

**HEALTH REFORM AND PUBLIC HEALTH CABINET
COMMITTEE**

Thursday, 20th January, 2022

10.00 am

Online



AGENDA

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Thursday, 20 January 2022 at 10.00 am
Online

Ask for: **Katy Reynolds**
Telephone: **03000 422252**

Membership (16)

Conservative (12): Mr A Kennedy (Chairman), Mr Baker (Vice-Chairman),
Mr D Beaney, Mrs 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

Green and
Independent (1): Mr P M Harman

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 12 October 2021 (Pages 1 - 4)
To consider and approve the minutes as a correct record.
- 5 Verbal updates by Cabinet Member and Director
- 6 Draft Ten Year Capital Programme, Revenue Budget 2022-23 and medium term financial plan 2022-25 (Pages 5 - 6)
- 7 Public Health COVID-19 Grants Update (Pages 7 - 14)

- 8 Risk Management: Public Health (Pages 15 - 42)
- 9 Performance of Public Health Commissioned Services (Pages 43 - 48)
- 10 21-00111 - East Kent Drug & Alcohol service contract extension (Pages 49 - 60)
- 11 Work Programme (Pages 61 - 64)

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, 12 January 2022

KENT COUNTY COUNCIL**HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE**

MINUTES of a meeting of the Health Reform and Public Health Cabinet Committee held in the Council Chamber, Sessions House on Tuesday, 12 October 2021.

PRESENT: Mr A Kennedy (Chairman), Mr Baker (Vice-Chairman), Mr D Beaney, Mrs P T Cole, Ms S Hamilton, Mr D Jeffrey, Mr B H Lewis, Mr J Meade, Mr D Ross, Mr A Weatherhead and Ms L Wright

ALSO PRESENT: Mrs C Bell

IN ATTENDANCE: Ms S Dene (Senior Commissioning Manager), Dr A Duggal (Deputy Director of Public Health), Ms E Kennedy (Democratic Services Officer), Ms J Mookherjee (Consultant in Public Health), Miss K Reynolds (Democratic Services Officer) and Mr T Woodhouse (Suicide Prevention Programme Manager, Public Health)

UNRESTRICTED ITEMS**169. Apologies and Substitutes**
(Item 2)

Apologies were received from Mrs Bruneau, Mrs Constantine and Mr Webb.

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

There were no declarations of interest.

171. Minutes of the meeting held on 6 July 2021
(Item 4)

It was RESOLVED that the minutes of the meeting held on 6 July 2021 are correctly recorded and a paper copy be signed by the Chair.

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

- 1) Mrs Clair Bell, Cabinet Member for Adult Social Care and Public Health, said that she would resume visits to the services and would be attending the Health and Wellbeing Awards in Ashford the following week. She highlighted that the Suicide Prevention Team had recently won an award at the National Mental Health Awards.

It was said that the recent Joint Kent and Medway Health and Wellbeing Board meeting was used as a session to introduce the issues facing Kent and Medway in light of Covid-19 and looked at how other authorities had dealt with these issues. The Joint Board looked to resolve those issues through taking on the broadest view of its purpose - to overcome health inequalities - in an established plan.

Mrs Bell highlighted the success of a programme which raised awareness among 16-24 years olds of sexual health services using social media platforms. It was also said that the '10 Minutes Shake Up' physical activity summer programme had attracted interest with over 4000 views – a 1300% increase from the previous year. The Council had also promoted the 'Stoptober' campaign which provided support services for smokers who wanted to quit. This was considered an important research-backed campaign, particularly as nationwide smoking rates had increased since the first Covid-19 lockdown.

Members were told that a consultation had been conducted in early August on community mental health services, including Live Well Kent and the Release the Pressure Programme. This was intended to improve service delivery of personal outcomes ahead of the end of the contract with the strategic providers in March 2023.

Mrs Bell said that residents had been reminded of local support services, including Every Mind Matters, in connection with World Mental Health Day. It was said that the pandemic had a negative impact on mental health and many people did not know what to do to improve their mental wellbeing. Every Mind Matters, found at the link below, provided residents with a personalised action plan to better deal with stress and anxiety - <https://www.kent.gov.uk/social-care-and-health/health/one-you-kent/every-mind-matters>. This included the free 24/7 mental health text service through which a trained volunteer could provide support to an individual in need.

Public Health had set up temporary stall at Bluewater Shopping Centre. They had supplied 200-300 Release the Pressure promotional cards and had 35 in-depth conversations with people who shared their concerns. Posters regarding the Release the Pressure service were to be on display in Bluewater Shopping Centre toilet facilities for a few weeks to reach further people.

In response to questions from Members it was said that:

- The national text service had a large capacity as volunteers were recruited based on demand. Volunteers were home based so there was a quick turnaround. There were also volunteers based in New Zealand to provide around the clock support.
 - The combination of different platforms was designed to reach individuals from various backgrounds. There was data to suggest that the services were reaching a broad demographic.
 - Sexual health service advertising could be expanded to additional social media sites, such as dating apps, to reach a wider audience.
- 2) Dr Allison Duggal, Interim Director of Public Health, said that the Covid-19 rates were rising and stood at 267 per 100 000 of the Kent population. Cases were predominantly in 10–14-year-olds due to a number of breakouts in schools. There was also a rise in cases in 40–50-year-olds that was still being investigated. 12–15-year-olds were being vaccinated at school and flu vaccinations had been encouraged for all age groups.

Dr Duggal said that the service was looking at post-pandemic mental and physical wellbeing strategies. There were two new organisations that the service had been working with. Furthermore, two new staff members had been appointed to work on the whole systems obesity offer and on migrant health services around Napier Barracks and across partnerships.

Members were told that Public Health was looking to capitalise on work done with some of the local communities, such as the Romany community in East Kent. This had included behavioural insight work to inform health improvement plans.

In response to questions from Members it was said that:

- A letter would be drafted to Mr Bartlett raising Member concerns around access to General Practitioner (GP) services in East Kent and GP surgeries still insisting on telephone consultations.
- There were great strides being made with social prescribing. This could be discussed in further detail outside of the meeting.
- Covid-19 in Kent was predominantly the Delta variant. There were no concerns about other variants at the time of the meeting. It was expected that Covid-19 self-testing kits would be charged for in the future, however, the costs would vary according to several factors. This was not expected to affect outbreak situations. The mixed results of lateral flow tests were being investigated by Health Security Agency.
- People placed in Napier Barracks had already undergone isolation. There had been outbreaks of Covid-19 at the facility, however, these had been addressed.
- The Kent Resilience Forum was looking into the protests held by 'anti-vaxxers' outside of school gates. A coordinated response was being used and work was being undertaken with the Kent Police, schools and the County Council.

173. 2021-25 Suicide Prevention Strategy (Item 6)

- 1) Jess Mookherjee introduced the paper which provided an update on the suicide prevention programme. The paper included information on the impact of Covid-19 on suicide rates and the Suicide Prevention Programme; the Preventing Suicide in Kent and Medway: 2021-25 Strategy; the Kent and Medway Better Mental Health Pledge / Prevention Concordat for Better Mental Health; and the New Support Service for People Bereaved by Suicide.
- 2) Tim Woodhouse emphasised that the main focus was to endorse the new multiagency strategy. It was said that the strategy for the next five years would promote well-being to the whole population, including a three-year support service for people who had been bereaved by suicide.
- 3) In response to questions from Members, it was said that:
 - The mental health need was the same for men and women, although their needs were expressed in different ways.
 - Although there was a relatively low response rate to the consultation, engagement-focused workshops were run in the lead up to the draft strategy.
 - Members could play a role in recommending organisations to be included in the multiagency strategy.
- 4) RESOLVED to:
 - 1) Consider and endorse the Preventing Suicide in Kent and Medway 2021-25 Strategy
 - 2) Comment on the suicide prevention programme.

174. Public Health Commissioning Report
(Item 7)

- 1) Sharon Dene, Interim Head of Strategic Commissioning (Public Health), gave an overview of the Public Health Commissioning Function and the services provided. It was highlighted that the aim of Public Health commissioned services was to reduce health inequalities and to improve the health of the population. This required an ongoing transformation to ensure efficiency, effectiveness, and improved outcomes. The three, interrelated areas of focus for the commissioned services were: Start Well, Live Well, and Age Well.
- 2) Members were reassured that although service delivery had been impacted by the Coronavirus pandemic, the service performance levels were improving. It was said that a hybrid model of service delivery - through online mechanisms and face-to-face options – would continue as lockdown restrictions eased.
- 3) It was highlighted that further information regarding the Public Health COVID-19 grants would be brought to the Committee at a later date.
- 4) In response to questions from Members, it was noted:
 - The Public Health Commissioning budget was confirmed in March each year. Basic services were planned based on needs analysis, and additional services were provided if the budget allowed. Bidding for additional funding was also undertaken where possible.
 - Surveys had been conducted to establish why young people exit substance misuse treatment in an unplanned way. It was said that more detail on this topic would be circulated to the Committee.
 - Public Health Champions assisted people to navigate through the services on offer. Software was also being developed to direct people to the correct services. However, this project had been put on hold due to the pandemic.
 - Further information would be brought back to the Committee regarding the school public health service, particularly regarding Tier One interventions.
- 5) RESOLVED that the Public Health Commissioning Report be noted.

175. Performance of Public Health Commissioned Services
(Item 8)

- 1) Sharon Dene, Interim Head of Strategic Commissioning (Public Health), gave an update to Members regarding the Key Performance Indicators (KPIs) for Public Health commissioned services. In the latest available quarter, 11 of 15 KPIs were RAG rated Green, two Amber, and two Red.
- 2) The first Red KPI was the delivery of the NHS Health Checks Programme which was paused due to the Coronavirus pandemic (COVID) between March 2020 and August 2020. The Committee was informed that Public Health the provider was working on a future recovery plan and that the performance was improving. The second Red KPI was Young People exiting specialist substance misuse services in a planned way.
- 3) RESOLVED that the performance of Public Health commissioned services in Q1 of 2021/22 be noted.

176. Work Programme
(Item 9)

RESOLVED that the Work Programme for 2021/22 be noted.

From: Peter Oakford, Deputy Leader and Cabinet Member for Finance, Corporate & Traded Services

To: Health Reform and Public Health Cabinet Committee – 20 January 2022

Subject: Draft Ten Year Capital Programme, Revenue Budget 2022-23 and medium term financial plan 2022-25

Classification: Unrestricted

Summary:

The budget report published on 5 January 2022 sets out the background to and draft budget proposals for the capital programme, revenue budget for the forthcoming year and medium term financial plan. The report is a standard report for the whole council focussing on the key strategic considerations underpinning the decisions necessary for County Council to agree the budget at the Budget Meeting in February

Recommendations

The Committee is asked to:

- a) NOTE the draft capital and revenue budgets including responses to consultation
- b) SUGGEST any changes which should be made before the draft is presented to Cabinet on 27th January 2022 and full County Council on 10th February 2022

Contact details

Report Author(s)

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

To: Health Reform and Public Health Cabinet Committee

Date: 20 January 2022

Subject: Public Health COVID-19 Grants Update

Classification: Unrestricted

Past Pathway: N/A

Future Pathway: N/A

Summary:

This report provides an overview of grants accepted by KCC Public Health from central government over 2020/21 and 2021/22 to support efforts to reduce the transmission of COVID-19 in Kent and to support those disproportionately impacted by the pandemic.

