HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Tuesday, 17th May, 2022

10.00 am

Council Chamber, Sessions House, County Hall, Maidstone

AGENDA

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Tuesday, 17 May 2022 at 10.00 am
Council Chamber, Sessions House, County Hall, Maidstone

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

Membership (16)

Conservative (12):	Mr A Kennedy (Chairman), Mr N Baker (Vice-Chairman), Mr D Beaney, 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 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 20 January 2022 (Pages 1 - 8)

To consider and approve the minutes as a correct record.

5 Verbal updates by Cabinet Member and Director

6 Risk Management: Health Reform and Public Health (Pages 9 - 36)

7 New Public Health Director

8 Sexual Health Services - COVID-19 Impact and Recovery (Pages 37 - 50)

9 Public Health Performance Dashboard (Pages 51 - 58)

10 Decisions Taken Outside of the Cabinet Committee Meeting Cycle (Pages 59 - 66)

11 Work Programme (Pages 67 - 70)

12 Future Meeting Dates

All meetings will be held in the Council Chamber, Sessions House, Maidstone, Kent, ME14 1XQ.

10.00am Tuesday 12 July 2022
10.00am Tuesday 20 Sept 2022
10.00am Wednesday 23 Nov 2022
2.00pm Tuesday 17 Jan 2023
2.00pm Thursday 16 Mar 2023
2.00pm Wednesday 10 May 2023
10.00am Tuesday 11 July 2023

EXEMPT ITEMS

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

Benjamin Watts
General Counsel
03000 416814

Monday, 9 May 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 Online on Thursday, 20 January 2022.

PRESENT: Mr A Kennedy (Chairman), Mr N Baker (Vice-Chairman), Mr D Beaney, Mrs B Bruneau, Mrs P T Cole, Ms K Constantine, Ms S Hamilton, Mr P M Harman, Mr D Jeffrey, Mr B H Lewis, Mr J Meade, Mr D Ross, Mr A Weatherhead, Ms L Wright and Mr R G Streatfeild, MBE (Substitute)

ALSO PRESENT: Mrs C Bell (Cabinet Member)

UNRESTRICTED ITEMS

178. Apologies and Substitutes
(Item 2)

Apologies for absence had been received from Mr Daley and Mr Webb. Mr Streatfeild was present as substitute for Mr Daley.

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

There were no declarations of interest.

180. Minutes of the meeting held on 12 October 2021
(Item 4)

It was RESOLVED that the minutes of the meeting held on 12 October 2021 are correctly recorded and a paper copy be signed by the Chair.

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

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

   Level 2 Alert Issued by the Met Office – this alert had triggered actions by the NHS and Public Health to support vulnerable people at increased risk of harm. The Committee were reminded of tips such as making regular hot drinks, ordering repeat prescriptions in advance and getting the flu vaccine. A media release had been issued by the Council and further information was available at: https://www.kent.gov.uk/social-care-and-health/health/winter-health.

Public Health Campaigns –

A) Mrs Bell said that the Winter Health campaign had focused on protecting key workers and promoted steps to take to keep well during winter. This campaign was part of the Protect Kent and Medway initiative, with the aim to keep all residents as safe as possible.

B) In January 2022, the National Better Health Smokefree Campaign was encouraging adult smokers to quit smoking. There was free support for those looking to quit, including local Smokefree advisory services and the NHS Quit Smoking App. Further information was available at: https://www.kent.gov.uk/social-care-and-health/health/one-you-kent/quit-smoking.

C) The Committee was told that the Know Your Score campaign launched in November 2021 was followed by Dry January. Further information was available at: https://www.kent.gov.uk/social-care-and-health/health/one-you-kent/drink-less/know-your-score-quiz.

D) The Kent Healthy Weight Campaign, supported by One You Kent, was aimed to help adults to lose weight and get active. Mrs Bell said that the figures for 2019-20 estimated that 64% of adults aged over 18 in Kent were overweight. This was above the national average of just under 63%. Health experts were concerned that changes in lifestyle due to the pandemic may raise this figure. Further information was available at: https://www.kent.gov.uk/social-care-and-health/health/one-you-kent/healthy-weight.

2. Dr Allison Duggal, Interim Director of Public Health, gave a verbal update on the following:

COVID-19 Update – although the NHS had winter pressures, the outlook was optimistic. It was said that children were no longer expected to wear face masks in secondary schools during classes. However, they were still expected to wear them in common areas. Self-isolation requirements were expected to be removed in March.

Vaccinations were recommended to those who had not had their vaccination yet and to those who required boosters. Further information about the vaccination programme was available on the NHS website: https://www.kentandmedwayccg.nhs.uk/your-health/coronavirus/covid19vaccine. Reference was made to ‘anti-vaxxers’ at vaccination sites and this was being looked into by the Public Health service.

In light of the easing of restrictions, the Committee, officers and the public were reminded to remain cautious about COVID-19 and other diseases. It was said that Alien Influenza had been found in the United Kingdom.

Coastal Communities - an Annual Public Health Report was expected to be finished imminently. This would highlight coastal communities and allow people to review the data.

3. Dr Duggal responded to comments and questions from the committee, including the following:
   A) The asymptomatic testing centres in Kent were still active. These were expected to stay open pending further reviews in the next financial year.
   B) It was acknowledged that there had been problems associated with the access to lateral flow tests. At the time of the meeting, there was no indication about the expected costs of home lateral flow tests.
   C) Work had been done to ensure that KCC staff were supported by managers with issues relating to low morale. In terms of sufficiency of the workforce, recruitment into specialised positions in Public Health was said to be an important part of the COVID-19 recovery process.

4. It was RESOLVED that the verbal updates be noted.

182. Draft Ten Year Capital Programme, Revenue Budget 2022-23 and medium term financial plan 2022-25
(Item 6)

1. Mr Paul Cooper, the Deputy Cabinet Member for Finance, introduced the Draft Ten Year Capital Programme, Revenue Budget 2022-23 and medium term financial plan 2022-25. Mr Cooper highlighted that these had been drafted within a context of considerable uncertainty and volatility, and that the difficulties in predicting spending on a demand-led budget were intensified against this backdrop. It was said that it was vital, particularly in 2022-23, to limit borrowing to only the absolute essential to meet the Council's statutory requirements.

   It was highlighted that the Council was facing exceptional spending demands for 2022-23. This was attributed to a combination of the longer-term impacts of the COVID-19 pandemic and the economic impact of rapidly rising inflation.

2. Mrs Bell said that Public Health was funded from a specific grant from the Government. This grant for 2022-23 had not been announced at the time of the Cabinet Committee meeting.

   The commitment in the Government Spending Review was to maintain the Public Health grant in real terms, enabling local government to invest in prevention and frontline services.

   Consequently, there was a high level of uncertainty in the Public Health Draft Budget for 2022-23. Therefore, assumptions had been made including: a 3.1% inflationary increase in the Public Health Grant; that the NHS pay would be fully funded by the increase in the Grant and that NHS

pensions pressure would be continued to be managed centrally; that new responsibilities would be fully funded; that demography pressures could be absorbed by service adjustments or managed over time; and that increase in demand could be managed through the increased use of digital technology where appropriate. It was also assumed that the NHS and the Clinical Commissioning Groups would continue to fund mental health spend.

The Draft Budget included investments in health visiting, sexual health, children's weight management, healthy lifestyles and in increase in contribution to the Kent Sport Unit. These investments were to be funded mainly by reserves. Reserves were diminishing and after these investments there would be an estimated £3 million in Public Health reserves, almost £3 million for Kent Community Health Foundation Trust and £700 000 for the services contracted out to Maidstone and Tunbridge Wells.

It was reported that there was an underspend across some of the NHS providers. It was anticipated that the underspend for 2022-23 would be lower as vacancy levels were lower and demand was increasing.

Members were reminded that although COVID-19 had a significant impact on various areas of the Public Health service, these impacts had been partly offset by reduction in capacity as a result of school closures and staff redeployment. The Contain Outbreak Management Fund (COMF) underspend in 2021-22 could be rolled forward. However, there was no indication of new funding to support the COVID-19 programme in 2022-23.

3. In response to questions from Members it was said that Public Health was conducting a deep-dive on health visitor data and that there was no data to suggest that KCC was not meeting its statutory visits. This report could be shared with the Committee at a later date. Dr Duggal would consult with colleagues about breaking the data down to ward or district level.

4. RESOLVED 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.

183. Public Health COVID-19 Grants Update
(Item 7)

1. Mr Matt Wellard, the COVID-19 Grants Project Manager, introduced the report which provided 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. It was said that upon receiving these grants the COVID-19 Finance Monitoring Group (CFMG) was set up. The CFMG had the responsibility to oversee the spending and

to endorse it in line with the key decision that was taken to accept the funding.

