



**HEALTH REFORM AND PUBLIC HEALTH CABINET
COMMITTEE**

Thursday, 21st January, 2021

2.00 pm

Members are asked to refer to the Budget report which was published on 6 January 2021.



AGENDA

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Thursday, 21 January 2021 at 2.00 pm

Ask for: **Emily Kennedy**

Telephone: **03000 419625**

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 Introduction/Webcast announcement
- 2 Apologies and Substitutes
To receive apologies for absence and notification of any substitutes present
- 3 Declarations of Interest by Members in items on the agenda
To receive any declarations of interest made by Members in relation to any matter on the agenda. Members are reminded to specify the agenda item number to which their interest refers and the nature of the interest being declared
- 4 Minutes of the meeting held on 20 November 2020
Copy of minutes to follow.
- 5 Verbal updates by Cabinet Member and Director
- 6 Update on Covid-19 - Advice and Services
Verbal update
- 7 Response, Restart and Recovery - Lifestyle Services (Pages 1 - 8)

- 8 Public Health Performance Dashboard (Pages 9 - 14)
- 9 Kent and Medway Specialist Bereavement Service Commissioning (Pages 15 - 32)
- 10 Kent and Medway Care Record (Pages 33 - 38)
- 11 Draft Capital Programme 2021-24 and Revenue Budget 2021-22 (Pages 39 - 40)
- 12 Work Programme (Pages 41 - 42)

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

Wednesday, 13 January 2021

Response, Restart and Recovery

Healthy Lifestyle Services

January 2021

Healthy Lifestyle Services

- Local Authorities are mandated to improve the health and wellbeing of residents, prevent escalation of need and reduce health inequalities. Public Health commissions an Integrated Adult Healthy Lifestyle Behaviour service to support adults address multiple unhealthy behaviours.
- The service, known as One You Kent (OYK), offers a holistic approach underpinned by wellbeing which supports people to stop smoking, maintain a healthy weight, drink sensibly, increase activity levels and improve diet.
- Services are delivered by KCHFT, Primary Care and Pharmacies, Medway Council and District Councils in West Kent through a combination of face to face and virtual methods including digital apps to increase access and provide flexibility.

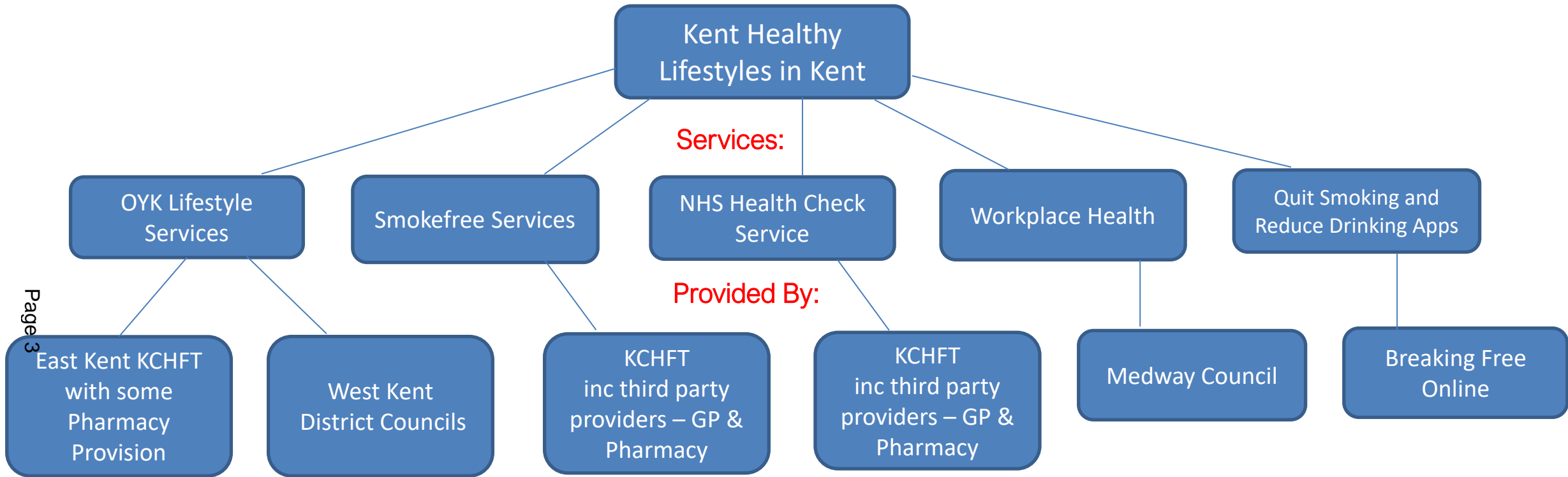
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KCC also commission KCHFT to provide NHS Health Checks which is a mandated cardiovascular screening programme for those aged 40-74 and is designed to spot the early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia and promote a healthy lifestyle.

- These slides provide a summary of the impact of Coronavirus, response of services and priority actions needed to support recovery.



Visual of Healthy Lifestyle Services in Kent



Healthy Lifestyle Services – Impact of COVID-19

National Guidance

- National guidance informed local service prioritisation of Public Health Services
- Business continuity planning to protect at risk groups (staff and users)
- National guidance recommended an initial pause on the NHS Health Check programme and a supplier relief process to protect primary care from becoming overwhelmed and support cash flow. New guidance in the autumn allowed the restart of Health Checks in a safe way and a transition back to activity payments

Service Impact

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- Rapid shift to online delivery with an increase of virtual consultations for individual and group sessions
- Communication priorities focused around COVID-19 including NHS Test and Trace, Coronavirus awareness, mental health, reducing risk factors
- Reduced capacity in both primary care and pharmacy due to competing national priorities
- KCHFT Lifestyle Advisors were redeployed to assist Health Visiting, pharmacy and domestic abuse services
- District Council staff redeployed to support Community Hubs
- Postural stability classes were ceased across Kent and welfare calls put in place

Service Activity and Trends

- Initial decrease in demand across all lifestyle services, followed by an increase in demand for Smokefree service leading to a waiting list for the first time
- A reduction in third party provision from pharmacy and primary care (who usually provide 60% of smoking services) led to additional resource being allocated to reduce waiting list for Smokefree service which is now under 2 weeks
- No Health Checks delivered from end of March to August, currently 42 of approx. 150 GPs have restarted
- Increase in demand online for the One You Service (47% increase in hits to OYK website in last 3 months)
- 192 downloads of the My Quit Route app and 198 for the Lower My Drinking app between August and November
- New digital postural stability services pilots commenced in October 2020 working with 40-50 individuals

Healthy Lifestyle Services – Response to COVID-19

Partnership arrangements between KCHFT and District and Borough Councils has provided an effective mechanism to respond rapidly to COVID-19, implement a number of revised service models to manage demand and ensure safe access to services