The grants received are: Test and Trace Support Grant; Community Mass Testing; Practical Support for Self-Isolation; Contain Outbreak Management Fund; and Clinically Extremely Vulnerable. The funding received has been utilised across KCC internal services, District Councils, KCC commissioned services and voluntary and community sector organisations.

The total funding received is £75.1m and each grant has a specific remit of expenditure as set out in the relevant grant conditions. Funding can be used to support initiatives up until 31st March 2022, and there is yet to be confirmation of continued funding into the 2022/23 year.

Recommendations:

The Cabinet Committee is asked to **NOTE** the information contained within this report and to **ENDORSE** the proposed future use of the remaining grant.

1. Context & Overview

1.1. Since the onset of the COVID-19 pandemic, Kent County Council (KCC) Public Health has agreed to accept several Government grants to support efforts towards reducing the transmission of COVID-19 and to support those that have been most impacted by the pandemic in Kent.

1.2. The grants that have been accepted by KCC Public Health are listed below together with the value received to date.

- 1.2.1. Test and Trace Support Grant (£6.3m)
 - 1.2.2. Community Mass Testing Programme (£11.8m)
 - 1.2.3. Practical Support for Self-Isolation (£3.9m)
 - 1.2.4. Contain Outbreak Management Fund (£48.1m)
 - 1.2.5. Clinically Extremely Vulnerable Grant (£5m)
- 1.3. Each grant received by KCC has a specific purpose which will be outlined later in this report. As part of receiving funding under the associated key decision, KCC established a robust funding framework, a director level group (named the COVID-19 Finance Monitoring Group (CFMG)) to oversee and approve the allocations, and allocated staff from Public Health Commissioning and Finance to administer, monitor and report on the fund.
- 1.4. This paper provides an overview of the purpose of each grant, a sample of the activity supported to date and how KCC has worked with partners to deliver funding to those most in need.
- 1.5. Please note KCC has received other grants to support local efforts in relation to COVID-19 that are not covered in this report as the administrative responsibility of the grant falls to other directorates. However, KCC Public Health continue to collaborate with relevant directorates to ensure initiatives complement each other and avoid duplication of funding.

2. Test and Trace

- 2.1. The Kent Local Tracing Partnership (KLTP) launched in November 2020 for the purpose of contact tracing residents who test positive for Covid-19 and are classed as hard to reach or uncontactable by the national contact team.
- 2.2. KLTP is fully funded by central government via the Test and Trace grant. The funding allocated to the local Test and Trace activities in Kent to date is £6.3m
- 2.3. Cases received by KLTP will have further call attempts managed via KCC's outsourced Call Centre, Agilisys. These calls are made using a local telephone exchange number. After a 48-hour period, if contact has still not been successful; local Borough and District Councils, via a devolved grant funded service, will visit the residents' home to make face-to-face contact. Confirmed breaches of isolation are escalated to the Director of Public Health and Senior Public Health Programme Manager for further consideration.
- 2.4. As of 2nd December 2020, KLTP has received 36,802 cases for contact tracing of which 14,334 have been successfully traced. The NHS Test and Trace target set by the Scientific Advisory Group for Emergencies (SAGE) is for at least 80% of the contacts of an index case to be contacted. When combined with national tracing efforts this has led to an 88% success rate in Kent.

3. Community Mass Testing Programme

- 3.1. Targeted Asymptomatic Testing launched in Kent on 18th December 2020, the first sites were mobilised in Swale (Sheerness Working Men's Club) and Thanet (Ramsgate Port) followed by a rolling programme of 24 sites, two per district, which were mobilised and fully operational by 27th January 2021.
- 3.2. The programme adapted and flexed to meet the demand and pace of the Covid-19 pandemic culminating in a reduction of testing sites to 12, one per district from 1st May 2021.
- 3.3. Alongside supervised Asymptomatic Testing at static sites, Kent Residents also had broad access to Home Direct Lateral Flow Devices (LFD) testing and Pharmacy Collect (funded outside of KCC). The success of Home Direct and Pharmacy Collect resulted in a submission to Department of Social Care and Health (DHSC) for the grant to maintain the testing programme at two hubs only, Maidstone (Sessions House) and Ashford (Eurogate Business Park). This was agreed and as of 1st July 2021 two sites remain in operation.
- 3.4. On the 1st of October 2021, at the request of the Home Office, the Asymptomatic Testing programme adapted to meet the need at Unaccompanied Asylum-Seeking Children (UASC), Migrant and Afghan relocation and assistance policy (ARAP) Hotels. We have provided a total of 6,645 test kits and have provided support with LFD testing training and Covid-19 awareness to the individuals being accommodated in these hotels.
- 3.5. The programme has carried out a total of 633,877 tests, which has resulted in the identification of 3,021 number of Asymptomatic positive Covid-19 cases.
- 3.6. This programme is funded through a specific DSCH grant claimed monthly. To date, KCC has received £11.8m to provide the service.

4. Practical Support for Self-Isolation

- 4.1. In quarter 4 of the 2020/21 financial year, KCC started to receive central government funding to provide practical support for self-isolation for the residents of Kent. The total funding received to date is £3.9m and is required to be spent by the 31st March 2022.
- 4.2. The grant can be used to provide support for those that are required to, or need to, self-isolate. This could be help with food, heating, or everyday tasks. The grant cannot be used to provide direct financial support.
- 4.3. This grant is separate to the funding received by District Councils where they can provide direct financial support to those that meet the eligibility criteria for financial support.
- 4.4. As part of receiving the funding, KCC distributed £1m across all 12 districts to enable Councils to provide additional support to those eligible for the District Council direct financial support. In addition, District Councils could utilise the

funding to support individuals that may not have been eligible for direct financial support.

- 4.5. KCC also utilised the funding to provide additional capacity within existing services to meet the above usual levels of demand as a result of those needing to isolate. For example, Kent Support and Assistance Service were provided with additional funding to meet the additional demand caused by the pandemic.
- 4.6. Funding was also provided to local voluntary and community sector organisations through a COVID-19 grant scheme. Organisations awarded funding were those able to demonstrate their capacity to offer practical support for self-isolation to their communities. Distributing the funding in this way ensured the market had capacity to meet the needs of their communities when they were required to self-isolate.

5. Contain Outbreak Management Fund

- 5.1. Since quarter 3 of the 2020/21 financial year, KCC has received funding from central government under the Contain Outbreak Management Fund (COMF). The COMF is provided to local authorities to help with the proactive containment or mitigation against outbreaks of COVID-19. In addition, it is provided to support those that have been disproportionately impacted by the pandemic.
- 5.2. The total funding received to date under the COMF is £48.1m. As part of the grant conditions, the funding cannot be used to support activity prior to 1st November 2020 or post 31st March 2022.
- 5.3. The funding has been utilised to support initiatives in line with the grant criteria across all directorates within KCC. CFMG has approved 323 funding requests under the COMF for initiatives that will help to prevent or contain outbreaks of COVID-19 and/or help those that have been disproportionately affected by the pandemic. The requests cover providing additional capacity to existing services and/or establishing new services to meet the challenges presented by the pandemic.
- 5.4. In addition, an extensive grant scheme was launched, providing funding to local community and voluntary sector organisations that could demonstrate they were able to support individuals most impacted by the pandemic. 103 grants of up to £10k have been awarded through this route which will be delivered up until 31st March 2022.
- 5.5. KCC has also worked closely with District Council colleagues to distribute funding from the COMF to Councils. £6m has been allocated across all twelve Councils, with funding allocated based on population, deprivation levels and COVID-19 rates at the time of allocation. The funding has enabled District Council's to implement initiatives relevant to each District and to respond quickly to outbreaks and changes in need.

5.6. Requests for funding are still being received, assessed, and reviewed by CFMG to ensure there is continued support and that funding reacts to where the need is greatest.

6. Clinically Extremely Vulnerable

6.1. In November 2020, the Ministry of Housing Communities & Local Government (MHCLG) wrote to Councils to inform them of funding to support Clinically Extremely Vulnerable (CEV) individuals. The total funding received to date is £5m.

6.2. The funding was provided to support services such as access to food deliveries, signposting to services (i.e., befriending), and to support the needs of the individual to enable them to continue to shield at home.

6.3. KCC has utilised the funding to ensure there is support for CEV individuals which includes increasing the capacity of community provision and providing digital devices to help individuals to safely remain connected to friends, family and key services.

6.4. District Councils were also provided with funding to support CEV individuals in their district. £1.4m was distributed across all twelve Districts based on the number of CEV individuals in their area. Funding was utilised to contact individuals and to provide access to essentials such as food and supplies.

7. Working in Partnership

7.1. KCC Public Health has worked in partnership with all twelve districts throughout the pandemic and will continue to do so. The close working relationships have been key to ensuring provision reaches those most in need.

7.2. To date, £9.6m has been distributed across all 12 districts from central government grants outlined within this report. Funding has been utilised by District Councils to ensure there is local and timely support available. Funding provided is closely monitored by KCC in collaboration with the districts to ensure the funding is used in line with the grant conditions.

7.3. The district allocations enabled funding to be directed to local foodbanks to ensure they had the supplies to support their local communities. In addition, it has supported their homeless communities to not only ensure they were safe, warm and dry, but also had access to up to date COVID-19 information and guidance and Personal Protective Equipment.

7.4. In addition, KCC has also worked with Kent Police to distribute funding to support compliance with COVID-19 legislation during the period in which it was a legal requirement. The funding supported additional Officer time to conduct compliance visits and to increase the presence in public spaces.

8. Ensuring Value for Money

- 8.1. Where appropriate, KCC has chosen to vary existing contracts to avoid administrative and start-up costs. This approach capitalises on the previous commissioning exercises where value for money would have been assessed and enables the Council to implement additional measures rapidly.
- 8.2. Funding distributed to District Councils was based on a methodology appropriate to the purpose of the grant to ensure funding was allocated fairly.
- 8.3. Applications for funding are each individually assessed for their suitability in meeting the grant conditions, but also their breadth of coverage and sustainability. Applications for funding are also validated across KCC to understand whether the funding request has already been received elsewhere or whether there is an opportunity for efficiencies.
- 8.4. All contractual documentation includes clauses that enable KCC to reclaim any unspent funding or funding that has been used for purposes outside of the agreed remit of expenditure. All recipients of funding are required to regularly report on spend and activity.

9. Continuation of Support

- 9.1. The initiatives directly supported by KCC and through the districts will fund activity until the 31st of March 2022 which is in line with the central government grant conditions. KCC will continue to monitor and respond to the changing needs over winter, implementing additional interventions and packages of funding where necessary. This will ensure there is continued funding over the winter period to support individuals most impacted by the pandemic and to support local efforts to reduce the transmission of COVID-19.
- 9.2. The grant funding received to date can only be used to support activity up until 31st March 2022. KCC has not received confirmation there will be further funding into the 2022/23 year, however it is likely there will be a need to continue to provide additional support to either support local efforts in reducing the transmission of COVID/19 and/or supporting those disproportionately impacted by the pandemic. KCC will liaise with and lobby the relevant central government authorities to evidence the need for the continuation of funding into 2022/23.