2. Mr Terry Hall provided further information on the £6.3 million Test and Trace Support Grant. It was said that the service had the capacity to contact 500-600 individuals on a daily basis through the contract. This had been reasonable throughout the pandemic. However, the Omnicrom COVID-19 variant had required increased contacting. The Committee was reassured that this was returning to a manageable level. There was no indication that KCC Public Health would receive this grant again. Mr Hall responded to questions and comments from the committee, including the following:

   A) The 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 had led to an 88% success rate in Kent.
   B) Mr Hall would ask his team to pull together a report that contained comparable data for counties of similar size and demographics.

3. The mandated Community Mass Testing Programme was commenced in December 2020. Military aid assisted with the programme until February 2021. Over 1500 local people had been employed to operate and run the testing centres. The testing centres at Sessions House and Eurogate in Ashford were set to stay open until at least 31 March 2022. Asymptomatic testing was said to be beneficial to the population in terms of identifying COVID-19 positive asymptomatic individuals and enabling them to isolate and participate in test and trace. In response to questions from Members it was said that:
   A) 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. The overarching costs of the testing programme had not been impacted by supplying these hotels.
   B) The test kits stored in warehouses would be usable beyond the 31st March 2022 subject to further funding. There was concern about the expiration dates of these tests. However, Members were assured that this was being looked into.
   C) Terry Hall would provide an update to the Chair on the unused test kits by the end of February 2022.

4. The total funding for Practical Support for Self-Isolation received to date was £3.9m. It was required that this funding be spent by the 31st March 2022. KCC had distributed £1 million to all 12 of the districts to administer support. A COVID-19 grant scheme had also been set up to aid the voluntary sector.

   The substantial COMF grant was for use to prevent or contain the spread of COVID-19 and/or to support those who had been disproportionately

affected by the pandemic. £6 million from this grant had been distributed to district councils. 220 bids within KCC had been supported through the grant.

The £5 million Clinically Extremely Vulnerable Grant was intended to provide support to individuals who were shielding or isolating due to COVID-19. Examples of the support provided through this grant included food provision and heating.

In response to questions from Members, Mr Wellard said that:

A) Contractual arrangements had been set out to ensure that funds were spent appropriately. Monthly and quarterly reports were required from recipients to evidence the impact of the funding. The contracts included clauses to reclaim funding where this had been spent outside of the remit of the grant.
B) The underspend of £3.6 million was mainly due to recruitment issues into the schemes. It was expected that some of the underspend would be used to carry out prevention work in the new financial year.
C) Mr Wellard would provide the Committee with further detail on the breakdown of spend outside of the meeting. The Section 151 officer reviewed this spend on a weekly basis.

5. RESOLVED to **NOTE** the information contained within this report and to **ENDORSE** the proposed future use of the remaining grant.

184. Risk Management: Public Health
(Item 8)

1. Dr Allison Duggal presented the paper which outlined the strategic risks relating to health reform and public health that featured on the Public Health risk register. Attention was drawn to the five high risk items on the risk register:
    - 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)

2. In response to questions from Members it was said that:
    A) Certain groups may be disproportionately impacted by these risks. It was recognised that there were particular communities in Kent which may have differential health outcomes and different mortality rates. These differences were being looking into through health inequalities

work by the Public Health service and through the Integrated Care System.

B) Equality Impact Assessments (EqIAs) were conducted on a project or policy level. Dr Duggal would collate EQIA statements for KCC's Public Health discharge of work to Gypsy, Roma and Traveller (GRT) community. Statutory duties regarding this service delivery was to be discussed further with Ben Watts, General Counsel, outside of the formal meeting.

C) Gambling addiction interventions were on the Mental Health Board's agenda. An update on this would be brought back to the Committee at a later date.

3. RESOLVED To **CONSIDER** and **COMMENT** on the risks presented in appendix 1.

185. Performance of Public Health Commissioned Services
(Item 9)

1. Ms Christy Holden, Interim Head of Commissioning for Public Health, introduced the report that detailed the selected 15 key performance indicators (KPIs) for Public Health. It was highlighted that the report was completed in early December and that the impact of Omnicom may decelerate the work to respond to areas of underperformance.

   It was confirmed that there were two Red KPIs. The first Red KPI was the young people exiting specialist substance misuse services in a planned way. A high number of these young people reported abstinence and a plan had been put in place to reduce unplanned exits. The second Red KPI is One You Kent, operating at 40% against the target of 60%, was due to a reduction in outreach work by the Providers.

2. In response to questions from Members Ms Holden said that the KPIs were agreed by the Board with the input of providers and Commissioners. The indicators and associated targets were being re-evaluated against previous Council performance and national benchmarking. Members were advised that the Public Health Outcomes Framework set the expectations for the Council's performance in this area and regular benchmarking took place against other local authorities.

3. RESOLVED To NOTE the performance of Public Health commissioned services in Q2 2021/22.

186. 21-00111 - East Kent Drug & Alcohol service contract extension
(Item 10)

1. Ms Christy Holden and Ms Nicola McLeish, Senior Commissioner, introduced the report which provided the 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. It was highlighted

that the West Kent Community Drug and Alcohol Service commissioned contract had also been extended to 31 March 2024.

The Committee was told that the results of the Independent Review of Drugs by Professor Dame Carol Black and the Harm to Hope strategy stressed the importance of the stability of these contracts that support vulnerable service users. As the provider was performing well, it was considered the best option to extend the contract in this instance.

2. Ms McLeish and Ms Holden responded to questions from Members and said that:
   A) A single procurement in 2024 was anticipated to ensure a better structured contract with more efficient service provision.
   B) Drug and alcohol data went up to the national level. The performance of the service was benchmarked against other authorities and the Forward Trust was said to consistently perform above the national average. The Forward Trust had continued to meet and exceed targets through the backlog created COVID-19.

3. RESOLVED 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.

187. Work Programme
(Item 11)

It was RESOLVED that the committee's work programme for 2021/22 be noted.

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

Dr Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee – 17th May 2022

Subject: **Risk Management: Health Reform and 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 either KCC's Corporate Risk Register or 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.

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 Corporate 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. The risk was in the context of Coronavirus response and recovery and was originally escalated to corporate level in early 2020. The corporate risk is presented for comment in appendix 2.

4.2 The corporate risk has been reviewed with recently appointed Director of Public Heath, and although there has been a reduction in the amount of public health support and resource required for key controls in relation to the management of Coronavirus, it was felt that a reduction in the risk rating was too soon, while there is a prevalence of variants and infection rates are still high in the County and UK as whole.

4.3 The Corporate Risk Team will be working with the Director of Public Health in coming months to redraft the corporate risk to reflect any new challenges presented as we continue to move towards recovery from the pandemic.

5. Public Health Risk Register

5.1 Since the last risk report, we are still responding to an ever-changing risk profile in relation to the pandemic. We are still experiencing an impact post covid restrictions that could possibly have some built up latent demand, which is reflected in the slight reduction of risks currently on the register.

5.2 There are currently 18 risks featured on the Public Health risk register, three of which are rated as 'High', 13 medium and two low (appendix 2).

5.3 Key changes to the risk register are as follows:

- Risks PH0113 – tracing partnership increase demand and PH0112 – tracing partnership fail to deliver have been withdrawn as the track and trace service was halted in February.

- Risk PH0118 covid funded programmes has been added as this needs to be separate from the general Public Health Grant budget risk.

5.4 Public Health also has a role in the Integration Care System Risk (AH0040) on the Adult Social Care and Health risk register (Appendix 3)

5.5 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.

5.6 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?