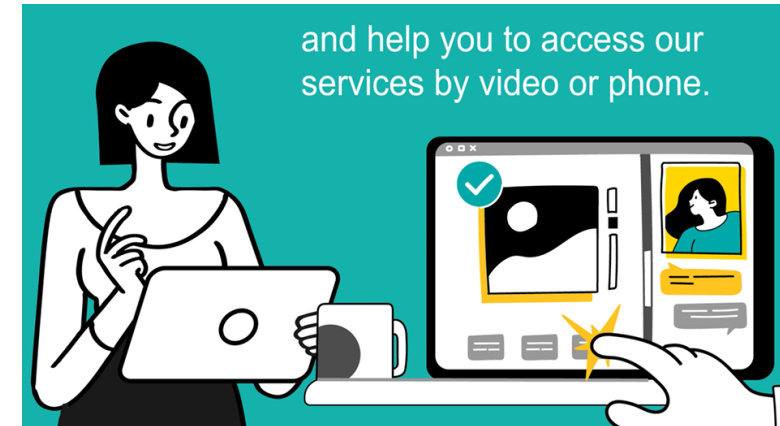
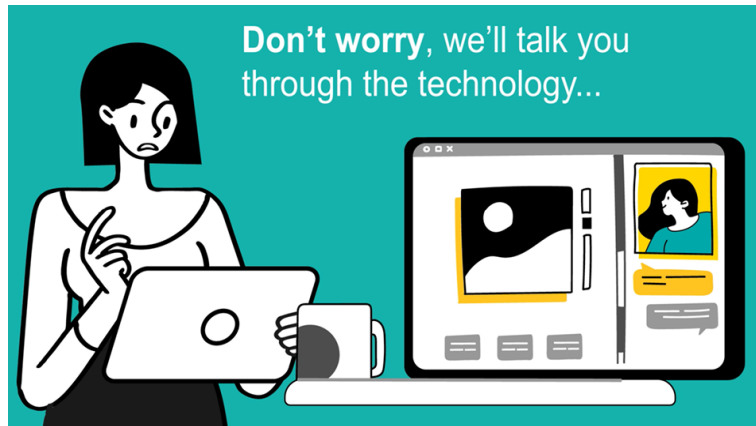
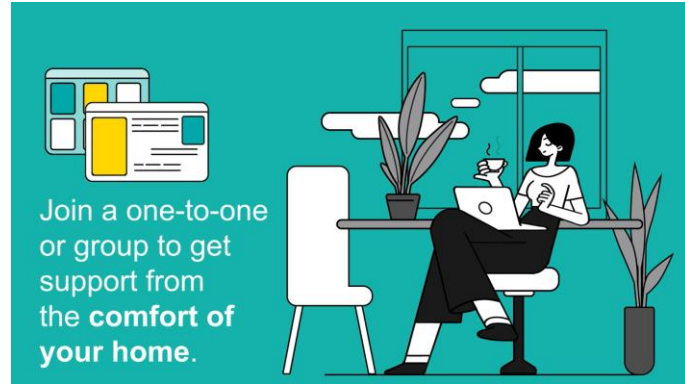
New and Enhanced Services

- Campaigns launched to support individuals to stay healthy and reduce the risk of COVID-19, these include Quit for COVID, Stoptober, Release the Pressure and Better Health
- Launch of a multi-agency wellbeing hub developed in response to COVID-19 at www.kent.gov.uk/wellbeing with a total of 15,640 hits to date
- Page 5 Launch of Lower My Drinking and My Quit Route apps to support a digital approach to encourage individuals to reduce drinking and stop smoking with 166 on the My Quit Route app setting a quit date and 159 people on the Lower My Drinking app completing the audit C screening tool. Developing a risk stratified approach to NHS Health Checks developed to target BAME, over 50s and those at highest risk of cardiovascular disease with a range of tailored communications. This is planned to launch in early 2021.
- One You live streams on weight loss, Smokefree in pregnancy, eating well, wellbeing with 21,916 views and 186 hours watched to date
- Upskilling and retraining lifestyle advisors to support the Smokefree service to address the waiting list and increasing referrals
- Group exercise classes delivered by Zoom as part of the healthy weight programme
- New digital postural stability pilot launched in October 2020
- New workplace health offer launching in January 2021 with a focus on employee health and resilience and COVID-19 secure workplaces

Visual of Healthy Lifestyle Services – Example of Adapting to Technology and supporting all clients

The screenshots below are from a video developed by KCHFT aimed at supporting clients to access services digitally

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Healthy Lifestyle Services – Future Priorities and Next Steps

Conclusions and priorities for recovery

- Roll out the NHS Health Check risk stratified approach, work with primary care on catch up cohorts over the next 5 years
- Targeting resources to those most in need and reduce risk factors for COVID-19 (e.g. smoking and obesity)
- Evaluating new ways of working to ensure the service meets the needs of service users
- Maintain digital enhancements as an option to provide a more flexible access to service
- Increase face to face sessions when safe to do so in line with guidelines to support behavioural change
- Review capacity in the smoking service as primary care continue to support COVID-19 efforts
- Rollout of transformation for people in either increasing intake or ~~and~~ at risk categories for alcohol consumption.

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Service User Quotes

“I found the service received excellent, it met all my needs. My diet and my exercise regime has improved significantly. Now, I am accessing appropriate, helpful services that I need in the community. Mentally, I am a lot more confident, no longer isolated. I am very happy with the service I have received.”

“Moving forward you should keep the telephone appointments, it’s been much easier with telephone appointments as before lockdown due to work I could not attend this service. On the phone service really works.”

“Thank you so much for your support. I am now back at the gym and running. I definitely won't be going back to cigars.”

“The advisor is so lovely and helped me give up smoking and I never thought I could. However, my little girl is now 5 months old and I still haven't picked up a cigarette and don't get the urge to either”.

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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

21st January 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. Nine of the fifteen KPIs were RAG rated Green in the latest available quarter, three were Amber, one was Red and two 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 between March and August, the provider is working on a future recovery plan.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q2 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 nine 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. The Health Visiting Service has focused on the number of mandated universal contacts delivered, by maximising the use of forms of contact outside of face-to-face, where appropriate and in line with the national Coronavirus pandemic response guidance. 70% of pregnant women received a virtual antenatal contact in Quarter 2, and the service also focussed on vulnerable and first-time parents and those with an identified health need. 99% of parents have received a virtual or face to face new birth visit contact, of these 19% were delivered virtually.

3.2. The service has continued to deliver the other mandated contacts and a catch-up programme has been implemented to ensure families who did not receive an appointment due to the Coronavirus Pandemic will receive one in a timely way. All Health Visitor Teams are on a planned trajectory for all families to have been offered a developmental 9-12 month and 2-2.5 year review by end December 2020. Previously over 4,000 families were waiting for a 12 month review, by quarter end 795 were completed. Over 4,000 were also waiting for 2-2.5 year review, and 45% have been completed. Weekly health clinics have been run in each District and appointments were made available, following triage, on a bookable basis to families.