10. Recommendations

Recommendations:

The Cabinet is asked to **NOTE** the information contained within this report and to **ENDORSE** the proposed future use of the remaining grant.

11. Background Documents

None

12. Contact details

Report Authors

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

Allison Duggal Interim Director of Public Health

To: Health Reform and Public Health Cabinet Committee, 20 January 2022

Subject: **Risk Management: Public Health**

Classification: **Unrestricted**

Past Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This paper presents the strategic risks relating to health reform and public health that currently feature on the Public Health risk register. The paper also explains the management process for review of key risks.

Recommendation(s):

The Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the risks presented in appendix 1.

1. Introduction

- 1.1 Risk management is a key element of the Council’s Internal Control Framework and the requirement to maintain risk registers ensures that potential risks that may prevent the Authority from achieving its objectives are identified and controlled.
- 1.2 The process of developing the registers is important in underpinning business planning, performance management and service procedures. Risks outlined in risk registers are taken account of in the development of the Internal Audit programme for the year.
- 1.3 Directorate risk registers are reported to Cabinet Committees annually and contain strategic or cross-cutting risks that potentially affect several functions. These often have wider potential interdependencies with other services across the Council and external parties. The Public Health risk register is attached in appendix 1.

- 1.4 Corporate Directors also lead or coordinate mitigating actions in conjunction with other Directors across the organisation to manage risks featuring on the Corporate Risk Register.
- 1.5 A standard reporting format is used to facilitate the gathering of consistent risk information and a 5x5 matrix is used to rank the scale of risk in terms of likelihood of occurrence and impact. Firstly, the current level of risk is assessed, taking into account any controls already in place to mitigate the risk. If the current level of risk is deemed unacceptable, a 'target' risk level is set and further mitigating actions introduced with the aim of reducing the risk to a tolerable and realistic level.
- 1.6 The numeric score in itself is less significant than its importance in enabling categorisation of risks and prioritisation of any management action. Further information on KCC risk management methodologies can be found in the risk management toolkit on the KNet intranet site.

2. Financial Implications

- 2.1 Many of the strategic risks outlined have financial consequences, which highlight the importance of effective identification, assessment, evaluation and management of risk to ensure optimum value for money.

3. Policy Framework

- 3.1 Risks highlighted in the risk registers relate to strategic priorities and outcomes featured in KCC's Interim Strategic Plan, as well as the delivery of statutory responsibilities.
- 3.2 The presentation of risk registers to Cabinet Committees is a requirement of the County Council's Risk Management Policy.

4. Public Health-led Risks

- 4.1 The Director of Public Health is the designated risk owner for the corporate risk relating to Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) incidents, communicable diseases, and incidents with a public health implication. (PH0001). The risk is in the context of Coronavirus response and recovery and was escalated to corporate level in early 2020. All corporate risks will be presented for comment as part of the cabinet meeting being held in March 2022.
- 4.2 There are currently 23 risks featured on the Public Health risk register (Appendix 1), with five risks rated as 'high' due to the continued unprecedented challenges being experienced since the start of the coronavirus pandemic are detailed below.
 - PH0100 – COVID-19 Non delivery of Public Health Services and functions; risk of inadequate capacity in the Public Health workforce and /or providers (High)

- PH0106 – COVID-19 Risk of reduced or delayed rate of screening and diagnosis linked to health outcomes. (High)
- PH0102 – Increased prevalence of Mental Health conditions. (High)
- PH0112 – Delivery of Kent Local Tracing Partnership Programme (High)
- PH0113 – Kent Local Tracing Partnership – potential demand and cost pressures (High)

4.3 The following risks are those where we have seen some changes to the risk score levels decreasing or being withdrawn where controls and/or actions taken around good financial management and/or service delivery has adapted to new ways of working:

- PH0117 – COVID-19 Asymptomatic testing funding – cost pressures associated with any increases in demand. reduced level from 12 to 8 (Medium)
- PH0116 – Asymptomatic testing programme funding – budget management. reduced risk score level from 12 to 8 (Medium)
- PH0114 – Kent Local Tracing Partnership – ensuring/assuring the grant is spent in accordance with national guidelines. Reduced risk score level from 12 to 8 (Medium)
- PH0104 – COVID-19 Risk of inequitable access to health improvement services. Reduced risk score level from 12 to 9 (Medium)
- PH0111 – COVID-19 School based screening services – Children not being able to have their vision and hearing screening due to school closures and capacity restraints. reduced risk score level from 10 to 6 (Low)
- PH0103 – COVID-19 Negative health outcomes. Risk of long-term increase in health inequalities. Reduced risk score level from 12 to 6 (Low)
- PH0107 – Covid-19 Increased costs through adaptation of service delivery – (Withdrawn)

4.4 Inclusion of risks on this register does not necessarily mean there is a problem. On the contrary, it can give reassurance that they have been properly identified and are being managed proactively.

4.5 Monitoring and review – risk registers should be regarded as ‘living’ documents to reflect the dynamic nature of risk management. Directorate Management Teams formally review their risk registers, including progress against mitigating actions, on a quarterly basis as a minimum, although individual risks can be identified and added to the register at any time. The questions to be asked when reviewing risks are:

- Are the key risks still relevant?

- Have some risks become issues?
- Has anything occurred which could impact upon them?
- Have the risk appetite or tolerance levels changed?
- Are related performance / early warning indicators appropriate?
- Are the controls in place effective?
- Has the current risk level changed and if so, is it decreasing or increasing?
- Has the “target” level of risk been achieved?
- If risk profiles are increasing what further actions might be needed?
- If risk profiles are decreasing can controls be relaxed?
- Are there risks that need to be discussed with or communicated to other functions across the Council or with other stakeholders?

5. Recommendation

Recommendation:

The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the risks presented in appendix 1.

6. Background Documents

6.1 KCC Risk Management Policy on KNet intranet site.

7. Contact details

Report Author:

Pam McConnell
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Relevant Director:

Dr Allison Duggal
 Interim Director of Public Health

Full Risk Register

Risk Register - Public Health

Current Risk Level Summary

Green	2	Amber	15	Red	6	Total	23
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Current Risk Level Changes

0	1	0	0	1
0	0	5	4	1
0	1	4	0	1
0	0	1	4	0
0	0	0	0	0

Risk Ref	Risk Title and Event	Owner	Last Review da	Next Review				
PH0001	CBRNE incidents, communicable diseases and incidents with a public health implication	Allison Duggal	12/11/2021	12/02/2022				
Failure to deliver suitable planning measures, respond to and manage these events when they occur.								
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk	
<p>The Council, along with other Category 1 Responders in the County, has a legal duty to establish and deliver containment actions and contingency plans to reduce the likelihood, and impact, of high impact incidents and emergencies.</p> <p>The Director of Public Health has a legal duty to gain assurance from the National Health Service and Public Health England that plans are in place to mitigate risks to the health of the public including outbreaks of communicable diseases e.g. Pandemic Influenza.</p> <p>Ensuring that the Council works effectively with partners to respond to, and recover from, emergencies and service interruption is becoming increasingly important in light of recent national and</p>	<p>Potential increased harm or loss of life if response is not effective. Increased financial cost in terms of damage control and insurance costs.</p> <p>Adverse effect on local businesses and the Kent economy.</p> <p>Possible public unrest and significant reputational damage.</p> <p>Legal actions and intervention for failure to fulfil KCC's obligations under the Civil Contingencies Act or other associated legislation.</p>	High 25 Major (5) Very Likely (5)		<ul style="list-style-type: none"> Scoping the feasibility of costs and clinical governance for Pop up testing centres working in tandem with mobile testing units where outbreaks occur. KCC and local Kent Resilience Forum partners have tested preparedness for chemical, biological, radiological, nuclear and explosives (CBRNE) incidents and communicable disease outbreaks in line with national requirements. The Director of Public Health has additionally sought and gained assurance from the local Public Health England office and the NHS on preparedness and maintaining business continuity Local Health Planning Group PHE work locally to ensure NHS are ready and have plans in place for example for Winter Flu, and Avian Flu The Director of Public Health works through local resilience fora to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to public health. 	<p>Allison Duggal</p> <p>Allison Duggal</p> <p>Allison Duggal</p> <p>Allison Duggal</p>	<p>A -Proposed</p> <p>Control</p> <p>Control</p> <p>Control</p>	<p>17/01/2022</p>	<p style="background-color: yellow;">Medium</p> <p>12</p> <p>Serious (4)</p> <p>Possible (3)</p>

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international security threats and severe weather incidents.				<ul style="list-style-type: none"> • Kent Resilience Forum has a Health sub-group to ensure co-ordinated health services and Public Health England planning and response is in place • DPH now has oversight of the delivery of immunisation and vaccination programmes in Kent through the Health Protection Committee <p>DHP has regular teleconferences with the local Public Health England office on the communication of infection control issues</p> <p>DPH or consultant attends newly formed Kent and Medway infection control committee</p>	Allison Duggal Allison Duggal	Control Control	
Review Comments		<p>12.11 Reviewed with AG, SD and PM Amended action to control No appetite to change risk levels at this point. 12/11/2021</p>					

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Risk Ref	Risk Title and Event	Owner	Last Review da	Next Review					
PH0113	Kent Local Tracing Partnership - increased demand in the programme	Allison Duggal	12/11/2021	12/02/2022					
<p>Increased cases referred to Kent from Central contract tracing service. Central government changes the requirements of local track and trace service eg tracing all covid-19 positive residents and their contacts Key Staff key having dual conflicting roles across two high priority Programmes</p>									
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk		
There is a risk that the Programme may not have the capacity to deal with the additional demand and there is also a cost pressure associated with this. Page 21	Unable to deliver a sustainable service due to increased demands in tracing residents resulting in a continuation in the spread of Covid 19 across the county resulting greater demand on primary care services for those requiring treatment and potentially increasing the numbers of preventable deaths. Budgetary pressures of service delivery including increases equipment and staffing costs Backlogs, Cases missed or expiring. Potential staff burn out. Results not entered in to the system in a timely fashion.	High		<ul style="list-style-type: none"> Weekly meetings with national team, and local environment health officers Continuous monitoring of epidemiology Director for Public Health can deploy testing units to areas of concern as required continued monitoring of staffing levels at each service element with an escalation processes in place. Continuous monitoring of cases 	Terry Hall Allison Duggal Allison Duggal Allison Duggal Allison Duggal	Control Control Control Control Control	Medium 15 Major (5) Possible (3)		
					<ul style="list-style-type: none"> Filter cases by date of test and prioritise the eldest first 				
					<ul style="list-style-type: none"> Send out cases information missing to the district and boroughs 				
					<ul style="list-style-type: none"> contiued monitoring of the budget to ensure that forecasting and service delivery are kept within the funding envelope 	Christy Holden	Control		
Review Comments	12.11 reviewed with AD, SD, PM, LC No change to rating while still responding to pandemic Additional controls added 12/11/2021								

