felt less isolated”*

# Case Study

- 55 year old male
- Heroin user with significant alcohol misuse
- Faced a number of eviction notices
- Difficult to engage in treatment and kept on 'falling off' his OST prescription (20 years in treatment on and off)
- Diagnosis of liver sclerosis, Hep. C positive and has other underlying health conditions
- Previous unsuccessful detox
- Using low levels of methadone for some time and decided that time to ween off after being in treatment for 20 years and embraced the online delivery
- Due to increase partnership working during COVID-19, Drug and Alcohol service was able to have multi-agency medical appointment with clinicians from the Rough Sleeping Initiative and the Hep C Trust in order to gain accommodation and set treatment goals
- Went into inpatient detox approx. 4 months ago which was successful
- Now embracing his recovery capital and engaging in a Day Programme (intensive support for people in recovery), attends the online Forward Connect Group and contributes to Kaizala (peer support group)
- Been treated for Hep. C
- Exploring options to become a peer mentor once he graduates



# Contain Outbreak management funds

People who use drugs and alcohol generally have multiple health needs and often lead a chaotic lifestyle, due to this they maybe more at risk of catching and spreading they COVID-19, therefor additional funding has been made available through COMF to fund the following:

Programme	Description of Activity/Initiative
<b>Moving Parents and Children Together Programme (M-PACT)</b>	Moving Parents and Children Together Programme (M-PACT) is a whole family, evidence based, structured support programme which focused on children and families affected by substance misuse. Aim is to build resilience, increase coping and protective factors and identify resources to provide practical help.
<b>Day Programme</b>	Roll out of Drug and Alcohol Day programme across Kent .
<b>Outreach workers</b>	Drug and Alcohol outreach workers to protect this vulnerable group from the risks associated with COVID-19 and to make sure these individuals receive the right support needed for them to recover from their addictions and therefore reduce the risk of catching and spreading COVID-19
<b>Assertive Outreach</b>	Assertive drug and alcohol outreach workers for this ‘treatment resistant’ group who require a higher level of resource/ time to proactively engage them in treatment and coordinate their care and support needs

# Impact of COVID Alcohol

## Alcohol

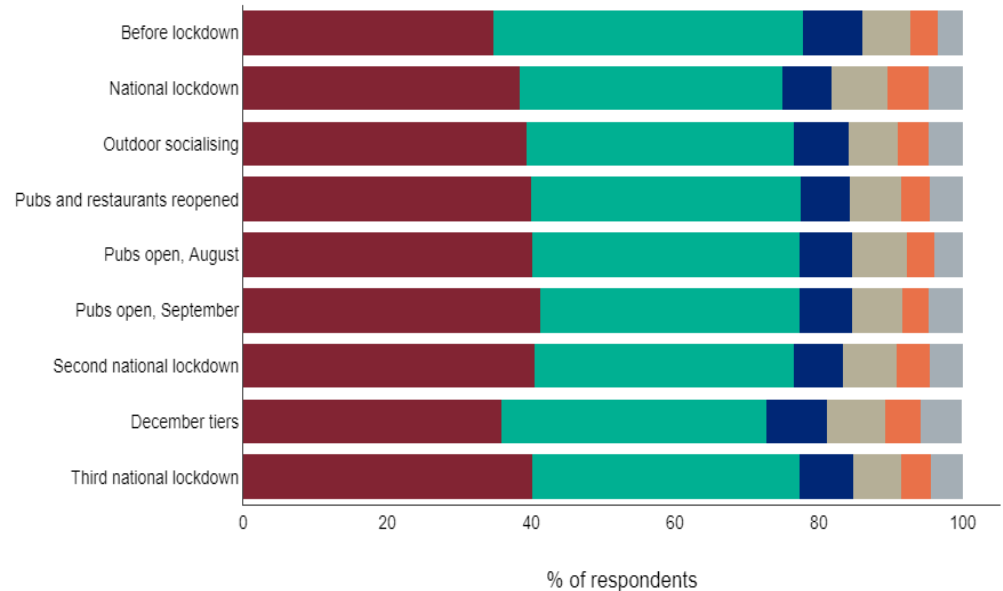
- More non drinkers in third national lockdown than before first lockdown

Page 38

There are more people now drinking in the dependent levels than before lockdown (+1.2%)