4. Adult Health Improvement

4.1. The NHS Health Check Programme was halted in March due to COVID. Public Health are working with the provider on a future recovery plan, which is underway but is dependent on capacity in primary care. Currently approximately 40 GP surgeries are back delivering health checks which is around a third of contracted GP's. COVID and the programme pause will impact the number of checks that can be completed within 20/21; The programme is a 5-year cohort and work over later years can target delivering catch up checks

4.2. In Q2 the smoking service predominantly offered telephone and video appointments to help to maintain a service through the Coronavirus Pandemic. Referrals to the service have increased following a successful Stoptober and Quit for Covid campaigns. This resulted in the service having a waiting list for the first time. Third party providers (GP & Pharmacy) are delivering at reduced capacity due to the prioritisation of the vaccine process. Public Health have worked with providers to upskill staff to increase capacity which has resulted in a reduction of the waiting list and the longest wait time is now around 2 weeks.

4.3. The One You Kent adult healthy lifestyle service have developed a number of digital interventions to help support service users through the pandemic. Referrals are lower when compared to this time last year and is largely due to a reduction in GP referrals. Early data shows a steady increase in referrals and positive feedback on using digital interventions. The service is developing a campaign video to assist those who may be less confident in accessing the service digitally.

5. Sexual Health

5.1. The sexual health service is currently unable to report accurately on the reported KPI due to changes in the pathway for testing which was in response to COVID. The available data is for clients who are seen face to face and does not include those clients who are directed to online testing which is a significant proportion. The service is working with Commissioners to ensure all online tests can be included in the reporting in the future. Services have adapted to COVID and through the new triage process are able to direct clients to the most appropriate form of care.

6. Drug and Alcohol Services

6.1. Adult Drug and Alcohol Services have seen a 46% increase in referrals during Q2, figures highlight a minor fluctuation of numbers in treatment, with many still awaiting on a referral outcome. Planned exits remain similar to Q1 with 27% of clients leaving structured treatment in a planned way. The services continue to predominantly deliver interventions virtually due to restrictions caused by COVID but will see service users face to face if they are high risk and/or there is a clinical need to.

6.2. The Young Person Service has seen a decline in the number of young people who have completed treatment in Q2 with over 40 young people exiting treatment. However, the proportion who have exited treatment in a planned way has increased to 91%. The service also started to work with young people who had been referred to the Kent Youth Diversion Intervention Scheme (KYDIS) by Kent Police following a break in service due to COVID; Q1 saw the highest number of young people engaged with the service when compared to previous Q1s.

7. Mental Wellbeing Service

7.1. Live Well Kent continue to reach the target of 90% of clients saying they would recommend the service to family, friends, or someone in a similar situation, despite the change to more virtual delivery due. Live Well Kent continues to monitor the trends in wellbeing to look at if there are any identified patterns from the impact of Coronavirus.

8. Conclusion

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

8.2. Commissioners across all the service areas 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.

9. Recommendations

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q2 2020/21

10. Background Documents

None

11. Appendices

Appendix 1 - Public Health Commissioned Services KPIs and Key.

12. Contact Details

Report Authors:

- Yozanne Perrett: Performance & Analytics Manager, Strategic Commissioning
- 03000 417150
- Yozanne.perrett@kent.gov.uk

- Victoria Tovey: Lead Commissioner - Public Health
- 03000 416779
- Victoria.tovey@kent.gov.uk

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

Service	KPI's	Target 19/20	Target 20/21	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	DoT**
Health Visiting	PH04: No. of mandated universal checks delivered by the health visiting service (12 month rolling)	65,000	65,000	67,168 (g)	67,387 (g)	67,627 (g)	69,073 (g)	69,440 (g)	↑
	PH14: No. and % of mothers receiving an antenatal contact with the health visiting service	43%	43%	1,390 (32% (r))	1,412 (34% (r))	1,321 (34% (r))	3,095 (76% (g))	2,877 (70% (g))	↓
	PH15: No. and % of new birth visits delivered by the health visitor service within 30 days of birth	95%	95%	4,231 (98% (g))	4,103 (97% (g))	3,729 (96% (g))	3,868 (97% (g))	4,061 (99% (g))	↑
	PH16: No. and % of infants due a 6-8 week who received one by the health visiting service	85%	85%	3,908 (90% (g))	3,760 (89% (g))	3,446 (86% (g))	3,447 (89% (g))	3,711 (90% (g))	↑
	PH23: No. and % of infants who are totally or partially breastfed at 6-8 weeks (health visiting service)	-	-	2,001 (46%*)	1,905 (48%*)	1,591 (48%*)	1,646 (51%*)	1,851 (51%*)	-
	PH17: No. and % of infants receiving their 1-year review at 15 months by the health visiting service	85%	85%	3,909 (88% (g))	4,089 (90% (g))	3,841 (89% (g))	3,669 (89% (g))	3,420 (81% (a))	↓
	PH18: No. and % of children who received a 2-2½ year review with the health visiting service	80%	80%	3,679 (84% (g))	3,816 (84% (g))	3,764 (81% (g))	3,269 (72% (a))	3,028 (70% (a))	↓
Structured Substance Misuse Treatment	PH13: No. and % of young people exiting specialist substance misuse services with a planned exit	85%	85%	64 (85% (g))	40 (91% (g))	56 (82% (a))	55 (77% (a))	42 (91% (g))	↑
	PH03: No. and % of people successfully completing drug and/or alcohol treatment of all those in treatment	25%	25%	1,366 (27% (g))	1,361 (27% (g))	1,345 (27% (g))	1,320 (27% (g))	1,312 (27% (g))	↔
Lifestyle and Prevention	PH01: No. of the eligible population aged 40-74 years old receiving an NHS Health Check (12 month rolling)	41,600	41,600	43,964 (g)	43,126 (g)	39,995 (a)	29,046 (r)	17,449 (r)	↓
	PH11: No. and % of people quitting at 4 weeks, having set a quit date with smoking cessation services	52%	52%	937 (59% (g))	977 (63% (g))	1,102 (61% (g))	246 (57% (g))	559 (62% (g))	↑
	PH21: No. and % of clients engaged with One You Kent Advisors being from the most deprived areas in the County	60%	60%	636 (54% (a))	677 (55% (a))	647 (53% (a))	283 (47% (r))	260 (51% (a))	↑
Sexual Health	PH24 % of all new first-time attendances who take up the offer and are screened for chlamydia, gonorrhoea, syphilis and HIV	-	70%	12,819 (72% (g))	nca	nca	621 (48% (a))	nca	↓
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%	429 (100% (g))	339 (100% (g))	319 (99.7% (g))	308 (99.7% (g))	490 (99.4% (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: 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: 21st January 2021

Subject: Bereavement Support Services in Kent and Medway

Key decision: 20/00132

Classification: Unrestricted

Past Pathway of report: None

Future Pathway of report: Health Reform and Public Health Committee 10th March 2021

Electoral Division: All

Summary:

Kent County Council (KCC) have been awarded funds via Kent and Medway CCG and NHS England's National Suicide Prevention Programme to commission bereavement support services for under 25-year olds, and People Bereaved by Suicide.