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Risk Ref	Risk Title and Event	Owner	Last Review da	Next Review			
PH0106	Covid-19 Reduced/delayed rate of screening and diagnosis linked to health outcomes	Allison Duggal	12/11/2021	12/02/2022			
<p>Reduced screening rate e.g. in maternity (smoking) and sexual health (STIs) which could contribute to poor health outcomes. Increased demand on GP services and sexual health services may result in people having less access to contraception and emergency contraception.</p>							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Reduced/delayed rate of screening and diagnosis linked to health outcomes	Reduced screening will make it harder to identify health risks and intervene. For example, non-delivery of vision screening, STI screening, late HIV diagnosis and non delivery of NHS health checks may prevent identification of CVD, STIs, increase risk of poor outcomes and may prevent intervention.	High 16 Serious (4) Likely (4)		<ul style="list-style-type: none"> Services are being stepped up where possible or a risk based approach is being taken to develop and shared targeted advice. More work is taking place in relation to campaigns and health promotion messages Commissioners and services to develop a recovery plan that will minimise impact 	<p>Clare Maynard</p> <p>Control</p> <p>Christy Holden</p> <p>Control</p>		<p>Medium</p> <p>12</p> <p>Serious (4)</p> <p>Possible (3)</p>
Review Comments	<p>12.11 reviewed with AD, SD, PM and LG No change 12/11/2021</p>						

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Risk Ref	PH0005	Risk Title and Event	Owner	Last Review da	Next Review			
Health Inequalities			Allison Duggal	12/11/2021	12/02/2022			
<p>These areas have high rates of premature mortality (deaths occurring under the age of 75 years) due to causes such as cardiovascular disease, respiratory disease and alcohol-related disease and cancer; causes that are strongly linked to unhealthy behaviours such as poor diet, physical inactivity, smoking and excessive alcohol. The risk is that whilst health is improving in general these communities health would not improve at the same rate as less deprived communities</p>								
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk	
<p>Analysis of health inequalities in Kent shows that health outcomes are much worse in the most deprived decile areas in Kent.</p> <p>Covid has affected different communities in different ways a consequence of which is widened health inequalities</p>	<p>The average life expectancy in the most deprived decile areas in Kent is 76 years for men and 80 years in women, compared to 83 years and 86 years respectively in the most affluent areas. These inequalities will lead to rising health and social care costs for the council and its partners amongst those groups least able to support themselves financially</p>	<p>High</p> <p>16</p> <p>Serious (4)</p> <p>Likely (4)</p>		<ul style="list-style-type: none"> Strategic piece of work around population health management with accompanied set of actions that will be implemented by the ICS working with PH Specific work around health inequalities is being targeted at specific communities Ensure that commissioning takes account of health inequalities when developing service based responses. 'One You Kent' Ensure that an analytical focus remains on the issue of health inequality, providing partners and commissioners with the detail needed to focus support on this issue 	<p>Allison Duggal</p> <p>Allison Duggal</p> <p>Allison Duggal</p> <p>Rachel Kennard</p>	<p>A</p> <p>-Accepted</p> <p>Control</p> <p>Control</p> <p>Control</p>	<p>28/02/2022</p>	<p>Low</p> <p>6</p> <p>Moderate (2)</p> <p>Possible (3)</p>
Review Comments	<p>12.11 reviewed with AD, SD, PM, LG no change to risk rating Added one action and one control 12/11/2021</p>							

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Risk Ref	PH0102	Risk Title and Event	Owner	Last Review da	Next Review		
		Increased prevalence of Mental Health conditions	Allison Duggal	12/11/2021	12/02/2022		
<p>Increased risk of social isolation during the pandemic as well as in the recovery phases. Prolonged isolation could contribute to mental health problems. Potential fear/anxieties of returning to normal day to day living prior to Covid-19 due to worry of being infected.</p> <p>Health Care Staff - Impact of wellbeing and mental health. It is anticipated that mental health conditions may develop/increase due to post traumatic stress disorder from experiences during the Covid-19 pandemic.</p>							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Page 24	<p>Countywide could see and increase in mental health conditions within the general population increasing pressure on services.</p> <p>Increased mental health conditions within health care staff which could decrease service capacity and have a long-term effect on the individual following their experiences in fighting the Covid-19 pandemic Fear of returning to normal work.</p>	High		<ul style="list-style-type: none"> Mental Health Cells created. Follow current national guidelines. Sign-posting to relevant services including Every Mind Matters. Mental health support for health care staff - to tackle Covid-19 associated PTSD. Regular communication of mental health information and open door policy for those who need additional support. Promote mental health & wellbeing awareness to general population and staff during the Covid-19 outbreak and offering whatever support they can to help. Co-design is needed to bridge the gap between mental and physical health. Ensure stakeholders from mental health and those delivering psychological therapies are engaged to ensure that the approach is delivered in the most effective way to bring about change. Joint work with NHS to target suicide prevention 	Allison Duggal	Control	Medium
		16			Allison Duggal	Control	12
		Serious (4)			Allison Duggal	Control	Significant (3)
		Likely (4)			Allison Duggal	Control	Likely (4)
Review Comments		<p>12.11 reviewed with AD, SD, PM and LG</p> <p>Increased target risk likelihood to reflect the current circumstances during/post pandemic</p> <p>Added one control</p> <p>12/11/2021</p>					

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Risk Ref	PH0100	Risk Title and Event	Owner	Last Review da	Next Review		
		Covid-19 non delivery of Public health Services and functions	Allison Duggal	12/11/2021	12/02/2022		
<p>There is a risk that there is inadequate capacity in the Public Health workforce and /or providers due to reassignments to other regional areas within that sector.</p> <p>Increasing demand to phone lines, redistribution of nursing staff and lack of capacity in pharmacy and primary care may limit the ability of service delivery. For example, pharmacy have indicated they may not be able to delivery smoking pharmacotherapy and emergency contraception.</p>							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Inadequate capacity in the Public Health workforce and/or provider workforce Page 22	Inability to deliver the necessary level of intervention to match population and service need. Increase in unwanted pregnancies or increase demand on health services in the longer term as preventative services unable to respond to demand.	High		<ul style="list-style-type: none"> Clear demonstration of need for qualified, specialist public health staff. Staff capacity is reviewed regularly in order to be used effectively. Services are being adapted to ensure they move forward within capacity levels acknowledging the limitations. Putting in place alternative arrangements, virtual solutions, effective prioritisation and communication will help to mitigate this risk. 	Allison Duggal	Control	Medium
		16 Serious (4) Likely (4)			Allison Duggal	Control	9 Significant (3) Possible (3)
Review Comments	12.11 reviewed with AD, SD, PM and LG No change to rating at this stage. Review again in 3 months 12/11/2021						

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Risk Ref	Risk Title and Event	Owner	Last Review da	Next Review			
PH0112	Kent Local Tracing Partnership Programme	Allison Duggal	12/11/2021	12/02/2022			
Potential risk of the virus being transmitted at an increased level throughout the county.							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Failure to deliver the Kent's local tracing programme for those residence who have tested positive to Covid-19	Greater demand on primary care and frontline social care services, potetially increaing the numbers of preventable deaths . Adverse affect on Kent's local economy. Continued restrictions set down by central government	Medium		<ul style="list-style-type: none"> Established a dedicated team to oversee the delivery of the service to ensure that the programme is being delivered within central government guidelines ensure that all team members have completed the necessary central government training requirements in order to deliver the service Continuation to work in partnership with district and boroughs to ensure that EHO's are able to support the programme at a local level. Ensure that PHE service delivery is aligned locally. 	Control		Medium
		15 Major (5)			Control		15 Major (5)
		Possible (3)			Control		Possible (3)
Review Comments	12.11 reviewed with AD, SD, PM LG No change 12/11/2021						

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Risk Ref	Risk Title and Event	Owner	Last Review da	Next Review
<i>PH0099</i>	Covid - Supplier Sustainability Suppliers unable to remain operational due to financial distress	Clare Maynard	12/11/2021	12/02/2022

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
	non delivery of services and the provider going into administration	Medium 12 Significant (3) Likely (4)		<ul style="list-style-type: none"> KCC has written to all suppliers in line with national guidelines and has put in place a number of ways to mitigate risk to suppliers as a result of financial distress. The majority of Public Health providers will be paid as they will continue to delivery services, albeit in a different way. For GP and Pharmacy who may be unable to deliver services a fair payment has been worked up with the LPC and LMC. 	Christy Holden Christy Holden	Control Control	Low 6 Significant (3) Unlikely (2)

Review Comments	12.11 reviewed with AD, SD, PM LG No change 12/11/2021
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Risk Ref	Risk Title and Event	Owner	Last Review da	Next Review				
PH0110	Covid - 19 Tier 4 Drug & Alcohol services	Allison Duggal	12/11/2021	12/02/2022				
<p>Due to covid 19, many tier 4 drug and alcohol service have a long waiting list . The Tier 4 unit in Maidstone, Bridge House, is currently at an 8 week waiting list (21.4.21). Increase demand in service provision has also seen prices rises resulting in additional financial pressures on services</p>								
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk	
<p>increase in Tier 4 inpatient detox facilities closing</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 28</p>	<p>Due to the limited no of tier 4 services operating in south east (and nationally), Bridge House has additional financial pressures and waiting lists have increases. Kent residents who need an inpatient detox are waiting longer than usual which can cause harm to in individuals including death and alcohol/drug related harm.</p>	Medium		<ul style="list-style-type: none"> Public Health England has set some money for the South East in order to look at procuring another inpatient detox unit in the South East. This work is being led by Hampshire in which Kent will form a consortium with the aim to block buy beds to reduce waiting list in Bridge House. Services will conduct community detox where safe to do so, however this will be limited if there is a clinical need for detox to be done in a residential setting. Services to continue to provide harm reduction advice to the patients on the waiting list, make regular contact with bridge house to control expectations 	Christy Holden	A	04/01/2022	Medium
		12 Significant (3) Likely (4)			Christy Holden	-Accepted	Control	8 Moderate (2) Likely (4)
Review Comments	<p>12.11 reviewed with AD, SD, PM LG No change to risk rating SD to confirm revised target action date with PM 12/11/2021</p>							

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Risk Ref	Risk Title and Event	Owner	Last Review da	Next Review			
PH0095	Covid- 19 - Non Delivery of Statutory Duties	Allison Duggal	17/12/2021	17/03/2022			
This includes NHS Health Checks, mandated visits in NHS Health Visiting, National Child Measurement Screening and potential delay to Oral health survey due to commence in September.							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
There is a risk that Public Health are not able to delivery its statutory duties	Not able to deliver requirements set out in the Written Statement of Action special Educational Needs: This includes the joint review at 2 between Health Visiting and Early Years settings. This cannot be delivered as early years settings are not all open and Health Visitors will have limited capacity and will not be conducting this visit universally in line with national guidance. Not being able to deliver Health Checks as this cannot be carried out safely within social distancing guidelines and GPs do not have capacity. This will mean that we will have a backlog of Health Checks for those who were eligible for an invite during this time.	Medium		<ul style="list-style-type: none"> It is anticipated that national policy change will mitigate this risk/ change requirements. Continue to refer to national guidance 	Allison Duggal	Control	Medium
		12					9
		Significant (3)					Significant (3)
		Likely (4)					Possible (3)
Review Comments	reviewed with DoPH and SD on 12/11/2021 who agreed to have a meeting to fully review. 17/12/2021						