6. Recommendation

Recommendation:

The Health Reform and Public Health Cabinet Committee is asked to consider and comment on the risks presented in appendices 1, 2 and 3

6. Background Documents

6.1 KCC Risk Management Policy on KNet intranet site.

http://knet/ourcouncil/Management-guides/Pages/MG2-managing-risk.aspx

7. Contact details

Report Authors:

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Full Risk Register

Risk Register - Public Health

Current Risk Level Summary	Green 2	Amber 13	Red 3	Total 18
Current Risk Level Changes				

0	1	0	0	1
0	0	5	2	0
0	1	4	0	0
0	0	1	3	0
0	0	0	0	0

Risk Ref	*PH0001*	Risk Title and Event	Owner	Last Review da	Next Review
CBRNE incidents, communicable diseases and incidents with a public health implication Failure to deliver suitable planning measures, respond to and manage these events when they occur.			Anjan Ghosh	25/03/2022	25/06/2022

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
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. 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. 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	Potential increased harm or loss of life if response is not effective. Increased financial cost in terms of damage control and insurance costs. Adverse effect on local businesses and the Kent economy. Possible public unrest and significant reputational damage. Legal actions and intervention for failure to fulfil KCC's obligations under the Civil Contingencies Act or other associated legislation.	High 25 Major (5) Very Likely (5)		• 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	Anjan Ghosh	Control		Medium 12 Serious (4) Possible (3)
				• 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	Anjan Ghosh	Control		
				• 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.	Anjan Ghosh	Control		
				• Kent Resilience Forum has a Health sub-group to ensure co-ordinated health services and Public Health England planning and response is in place	Anjan Ghosh	Control		

international security threats and severe weather incidents.				• DPH now has oversight of the delivery of immunisation and vaccination programmes in Kent through the Health Protection Committee DHP has regular teleconferences with the local Public Health England office on the communication of infection control issues DPH or consultant attends newly formed Kent and Medway infection control committee	Anjan Ghosh	Control		
Review Comments	Reviewed with AG and PM Feb 22 Reviewed further with PM 25/3 25/03/2022							

Risk Ref	*PH0005*	Risk Title and Event	Owner	Last Review da	Next Review
Health Inequalities 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			Anjan Ghosh	25/03/2022	25/06/2022

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Analysis of health inequalities in Kent shows that health outcomes are much worse in the most deprived decile areas in Kent. Covid has affected different communities in different ways a consequence of which is widened health inequalities 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. There is a risk that the lockdown period has exacerbated unhealthy behaviours and potentially increased future demand on primary care services	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 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 identitifcation of CVD, STIs, increase risk of poor outcomes and may prevent intervention.	High 16 Serious (4) Likely (4)		• Strategic piece of work around population health management with accompanied set of actions that will be implemented by the ICS working with PH	Anjan Ghosh	A -Accepted	30/06/2022	Low 6 Moderate (2) Possible (3)
				• Specific work around health inequalities is being targeted at specific communities	Anjan Ghosh	Control		
				• Ensure that commissioning takes account of health inequalities when developing service based responses. 'One You Kent'	Anjan Ghosh	Control		
				• Strategic commissioning and services to develop a recovery plan that will minimise impact	Clare Maynard	Control		
				• 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	Clare Maynard	Control		
				• 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	Rachel Kennard	Control		

Review Comments Reviewed with AG and PM Feb 22
Reviewed further with PM 25/3
25/03/2022

Risk Ref	*PH0102*	Risk Title and Event	Owner	Last Review da	Next Review
		Increased prevalence of Mental Health conditions 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. 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.	Anjan Ghosh	25/03/2022	25/06/2022

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
	Countywide could see and increase in mental health conditions within the general population increasing pressure on services. 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.	High 16 Serious (4) Likely (4)		• 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	Anjan Ghosh Anjan Ghosh Anjan Ghosh Anjan Ghosh Jessica Mookherjee	Control Control Control Control Control		Medium 12 Significant (3) Likely (4)

Review Comments Reviewed with AG and PM Feb 22
Reviewed further with PM 25/3
25/03/2022

Risk Ref	*PH0110*	Risk Title and Event	Owner	Last Review da	Next Review
Covid - 19	**Tier 4 Drug & Alcohol services**		Anjan Ghosh	25/03/2022	25/06/2022

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

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
increase in Tier 4 inpatient detox facilities closing	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.	Medium 12 Significant (3) Likely (4)		• 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 waiitng list, make regular contact with bridge house to control expectations	Christy Holden Christy Holden	A -Accepted Control	30/06/2022	Medium 8 Moderate (2) Likely (4)

Review Comments

Reviewed with AG and PM Feb 22
Reviewed further with PM 25/3

Likely withdraw but need to agree with CH at next SMT
25/03/2022

Risk Ref	*PH0098*	Risk Title and Event	Owner	Last Review da	Next Review
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.			Anjan Ghosh	25/03/2022	25/06/2022

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

Reviewed with AG and PM Feb 22
Reviewed further with PM 25/3

Likely withdraw but need to agree with CH at next SMT
25/03/2022

Risk Ref	*PH0100*	Risk Title and Event	Owner	Last Review da	Next Review
		Covid-19 non delivery of Public health Services and functions 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. 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.	Anjan Ghosh	25/03/2022	25/06/2022

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 This includes NHS Health Checks, mandated visits in NHS Health Visiting, National Child Measurement Screening and Oral health survey	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. backlog of Health Checks for those who were eligible during the time of the pandemic lockdown	Medium 12 Significant (3) Likely (4)		• Workplans are in place for PH Consultants. Performance reviewed on a monthly basis with Director for Public Health.	Anjan Ghosh	A -Accepted	30/06/2022	Medium 9 Significant (3) Possible (3)
				• Recruitment of public heath consultants. Two new posts and one to replace resignation	Pam McConnell	A -Accepted	30/06/2022	
				• Reporting into CMT and ASCH DMT	Anjan Ghosh	Control		
				• Regular performance reporting to Health Reform and Public Health Cabinet Committee, Cabinet	Anjan Ghosh	Control		
				• Public Health Consultants have lead portfolios for example Child Health, Prevention, Health Equalities, Health Protection.	Anjan Ghosh	Control		
				• 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.	Anjan Ghosh	Control		
				• Putting in place alternative arrangements, virtual solutions, effective prioritisation and communication will help to mitigate this risk.	Anjan Ghosh	Control		

Review Comments Reviewed with AG and PM Feb 22
Reviewed further with PM 25/3
25/03/2022

Risk Ref	*PH0099*	Risk Title and Event	Owner	Last Review da	Next Review
Covid - Supplier Sustainability Suppliers unable to remain operational due to financial distress			Clare Maynard	28/04/2022	28/07/2022

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)		• 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 no change
28/04/2022

Risk Ref	*PH0091*	Risk Title and Event	Owner	Last Review da	Next Review
		Increased Demand on Services 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. Increasing demand on services both with people coming into service and expectations of being part of the new health structures MDTs	Christy Holden	28/04/2022	28/07/2022

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
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. There is a risk that Durg and Alcohol services do not have capacity to see people being referred into the service	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	Medium 12 Significant (3) Likely (4)		• 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 Christy Holden Christy Holden Christy Holden Christy Holden Christy Holden Christy Holden Christy Holden	Control Control Control Control Control Control Control		Low 5 Minor (1) Very Likely (5)

Review Comments no change
28/04/2022

Risk Ref	*PH0090*	Risk Title and Event	Owner	Last Review da	Next Review
		Health Visitor and School Nurses staff recruitment 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.	Christy Holden	28/04/2022	28/07/2022

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
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.	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.	Medium 10 Moderate (2) Very Likely (5)		• Risk reviewed on a quarterly basis via contract management meetings. Progress with recruitment and retention reported at the Executive Performance Review meeting.	Christy Holden	Control		Medium 8 Moderate (2) Likely (4)
				• A safe staffing, safe working protocol has been agreed to effectively manage the workload of the teams in a safe and consistent manner.	Christy Holden	Control		
				• Quarterly reviews of the operating model for health visiting undertaken.	Christy Holden	Control		
				• Band 5 Community Public Health Nurse role has been introduced to provide additional support to cover universal workloads.	Christy Holden	Control		
				• Bank and agency staff are being recruited to support teams where possible to cover vacant posts.	Christy Holden	Control		
				• Recruitment and retention action plan is in place and monitored through the Quality Action Team and governance meetings.	Christy Holden	Control		

Review Comments no change
28/04/2022

Strategic and Corporate Services

Risk Register - Public Health

Risk Ref	PH0002	Risk Title and Event	Owner	Last Review da	Next Review
Implementation of new models and recommissioning of services That the reduction in resource available to the new services will hamper the new services in their ability to deliver.			Anjan Ghosh	25/03/2022	25/06/2022

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 9 Significant (3) Possible (3)		• 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 4 Moderate (2) Unlikely (2)
				• Analyse long term financial situation, and developing services that will be sustainable	Anjan Ghosh	Control		
				• Public Health commissioning function in place to ensure robust commissioning process is followed	Christy Holden	Control		
				• 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 porivders	Christy Holden	Control		

Review Comments

Reviewed with AG and PM Feb 22
Reviewed further with PM 25/3

Likely withdraw but need to agree with CH at next SMT
25/03/2022

Risk Ref	*PH0104*	Risk Title and Event	Owner	Last Review da	Next Review
Covid-19 Inequitable access to health improvement services 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. .			Anjan Ghosh	25/03/2022	25/06/2022

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Inequitable access to health improvement services	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 9 Significant (3) Possible (3)		• Digital pilot launches. Where access, skills or confidence is an issue, services are offering face to face support.	Christy Holden	Control		Medium 9 Significant (3) Possible (3)
				• Subsidised equipment costs	Christy Holden	Control		
				• 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. Targeted promotion of services to lower quartiles where engagement has been significantly impacted	Christy Holden	Control		
				• 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.	Christy Holden	Control		
				• 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		