The overarching aim of these new services is to support individuals in Kent and Medway who are experiencing high levels of distress and grief by supporting them to manage the impact of their bereavement and reduce the risk factors associated with this event.

Research of evidence-based approaches, engagement with service users, potential providers and other Local Authorities areas, have been used to develop a commissioning approach. This paper shares details of the planned services model with the committee so Members can help shape the future design and development.

KCC will lead on a competitive procurement process, working closely with the CCG, with the aim of having services in place for summer 2021. The maximum investment for these services will be £1,662,500 over the course of maximum initial term of three years with an optional two-year extension.

Recommendation(s):

Health Reform Public Health Committee is asked to:

1. **NOTE** the work to date to develop these services and in the intention to have them in place by Summer 2021 following compliant procurement process and key decision.
2. **CONSIDER** and **COMMENT** on the commissioning model.

1. Introduction

- 1.1 The purpose of this paper is to inform the committee of the procurement of two new bereavement support services for individuals across Kent and Medway.
- 1.2 The paper provides details of the engagement work to date, outlines the vision and service model and asks Members to assist in the development of the new service models.
- 1.3 KCC are leading this piece of work, with funding secured from the Kent and Medway Clinical Commissioning Group (CCG) and NHS England's National Suicide Prevention Programme.
- 1.4 These services will help to fill a gap in current provision which is especially important as more people may experience bereavement linked to Coronavirus (COVID 19).
- 1.5 Bereavement services can play a key role in helping people manage their grief. From the provision of information, through to health promoting community-based resources, to more intensive, specialist help, for those whose reactions are complex or prolonged and affect their ability to manage everyday life.

2. Background

2.1 National context:

Bereavement is a natural part of human experience but can be intensely painful and negatively impact on physical and mental health (Selman et al 2020). Bereavement is associated with an increased risk of mortality, physical and mental health problems (such as anxiety and depression), relationship difficulties and difficulties coping with everyday life.

2.2 Kent and Medway Context:

Annex A outlines the estimated number of children and young people who may require specialist trained bereavement counselling or psychological support. The figures in the table do not take into consideration the excess deaths because of COVID-19 or make allowance for young adults up to the age of 25. Alongside this, there were also 176 coroner registered deaths by suicide in Kent and Medway in 2019, it is hard to estimate the number of people that are affected by these suicides and how many will need additional specialist support.

2.3 Key drivers for change:

- *Strategic:* National and local drivers for action include Public Health Outcomes Framework, KCC Strategic Outcomes, The NHS Long Term Plan, Local Transformation Plan for Kent and Medway, NHS Mental Health Implementation Plan, and Kent & Medway Suicide Prevention Strategy.
- *Statutory Responsibilities:* The Care Act 2014 makes it a requirement to ensure people who live in Kent and Medway receive services that prevent their care needs from becoming more serious or delay the impact of their needs. The Children Act 2004, places a duty to promote and safeguard the welfare of children in Kent and Medway.

- *Demand Management:* It is anticipated that providing timely support to those who need it, will reduce the likelihood of individuals needing more intensive mental health support from services in the future. It should also be noted that the commissioning of these service is being prepared during the COVID-19 pandemic, and the full impact of coronavirus and the associated economic and social distancing measures on the mental health of the population are as yet unknown.
- 2.4 The need to improve support and information to those bereaved by suicide is a priority within the Kent and Medway Suicide Prevention Strategy. In 2019 (and in anticipation of receiving this funding from NHS England) the Suicide Prevention Programme commissioned a local research company, Perpetuity Research, to explore the experiences of people in Kent who have been bereaved by suicide, with a view to informing the specification for this new service. This research has now been completed and the Executive Summary is embedded in Appendix A.

3. Current service provision and market

- 3.1 KCC and Kent and Medway CCG currently commission a range of emotional wellbeing and mental health services across both children and young people's and adult services. However, none of these services deliver specialist bereavement support and are not equipped to deal with complex grief which may need to be delivered by trained Counsellors, tailored to individual needs.
- 3.2 As well as the commissioned Mental Health and Wellbeing Service, there are several national and local bereavement support services that can be accessed (Appendix B). These are delivered by the Voluntary and Community Sector and have not been funded by Kent County Council, Kent and Medway CCG or Medway Unitary Authority. We have assessed that these services do not offer the type or level of specialist support we are looking to commission, although can complement the proposed new services.

4. Service outcomes

- 4.1 Through the Kent and Medway CCG and NHS England's National Suicide Prevention Programme, it has been identified that there are two particular groups in which bereavement can have an increased risk of depression, self-harm and other mental illness. These include children, young people and young adults and people bereaved by suicide.
- 4.2 Due to the complexity and variety of individual circumstances which influence the level and type of support needed, an outcomes approach will be taken. The service will aim to improve outcomes for both identified groups, by providing person centred support, delivered in a timely period by a specialist worker with relevant skills and expertise.
- 4.3 The key outcomes for these services will be:
- Improve service user's resilience and their capacity to cope in their surroundings
 - Improve service users physical and mental health (measured by evidence-based tools)

- Personal goals and outcomes achieved, maintained or progress towards
- Reduction in stigma and discrimination

5. Commissioning model

- 5.1 Surveys, one to one interviews and focus groups have been completed with key stakeholders, people with lived experiences and with other local authorities, which has assisted the development of the service model.
- 5.2 Despite some similarities and shared outcomes between the needs of these groups, two separate services will be commissioned. This is due to the differences in workforce skills and the type of support required. A high-level summary of each service is provided below.

Specialist Bereavement Service for under 25-year-olds

The service will deliver evidence-based specialist counselling to those from pre-school age (3 1/2) to 25 years old who are experiencing complex grief. The interventions will be age appropriate. Delivery of these sessions will be via trained Counsellors with experience in bereavement, delivered in venues suitable for the service user, such as school and youth clubs. Referrals into the service will be open access.

A Support Service for People Bereaved by Suicide (all ages)

The service will help family and friends for people who have been bereaved by suicide. There will be three main cohorts of people that the service needs to support:

1. Close family members of the individual who died
2. Friends, colleagues, witnesses, and other people affected by a suicide
3. People who are working to support, or who are spending time with, people bereaved by suicide

Each cohort will require a different response and it is anticipated that most resource will be allocated to cohort 1.

The service will provide a person/family centred approach and deliver evidence based interventions. Referrals into the service will be open access but the main referral route will be via a formal pathway between Kent Police, the Kent Coroner Service, Kent and Medway Public Health Teams and the new service provider. KCC Public Health will lead, co-ordinate and approve the development of this formal pathway.

- 5.3 It is envisaged that services will use a blended approach to delivery including face to face, virtual support and group-based intervention.
- 5.4 Where available, validated scales or evidence-based tools will be used to measure the impact of these services and delivery of outcomes. The Provider(s) will be required to work innovatively and collaboratively to expand opportunities for people successfully meeting their personal goals. This will include a maximising opportunity for digital innovation and developing close links with wider support agencies within local communities.
- 5.5 Ongoing service user engagement will be essential to measure the effectiveness of the service and ensuring it meets client needs. We will work with the service provider(s) to ensure the model is flexible to adapt to feedback.