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Risk Ref	Risk Title and Event	Owner	Last Review da	Next Review			
PH0098	Covid - Reduced ability to identify safeguarding concerns Reduced contact and limited face to face delivery will make it more challenging for practitioners to identify safeguarding concerns.	Allison Duggal	12/11/2021	12/02/2022			
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
	potential risks include increases in domestic violence self harming or suicide, child sexual exploitation	Medium 12 Significant (3) Likely (4)		• Use of virtual delivery, effective prioritisation of clients who need face to face delivery and working with partner agencies to share information on shared clients. Where practical one agency will lead on face to face contact to mitigate risk to staff.	Christy Holden	Control	Medium 9 Significant (3) Possible (3)
Review Comments	12.11 reviewed with AD, SD, PM LG No change 12/11/2021						

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Risk Ref	Risk Title and Event	Owner	Last Review da	Next Review			
PH0091	Increased Demand on Services	Christy Holden	12/11/2021	12/02/2022			
<p>There is a risk that services may not have the capacity to deal with the additional demand and there is also a cost pressure associated with this.</p> <p>Increasing demand on services both with people coming into service and expectations of being part of the new health structures MDTs</p>							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
<p>Increasing demand for Public Health Services due to changes in demography - for example growth in new births will increase the number of mandated contacts that Health visiting need to complete. Sexual health services have seen a continue rise of services.</p> <p>There is a risk that Durg and Alcohol services do not have capacity to see people being referred into the service</p>	<p>We may be overspent or be unable to deliver against mandated requirements eg Health Visiting. Which will lead to: Increasing waiting list, quality of services may reduce as case loads increase, service may not be able to meet targets due to capacity of providing a good, quality interventions. Staff wellbeing reduce due to additional case loads/work</p>	Medium		<ul style="list-style-type: none"> Monitoring demographic data trends to support forward service planning. Utilise underspend from other services to fund digital demand pressures. Capacity models have been developed to ensure services have the ability to meet need and activity can be adjusted accordingly Open book accounting with providers to monitor costs. Quarterly performance monitoring meetings provide opportunities to discuss service provision and for both parties to raise any concerns regarding levels of service, quality or risks can be discussed. Transformation projects aim to introduce more digital solutions to assist with increasing demand. Regulator review service models to ensure running as efficiently as possible. 	Christy Holden	Control	Low
		12			Christy Holden	Control	5
		Significant (3)			Christy Holden	Control	Minor (1)
		Likely (4)			Christy Holden	Control	Very Likely (5)
					Christy Holden	Control	
					Christy Holden	Control	
					Christy Holden	Control	
Review Comments	<p>12.11 reviewed with AD, SD, PM LG No change 12/11/2021</p>						

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Risk Ref	PH0090	Risk Title and Event	Owner	Last Review da	Next Review				
		Health Visitor and School Nurses staff recruitment	Christy Holden	12/11/2021	12/02/2022				
<p>There is a risk that is hard to recruit to replace staff when they leave , not enough new staff can be recruited to sustain the service.</p>									
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk		
<p>Difficulties in recruiting and retaining nursing staff, specifically Health Visitors and School Nurses. There is a national shortage of qualified Health Visitors. The number of Health Visitor student places funded by Health Education England has declined.</p> <p style="text-align: center;">Page 32</p>	<p>Service delivery is impacted. Clinical and Safeguarding risk to children within the Health Visiting and School Public Health Service. Some visits may have to be postponed or reprioritised.</p>	Medium		<ul style="list-style-type: none"> Risk reviewed on a quarterly basis via contract management meetings. Progress with recruitment and retention reported at the Executive Performance Review meeting. A safe staffing, safe working protocol has been agreed to effectively manage the workload of the teams in a safe and consistent manner. Quarterly reviews of the operating model for health visiting undertaken. Band 5 Community Public Health Nurse role has been introduced to provide additional support to cover universal workloads. Bank and agency staff are being recruited to support teams where possible to cover vacant posts. Recruitment and retention action plan is in place and monitored through the Quality Action Team and governance meetings. 	Christy Holden	Control		Medium	
		10						8	
		Moderate (2)				Christy Holden	Control		Moderate (2)
		Very Likely (5)				Christy Holden	Control		Likely (4)
						Christy Holden	Control		
						Christy Holden	Control		
Review Comments	<p>12.11 reviewed with AD, SD, PM LG No change 12/11/2021</p>								

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Risk Ref	Risk Title and Event	Owner	Last Review da	Next Review			
PH0002	Implementation of new models	Allison Duggal	17/12/2021	17/03/2022			
That the reduction in resource available to the new services will hamper the new services in their ability to deliver.							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Public Health is working to transform both children's and adults services, to deliver services more aligned with the need of the people of Kent. Whilst also facing reducing budgets	Reduction in outcomes for customers, and the ability of the services to meet key objectives, including the reduction of health inequalities	Medium		• Service models review as a result of covid to ensure still fit for purpose. This will impact on final delivery.	Christy Holden	A -Proposed	Low
		9		• Analyse long term financial situation, and developing services that will be sustainable	Allison Duggal	Control	Moderate (2)
		Significant (3)		• Public Health commissioning function in place to ensure robust commissioning process is followed	Christy Holden	Control	Unlikely (2)
		Possible (3)		• Opportunities for Joint Commissioning in partnership with key agencies and cross-directorate (health, social care) being explored.	Christy Holden	Control	
				• Regular meetings with provider and representative organisations (LMC, LPC). Regular meet the market events to support commissioning processes	Christy Holden	Control	
			• Working to a clear strategy, and to an advanced agenda allows for good communication with providers and potential providers	Christy Holden	Control		
Review Comments	reviewed on 12/11/2021 with DoPH as ongoing. 17/12/2021						

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Risk Ref	PH0104	Risk Title and Event	Owner	Last Review da	Next Review		
		Covid-19 Inequitable access to health improvement services	Allison Duggal	12/11/2021	12/02/2022		
<p>There is a risk that some groups within the population may be disproportionately affected by COVID -19. Those in low paid or insecure work, or with existing health conditions or who were already socially isolated, may find it increasingly difficult to afford bills and food and also struggle to access the services they need e.g. weight management and physical activity services. .</p>							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Page 34	Potentially increasing the health inequality gap - exacerbating a problem that already exist. Likely to have a significant toll on both their physical and mental health. Digital alternative service offerings may not be accessible due to certain groups not having access to resources required e.g. laptops, scales, smart phones	Medium		<ul style="list-style-type: none"> Digital pilot launches. Where access, skills or confidence is an issue, services are offering face to face support. Subsidised equipment costs 	Christy Holden	Control	Medium
		9					9
		Significant (3)		<ul style="list-style-type: none"> Targeted promotion of services. Alternative methods of service delivery e.g. telephone, video. Supporting the target audience to have access to online communication and engagement methods. 	Christy Holden	Control	Significant (3)
		Possible (3)		<ul style="list-style-type: none"> Targeted promotion of services to lower quartiles where engagement has been significantly impacted Reducing Health Inequality is at the core of the NHS LTP response and sets the expectation that all parts of the system will incorporate this into their work. Telephone delivery offered where feasible. Continue following national guidelines. Equality Impact Assessments to take place for work involving service redesign. Relevant workstreams to review/input into EIAs Monitoring of engagement and alternative methods used as needed to ensure representation 	Christy Holden	Control	Possible (3)
Review Comments	12.11 reviewed with AD, SD, PM LG Reduced likelihood 12/11/2021						

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Risk Ref	Risk Title and Event	Owner	Last Review da	Next Review			
PH0101	Covid -19 Supply chain	Christy Holden	12/11/2021	12/02/2022			
<p>Concerns over the continued supply of medicines generally, given that a considerable proportion of active pharmaceutical ingredients (APIs) used (especially in the generic pharmaceutical market) are sourced from China and other affected areas. Increasing costs of drugs and availability of resources eg STI testing kits</p>							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
non delivery of medicine supplies and/or testing kits	Inadequate supply of necessary resources	Medium 9 Significant (3) Possible (3)		• Continue to follow national guidelines and protocols	Christy Holden	Control	Low 4 Moderate (2) Unlikely (2)

Review Comments 12.11 reviewed with AD, SD, PM LG
 No change
 12/11/2021

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Risk Ref	Risk Title and Event	Owner	Last Review da	Next Review			
PH0087	EU Transition	Christy Holden	12/11/2021	12/02/2022			
<p>There is a risk that:</p> <ul style="list-style-type: none"> - due to the close proximity to boarder of France, sever traffic congestions may occur. -supply issues on medication for substance misuse may be limited, due to the drugs being made outside of the UK. 							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Britain's exit from European Union	Staff not being able to drive or travel easily across Kent, service can be disruptive and target may not be met because of this - People who need substitute medication for substance misuse may not be able to receive the medication resulting to people start using or using more illegal substances.	Medium 9 Significant (3) Possible (3)		• Services have updated their Business Continuity Plans and looked at workforce planning. BCP testing has also take place.	Christy Holden Control		Medium 9 Significant (3) Possible (3)
Review Comments	12.11 reviewed with AD, SD, PM LG No change 12/11/2021						

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Risk Ref	Risk Title and Event	Owner	Last Review da	Next Review			
PH0083	Public Health Ring Fenced Grant	Allison Duggal	12/11/2021	12/02/2022			
Ensuring/assuring the Public Health ring fenced grant is spent on public health functions and outcomes, in accordance within National Guidance							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Public Health Ring fenced Grant is spent in accordance within National Guidance	If it does not comply with national guidance could result in the DPH not being able to sign the Annual Public Health Grant declaration which could result in an external audit taking place leading to similar consequences to that of Northamptonshire County Council (i.e. Public Health England seeking a return of Public Health Grant)	Medium		<ul style="list-style-type: none"> Continued budget monitoring through collaborative planning Agreed funding for Staff apportionment across Public Health, social care Adult, Social Care Children, business support and analytics functions to support public health outcomes functions and outcomes Agreement of money flow between Public Health ring-fenced grant and the Strategic Commissioning Division DPH and Section 151 Officer are required to certify the statutory outturn has been spent in accordance with the Department of Health & Social care conditions of the ring fenced grant Commissioners to conduct regular contract monitoring meetings with providers Providers to complete timely monthly performance submissions to ensure delivery of outcomes Regular review of public health providers, performance, quality and finance are delivering public health outcomes 	Control		Low
		8			Control		2
		Serious (4)			Control		Minor (1)
		Unlikely (2)			Control		Unlikely (2)
					Control		
					Control		
					Control		
Review Comments	Reviewed with AD, SD, PM, LC Reduced likelihood of current risk 'unlikely' 12/11/2021						

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Strategic and Corporate Services

Risk Register - Public Health

Risk Ref	Risk Title and Event				Owner	Last Review da	Next Review	
PH0116	Asymptomatic Testing programme funding				Allison Duggal	12/11/2021	12/02/2022	
budget management								
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Grant funding	mismanagement of the grant could require KCC to repay the monies spent that are either not connected with the agreement or sit outside the grant criteria	Medium 8 Serious (4) Unlikely (2)		• continued monitoring of the budget to ensure that it is spent within the parameters of the Grant's agreement	Allison Duggal	Control		Low 4 Moderate (2) Unlikely (2)
Review Comments	12.11 reviewed with AD, SD, PM LG Reduced likelihood of current risk 12/11/2021							