Review Comments Reviewed with AG and PM Feb 22
Reviewed further with PM 25/3

Linked to PH0005 and PH0002
25/03/2022

Risk Ref	*PH0101*	Risk Title and Event	Owner	Last Review da	Next Review
Covid -19 Supply chain 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			Christy Holden	28/04/2022	28/07/2022

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 there has been changes in who and how testing kits can be obtained as all restrictions have been removed. however other medical supplies may still be affected
28/04/2022

Strategic and Corporate Services

Risk Register - Public Health

Risk Ref	*PH0087*	Risk Title and Event	Owner	Last Review da	Next Review
EU Transition There is a risk that: - 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.			Christy Holden	28/04/2022	28/07/2022

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 no change
28/04/2022

Risk Ref	*PH0083*	Risk Title and Event	Owner	Last Review da	Next Review
Public Health Ring Fenced Grant Ensuring/assuring the Public Health ring fenced grant is spent on public health functions and outcomes, in accordance within National Guidance			Anjan Ghosh	25/03/2022	25/06/2022

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 8 Serious (4) Unlikely (2)		• 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	Anjan Ghosh	Control		Low 2 Minor (1) Unlikely (2)
				• Agreement of money flow between Public Health ring-fenced grant and the Strategic Commissioning Division	Anjan Ghosh	Control		
				• 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	Anjan Ghosh	Control		
				• Continued budget monitoring through collaborative planning	Avtar Singh	Control		
				• Commissioners to conduct regular contract monitoring meetings with providers	Christy Holden	Control		
				• Providers to complete timely monthly performance submissions to ensure delivery of outcomes	Christy Holden	Control		
				• Regular review of public health providers, performance, quality and finance are delivering public health outcomes	Christy Holden	Control		

Review Comments Reviewed with AG and PM Med feb.
Reviewed again with PM 25/3
25/03/2022

Risk Ref	*PH0116*	Risk Title and Event	Owner	Last Review da	Next Review
Asymptomatic Testing programme funding budget management			Anjan Ghosh	25/03/2022	25/06/2022

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Grant monies are allocated, funds are requested via draw down from allocated monies	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 directly from the Public Health budget	Medium 8 Serious (4) Unlikely (2)		• Monthly returns provided to Dept for Health and Social Care to evidence spend. two tier sign off from Section 151 Office and Director of Public Health. • continued monitoring of the budget to ensure that it is spent within the perameters of the Grant's agreement	Anjan Ghosh Anjan Ghosh	Control Control		Low 4 Moderate (2) Unlikely (2)

Review Comments Reviewed with AG and PM med Feb 2022
Reviewed again with PM March 22
Updated controls
25/03/2022

Risk Ref	*PH0118*	Risk Title and Event	Owner	Last Review da	Next Review
COVID Funded Programmes Monies spent that are not connected within the agreement may have to be repaid back to central government			Anjan Ghosh		25/06/2022

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	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)		• Weekly/monthly monitoring of the budget to ensure that it is spent within the parameters of the Grant agreement and spending remain within the financial envelope.	Anjan Ghosh	Control		Low 4 Moderate (2) Unlikely (2)

Review Comments

Risk Ref	*PH0111*	Risk Title and Event	Owner	Last Review da	Next Review
Covid 19 - School based screening services 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. 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.			Anjan Ghosh	25/03/2022	25/06/2022

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
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) 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. 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)	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. Non delivery of NCMP in year 6 will result in a gap in surveillance data and have impact comparative reports on other authorities	Low 6 Moderate (2) Possible (3)		• 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		Low 6 Moderate (2) Possible (3)

Review Comments Reviewed with AG and PM Feb 22
Reviewed further with PM 25/3

Likely withdraw but need to agree with CH at next SMT
25/03/2022

Strategic and Corporate Services

Risk Register - Public Health

Risk Ref	*PH0103*	Risk Title and Event	Owner	Last Review da	Next Review
Covid -19 negative health outcomes			Anjan Ghosh	25/03/2022	25/06/2022

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 6 Significant (3) Unlikely (2)		• 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 Christy Holden Christy Holden	Control Control Control		Low 6 Significant (3) Unlikely (2)

Review Comments

Reviewed with AG and PM Feb 22
Reviewed further with PM 25/3

Likely withdraw but to agree with CH at next SMT
25/03/2022

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Risk ID	**CRR0050**	**Risk Title**	**CBRNE incidents, communicable diseases and incidents with a public health implication**			
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**	
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. The Director of Public Health has a legal duty to gain assurance from the National Health Service and UK Health Security Agency that plans are in place to mitigate risks to the health of the public including outbreaks of communicable diseases e.g. Pandemic Influenza.	Insufficient capacity / resource to deliver response and recovery concurrently for a prolonged period, including potential future wave(s) of Covid-19.	Potential increased harm or loss of life if response is not effective. Increased financial cost in terms of damage control and insurance costs. Adverse effect on local businesses and the Kent economy. Possible public unrest and significant reputational damage. Legal actions and intervention for failure to fulfil KCC's obligations under the Civil Contingencies Act or other associated legislation.	On behalf of CMT: Anjan Ghosh Director of Public Health **Responsible Cabinet Member(s):** Clair Bell, Adult Social Care and Public Health	V. Likely (5) **Target Residual Likelihood** Possible (3)	Major (5) **Target Residual Impact** Major (5)	
Control Title					**Control Owner**	
There is coverage across Kent for Covid-19 testing, with regional and / or mobile testing sites.					Anjan Ghosh, Director of Public Health	
"Protect Kent and Medway, Play your part" media campaign					Anjan Ghosh, Director of Public Health	
Utilising data sets from UK Health Security Agency and local NHS partners to give a picture of Covid-19 across Kent.					Anjan Ghosh, Director of Public Health	
Director of Public Health has oversight of the delivery of immunisation and vaccination programmes in Kent					Anjan Ghosh, Director of Public	

through the Health Protection Committee Director of Public Health has regular teleconferences with the UK Health Security Agency office on the communication of infection control issues Director of Public Health or consultant attends newly formed Kent and Medway infection control committee	Health
Kent Resilience Forum has a Health sub-group to ensure co-ordinated health services and UK Health Security Agency planning, and response is in place	Anjan Ghosh, Director of Public Health
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 UK Health Security Agency office and the NHS on preparedness and maintaining business continuity	Anjan Ghosh, Director of Public Health
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.	Anjan Ghosh, Director of Public Health
Multiple governance – e.g., Health Protection Board, Kent Pandemic Response Cell	Anjan Ghosh, Director of Public Health
Kent Resilience Forum Outbreak Control Plan published, building on existing health protection plans already in place between Kent County Council, Medway Council, UK Health Security Agency, the 12 Kent District and Borough Council Environmental Health Teams, the Strategic Coordinating Group of the Kent Resilience Forum, Kent and Medway Clinical Commissioning Group and other key partners	Anjan Ghosh, Director of Public Health
Mass testing and vaccination rollout supported, including Spring booster, and aged 5-12 cohort.	Anjan Ghosh, Director of Public Health

Appendix 3

ICS Risk ASCH Directorate Risk Register

Risk Register - Adult Social Care and Health

Current Risk Level Summary

Green	0	Amber	1	Red	0	Total	1

Current Risk Level Changes

0	0	0	0	0
0	0	0	0	0
0	0	0	1	0
0	0	0	0	0
0	0	0	0	0

Risk Ref	*AH0040*	Risk Title and Event	Owner	Last Review da	Next Review
Development of Integrated Care System / Integrated Care Partnerships in Kent and Medway NHS system Failure to develop more partnership and aligned health & social care services and commissioning at both ICS and ICP level places pressure on system finances and hinders highest possible quality of care Development of four ICP generates additional demand/work on strategic leadership of KCC, particularly in ASCH and Public Health which has significant opportunity costs, including impact on business-as-usual activity. Multiple ICP's leads to differences in form, function and relationships between ICPs and the ICS and/or KCC which increases system complexity and leads to variation which increase costs/risks. System complexity leads to failure to meet statutory duties around the sufficiency of the care market, care quality and safeguarding. Lack of understanding within KCC of NHS policy and regulatory environment; and vice versa, lack of understanding of local authority legislative, policy and democratic environment in NHS.		Richard Smith	25/02/2022	25/05/2022