5.6 KCC will work with the provider(s) to develop a sustainable support offer that can be utilised by other organisations once the contract has ended. This will include upskilling other agencies that are in contact with bereaved individuals and the development of useful resources (toolkit, e-learning) that can be used to support people that are bereaved.

6. Procurement approach

- 6.1 A comprehensive procurement plan has been developed and been endorsed by senior leads at KCC and the CCG. This includes sign off by the Strategic Commissioner to ensure the approach will comply with the public contract regulations and public procurement policy notice which came into force following the UK exit of the European Union on the 31st December 2020.
- 6.2 The procurement approach has been designed to enable fair opportunity for smaller/ voluntary sector organisations with a certain specialism to bid for the service. To ensure best value to the council and CCG and ensure social value is maximised.
- 6.3 KCC will issue this opportunity via Find a Tender on the Kent business portal in January 2021. A high-level timetable for procurement can be found in Appendix C.
- 6.4 Once the contract has been awarded, we have allowed a maximum of a three-month mobilisation period to develop the infrastructure of the new services, with the aim for the services to go live in the summer or autumn of 2021.

7. Financial Implications

- 7.1 The total amount for both services, for the maximum of 5 years (including possible two-year extensions) is £1,662,500.
- 7.2 Funding is made up of £125,00 of CCG funds a year for the Specialist Bereavement service for under-25-year-olds, with an additional £50,000 available for any innovation or demand management for this cohort. In addition, the Kent and Medway Suicide Prevention Programme has been awarded £125,000 a year to invest in the Support Service for People Bereaved by Suicide. This funding is from NHS England's Suicide Prevention Programme.

8. Corporate implications

- 8.1 The following implications are relevant to this project:
- **Legal** - The Public Contracts Regulations 2018 will set out the legal basis for Local Authority procuring services which will be followed as outlined in section 6.
 - **Equalities:** Equality Impact Assessments have been undertaken for both services and are appended to this report (Appendix D and E) and any recommendations for improvements in service delivery have been incorporated in the service specification. It will be a requirement for the

awarded provider to conduct an Equality Impact Assessment on their delivery model.

- **Data:** Recommendations from the Data Privacy Screening will be actioned and it will be a requirement within the service specifications for the awarded provider to complete a DPIA for the data in which they are the controller for.
- **Other corporate implications:** The services will interact with a number of other functions within the Council and the wider system of support services, including; Adult Social Care, Integrated Children's Services, Education, Kent Police, Mental Health Providers, Coroner's Office and local charities.

9. Governance

- 9.1 Performance, including outcomes and activity levels, will be monitored by KCC and the CCG through the submission of quarterly performance monitoring reports.
- 9.2 Any issues or concerns in relation to service delivery or performance will be escalated to CCG Commissioners and through the appropriate KCC governance routes via the Public Health Lead Commissioner.
- 9.3 A further paper will be presented to the Health Reform and Public Health Committee following the competitive procurement process described above. This will support the key decision process required in awarding a contract to the successful bidder.

10. Conclusions

- 10.1 KCC is working with Kent and Medway CCG to commission bereavement support service for under 25-year olds and people bereaved by suicide. There is currently a gap in service provision and with the current climate around Covid-19 the need for this service has never been so great.
- 10.2 The services offer an opportunity to deliver interventions to individuals who are struggling to manage the complexities of their grief and link them in with ongoing support. It is anticipated that by providing timely support to those who need it, both services will reduce the likelihood of individuals needing more intensive mental health support from services in the future.
- 10.3 Outcomes and quality will underpin the services and we will work with the service provider(s) to ensure the model is adaptable and undertakes continuous improvement based on the feedback from service users, their carer's, and stakeholders. A flexibility will also be needed to ensure services can meet demand of this new service.

Recommendation(s):

Health Reform Public Health Committee is asked to:

1. **NOTE** the work to date to develop these services and in the intention to have them in place by Summer 2021 following compliant procurement process and key decision.

2. **CONSIDER** and **COMMENT** on the commissioning model.

13. Background Documents

- 13.1 National Bereavement Alliance (2017) *A guide to commissioning bereavement services in England*. Accessed via web:
<https://nationalbereavementalliance.org.uk/wp-content/uploads/2017/07/A-Guide-to-Commissioning-Bereavement-Services-in-England-WEB.pdf>

14. Contact details

Report Author:
Vicky Tovey
Lead Commissioner – Public Health
03000 416779
Victoria.tovey@kent.gov.uk

Relevant Director:
Andy Scott-Clark
Director of Public Health
03000 416 659
Andrew.scott-clark@kent.gov.uk

Laura Bush
Senior Commissioner- Public Health
03000 411 239
Laura.Bush@kent.gov.uk

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Understanding the needs of people bereaved by suicide in Kent & Medway

Summary of Key Findings and Recommendations

Perpetuity Research was funded by the K&M Suicide prevention Innovation Fund to understand the needs of people bereaved by suicide in Kent and Medway.

This document provides a summary of the key findings and subsequent 25 recommendations from the research based on the literature review, interviews with local people bereaved by suicide, practitioner survey findings and practitioner interviews.

Overview and Context

There is a priority within the NHS Long Term Plan to provide access to support for people specifically bereaved by suicide by 2023/24. There is no specific service or provision for people bereaved by suicide in K&M, though some support is available through peer support groups or access to Help is at Hand resource.

Impacts of suicide bereavement

People who are bereaved by suicide in the UK are at an increased risk of a range of negative health outcomes and are themselves at greater risk of suicidal behaviour, post-traumatic stress disorder and complications related to the grieving process.

The needs of children and young people bereaved by the suicide of family or friends can map out the course of life. Studies have suggested that people who experience the suicide of a parent when they are a child or adolescent are three times more likely than non-bereaved peers to die by suicide themselves and have especially high risk of hospitalisation for suicide attempt, depression, psychotic disorder, personality disorder, and drug use.

There is also growing evidence relating to physical disorders among people bereaved by suicide E.g. cirrhosis, sleep disorders and increased risk of physical health conditions.

The Nature of suicide bereavement

There is a distinction between the different impacts that the death of a person by suicide can have and broadly divides as:

- Those *exposed* to a suicide (perhaps know through work or identify with e.g. famous individuals).
- Those *affected* by a suicide (may experience psychological distress and may include people excluded from being considered typically bereaved- e.g. a witness to an event or community member).
- Those *bereaved* by a suicide (shared a close personal attachment with the deceased including friends, colleagues and relatives).

This might be understood as a spectrum from those who are exposed, to those who are affected and those who are bereaved, either in the short or long term.

Suicide specific aspects include higher levels of shame, stigma, anger, rejection, blame and less social support than other forms of bereavement. Family impact from 'shutting down' of communication' and a societal perception that suicide is a failure by the victim and family to deal with an emotional issue.