Strategic and Corporate Services

Risk Register - Public Health

Risk Ref	Risk Title and Event				Owner	Last Review da	Next Review	
PH0117	Asymptomatic Testing Funding				Allison Duggal	12/11/2021	12/02/2022	
Increase in service demand								
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
increased service demand	budgetary pressures of service delivery including increases in site set up charges and staffing costs could result in overspending	Medium 8 Serious (4) Unlikely (2)		<ul style="list-style-type: none"> monthly budget monitoring to ensure forecasting and service delivery are kept within the funding envelope. 	Laura Clay	Control		Medium 9 Significant (3) Possible (3)
Review Comments	12.11 reviewed with AD, SD, PM LG Reduced likelihood of current risk Public are accessing testing in alternative ways leading to reduced footfall 12/11/2021							

Strategic and Corporate Services

Risk Register - Public Health

Risk Ref	Risk Title and Event			Owner	Last Review da	Next Review		
PH0114	Kent Local Tracing Partnership - Funding			Allison Duggal	12/11/2021	12/02/2022		
mismanagement of the grant or increase costs due to service demand								
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Ensuring/assuring the grant is spent in accordance within National Guidance and framework	monies spent that are not connected within the agreement may have to be repaid back to central government. increased demand in the programme could result in additional cost pressures on staff resources and equipment.	Medium 8 Serious (4) Unlikely (2)		• weekly monitoring of the budget to ensure that it is spent within the parameters of the Grant's agreement and spending remains within the financial envelope.	Allison Duggal	Control		Low 6 Significant (3) Unlikely (2)
Review Comments	12.11 reviewed with AD, SD, PM LG Reduced likelihood 12/11/2021							

Strategic and Corporate Services

Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review da	Next Review				
PH0111	Covid 19 - School based screening services	Allison Duggal	12/11/2021	12/02/2022				
<p>Academic year 19/20 - the service will complete a targeted catch up programme only which includes sign posting to opticians as a result there is a risk children's vision and/or hearing problems will go undetected.</p> <p>Academic year 20/21 - the service will complete NCMP for year R only, which will mean non delivery of a statutory function of year 6 NCMP. The service will complete a target hearing screen for year R which may risk hearing problems being undetected. Vision screening will be completed as normal.</p>								
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk	
<p>Academic year 19/20 significant proportion of year R children were not able to receive their vision and hearing screening due to covid (School Closures)</p> <p>Academic year 20/21 due to social distancing requirements and competing pressures including the immunisation programme, there are capacity restraints in the delivery of the statutory NCMP (YR R& YR6) and vision and hearing screening in Year R.</p> <p>Covid has also exasperated the capacity and thus increased waiting times for vision and hearing services delivered by the NHS. (Our screening programmes refer into these services)</p>	<p>undetected vision and hearing problems may result loss of learning and the ability to rectify vision issues in a timely way. there is a concern signposting to opticians may result in greater up take in some groups than others creating a health inequality.</p> <p>Non delivery of NCMP in year 6 will result in a gap in surveillance data and have impact comparative reports on other authorities</p>	<p>Low</p> <p>6</p> <p>Moderate (2)</p> <p>Possible (3)</p>		<ul style="list-style-type: none"> regular communications with parents, schools, KCC education leads, NHSE, CCG commissioner. the local optometry, specialist teaching and the school public health service 	Christy Holden	Control		<p>Low</p> <p>6</p> <p>Moderate (2)</p> <p>Possible (3)</p>
Review Comments	<p>12.11 reviewed with AD, SD, PM LG</p> <p>Reduced likelihood</p> <p>12/11/2021</p>							

Strategic and Corporate Services

Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review da	Next Review			
PH0103	Covid -19 negative health outcomes	Allison Duggal	12/11/2021	12/02/2022			
A number of preventative services are either not being delivered or providing limited services offered virtually .							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
long term increase in health inequalities	Some services such as weight management have a reduced offer and there is a risk that the lockdown period will exacerbate these unhealthy behaviours and increasing future demand on primary care services.	Low		<ul style="list-style-type: none"> Services have restarted and continue to prioritise areas of deprivation. Working with providers on increasing the digital offer such as weight management group classes. Investigating how to ensure those who should have received a health check invite are prioritised by need. Support providers to increase digital offer and follow national advice on recovery of mandated services. 	Christy Holden	Control	Low
		6			Christy Holden	Control	6
		Significant (3)					Significant (3)
		Unlikely (2)			Christy Holden	Control	Unlikely (2)
Review Comments	12.11 reviewed with AD, SD, PM LG Reduced likelihood to unlikely updated action to control 12/11/2021						

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 - 20 January 2022

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. In the latest available quarter, July to September 2021, ten of fifteen KPIs were RAG rated Green, two Amber, two Red, and one had data unavailable as the data was not due for release at the time the report was written.

The first Red KPI is the young people exiting specialist substance misuse services in a planned way. A high number of these young people reported abstinence and a plan has been put in place to reduce unplanned exits. The second Red KPI is One You Kent, which was due to a reduction in outreach work by the Providers.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q2 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 five quarters.

2. Overview of Performance

- 2.1. Of the fifteen targeted KPIs for Public Health commissioned services, ten achieved target (Green), two were below target although did achieve the floor standard (Amber), two did not achieve the floor standard (Red) and one had data unavailable as the data was not due for release at the time the report was

written These KPIs relate to the young people exiting specialist substance misuse services in a planned way and the number of clients engaged with One You Kent Advisors.

3. Health Visiting

3.1 The Health Visiting Service delivered 18,700 mandated universal contacts in Q2 2021/22. All five mandated contacts were on or above target. Face-to-face delivery has increased from 43.3% in Q1 2021/22 to 56.9% in Q2 2021/22. The number of healthy child clinic attendances has increased from 1,248 in Q1 2021/22 to 1,730 in Q2 2021/22. Calls to the duty line (11,777 in Q2 2021/22) and specialist infant feeding service referrals remain high. 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.

4. Adult Health Improvement

4.1. The NHS Health Check Programme continues to recover after the service resumed delivery in Q2 2020/21 following a nationally mandated pause in March 2020 due to COVID. In Q2 2021/22, just over half of contracted GPs (82) actively participated in the programme and the provider core team continued to provide Health Check clinics across Kent. There were 4,498 Health Checks carried out in the quarter, which exceeds the target of a 20% quarterly increase in checks by 2,364 and indicates that capacity is increasing. The outreach team continued to establish and maintain relationships with key groups, employers, and organisations to engage with vulnerable and hard to reach communities.

4.2. In Q2 2021/22, the smoking cessation service continues to work to resume activity and to find suitable venues for the delivery of the service. The service has maintained a waiting list of zero due to staff being seconded from elsewhere since the pandemic began and it was agreed with KCC that the service could hire more staff to ensure low waiting times for people could continue now that the seconded staff have returned to their service and with third party provision through GPs and Pharmacy still not returning to pre-pandemic levels. The percentage of quits did decrease in Q1, however on average over the year the service is still on target for its 50% quit rate. Q2 data was not due for release at the time the report was written.

4.3. The One You Kent adult healthy lifestyle service has seen an increase in referrals across the county in Q2 2021/22. Many of these referrals have been from GPs who have recently been incentivised to make referrals to weight loss services by the Government. Unfortunately, not all people have been suitable for the service, due to, for example, being more suitable for Tier 3 services or not willing to engage and therefore it has not necessarily led to more people accessing the service. Work is under way to refresh the GP offer from January 2022. All delivery partners are planning how to best use the funding from the Public Health England Weight Management Grant, with particular emphasis on

services for Men, BAME communities and individuals with learning disabilities. The aim is to commence delivery in January 2022.

5. Sexual Health

5.1. 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. Service providers and commissioners are working together to improve the proportion of new attendees to the service offered a full sexual health screen. A full sexual health screen can be completed through the home testing service or at a clinic appointment. Service providers have highlighted challenges recording the screens offered within the IT system. Despite this the current quarter has seen a rise in screens offered from 86% in Q1 2021/22 to 90% in Q2 2021/22. This is still below the target percentage of 92%, however as challenges in recording data have been identified, the service providers are optimistic that numbers should continue to rise.

6. Drug and Alcohol Services

6.1. The Adult Drug and Alcohol Services have now resumed full face-to-face interventions. Digital interventions continue for those that express a preference for this. Planned exits have slightly increased for Q2 2021/22, with 29% of service users leaving structured treatment in a planned way. Referrals to Adult Community Drug and Alcohol Services have reduced by 3% in Q2 2021/22, but the proportion of referrals commencing new treatment has remained stable.

6.2. The Young Person's Service received 87 referrals in Q2 2021/22, slightly higher than Q2 last year (84). The number of young people exiting treatment in a planned way increased to 74% this quarter. Discussion has taken place with stakeholders on the feasibility of the target (85%) and benchmarking activity is planned to consider performance in other areas of the country. In Q2 12% of the young people reported abstinence. Measuring abstinence may not be reflective of the harm reduction work the service carries out, which would have a positive impact on the young person but is not yet captured within the data.

7. Mental Wellbeing Service

7.1. In Q2 2021/22 referrals to the Live Well Kent service have resumed to levels seen prior to the pandemic. The service has successfully transitioned to a blended offer of digital and face-to-face, offering more choice and based on the needs of people and availability of safe and suitable venues. Satisfaction rates remain above target. There has been an increase in the number of people accessing the services up to the age of 19 and those aged between 26 and 35, with interventions designed and aimed at these younger age groups. The service is working with Public Health to promote and support smoking cessation for people through a nine month pilot with the Smoke Free service in Kent.

8. National Child Measurement Programme

8.1. Due to the coronavirus pandemic and resulting school closures, the delivery of the National Child Measurement Programme (NCMP) was halted in March 2020. The re-commencement of the NCMP was further delayed from January 2021 to April 2021. Given the time constraints and continued impact of COVID, the target participation rate was changed nationally to 10% for each cohort (Year R and Year 6) for 2020/21.

8.2. In Kent, 100% of schools in the targeted cohorts were contacted to take part. The participation rate for Year R was 85% (Green) and for Year 6 was 9.8% (Amber). The low participation rate (Year 6) may also be attributed to increased levels of Covid-related absence in school age children and four targeted schools cancelling due to Covid bubble closures. The latter had a significant impact towards the end of the programme, as the delayed commencement of NCMP left no capacity to reschedule these schools. The service has proactively followed up with the parents of overweight and underweight children through phone calls and the offer of a Healthy Weight package of care.

9. Conclusion

9.1. Ten of the fifteen KPIs remain above target and were RAG rated Green. Commissioners continue to explore other forms of delivery, to ensure current provision is fit for purpose 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 Q2 2021/22

11. Background Documents

None

12. Appendices

Appendix 1 - Public Health Commissioned Services KPIs and Key.