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
In response to the Government White Paper 'Integration and Innovation: working together to improve health and social care for all, the NHS in Kent and Medway have formed an Integrated Care System (ICS) with 8 CCGs merging to form the basis of the System Commissioner, above four ICPs (Integrated Care Partnerships) and 42 PCN's (Primary Care Networks). The policy intent of structural reform is to deliver better strategic planning and delivery	Further deterioration in the financial and service sustainability of health and social care services in Kent and Medway. Additional budget pressures transferred to social care as system monies are used to close acute and primary care service gaps. Legal challenge/judicial review of decisions and decision-making framework for joint decisions. Social care and public health priorities not sufficiently factored into/shaping emerging ICS/ICP plans and priorities, weakening	Medium 12 Serious (4) Possible (3)		• Regular update reports on ICS are taken to CMT	Karen Cook	Control		Medium 8 Serious (4) Unlikely (2)
				• Health Integration paper presented to County Council in July 2021 – included requirement to approve transition from Kent and Medway Health and Wellbeing Board to the Health and Care Partnership Board	Karen Cook	Control		
				• Public Health leadership representation for the STP prevention workstream	Anjan Ghosh	Control		
				• Public Health consultant representation on the East Kent, West, North and Medway & Swale ICP Development Boards	Anjan Ghosh	Control		
				• Senior KCC political and officer representation on the System Transformation Executive Board and System Commissioner Steering Group	Anjan Ghosh	Control		

of health and social care services at place-based community level and shift from acute to primary and community level services. Partnership framework and principles for partnership working have been agreed. Further work is underway with Health leaders to identify shared ambition and opportunities for new ways of working. Regulators (CQC / Ofsted) increasing review health and care services and the commissioning/performance of those services and 'system' level.	integrated approach. Focus on structural changes workstreams prevents more agile improvements/joint working being undertaken. Reputational damage to either KCC or NHS or both in Kent. Adverse outcome from CQC local system review.			• Working through KCC Public Health partnership with the Kent Community Healthcare Foundation Trust (KCHFT) to ensure Public Health improvement programmes are linked and delivered alongside Local Care through Primary Care Networks and other primary care providers (e.g. community pharmacy)	Anjan Ghosh	Control		
				• Senior KCC political and officer representation on the System Transformation Executive Board and System Commissioner Steering Group	Clare Maynard	Control		
				• A joint KCC and Medway Health and Wellbeing Board for STP related matters/issues has been established.	David Whittle	Control		
				• Making A Difference Everyday way of working considers a 'bottom up' people first and great practice approach which dovetails with the 'top down' public health strategy and will help to ensure that public health improvement programmes are delivered alongside Local Care through Primary Care Networks and other primary care providers (e.g., community pharmacy).	Richard Smith	Control		
				• County Council agreed framework for KCC engagement within the STP	Richard Smith	Control		
				• Senior KCC political and officer representation on the System Transformation Executive Board and System Commissioner Steering Group	Richard Smith	Control		
				• Senior KCC level officer representation on the East Kent, West, North and Medway & Swale ICP Development Boards	Richard Smith	Control		
				• Health Reform and Public Health Cabinet Committee provides non-executive member oversight and input of KCC involvement in the STP	Benjamin Watts	Control		

Review Comments Reviewed at DMT 23/02/22
25/02/2022

From:	Clair Bell, Cabinet Member for Adult Social Care and Public Health Dr Anjan Ghosh, Director of Public Health
To:	Health Reform and Public Health Cabinet Committee – 17 May 2022
Subject:	Sexual Health Services – COVID-19 Impact and Recovery
Key decision:	None
Classification:	Unrestricted
Past Pathway of report:	None
Future pathway of report:	None
Electoral Division:	All

Summary: This report provides an update on the impact that COVID-19 has had on Sexual Health Services commissioned by Kent County Council. The report looks at the operational delivery response, the impact on performance and the changes that have been made as the services have adapted and moved towards living with COVID-19.

Recommendation: Health Reform and Public Health Cabinet Committee is asked to **NOTE** the information contained within this report and **COMMENT** on the delivery model and approach of Sexual Health Services through the global COVID-19 pandemic.

1. Introduction

1.1 The Health and Social Care Act 2012, mandates Local Authorities to provide comprehensive sexual health services.

1.2 NHS England and Improvement (NHSE/I) are responsible for the commissioning of Human Immunodeficiency Virus (HIV) treatment and care services, which in Kent is passed to KCC under a Section 75 agreement, enabling Kent residents and non-Kent residents to receive HIV care.

1.3 KCC works in partnership with Kent Community Healthcare NHS Foundation Trust (KCHFT) and Maidstone Tunbridge Wells NHS Trust (MTW) to deliver Integrated Specialist Sexual Health Services which includes:

- Provision of contraception
- Contraceptive advice

- Testing treatment and management of sexually transmitted infection (STI)
- Prevention, testing and treatment of HIV
- Sexual health promotion

1.4 KCC also commission a charity, METRO, to provide Kent residents under the age of 25-years old access to free condoms, and commissions general practices (GPs) to provide Long-Acting Reversible Contraception (LARC) procedures in Primary Care.

1.5 As many of the Sexual Health Services are mandated, the impact of COVID-19 was widespread. However, due to the established Partnership Agreements with MTW and KCHFT, effective mechanisms were put in place to respond rapidly to the ever-changing government requirements. Working alongside partners, a number of new and enhanced services were implemented to manage demand and ensure patients could have their needs met in a COVID-19 safe environment.

2. Impact and response of COVID-19

2.1 Following government guidance on social distancing, all sexual health clinics adapted to reduce the number of patients in clinic at any time. Walk in clinics ceased and a telephone triage system was introduced. Individuals accessing clinics were either booked for a telephone appointment with a consultant, directed to the online STI testing service (asymptomatic) or booked into an appropriate clinic for face-to-face appointments for symptomatic needs or those with complex needs.

2.2. As the pandemic continued, the online testing service developed to screen for those who were symptomatic, reducing the need to physically enter clinic buildings and be seen face to face.

2.3 Psychosexual therapy moved their services to virtual appointments and have maintained this provision alongside offering face to face appointments. Pharmacy appointments for emergency oral contraception had to rapidly shift all their sessions to virtual appointments throughout the duration of the pandemic when mitigation to risk transmission were most heightened.

2.4 Outreach delivered by both the specialist services and METRO were paused. This included outreach to young people and vulnerable groups. However, services updated their business continuity plans to ensure that, where possible, individuals were not affected, with some individuals being seen in safely arranged face to face appointments with social distancing measures in place.

2.5 Due to the limitation of GP appointments and social distancing measures, the Faculty of Sexual and Reproductive Health (FSRH) introduced temporary measures which allowed LARC devices to remain in place longer than usual. This meant LARC devices could continue providing contraceptive benefits for

an individual whilst reducing demand on primary care and specialist services during the height of the pandemic.

2.6 LARC capacity in primary care was reduced and, in response, the Kent Specialist Sexual Health Services created additional LARC capacity with specific clinics in order to meet demand and keep waiting times to a minimum.

2.7 METRO moved their training for professionals online and a range of educational sexual health resources were created and made available to educational settings, including schools and colleges.

3. Activity and Performance during COVID-19

3.1 Throughout the pandemic, providers were able to maintain a reasonable level of service delivery despite challenging circumstances. They worked towards the agreed KPIs and indicators with reduced staffing and capacity. Evidence of KPI performance and service delivery from 2019/2020 to 2021/2022 can be seen in **Appendix 1** (Sexual Health Service Performance Data).

3.2 The below table compares the difference in activity levels from 2019/2020 (pre-COVID-19) to 2020/2021 (start of COVID-19). Most areas show a decrease in activity except in online STI testing and psychosexual therapy which both had activity increases.

	2019/2020	**2020/2021**	**% Difference**
Number of appointments (face to face and virtual)	71,543	57,014	-20%
Number of outreach sessions delivered	4,810	718	-85%
Number of contraception prescriptions	28,165	13,232	-53%
Number of emergency contraceptives (oral and intrauterine device) delivered by the integrated service	994	188	-81%
Number of emergency oral contraception from pharmacies	5,256	3,311	-37%

Number of condoms issued METRO only Pack of six	33,472	9,517	-72%
Number of psychosexual therapy sessions	2,618	2,772	+6%
Total number (and %) of online STI testing returned by	17,116 (asymptomatic only)	37,965 (symptomatic testing started October 2020)	+122%

3.3 It is anticipated that where activity levels reduced from 2019/2020 to 2020/2021, that these will increase to during 2022/2023.

3.4 The number of online STI testing has increased significantly from 2019/2020 to 2020/2021, however, it is worth noting that symptomatic testing only started in October 2020 so an increase in 2020/2021 was anticipated. As evident in **Appendix 1**, there continues to be a rise in online testing, 2021/2022 data shows a 26% increase from 2020/2021. Commissioners are reviewing this data to look at the breakdown between asymptomatic and symptomatic testing to help anticipate future demand.

4. COVID-19 Recovery

4.1 As we enter into a new phase of COVID-19, the Consultant in Public Health, Commissioners and partners have been reviewing activity, outcomes and performance against the delivery model to ensure it still is effective and meets the sexual health needs of Kent residents.