There are additional social processes such as police involvement, inquests or media interest and management of these processes can be a burden to those who are bereaved.

The experience of men and suicide bereavement

Men are under- represented within the research. Where research is available it indicates that men's grief tends to be overlooked and not always signalled outwardly which limits recognition or support. The unhelpful nature of 'silence' in male grief was a theme explored in detail within the Perpetuity research and links to additional research collated in a Samaritans report '*Out of Sight, out of mind: Why less-well off, middle-aged men don't get the support they need*' (Samaritans 2020)

Postvention support

Overall, robust evidence for interventions with regard to effectiveness is generally absent. However, where guidance is published it advocates an approach incorporating primary care, mental health services, bereavement services, voluntary sector organisations and the community.

In Kent & Medway, bereaved people spoke about feeling unsupported in the aftermath of losing a loved one to suicide. Practitioners referred to the difficulty of finding clients appropriate counselling and targeted support.

Many of the bereaved reported that no services had contacted them to offer formal support which was a significant barrier to help when they weren't sure what they needed themselves. People were left feeling unsupported and needing to navigate systems.

What bereaved people felt would help

- Early supportive response but also proactive offers of support at regular intervals and follow up.
- Kindness and Compassion from police, GPs and other professionals.
- Recognition of the nature of suicide bereavement by others.
- Emotional support and signposting.
- Awareness and support with issues caused by debt, finances and depression.
- Specialised counselling and extension to offered sessions.

A participant group discussed five key outcome measures for a specialist service and suggested the following would be helpful:

- Isolation; Stigma; Psychological health; day to day social functioning; functioning in work or caregiving role.

Adaptable services: There is no one right way

Services need to be aware of any cultural issues that might affect people's experience of bereavement by suicide. Communities and individuals have different needs at different times and at it should be recognised that individuals grieve in different ways and will adopt and require different coping strategies. Services should be flexible enough to offer holistic support tailored to individual need at different points in time.

Timeliness of support, promotion and role of professionals

Timing is key when offering support for people bereaved by suicide. Real time surveillance systems offer an opportunity for early identification, engagement, access to resources such as Help is at Hand and referral into specialist support pathways.

Professionals need to have the skills and confidence to work with people who are bereaved by suicide. Postvention Assisting Those Bereaved by Suicide training (PABBS) found positive impacts for those working with the bereaved.

Key findings and recommendations in developing a specialist suicide bereavement service for the Kent and Medway STP Suicide Prevention programme

The research carried out by Perpetuity has informed the following twenty five recommendations which should be considered to support the ambition to provide better support and information to people in Kent and Medway bereaved by suicide.

Overview

- Kent and Medway should consider how to improve access to support for people bereaved by suicide.
- Commissioners should maintain an awareness of the nature of bereavement by suicide and incorporate the need for flexible provision in any service delivery specification.
- Explore how to target awareness raising of the potential impact of losing colleagues, friends or associates and validity of people's feelings of grief in response to events.
- Consider how and where central signposting database might be hosted for existing bereavement services.
- Identify how to work with people with lived experience and how they can offer support to other people who have been bereaved by suicide.
- Service development should be carried out in conjunction with people with lived experience of bereavement by suicide.

Experience with Services

- Identify how families bereaved by suicide can be provided with practical information about processes that happen after a suicide at the earliest appropriate opportunity.
- Ensure that agencies in contact with people bereaved by suicide have the information they need to signpost effectively.
- People bereaved by suicide should be able to expect and receive compassion and kindness from the services they are in contact with following a suicide.
- Frontline workers need to be trained so that they have the confidence and ability to respond appropriately to people bereaved by suicide (Eg PABBS training).
- Consider how to support people during the inquest process eg. Could a service offer supportive people to accompany others?
- Consider how those closest to the deceased can be provided with a single point of contact at an early timepoint to 'hold' and support the bereaved.

Organisations

- Consider providing guidance to organisations on the needs of people in the aftermath of a suicide eg how best to support people in the workplace.
- Schools need to recognise the impact of suicide bereavement (including peer suicide bereavement) and provide access to support for those impacted by a suicide. Fostering an environment where suicide and its impacts can be spoken about openly would be beneficial.
- Work with local media should be extended to include practices regarding bereaved families and their needs.

- Consider drawing up a 'client journey' to understand the organisations and services people may come into contact with. These organisations could then be provided with appropriate training or resources.

Access to support

- Explore how support can be proactively provided at appropriate times, and how best to deliver this information Eg face to face, telephone check ins, auto messaging.
- Consider the importance of family and group work, including work with groups of young people whose peer has died.
- Consider the benefits of campaigns around reducing stigma and where best to target these.
- Consider how to identify people who are bereaved by a suicide that occurs outside Kent and Medway.

Other recommendations for service development

- Consider what appropriate counselling provision for people bereaved by suicide looks like and work to provide access to this (explore alternatives to short term CBT based counselling)
- Identify how consistent provision of peer group support can be made available across the county.
- Consider working with men with lived experience and local services that provide emotional support to men, to understand how to develop approaches that are acceptable and accessible to men.
- Explore how to provide support to young people and ways to access this support should be promoted directly to young people.
- Consider if a full needs assessment is required to identify what is working well and what gaps exist.

Appendix B – Local and National Bereavement Support Services

Kent Based Children's & Young People Bereavement Services:	
Services for CYP	
Bereavement Service Details	Support provided
<p>Holding on Letting Go (Age: 6-16):</p> <p>Area: Kent and Medway</p> <p>http://www.holdingonlettinggo.org.uk</p> <p>Office (closed): 03445 611 511</p> <p>Mobile: 07568 706698.</p>	<p>Normally offer weekend programmes for CYP, however these are on hold and waiting list in place. They have also provided 1:1 support/counselling for young people within the home who have an additional need and feel unable to attend at the weekend.</p> <p>Current offer of virtual contact with Children's & Families, resource packs to support families and individualised sessions with pre-bereaved CYP who have someone very close to them dying.</p>
<p>SlideAway (Age: 5-19)</p> <p>Area: West Kent</p> <p>http://www.slideaway.org</p>	<p>2-day workshops (held separately for primary and secondary age CYP); Memory days; Pre-bereavement support. Face-to-face support scheduled for the summer term is cancelled, but continue to be available by phone and email to parents and schools.</p>
<p>Cruse Bereavement Care (Children of any age):</p> <p>Area: East Kent with Swale</p> <p>http://www.eastkentswalecruse.org.uk/children-young-people.html</p> <p>CYP Referrals: 07999 362 322</p> <p>Area: South Kent (Ashford, Folkestone, Hythe, Deal, Romney Marsh, Greatstone, Tenterden, Biddenden and all places in between).</p> <p>southkent@cruse.org.uk</p> <p>0844 8009104</p> <p>Area: Maidstone and Medway:</p> <p>01622 671011</p> <p>maidstone@cruse.org.uk</p> <p>Area: West Kent <u>service currently suspended for new referrals.</u></p>	<p>One to one support (all Cruse services will be provided over the telephone, email or internet until further notice);</p> <p>Also offered bereavement support groups</p>
Services for Adults	
Live Well Kent	No specific bereavement support but overall