13. Contact Details

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

Service	KPI's	Target 20/21	Target 21/22	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	DoT**
Health Visiting	PH04: No. of mandated universal checks delivered by the health visiting service (12 month rolling)	65,000	65,000	69,440 (g)	70,445 (g)	71,932 (g)	72,763 (g)	73,695 (g)	↑
	PH14: No. and % of mothers receiving an antenatal contact with the health visiting service	43%	43%	2,877 70% (g)	2,727 68% (g)	2,821 72% (g)	3,061 83% (g)	3,616 70% (g)	↓
	PH15: No. and % of new birth visits delivered by the health visitor service within 30 days of birth	95%	95%	4,061 99%(g)	3,965 99%(g)	3,815 99%(g)	4,036 99%(g)	4,280 99%(g)	↔
	PH16: No. and % of infants due a 6-8 week who received one by the health visiting service	85%	85%	3,711 90%(g)	3,685 90%(g)	3,474 92%(g)	3,764 93%(g)	3,956 93%(g)	↔
	PH23: No. and % of infants who are totally or partially breastfed at 6-8 weeks (health visiting service)	-	-	1,851 51%*	1,855 50%*	1,739 48%*	1,943 50%*	2,144 52%*	-
	PH17: No. and % of infants receiving their 1-year review at 15 months by the health visiting service	85%	85%	3,420 81% (a)	4,011 89% (g)	3,745 91% (g)	3,647 92% (g)	3,833 93% (g)	↑
	PH18: No. and % of children who received a 2-2½ year review with the health visiting service	80%	80%	3,028 70% (a)	3,754 84% (g)	3,911 87% (g)	3,735 91% (g)	3,701 93% (g)	↑
Structured Substance Misuse Treatment	PH13: No. and % of young people exiting specialist substance misuse services with a planned exit	85%	85%	42 91%(g)	38 78%(a)	40 85%(g)	44 71%(r)	34 74%(r)	↑
	PH03: No. and % of people successfully completing drug and/or alcohol treatment of all those in treatment	25%	25%	1,312 27% (g)	1,350 27% (g)	1,362 28% (g)	1,411 28% (g)	1,456 29% (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	9,546	17,449 (r)	9,596 (r)	3,490 (r)	6,341 (r)	10,476 (g)	↑
	PH11: No. and % of people quitting at 4 weeks, having set a quit date with smoking cessation services	52%	52%	559 62% (g)	851 63% (g)	905 65% (g)	910 59% (g)	nca	↓
	PH21: No. and % of clients engaged with One You Kent Advisors being from the most deprived areas in the County	60%	60%	260 51% (a)	300 42% (r)	307 47% (r)	317 54% (a)	365 45% (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)	-	92%	4,960 75%(a)	5,393 88%(a)	4,295 87%(a)	6,014 86%(a)	5,987 90%(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%	490 99.4% (g)	401 99.3% (g)	462 100.0% (g)	433 98% (g)	467 98% (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)	85% (a)	↓
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)	9.8%(r)	↓
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

(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
Allison Duggal, Director of Public Health

To: Health Reform and Public Health Cabinet Committee – 20 January 2022

Subject: East Kent Community Drug and Alcohol Service Contract Extension

Key decision: The decision will result in expenditure of more than £1m and affects more than two electoral divisions

Classification: Unrestricted

Past Pathway of report:

Future Pathway of report: Cabinet Member Decision

Electoral Division: All

Summary: To provide the Health Reform and Public Health Cabinet Committee with the rationale behind the proposal to extend the East Kent Community Drug and Alcohol Service for a period of 24 of the allowable 36 months.

Recommendation(s): The Health Reform and Public Health Cabinet Committee is asked to **consider, endorse or recommend** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to:

A. **APPROVE** the extension of the contracted East Kent Drug and Alcohol Service with The Forward Trust for a period of 24 of the allowable 36 months; and

B. **DELEGATE** authority to the Director of Public Health to implement the Decision

See Appendix A: PROD

1. Introduction

1.1 The East Kent Community Drug and Alcohol Service was commissioned in 2016/2017. The contract was awarded to the Forward Trust and commenced on 1 May 2017 with an end date of 31 March 2022. This contract has allowable extensions contained within the contract for up to a further 36 months.

1.2 Commissioners have undertaken a formal contract review of the service to determine whether KCC should extend the contract (as per the contract clause) or undertake a new procurement exercise. Key findings from the contract review support extending the contract as the service continues to perform effectively against agreed indicators.

1.3 The intention is to extend the contract by 24 months to align all adult drug and alcohol contracts to end in March 2024. This will give the Council maximum flexibility and opportunity to re-commission in a way that will effectively support

Kent residents in the future. Commissioners plan to procure all the contracts as one exercise which will allow for economies of scale and shared engagement with all the market.

- 1.4 The Key Decision to award the contract, taken by the Cabinet Member for Adult Social Care and Public Health in 2017, did not reference the allowable extension although it was contained in earlier reports that went to Committee in 2016 detailing the procurement plan for the service. Formal approval is therefore required via a further Key Decision in order to extend the contract by 24 of the allowable 36 months.

2. Body of the report

- 1.5 The Public Health Grant Conditions state that “A local authority must, in using the grant have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services”, so we have a duty to offer this service.
- 1.6 Since May 2017, The Forward Trust have delivered the East Kent Community Drug and Alcohol Service. The contract started in May 2017 and was for a period of five years to the end of March 2022, with the agreed option to extend for up to a further three years. The service covers Ashford, Thanet, Canterbury, Dover, Folkestone and Hythe, and Swale District areas.
- 1.7 The service contributes directly to the KCC Interim Strategic plan (published December 2020) by supporting older and vulnerable adults to maintain a good quality of life and contributing to children having the best start in life. The service also contributes towards improving public health outcomes, reducing health inequalities, and minimising harm caused by drugs and alcohol in East Kent.
- 1.8 Performance and effectiveness of the service is measured against the following Public Health Outcome Framework indicators:
 - Successful completion of treatment
 - Adults with drug or alcohol dependence treatment need who successfully engage in community-based structured treatment following release from prison within three weeks.
- 1.9 Performance data shows that the service is typically experiencing increasing numbers in treatment against the backdrop of budget reductions, yet the contract as operated by The Forward Trust has performed well against targets and when compared to regional and national averages. The Forward Trust and Commissioners continually work together to improve the service and such work has included service re-design, quality improvement plans, and undertaking pilot initiatives.
- 1.10 The recent Coronavirus (COVID-19) outbreak also supports the option of an extension to the contract as it is recognised that the coronavirus pandemic has disproportionately affected vulnerable adults. The charity sector (in which this contract sits) has also faced extremely demanding and ever-changing challenges and therefore, maximising stability is therefore recommended in any decision that is made for this service.

1.11 Given the good performance of the current contract and the potential for disruption to vulnerable individuals by making unnecessary changes, it is recommended that the extension to the contract is enacted for 24 of the allowable 36 months. This brings it in line with the end date of the West Kent Community Drug and Alcohol service which has been extended to March 2024.

1.12 If the contract was not extended and KCC went out to procurement, the increasing cost pressures, coupled with significant workforce recruitment issues across the sector, may make bidding for the contract unappealing to providers, which may result in KCC undertaking a costly process, with the risk of few resulting options for alternative provision.

3. Financial Implications

3.1 The value of the 24-month contract extension (1 April 2022 to 31 March September 2024) will be approximately £9,819,620 (based upon the current financial year's figures).

4. Legal implications

4.1 The proposed extension is in line with what was outlined in the original contract as a contract clause.

4.2 This proposed extension is in line with Public Contracts Regulations 2015 which set out the legal basis for Local Authority procuring services.

5. Equalities Implications

5.1 A detailed EqIA relating to service delivery model was undertaken when the service was commissioned in 2017. A recent EqIA was undertaken relating to the proposal to extend the contract (see Appendix B) and found that 'No change' in the current service delivery is deemed the most appropriate option. The evidence suggests that there is no potential for discrimination and that this option is an appropriate measure to advance equality and create stability for vulnerable service users.

5.2 An EQIA has been written as part of the future recommissioning process to continually assess and consider the options and whether 'No change' remains the most appropriate option.

6. Data Protection Implications

6.1 General Data Protection Regulations are part of current service documentation for the contract and there is a Schedule of Processing, Personal Data and Data Subjects confirming who is data controller/ processor. There is also an existing Data Protection Impact Assessment relating to the data that is shared between KCC, the provider and the Office for Health Improvement and Disparities (previously named Public Health England) and the services.

7. Conclusions

7.1 The East Kent Community Drug and Alcohol Service contract with The Forward Trust is due to end on 31 March 2022. Commissioners have undertaken a

formal contract review of the service to determine whether KCC should extend the contract (as per the contract clause) or undertake a new procurement exercise. Key findings from the contract review support extending the contract until March 2024 as the contract continues to perform effectively against agreed indicators.

- 7.2 The intention is to extend the contract by 24 months to align both East and West adult drug and alcohol contracts to end in March 2024. This will give the Council maximum flexibility and opportunity to re-commission in a way that will effectively support Kent residents in the future. Commissioners plan to procure the contracts as one exercise which will allow for economies of scale, shared engagement with the Kent market and facilitate co-production of any future contracts.

8. Recommendation(s):

The Health Reform and Public Health Cabinet Committee is asked to **consider, endorse or recommend** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to:

- A. **APPROVE** the extension of the contracted East Kent Drug and Alcohol Service with The Forward Trust for a period of 24 of the allowable 36 months; and
- B. **DELEGATE** authority to the Director of Public Health to implement the Decision

9.. Background Documents

None

10.. Report Author

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Relevant Director

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Director of Public Health
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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

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

DECISION NO:

21/00111

For publication [Do not include information which is exempt from publication under schedule 12a of the Local Government Act 1972]

Key decision: YES

Key decision criteria. The decision will:

- a) *result in savings or expenditure which is significant having regard to the budget for the service or function (currently defined by the Council as in excess of £1,000,000); or*
- b) *be significant in terms of its effects on a significant proportion of the community living or working within two or more electoral divisions – which will include those decisions that involve:*
 - *the adoption or significant amendment of major strategies or frameworks;*
 - *significant service developments, significant service reductions, or significant changes in the way that services are delivered, whether County-wide or in a particular locality.*

Subject Matter / Title of Decision: East Kent Community Drug and Alcohol Service Contract Extension

Decision:

As Cabinet Member for Adult Social Care and Public Health I agree to:

A. APPROVE the extension of the contracted East Kent Drug and Alcohol Service with The Forward Trust for a period of 24 of the allowable 36 months; and

B. DELEGATE authority to the Director of Public Health to implement the Decision

Reason(s) for decision:

The East Kent Community Drug and Alcohol Service contract is due to end on 31 March 2022. Commissioners have undertaken a formal contract review of the service to determine whether KCC should extend the contract (as per the contract clause) or undertake a new procurement exercise. Key findings from the contract review support extending the contract until March 2024 as the contract continues to perform effectively against agreed indicators.

The East Kent Community Drug and Alcohol Service was commissioned in 2017. The contract was awarded to the Forward Trust and commenced on 1 May 2017 with an end date of 31 March 2022. This contract has allowable extensions contained within the contract for up to a further 36 months. The intention is to extend the contract by 24 months to align all adult drug and alcohol contracts to end in March 2024. This will give the Council maximum flexibility and opportunity to re-commission in a way that will effectively supports Kent residents in the future. Commissioners plan to procure the contracts as one exercise which will allow for economies of scale and shared engagement with all the market.