4.2 Walk in clinics have not been reintroduced. Throughout the pandemic it was clear that there was no decline in services users' ability to access a service, despite the drop in overall appointments being made. During this time, individuals utilised the online testing service, telephone triage, and bookable only clinic appointments. This has led to services utilising their time more effectively and providing more bookable clinic sessions.

4.3 Psychosexual therapy is now being offered via a hybrid model with the option for digital or face to face appointments as dictated by service user request. This has also increased the capacity of the service allowing additional sessions to take place and the service is reporting more sessions being delivered outside of core clinical hours.

4.4 Following the pandemic, integrated sexual health appointments and outreach have seen demand rise towards pre-COVID-19 levels. However, contraception, emergency contraception and condom distribution all remain well below pre-

COVID-19 level. Psychosexual therapy remained largely unaffected by the pandemic and has remained operational and in high demand.

4.5 METRO has recommenced their face-to-face delivery of training for practitioners working with young people, now providing the option for digital sessions which offers increased access to training.

5. Key learning

5.1 The pandemic forced several major changes to service delivery, however there were multiple key learning points that have been identified following service changes due to COVID-19, including:

- The stability of the service offer was maintained through an increased use of digital methods including online symptomatic STI testing service, virtual psychosexual therapy service, remote consultations, and the online condom programme. These highlighted the strength and flexible nature of KCCs working relationships with service providers.
- Some services have reported that capacity has increased through the use of online such as reduction in travel time and escorting people through to consultation rooms.
- Virtual consultations facilitated by highly skilled staff has resulted in less patient contact time whilst still delivering the same outcomes. Further analysis of this will be undertaken.
- The emphasis on digital delivery may increase barriers to access services for certain groups of people. Every measure has been taken to make the digital service offer as accessible as possible. However, digital delivery cannot be provided for outreach, and has only been able to recommence in the last six to nine months.
- Strong relationships with partners and providers delivering sexual health services enabled quick decision making and continued service delivery in line with government guidance as evidenced by the speed of implementation of change to service delivery.

6. Financial Implications

6.1 As the majority of sexual health services are provided by the NHS, any additional financial costs, such as personal protective equipment (PPE) were re-imbursed by NHS England.

6.2 LARC through GPs and the service specification with METRO have an activity-based element within their contractual models. Due to a reduction in LARC activity within Primary Care and a reduction in the distribution of condoms, actual spend was lower than the allocated budgets for both services in 2020/2021. This trend has continued in 2021/2022 (**Appendix 2)**.

6.3 In line with government recommendations[1], KCC provided £69,263.13 in supplier relief to GPs during the initial lockdown period. This funding provided financial support to GPs, who at the time, were unable to generate income from the LARC service due to it being temporarily suspended. From Q2 2020/2021 to Q4 2021/2022, KCC have also used the Contain Outbreak Management Fund (COMF) to provide GPs with an additional COVID-19 payment per LARC procedure for time related costs (e.g., cleaning and changing PPE). These additional COVID-19 payments are expected to total £103,669.51.

7. Equalities Implications

7.1 Due to the nature of service delivery, changes being made throughout the pandemic, response to changing government guidelines and social distancing measures, an Equality Impact Assessment (EQIA) is due to be carried out to ascertain if service delivery changes have had a negative impact on protected characteristics.

7.2 Commissioners will undertake an EQIA in the coming months, working with partners to investigate the changes and identify any negative impacts to protected characteristics that may have occurred.

7.3 Initial assumptions on possible negative impacts have been made below. Further investigation is required to confirm these and identify any additional impacts that service delivery changes may have had.

- Age - Older service users have been identified as potentially finding the digital approach a barrier to access. It is noted, however, that the digital offering is only a part of the access options and alternative/hybrid methods of service delivery are also available.
- Marriage and Civil partnerships – It has been identified that service users accessing the Psychosexual Therapy service may prefer face to face appointments over digital only sessions. The service has a hybrid model and will offer access to fully digital or face to face sessions at service users' discretion.

8. Data Protection Implications

8.1 A full Data Privacy Impact Assessment (DPIA) was completed in 2019. Changes to the delivery model post COVID-19 has shown no additional implications.

9. Conclusion

9.1 As detailed in this report, COVID-19 has had a profound impact on the way Sexual Health Services now operate. The pandemic accelerated a variety of changes on all aspects of service delivery.

[1] Procurement Policy Note

9.2 The service has moved away from a pre-COVID-19 reliance on drop-in sessions and has adopted a more hybrid method of delivery. This change was forced upon the service by circumstance but has proven effective in providing both cost efficiencies and greater service flexibility overall. The digital offering now provided by the service allows access to be maintained and widened whilst the face-to-face clinics, outreach, and therapy sessions continue to offer high levels of provision across the county.

9.3 Sexual Health Services are operating well across the board, where the majority of KPIs have been met throughout 2021/2022. Activity has increased throughout the year and Commissioners will continue to monitor.

10. Recommendation

Recommendation: Health Reform and Public Health Cabinet Committee is asked to **NOTE** the information contained within this report and **COMMENT** on the delivery model and approach of Sexual Health Services through the global COVID-19 pandemic.

11. Background Documents

None

12. Contact details

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Appendix 1 – Sexual Health Service Performance Data

Key Performance Indicators

KPIs	Stretch Target	Minimum target	Average date April 2021/Feb 2022
Integrated KPIs			
Proportion (%) of triages contacted within 1 working day of the patient first contacting the service	>95%	>90%	99%
Proportion (%) of booked GUM appointments set within 5 days following triage appointment	>85%	>80%	91%
Proportion (%) of booked SRH appointments set within 10 days following triage appointment	>85%	>80%	81%
Proportion (%) of all first time patients (at any clinic or telephone triage) offered a full health screen (chlamydia, gonorrhoea, syphilis, and HIV)	>92%	>75%	91%
Proportion (%) of LARC contraception waiting times <6 weeks from first consultation (virtual or in person) to insertion	<90%	>72%	98%
Online KPIs			
Proportion (%) of reactive HIV test that following subsequent tests are negative		<10%	<0.4%
E-user satisfaction survey (*3 or above*)	>85%	>68%	99%

Proportion (%) of symptomatic call-backs actioned and completed within 72 working hours	100%	>90%	91%
Proportion (%) of test kits returned in previous month (i.e. E-user return rate)	>85%	>70%	73%
Proportion (%) of failed call backs (3 attempts)		<10%	8%
Proportion (%) of test requests dispatched to E-user within 24 hours	100%	>95%	92%
Proportion (%) of performance screens tested with results made available to MTW within 72 hours of Preventx receiving the kit	100%	>95%	97%
Proportion (%) of performance screens made available to patient to view within 72 hours after results made available to MTW	100%	>95%	98%
Psychosexual			
Proportion (%) of clients who complete an evaluation reporting an improvement in their presenting problem	>80%	>64%	95%
Proportion (%) of referrals where client is not appropriate for		<5%	4%

psychosexual therapy			
Proportion (%) of referrals accessing first appointment within 18 weeks	>96%	>77%	96%
METRO			
No. of new registrations a quarter	>2700	>2250	Average 1,142 a quarter
No. of instances of >6 hours where the website is unavailable	0	<2	0
No. of outreach sessions a quarter conducted in areas of high need, high deprivation and aimed at vulnerable groups	>20	>18	Average 32 a quarter
No. of return users from previous month (YP aged 20–24) per month (quarterly)	>750	>690	Average 945
Proportion (%) of condoms distributed within 7 days	>97%	>95%	100%
Service user satisfaction (*satisfied* or *very satisfied*)	>90%	>87%	91%
Professionals trained - satisfaction levels (*satisfied* or *very satisfied*) and knowledge improvement	>90%	>87%	95%
Increase in volume of YP aged 20–24 registering and accessing service a quarter	>750	>690	Average 1,992

Increase in number of condoms distributed per quarter (versus previous quarter)	>1100	>1000	Average 1,718

	Financial Years			
Sexual Health indicators	2018/19	2019/20	2020/21	2021/22 (April to Feb unless otherwise stated)
No. of Appointments (Face-to-Face & Virtual) Attended for ISHS	76,264	71,543	57,014	60,272
No. of Sexual Health Outreach Sessions Attended	9,207	4,810	718	3,093
No. of Non-Emergency Contraceptive Methods Issued	26,763	28,165	13,232	18,615
No. of Emergency Contraceptive Methods Issued	962	994	188	417
Number of emergency oral contraception from pharmacies	5,502	5,256	3,311	3,994
Number of condoms issued METRO only Pack of 6	-	33,472	9,517	Estimated 12,204 (9,153, Q1-3 only)
No. of psychosexual therapy sessions delivered (total | first and follow up appointment)	2,432	2,618	2,772	2,287
Total STI testing returned	-	17,116*	37,004	47,796

*From October 2020 only

Appendix 2 – Sexual Health Service Budget Information

Out of Area Genitourinary Medicine (GUM)

Year	Budget	Actual	Variance
2019/20	£680,500.00	£567,083.31	-£113,416.69
2020/21	£674,400	£475,211.95	-£199,188.05
2021/22	£674,400	£450,400.00	-£224,000.00

Overall LARC budget (GP procedures and LARC devices)

Financial year	Budget	Actual spend	Variance
2020/21	£1,600,000	£1,111,312.71	+ £488,687.29
2021/22 (estimate)	£1,600,000	£1,568,342.43	+ £31,657.57

COVID-19 related payments made to LARC providing GPs

Financial year	Supplier relief	COVID-19 payments (COMF funded)
2020/21	£69,263.12	£43,669.51
2021/22 (estimate)	£0	£60,000

Activity element (condom distribution) of METRO Kent condom programme budget

Financial year	Activity budget	Actual activity spend	Variance
2020/21	£43,414	£24,687.45	- £18,726.55
2021/22 (estimate)	£34,731.2	£28,000.01	- £6,731.19

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

Dr Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee - 17 May 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 the Public Health commissioned services. In the latest available quarter, Quarter 3 covering October to December 2021, twelve of fifteen KPIs were RAG rated Green, two Amber and one Red.