<p>Live Well Kent has a single phone contact point and email address to make a referral across the county - 0800 567 7699 email address info@livewellkent.org.uk</p> <p>Porchlight as the Strategic Partner deliver in</p> <p>Lot 1 (Dartford, Gravesham, Swanley and Swale)</p> <p>Lot 4 (South Kent Coast, Thanet and Dover)</p> <p>Shaw Trust as the Strategic Partner deliver in</p> <p>Lot 2 (West Kent)</p> <p>Lot 3 (Ashford and Canterbury Coastal)</p>	<p>support within Live Well Kent however the service does offer overall emotional wellbeing and mental health support. They can also refer on to a number of the agencies listed below.</p>
<p>Improving Access to Psychological Therapies/IAPTS (Kent Wide)</p>	<p>There are a number of IAPT services that provide evidence-based psychological therapies to people with anxiety disorders and depression however these are not specific bereavement services.</p>
<p>Survivors of Bereavement by Suicide/ SOBS (Canterbury, Margate and Maidstone)</p>	<p>SOBS is a self-help, voluntary organisation helping those who have been bereaved or affected by suicide.</p>
<p>Stepping Stone Bereavement telephone support service (East Kent)</p>	<p>Telephone support for those affected by bereavement</p>
<p>JR Counselling (Canterbury and Coastal but now offering support in Ashford since the move to virtual support):</p>	<p>Through the Live Well Kent contract they provide one-to-one and 'Living in the Moment' group counselling for people who want help to deal with loss of any kind such as the loss of a partner or family member, loss of employment, a home, or mobility.</p>
<p>Fagan's Counselling Support (Maidstone only)</p>	<p>Through the Live Well Kent contract they provide one-to-one counselling for people who want help to deal with loss of any kind such as the loss of a partner or family member, loss of employment, a home, or mobility.</p>
<p>West Kent Mind (West Kent and Ashford)</p>	<p>Through the Live Well Kent contract provide services in Ashford and West Kent. This includes one-to-one</p>

	counselling for people who want help to deal with loss of any kind such as the loss of a partner or family member, loss of employment, a home, or mobility.
<p>Cruse Bereavement Care</p> <p>Area: East Kent with Swale East Kent 07507 656023 eastkentwithswale@cruse.org.uk</p> <p>Area: South Kent (Ashford, Folkestone, Hythe, Deal, Romney Marsh, Greatstone, Tenterden, Biddenden and all places in between). southkent@cruse.org.uk 0844 8009104</p> <p>Area: Maidstone and Medway: 01622 671011 maidstone@cruse.org.uk</p> <p>Area: West Kent: 01732 353 575 westkent@cruse.org.uk</p>	One to one support (all Cruse services will be provided over the telephone, email or internet until further notice); Also offered bereavement support groups

National CYP Bereavement services:

Bereavement Service	Contact Details
Child Bereavement UK	0800 028 8840 Monday to Friday, 9am to 5pm support@childbereavement.org
Cruse Bereavement Care	0808 808 1677 Monday and Friday, 9.30am to 5pm, and Tuesday, Wednesday and Thursday 9.30am to 8pm info@cruse.org.uk
Hope Again	0808 808 1677 Monday to Friday, 9.30am to 5pm hopeagain@cruse.org.uk
Grief Encounter	0808 802 0111 Monday to Friday, 9am to 9pm contact@griefencounter.org.uk
Winston's Wish	0808 802 0021 Monday to Friday, 9am to 5pm info@winstonswish.org

Appendix C- Key Project Timescales

<u>Project Actions</u>	<u>Proposed end date</u>
Advert on portal	Beginning of January 2021
Invitation to Tender on Portal	End of January 2021
Deadline for 1st tender responses	Beginning of February 2021
Evaluation of ITT responses	Beginning of February 2021
Invite initial stage successful bidders to negotiation	Mid February 2021
Deadline for final tender submission	Mid March 2021
Evaluate bids	Beginning April 2021
Notify bidders	Mid March 2021
10-day standstill	Beginning April 2021
Award Contract	End April 2021
Mobilisation	End April 2021
Service Go Live	August 2021

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

Rebecca Spore, Director of Infrastructure

To: Health Reform and Public Health Cabinet Committee

21st January 2021

Subject: Kent and Medway Care Record (KMCR) Update

Classification: Official

Previous Pathway: Health Reform and Public Health Cabinet Committee, 6th March 2020

Future Pathway: None

Electoral Division: All

Summary: This report provides an update on progress towards the deployment and implementation of the Kent and Medway Care Record (KMCR)

Recommendation(s): The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the contents of the report.

1.0 Introduction

1.1 The aim of the Kent and Medway Care Record (KMCR) project is to develop, procure and mobilise a single shared care record solution for deployment across the Kent and Medway STP area that will enable health and care professionals involved in an individual's care to view an electronic record of their patient / service. The record will pull data, that is currently held in numerous provider point of care systems into a single role-based access view.

1.2 The KMCR vision is that:

“Regardless of who employs them, health and care professionals are able to quickly and easily view their patient's digital records (or relevant components of them) from wherever they are, and without the need to navigate multiple systems / user interfaces, regardless of the local health or care provider who holds them.”

2.0 Kent and Medway Care Record System Benefits Summary

2.1 The KMCR is a single solution that will be deployed across Kent and Medway to enable the sharing of health and social care data. The specific benefits for health and social care professionals and providers have been identified as:

- Delivery of the Kent and Medway Delivery plan for the NHS Long Term Plan including meeting the expectations of a Shared Health and Care Record in every area.
- Improved safeguarding: ensuring that children and vulnerable adults that are at risk are immediately known as being so, enabling care decisions to be better informed and reducing the level of risk.
- Improved quality of clinical and professional decision making, taking into account all relevant information, especially in complex cases.
- Reduced care costs through avoiding repeated tests and unnecessary treatment; more effective use of out-of-hospital care packages; reducing pressure on emergency care, shorter hospital stays through multi-agency discharge planning; more effective medication reconciliation.
- Facilitates integrated care by sharing information across the System between multiple health and social care partners and enabling new models for delivering integrated care, actively facilitating cross-organisational workflows.
- Gives patients access to their records through a patient portal.
- Provides analytic capability enabling care to be commissioned and delivered effectively and efficiently.
- Single consecutive timeline of events across all Kent and Medway providers integrated across all providers.
- Quicker communication between care organisations: less wastage of professional and clinical time identifying and contacting other professionals involved in the care of that individual.
- More efficient communication between care organisations: immediate access to key data.
- More efficient workflows: enabling visibility of workflows between care professionals.
- Access to robust care information to better plan care and the support for multi-disciplinary care plans that can be shared with all care professionals involved in the care of an individual.
- Provide an information system that is consistent with the internet; first aspiration of the long term plan, KMCR, being a web based application will be quick to log on, will be integrated (context sensitive single sign on), where possible, into providers point of care systems, be designed to be easy to use and support care professionals in the delivery of safe and effective care.
- Facilitates population health management and a reduction in health inequalities.