Financial Implications

The value of the 24-month contract extension (1 April 2022 to 31 March September 2024) will be approximately £9,819,620 (based upon the current financial year's figures).

Legal implications

The proposed extension is in line with what was outlined in the original contract as a contract clause.

This proposed extension is in line with Public Contracts Regulations 2015 which set out the legal basis for Local Authority procuring services.

Equalities Implications

A detailed EqIA relating to service delivery model was undertaken when the service was commissioned in 2017. A recent EqIA was undertaken relating to the proposal to extend the contract (see Appendix B) and found that 'No change' in the current service delivery is deemed the most appropriate option. The evidence suggests that there is no potential for discrimination and that this option is an appropriate measure to advance equality and create stability for vulnerable service users.

An EQIA has been written as part of the future recommissioning process to continually assess and consider the options and whether 'No change' remains the most appropriate option.

Data Protection Implications

General Data Protection Regulations are part of current service documentation for the contract and there is a Schedule of Processing, Personal Data and Data Subjects confirming who is data controller/ processor. There is also an existing Data Protection Impact Assessment relating to the data that is shared between KCC, the provider and the Office for Health Improvement and Disparities (previously named Public Health England) and the services.

Cabinet Committee recommendations and other consultation:

The proposed decision will be discussed at the Health Reform and Public Health Cabinet Committee on 20 January 2022 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

The contract has an existing extension clause built in for up to three years, however, the key decision to award the contract, taken by the Cabinet Member for Adult Social Care and Public Health in 2017, did not reference the allowable extension although it was contained in earlier reports that went to Committee in 2016 detailing the procurement plan for the service.

Therefore, we are now seeking formal approval via a Key Decision in order to extend the contract by two years.

Any alternatives considered and rejected:

The Public Health Grant Conditions state that "A local authority must, in using the grant have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.¹" Therefore, not having this service in place is not considered a viable option.

¹

The option to reprocore a new service has been considered however the East Kent Drug and Alcohol service is performing well and as with many commissioned social care and health services at present, there is difficulty in recruitment to vacant roles in drug and alcohol services, both clinical and non-clinical, so there is a significant risk of destabilising the service delivery if the service is re-commissioned in March 2022. Extending the contract and maintaining service delivery with the current provider will also offer service users, staff, stakeholders, and the general public stability. This will ensure that the service remains accessible to all those that require it and a level of consistency for vulnerable adults and their families in East Kent.

The recent novel Coronavirus (COVID-19) outbreak also supports the option of an extension to the contract as it is recognised that the coronavirus pandemic has disproportionately affected vulnerable adults. The charity sector (in which the contract sits) has also faced extremely demanding and ever-changing challenges and therefore, maximising stability is therefore favoured in any decision that is made for this service.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

None.

.....
signed

.....
date

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EQIA Submission – ID Number**Section A**

EQIA Title	Proposed extension to East Kent Drug and Alcohol Service Contract
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Responsible Officer	Stacey Baston - ST SC
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Type of Activity

Service Change	No
Service Redesign	No
Project/Programme	No
Commissioning/Procurement	Commissioning/Procurement
Strategy/Policy	No
Details of other Service Activity	No

Accountability and Responsibility

Directorate	Strategic and Corporate Services
Responsible Service	Public Health Commissioning
Responsible Head of Service	Christy Holden - ST SC
Responsible Director	Allison Duggal - ST SC

Aims and Objectives

The East Kent Community Drug and Alcohol Service contract is due to end on 31 March 2022. Commissioners have undertaken a formal contract review of the service to determine whether KCC should extend the contract (as per the contract clause) or go through a new procurement exercise. Key findings from the contract review support extending the contract until March 2024.

The East Kent Community Drug and Alcohol Service was commissioned in 2017. The contract was awarded to the Forward Trust and commenced on 1 May 2017 with an end date of 31 March 2022. This contract has allowable extensions contained within the contract for a further 36 months. The intention is to extend the contract by 24 months to align all adult drug and alcohol contracts to end in March 2024. This will give the Council maximum flexibility and opportunity to re-commission in a way that will effectively supports Kent residents in the future. Commissioners plan to procure all the contracts as one exercise which will allow for economies of scale and shared engagement with all the market.

The analysis of the proposal to extend the East Kent Drug and Alcohol contract services considers that No change in the East Kent Drug and Alcohol service is the most appropriate option.

The evidence presented here suggests that there is no potential for discrimination and that this option is an appropriate measure to advance equality and create stability for vulnerable service users.

This EQIA will be updated further to as part of the recommissioning process to continually assess and consider the options and whether No change remains the most appropriate for the new service specification.

Section B – Evidence

Do you have data related to the protected groups of the people impacted by this activity?	Yes
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It is possible to get the data in a timely and cost effective way?	Yes
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Is there national evidence/data that you can use?	Yes
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Have you consulted with stakeholders?	Yes
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Who have you involved, consulted and engaged with?	Page 57
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We have engaged and consulted with internal stakeholders within KCC:

- Public Health Consultants and Specialists
- Head of Public Health Commissioning
- Relevant commissioners in Strategic Commissioning

We have also engaged with the current provider as appropriate regarding the proposed extension to the contract.

Has there been a previous Equality Analysis (EQIA) in the last 3 years?	No
Do you have evidence that can help you understand the potential impact of your activity?	Yes

Section C – Impact

Who may be impacted by the activity?

Service Users/clients	Service users/clients
Staff	Staff/Volunteers
Residents/Communities/Citizens	Residents/communities/citizens
Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?	Yes

Details of Positive Impacts

Extending the contract and maintaining service delivery with the current provider will offer service users, staff, stakeholders and the general public with stability. This will mean that services will remain accessible to all those with protected characteristics and not create any confusion, ensuring a level of consistency in service delivery for vulnerable adults and their families in East Kent.

The recent Novel Coronavirus (COVID-19) outbreak also supports the option of an extension to the contract as is recognised that the coronavirus pandemic has disproportionately affected vulnerable adults. Therefore maintaining consistent access to treatment services for vulnerable people remains incredibly important.

The intention is to extend the contract by 24 months to align all adult drug and alcohol contracts to end in March 2024. This will give the Council maximum flexibility and opportunity to re-commission in a way that will effectively supports Kent residents in the future. Commissioners plan to procure all the contracts as one exercise which will allow for economies of scale and shared engagement with all the market.

The decision to extend and align all the adult drug and alcohol contracts will create an opportunity to engage effectively and efficiently with all those impacted by the services as we will dedicate resource to co-production and engaging with key stakeholders, with a particular focus on those with protected characteristics.

Negative impacts and Mitigating Actions

19. Negative Impacts and Mitigating actions for Age

Are there negative impacts for age?	No
Details of negative impacts for Age	
Not Applicable	
Mitigating Actions for Age	
Not Applicable	
Responsible Officer for Mitigating Actions – Age	Not Applicable

20. Negative impacts and Mitigating actions for Disability

Are there negative impacts for Disability?	No
Details of Negative Impacts for Disability	

Not Applicable	
Mitigating actions for Disability	
Not Applicable	
Responsible Officer for Disability	Not Applicable
21. Negative Impacts and Mitigating actions for Sex	
Are there negative impacts for Sex	No
Details of negative impacts for Sex	
Not Applicable	
Mitigating actions for Sex	
Not Applicable	
Responsible Officer for Sex	Not Applicable
22. Negative Impacts and Mitigating actions for Gender identity/transgender	
Are there negative impacts for Gender identity/transgender	No
Negative impacts for Gender identity/transgender	
Not Applicable	
Mitigating actions for Gender identity/transgender	
Not Applicable	
Responsible Officer for mitigating actions for Gender identity/transgender	Not Applicable
23. Negative impacts and Mitigating actions for Race	
Are there negative impacts for Race	No
Negative impacts for Race	
Not Applicable	
Mitigating actions for Race	
Not Applicable	
Responsible Officer for mitigating actions for Race	Not Applicable
24. Negative impacts and Mitigating actions for Religion and belief	
Are there negative impacts for Religion and belief	No
Negative impacts for Religion and belief	
Not Applicable	
Mitigating actions for Religion and belief	
Not Applicable	
Responsible Officer for mitigating actions for Religion and Belief	Not Applicable
25. Negative impacts and Mitigating actions for Sexual Orientation	
Are there negative impacts for Sexual Orientation	No
Negative impacts for Sexual Orientation	
Not Applicable	
Mitigating actions for Sexual Orientation	
Not Applicable	
Responsible Officer for mitigating actions for Sexual Orientation	Not Applicable
26. Negative impacts and Mitigating actions for Pregnancy and Maternity	
Are there negative impacts for Pregnancy and Maternity	No
Negative impacts for Pregnancy and Maternity	

Not Applicable	
Mitigating actions for Pregnancy and Maternity	
Not Applicable	
Responsible Officer for mitigating actions for Pregnancy and Maternity	Not Applicable
27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships	
Are there negative impacts for Marriage and Civil Partnerships	No
Negative impacts for Marriage and Civil Partnerships	
Not Applicable	
Mitigating actions for Marriage and Civil Partnerships	
Not Applicable	
Responsible Officer for Marriage and Civil Partnerships	Not Applicable
28. Negative impacts and Mitigating actions for Carer's responsibilities	
Are there negative impacts for Carer's responsibilities	No
Negative impacts for Carer's responsibilities	
Not Applicable	
Mitigating actions for Carer's responsibilities	
Not Applicable	
Responsible Officer for Carer's responsibilities	Not Applicable

From: Benjamin Watts, General Counsel

To: Health Reform and Public Health Cabinet Committee – 20 January 2022

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

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

Item	Cabinet Committee to receive item
Verbal Updates – Cabinet Member and Corporate Director	Standing Item
Work Programme 2021/22	Standing Item
Risk Management report (with RAG ratings)	Standing Item
Update on COVID-19	Temporary Standing Item
Key Decision Items	
Performance Dashboard	January, June/July, September
Update on Public Health Campaigns/Communications	Biannually (January and June/July)
Draft Revenue and Capital Budget and MTFP	Annually (January)
Annual Report on Quality in Public Health, including Annual Complaints Report	Annually (November)

8 MARCH 2022

1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes of the meeting held on 18 January 2022	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Update on COVID-19	Temporary Standing Item
7	Risk Management report (with RAG ratings)	Standing Item
8	NHS Health Check (dependent on the confirmation of national review)	
9	Public Health Performance Dashboard	Regular Item
10	Work Programme	Standing item

JUNE 2022

1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Update on COVID-19	Temporary Standing Item
7	Risk Management report (with RAG ratings)	Standing Item

8	Public Health Performance Dashboard	Regular Item
9	Bereavement Service Update	
10	Update on Public Health Campaigns/Communications	Regular Item
11	Work Programme	Standing Item

ITEMS FOR CONSIDERATION THAT HAVE NOT YET BEEN ALLOCATED TO A MEETING

Sexual Health Services

Place-Based Health – Healthy New Towns

Population Health Management with ICS