The Red KPI is One You Kent Service, which was due to a reduction in outreach work by the Providers.

Due to changes in delivery mechanisms and current performance trends experienced nationally and in Kent, this Cabinet Committee paper proposes changes to six of the KPI targets for 2022/2023.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q3 2021/2022 and the proposed target changes for 2022/2023.

1. Introduction

1.1. A core function of the Health Reform and Public Health 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 include the KPIs presented to full Cabinet in the KCC Quarterly Performance Report (QPR). Appendix One contains the full table of KPIs and performance for the Public Health Commissioned Services over the previous five quarters.

2. Overview of Performance

2.1. Of the 15 targeted KPIs for the Public Health commissioned services, 12 achieved target (Green), two were below target although did achieve the floor standard (Amber), and one did not achieve the floor standard (Red). This KPI relates to the number of clients from quintiles 1 and 2 engaged with One You Kent Advisors.

2.2. There are four further indicators included in appendix one which do not have RAG ratings or targets and have been provided as previously requested by the Health Reform and Public Health Cabinet Committee for information.

3. Health Visiting

3.1. The Health Visiting Service delivered 18,186 mandated contacts in Q3 2021/2022, which was a slight decrease from Q2. However, the service remains on track to exceed the annual target of 65,000. All five mandated contacts were on or above target. 13,448 mandated and additional contacts were delivered to families within the targeted and specialist caseloads. Face-to-face delivery has increased for all contacts from 27.5% in Q3 2020/2021 to 57.9% in Q3 2021/2022. Calls to the duty line (12,701 in Q3 2021/2022) and referrals to the specialist infant feeding service remain high.

3.2. For 2022/2023 there are no plans to adjust any target settings for the Health Visiting indicators, though the timeframe within which the birth visits indicator is measured will reduce from within 30 days of birth to 10 to 14 days.

4. Adult Health Improvement

4.1. The NHS Health Check Programme continues to recover after the service resumed delivery in Q2 2020/2021, following a nationally mandated pause in March 2020 due to COVID-19. In Q3 2021/2022, 66 GPs actively participated in the programme which represents a decrease from 82 in Q2. This is due to the direction for GPs to prioritise Covid-19 vaccinations with the emergence of the Omicron variant. There were 4,547 Health Checks carried out in the Quarter, which exceeds the target of a 20% quarterly increase. The provider outreach/core team continues to establish and maintain relationships with key groups to engage with vulnerable and hard to reach communities. A risk stratified approach to NHS Health Checks is being developed which targets those at highest risk of cardiovascular disease and the pilot phase is due to be rolled out in Q1 2022/23.

4.2. Following collaborative dialogue between the provider and KCC Public Health Commissioners, the Cabinet target for NHS Health Checks conducted is increasing in 2022/2023 to 23,844. This increase has been calculated based on previous and current data, consideration of the core team capacity, and the projected continued recovery from Covid-19 within primary care.

4.3. In Q3 2021/2022, the smoking cessation service resumed some face-to-face delivery utilising previous host sites which had been reconnected with.

Unfortunately, the rise of the Omicron variant in December 2021 halted face-to-face sessions. These were subsequently transferred to digital interventions. The service has managed to keep the waiting list at 0 throughout Q3 but it is expected a waiting list will need to be reinstated in Q4 with the annual increase of referrals in January, and GPs and Pharmacies still slow to return to service delivery following the pandemic.

4.4. The decision has been made to increase the KPI target for smoking quits from 50% to 55%. The service consistently exceeds the 52% target and therefore it is believed that 55% will be a more suitable target for the KPI.

4.5. The One You Kent adult healthy lifestyle service experienced a levelling out of referrals across the county in Q3 2021/2022. It is believed that this was due to individuals electing to not start services until after the Christmas period and the sudden rise of the Omicron variant. Utilising money received through the Adult Healthy Weight Management Grant, the Services continued to recruit to, and develop plans for, the Healthy Weight BAME and Learning Disability support groups in the New Year. Some areas were able to start delivery in Q3. There has been a noticeable increase in the complexity of people being referred to the service, with many citing issues with their mental health at time of referral.

4.6. The KPI for the One You Kent service has been changed to better reflect individuals from the most deprived quintiles being worked with across the service rather than just through Lifestyle interventions; the new KPI now also includes the weight service. The updated KPI will measure individuals active within the service being from the most deprived areas in the county with a target for 55%.

5. Sexual Health

5.1. In Q3 2021/2022, the Sexual Health Service has continued to adopt the successful altered delivery model which utilises digital services and operates clinics through pre-booked appointments to manage referrals. This is reflected in the increased use of the online services and slight decrease in person clinic attendance when compared to Q2. Service providers and commissioners are continuing to work together to improve the proportion of new attendees to the service that are being offered a full sexual health screen by ensuring all staff are offering a screen across all types of appointment. A full sexual health screen can be completed through the home testing service or at a clinic. In Q3, the indicator recorded 97% of first-time patients being offered a full sexual health screen. This is a large improvement on Q2 and is now exceeding the target of 92%.

5.2. The Sexual Health KPI has been increased to 95% to reflect improvements within the service.

6. Drug and Alcohol Services

6.1. The Adult Drug and Alcohol Services for Q3 2021/22 shows continued performance above the target performance. The adult services had 5,133 individuals accessing support in Q3 2021/2022, with support offered both in

person and digitally, according to individual preference and level of risk. The services continue to enhance their digital offer, taking learning from the pandemic forward into the core service offer. All other aspects of service delivery and interventions have resumed in person.

6.2. The Young Person's Service received 93 referrals in Q3, which is slightly lower than Q3 last year (108). The amount of young people exiting treatment in a planned way has increased in Q3 to 89%; of this number 20% of the young people reported abstinence.

7. Mental Wellbeing Service

7.1. In Q3, Live Well Kent (LWK) referrals reduced from the previous quarter, which is a seasonal trend seen every year leading up to Christmas. This was also impacted by Covid-19 "Plan B" and rising cases of the new variant, with services moving again to virtual delivery as working from home directives were put into place. Satisfaction rates remain above target at 99.5%. In October 2021, LWK collaborated with the KCC Communications Team to publicise Every Mind Matters and World Mental Health Day.

7.2. As the Satisfaction in LWK rates remain above the current target of 90% it has been agreed to increase the target to 98% to reflect continuous improvement expectations.

8. Proposed KPI changes for 2022/2023

8.1. KCC Directorates are expected to review their KPIs and activity measures annually. Table One outlines the proposed changes for Public Health.

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

8.3. Table One: Proposed changes for 2022/2023

KPI:	**Change:**
PH15: No. and % of new birth visits delivered by the health visitor service within 30 days of birth	Indicator specification changed (see below)
PH15: No. and % of new birth visits delivered by the health visitor service within 10-14 days of birth	New indicator specification
PH01: No. of the eligible population aged 40–74 years old receiving an NHS Health Check (12 month rolling)	Target increased to 23,844
PH11: No. and % of people quitting at 4 weeks, having set a quit date with smoking cessation services	Target increased to 55%
PH21: No. and % of clients engaged with One You Kent Advisors being from the most deprived areas in the County	Indicator to be removed – replaced with below

KPI:	Change:
PH25: No. and % of clients currently active in One You Kent services being from the most deprived areas in the County	New One You Kent Indicator Target 55%
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)	Target increased to 95%
PH22: No. and % of Live Well Kent clients who would recommend the service to family, friends, or someone in a similar situation	Target increased to 98%

9. Conclusion

9.1. Twelve 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 Q3 2021/2022 and the proposed target changes for 2022/2023

11. Background Documents

None

12. Appendices

Appendix 1 - Public Health Commissioned Services KPIs and Key.