- Assurance that care is provided consistently, safely and in accordance with the needs and wishes of the individual.
- Provides facilities to facilitate care delivery at the most appropriate place for the individual, for example, provide information to paramedics to obviate the need for unnecessary conveyancing to A&E.

2.2 Benefits for Local Authorities include improved access to client information in the delivery of the relevant Council services and more efficient business processes. Other areas which have adopted the KMCR have sighted improved staff productivity and client outcomes as a result of redesigning care pathways and information flows between agencies.

Specific areas of focus are:

- Improved integration of adult acute and community short term pathways, such as discharge and step up/down
- Co-ordinated local care planning and operational delivery particularly through MDTs
- Improved social workflows and safeguarding
- Enable the integration of children's front door and specialist services, including maternity and health visiting

2.3 A statutory 'duty to share' information for direct care is set out in s251B of the Health and Social Care Act 2012. This duty requires all health and social care organisations to provide access to health and social care records they hold to professionals involved in a patient's care, including providers working with the patients / service users. Shared Health and Care Records are a key tool in meeting this duty.

2.4 The KMCR also provides analytics and population health capabilities to proactively identify risks to public health and prevent illness and disease, with opportunities to use data for research.

3.0 Implementation

3.1 The KMCR is part of the NHSE Shared Health and Care Record (SHCR) programme and was procured through the NHSE Health Systems and Support Framework. This competitive procurement resulted in contract award to System C Graphnet, a national provider of care record systems, in February this year.

3.2 The KMCR is jointly commissioned by the Kent and Medway Clinical Commissioning Group (CCG), Kent County Council, Medway Council, and Kent Community Health NHS Foundation Trust (KCHFT). Detailed implementation plans have been agreed with NHS Providers and the two councils.

3.3 The seven-year contract is managed by KCHFT on behalf of the joint commissioners and has an option to extend an additional three years. KMCR implementation project management support is provided by Cantium

Business Solutions Ltd.

- 3.4 A Collaboration Board provides partnership governance between the joint commissioners and a delivery Programme Board manages risks and issues during deployment.
- 3.5 KCHFT manage the contract and operational oversight, with specialist sub-groups focusing on clinical and professional engagement, service and risk management, information governance and citizen engagement. A technical group focuses on integration and interoperability of digital services and systems, cybersecurity and data and analytics requirements.
- 3.6 NHS Providers are required to use the KMCR as a condition of their NHS Provider contracts with the CCG. All providers have phased implementation plans for connection to the KMCR.
- 3.7 General Practitioners have signed up to data sharing agreements, with 94% of Kent and Medways GPs already sharing data with the KMCR.
- 3.8 The KMCR manages data sharing so only those with a legitimate relationship to the patient or service-user have appropriate access to their patient or service-user records.
- 3.9 Organisations connecting to the KMCR are responsible for their own implementation costs and for providing 1st line technical support to their users.
- 3.10 KCCs financial contribution to the partnership is set at £50K per annum, and this excludes internal costs of technical and organisational implementation and associated business change.
- 3.11 A 'light' version of the KMCR is currently providing COVID response pilots, including a COVID surveillance dashboard and limited clinical data-sharing.
- 3.12 KCC Adult Social Care are scheduled to connect to the KMCR and pilot the service from January 2021, focusing on discharge from hospital and use by Multi-Disciplinary Teams (MDTs).
- 3.13 Children's Social Care plan an initial roll-out of KMCR with their Front Door and Out of Hours services starting April 2021. Out of Hours expect significant benefits from access to health records at weekends and through the night. Following initial roll-out a phase two deployment will be scoped for children's social work and Children in Care teams.

4.0 Conclusion

- 4.1 The KMCR offers significant benefits across the system and for KCC as outlined in the paper. KCC is in the process of implementing the KMCR, with Adult Social Care going live in February 2021, and Children's Services in April 2021.

5.0 Recommendation(s)

Recommendation(s):

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

6.0 Contact Details

Report Authors:
Name: Alan Day
Technology Commissioning and
Strategy
Contact: 03000 410492 /
alan.day@kent.gov.uk

Relevant Director:
Name: Rebecca Spore
Director of Infrastructure
Contact: 03000 416716 /
rebecca.spore@kent.gov.uk

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From: Clair Bell, Cabinet Member for Adult Social Care & Public Health
 Peter Oakford, Deputy Leader and Cabinet Member for Finance, Corporate & Traded Services

To: Health Reform and Public Health Cabinet Committee – 21 January 2021

Subject: Draft Capital Programme 2021-24 and Revenue Budget 2021-22

Classification: Unrestricted

Summary:

The Budget Report, published on 6 January and supplied to Members, sets out the background to and draft proposals for the 3 year capital programme and 2021-22 revenue budget. The report sets out the key strategic considerations underpinning the decisions to be taken by County Council to agree the budget at its Budget Meeting in February 2021.

Recommendations

Members of the Health Reform and Public Health Cabinet Committee are asked to:

- a) NOTE the draft capital and revenue budgets including the responses to the budget consultation
- b) RECOMMEND any changes to the proposals in the draft capital and revenue budgets before they are presented to Cabinet on 25 January 2021 and full County Council on 11 February 2021

Contact details

Report Author(s)

- Dave Shipton (Head of Finance Policy, Planning and Strategy)
- 03000 419418
- dave.shipton@kent.gov.uk

Relevant Corporate Director:

- Zena Cooke
- 03000 416854
- zena.cooke@kent.gov.uk

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Last updated: 15 December 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.

21 JANUARY 2021	
<ul style="list-style-type: none"> • <i>Verbal Updates</i> • <i>Update on COVID-19 – Advice and services</i> • <i>Response, restart and recovery - Lifestyle services</i> • <i>Work Programme</i> • <i>Public Health Performance Dashboard</i> • <i>Budget and Medium-Term Financial Plan</i> • <i>Update on Public Health Campaigns/Communications</i> 	
10 MARCH 2021	
<ul style="list-style-type: none"> • <i>Verbal Updates</i> • <i>Update on COVID-19 – Advice and services</i> • <i>Response, restart and recovery - Children’s services</i> • <i>Work Programme</i> • <i>Risk Management report (with RAG ratings)</i> • <i>Update on Public Health Campaigns/Communications</i> • <i>Annual Report on Quality in Public Health, incl Annual Complaints Report (delayed from November agenda, due to covid-19 work – timing to be reviewed)</i> • 	
30 JUNE 2021	
<ul style="list-style-type: none"> • <i>Verbal Updates</i> • <i>Response, restart and recovery – Substance misuse Work Programme</i> • <i>Public Health Performance Dashboard</i> • <i>Update on Public Health Campaigns/Communications</i> • <i>Health Inequalities – annual</i> 	

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

	<ul style="list-style-type: none">• 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