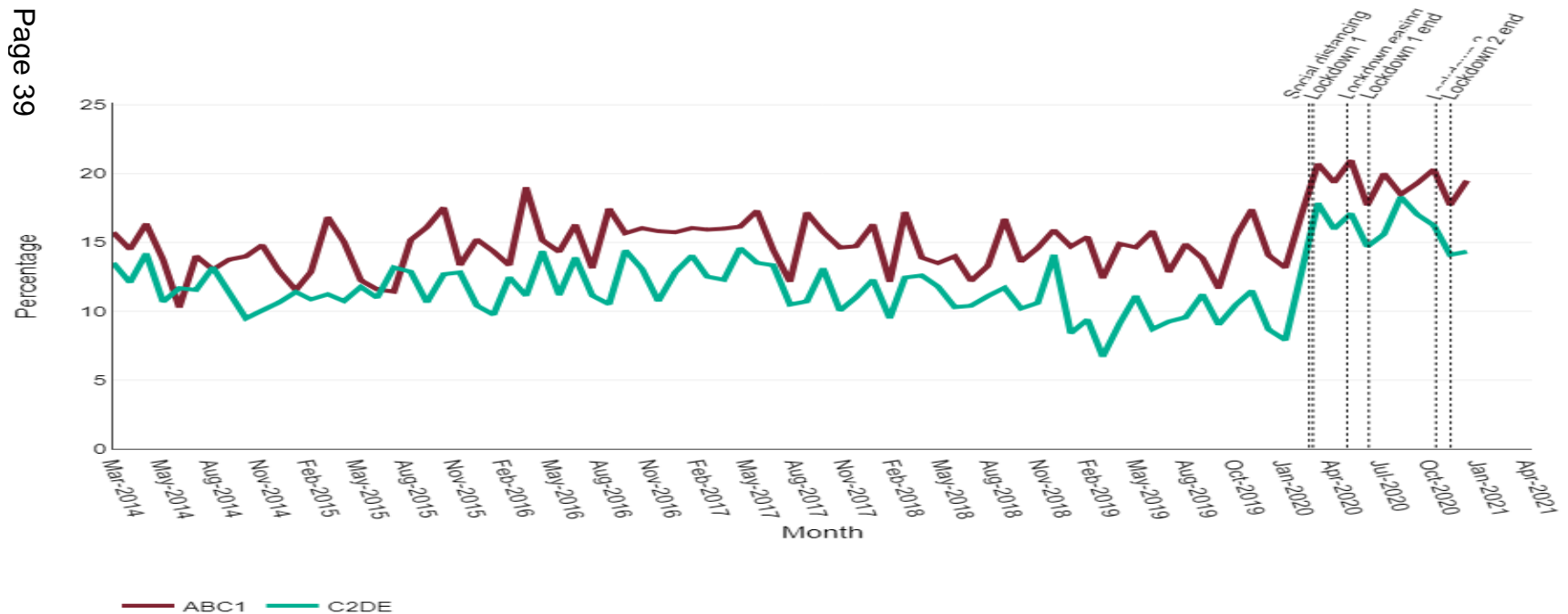
- Less non-drinkers in September with pubs were back open

Percentage of respondents aged 18+ years who consumed each of the unit grouping during a typical week in England



# Impact of COVID-19 Alcohol

Increasing and higher risk drinking is generally more prevalent in the higher socioeconomic groups, as seen below. During the pandemic, this has increased noticeably both in higher and lower social classes.



# Impact of COVID-19

## Alcohol

- A Cambridge University study (Dec 2020) has highlighted that COVID-19 and lockdown measures drove some individuals more than others to use alcohol to cope with stress. While overall alcohol consumption appeared to fall, the found that more than one in three adults (36%) increased their consumption during the first lockdown.
- In the UK, the units of alcohol consumed per week increased from 10.94 to 11.25 units.
- Respondents with children, essential workers (specifically healthcare workers responsible for taking care of individuals with COVID-19) and those whose loved ones became severely ill or died from COVID-19, reported a greater increase in alcohol consumption during lockdown.
- Older individuals tended to increase their alcohol consumption more than younger people, from 10 to 11 units weekly, which may reflect the greater need for older people to have more stringent isolation. Men showed a decrease in both drinking amount and severity during lockdown, while women demonstrated the opposite trend.
- This demonstrates how the virus itself has affected alcohol consumption in those who have been negatively affected by COVID-19.
- Kent Drug and Alcohol Services may therefore see an increase in people needing access to the service.

Sallie S. et al. (2020) *Assessing International Alcohol Consumption Patterns During Isolation from the COVID-19 Pandemic Using an Online Survey: Highlighting Negative Emotionality Mechanisms*. *BMJ Open*; 26 Nov 2020; DOI: 10.1136/bmjopen-2020-044276, cited in <https://www.cam.ac.uk/research/news/one-in-three-adults-drank-more-alcohol-during-first-lockdown>

# Impact of COVID-19

## Illicit drug use and supply

- There is little reliable national data on the impact of COVID-19 on patterns of drug use and supply. Overall the effect of COVID-19 on patterns of drug-taking appears somewhat mixed, with differences observed between countries (*EMCDDA, 2020*). It is difficult to predict whether any trends triggered or accelerated by the pandemic will remain and become part of future consumption patterns e.g., more interest in online drug sales.
- PHE have shared anecdotal reports of reduced purity of certain substances such as heroin and cocaine during the early phases of the pandemic.
- The national and international picture of drug trafficking during COVID-19 is also mixed. Drug trafficking using couriers on commercial airlines or other forms of public transportation were unsurprisingly disrupted. However, seizures and intelligence data does not suggest any immediate significant disruption to major drug trafficking activities.
- Drug and Alcohol Services may see more people needing the service due to the purity of certain substances.

# Summary

- People who use drug and alcohol are at greater risk of COVID-19 due to their presenting complexity and underlying health conditions.
- Evidence to suggest that people who are already dependent are drinking more during the pandemic.
- Services have adapted quickly to ensure continue support for this vulnerable client group.
- Innovation on moving support groups to a digital format has been welcoming by clients and will continue (along with face to face where required).
- Increase in partnership working with joint assessment with other agencies is encouraging and will continue to be delivered in this way
- Given the trends and service pressures the additional COMF funding will support the services meet the needs of these individuals.
- May see extra strain on capacity for any increase in demand.

From: Benjamin Watts, General Counsel

To: Health Reform and Public Health Cabinet Committee – 6 July 2021

Subject: **Work Programme 2021/22**

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 2021/22.

- 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 2021/22**
  - 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 2021/22.

### 5. Background Documents

None.

### 6. Contact details

Report Author:  
Emily Kennedy  
Democratic Services Officer  
03000 419625  
[emily.kennedy@kent.gov.uk](mailto:emily.kennedy@kent.gov.uk)

Lead Officer:  
Benjamin Watts  
General Counsel  
03000 416814  
[benjamin.watts@kent.gov.uk](mailto:benjamin.watts@kent.gov.uk)



Last updated: 8 June 2021

## HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE WORK PROGRAMME 2021/22

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

### 8 SEPTEMBER 2021

- *Verbal Updates*
- *Update on COVID-19*
- *Risk Management report (with RAG ratings)*
- *Work Programme*
- Public Health Performance Dashboard
- Health Inequalities – annual
- Annual Equality and Diversity Report
- Suicide Prevention Strategy 2021-2025

### 19 NOVEMBER 2021

- *Verbal Updates*
- *Update on COVID-19*
- *Risk Management report (with RAG ratings)*
- *Work Programme*
- Annual Report on Quality in Public Health, including Annual Complaints Report

### 20 JANUARY 2022

- *Verbal Updates*
- *Update on COVID-19*
- *Risk Management report (with RAG ratings)*
- *Work Programme*
- Budget and Medium-Term Financial Plan
- Update on Public Health Campaigns/Communications
- Public Health Performance Dashboard

### 9 MARCH 2022

- *Verbal Updates*
- *Update on COVID-19*
- *Risk Management report (with RAG ratings)*
- *Work Programme*

### 9 JUNE 2022

- *Verbal Updates*
- *Update on COVID-19*
- *Risk Management report (with RAG ratings)*

- **Work Programme**
- Public Health Performance Dashboard
- Update on Public Health Campaigns/Communications

**REGULAR ITEMS**

<b>Meeting</b>	<b>Item</b>
January	<ul style="list-style-type: none"> <li>• Budget and Medium-Term Financial Plan</li> <li>• Update on Public Health Campaigns/Communications</li> <li>• Public Health Performance Dashboard</li> </ul>
March	<ul style="list-style-type: none"> <li>• Health Inequalities – annual</li> </ul>
June/July	<ul style="list-style-type: none"> <li>• Update on Public Health Campaigns/Communications</li> <li>• Public Health Performance Dashboard</li> </ul>
September	<ul style="list-style-type: none"> <li>• <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 Committee</li> <li>• Public Health Performance Dashboard</li> </ul>
November	<ul style="list-style-type: none"> <li>• Annual Report on Quality in Public Health, including Annual Complaints Report</li> </ul>