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

Service	KPI's	Target 20/21	Target 21/22	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	DoT**
Health Visiting	PH04: No. of mandated universal checks delivered by the health visiting service (12 month rolling)	65,000	65,000	70,445 (g)	71,932 (g)	72,763 (g)	73,695 (g)	73,559 (g)	⇩
	PH14: No. and % of mothers receiving an antenatal contact with the health visiting service	43%	43%	2,727 68% (g)	2,821 72% (g)	3,061 83% (g)	2,616 70% (g)	2,183 62%(g)	⇩
	PH15: No. and % of new birth visits delivered by the health visitor service within 30 days of birth	95%	95%	3.965 99%(g)	3.815 99%(g)	4,036 99%(g)	4,280 99%(g)	4,213 99%(g)	⇔
	PH16: No. and % of infants due a 6-8 week who received one by the health visiting service	85%	85%	3,685 90%(g)	3,474 92%(g)	3,764 93%(g)	3,956 93%(g)	4,038 92%(g)	⇩
	PH23: No. and % of infants who are totally or partially breastfed at 6-8 weeks (health visiting service)	-	-	1,855 50%	1,739 48%	1,943 50%	2,144 52%	2,125 51%	-
	PH17: No. and % of infants receiving their 1-year review at 15 months by the health visiting service	85%	85%	4,011 89% (g)	3,745 91% (g)	3,647 92% (g)	3,833 93% (g)	3,828 92%(g)	⇩
	PH18: No. and % of children who received a 2-2½ year review with the health visiting service	80%	80%	3,754 84% (g)	3,911 87% (g)	3,735 91% (g)	3,701 93% (g)	3,691 92%(g)	⇩
Structured Substance Misuse Treatment	PH13: No. and % of young people exiting specialist substance misuse services with a planned exit	85%	85%	38 78%(a)	40 85%(g)	44 71%(r)	34 74%(r)	55 89%(g)	⇧
	PH03: No. and % of people successfully completing drug and/or alcohol treatment of all those in treatment	25%	25%	1,350 27% (g)	1,362 28% (g)	1,411 28% (g)	1,456 29% (g)	1,475 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	9,596 (r)	3,490 (r)	6,341 (r)	10,476 (g)	13,378 (g)	⇧
	PH11: No. and % of people quitting at 4 weeks, having set a quit date with smoking cessation services	52%	52%	851 63% (g)	905 65% (g)	911 59% (g)	632 56% (g)	547 51%(a)	⇩
	PH21: No. and % of clients engaged with One You Kent Advisors being from the most deprived areas in the County	60%	60%	300 42% (r)	307 47% (r)	317 54% (a)	365 45% (r)	425 51%(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%	5,393 88%(a)	4,295 87%(a)	6,014 86%(a)	5,987 90%(a)	6,245 97%(g)	⇧
Mental Wellbeing	PH22: No. and % of Live Well Kent clients who would recommend the service to family, friends, or	90%	90%	401 99.3%	462 100.0%	433 98%	467 98%	363 99.7%	⇧

	someone in a similar situation			(g)	(g)	(g)	(g)	(g)	

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% (g)**	⇩
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%(a)**	⇩
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	⇩

** In 2020/21 following the re-opening of schools, the Secretary of State for Health and Social Care via Public Health England (PHE) requested that local authorities use the remainder of the academic year to collect a sample of 10% of children in the local area. PHE developed guidance to assist Local Authorities achieve this sample and provided the selections of schools. At request of the Director of Public Health, Kent Community Health NHS Foundation Trust prioritised the Year R programme, achieving 85%.

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:	Mrs Clair Bell, Cabinet Member for Adult Social Care and Public Health
To:	Health Reform and Public Health Cabinet Committee – 17 May 2022
Subject:	DECISIONS TAKEN OUTSIDE OF THE CABINET COMMITTEE MEETING CYCLE
Classification:	For information only

Summary: The following decision was taken between meetings as it could not reasonably be deferred to the next programmed meeting of the Health Reform and Public Health Cabinet Committee for the reason set out below.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** that the following decision has been taken in accordance with the process as set out in Part 2 paragraph 12.35 of the Constitution:

22/00041 - Supplementary Substance Misuse Treatment and Recovery Grants 2022/23 to 2024/25

1. Introduction

1.1. The report outlines the three-year funding package named Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) which is to be used towards increasing treatment capacity and quality of drug and alcohol treatment services

1.2. The additional funding is provided by Office for Health Inequalities and Disparities and will total £7.4m covering the years 2022/23, 2023/24, and 2024/25.

1.3. The funding will be used to complement and enhance existing drug and alcohol treatment services in Kent currently provided by Change Grow Live (CGL), Forward Trust and We are With You, to build on the already well-established pathways and relationships.

1.4. The management of the grant will be administered by KCC Public Health and Strategic Commissioning (Public Health).

2. Background

2.1. Kent County Council receive a Public Health Grant each year to be utilised to deliver Public Health services as set out in the Health and Social Care Act 2012. As a condition of the grant, local authorities have a duty to reduce

health inequalities and improve the health of their local population by ensuring that there are public health services aimed at reducing drug and alcohol misuse.

2.2. Kent County Council currently commissions three providers across Kent to deliver drug and alcohol treatment services. The adult service is delivered by CGL and Forward Trust. The young persons service is delivered by We Are With You.

2.3. Professor Dame Carol Black was commissioned by the Home Office and the Department of Health and Social Care to undertake an independent review of drugs to inform thinking on what more can be done to tackle the harm that drugs cause. The review focused on drug treatment, prevention, and recovery and outlined 32 individual policy recommendations to the government across four core themes. These four themes centre around three objectives: increasing access to treatment and recovery support for those who misuse drugs, ensuring a high-quality package for treatment and recovery, and reducing drug demand and problematic drug use.

2.4. In late 2021 the government published "From harm to hope: A 10-year drugs plan to cut crime and save lives". The 10-year plan is the government's formal, substantive response to Dame Carol Black the review and accepts all of the key recommendations. The plan sets out three core priorities: break drug supply chains, deliver a world-class treatment and recovery system, and achieve a shift in the demand for recreational drugs.

2.5. As part of the government's response, the Office for Health Inequalities and Disparities announced funding under the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) to support local authorities to address and implement the recommendations identified by Professor Dame Carol Black.

3. Needs of the Local Population

3.1. Nationally, in 2018 drug-related deaths were the highest on record with heroin-related deaths more than doubling since 2012 and deaths involving cocaine increasing five-fold[1].

3.2. Locally, although Kent tracks below the Southeast average for alcohol-related deaths, deaths relating to alcohol in Kent are increasing[2]. Deaths relating to drug misuse are also increasing in Kent, with deaths highest in areas of high deprivation and areas with notable night-time economies[3].

3.3. Individuals that require support from drug and alcohol treatment services often face multiple challenges in addressing their addiction. Individuals have housing-related challenges, co-morbidities and mental health conditions all of which must be addressed in addition to treating the drug and alcohol addiction in order to successfully reach abstinence. However, often

[1] https://www.gov.uk/government/publications/review-of-drugs-phase-one-report/review-of-drugs-summary
[2] https://www.kpho.org.uk/__data/assets/pdf_file/0014/130343/Alcohol-Needs-Assessment-for-Kent-10.12.21-Final.pdf
[3] https://www.kpho.org.uk/__data/assets/pdf_file/0007/64456/Drugs-adults-NA-v1.3a-final2.pdf

individuals face barriers to accessing care services due to their substance misuse. Therefore, the approach to drug and alcohol treatment is one that must be a multi-agency approach.

3.4. A local study in Kent estimated 6,000 vulnerable adults (0.5% of the adult population) across Kent and Medway had a co-occurring substance misuse and mental illness need[4].

3.5. The Kent Alliance for Substance Misuse has reviewed the previous Kent Drug and Alcohol Strategy (2017-2022). Following the review, the group has created a draft Kent Drug & Alcohol Strategy covering 2022 to 2027. The strategy will identify 12 priorities covering three areas: Prevention; Improving Treatment and Recovery Services; and Enhancing Community Safety. This strategy will help to guide the focus of the funding.

4. Purpose of the funding

4.1. In recognition of the recommendations outlined by Professor Dame Carol Black and the government's 10-year drug strategy, the Office for Health Improvement and Disparities has announced a three-year funding package for local authorities. The funding named the Supplementary Substance Misuse Treatment and Recovery Grant, is aimed at implementing local measures to address the aims of the treatment and recovery section of the national drug strategy

4.2. More specifically, local measures should contribute towards national targets of:

- 54,500 new high-quality treatment places
- 24,000 more people in long-term recovery from substance dependence
- 800 more medical, mental health and other professionals
- 950 additional drug and alcohol and criminal justice workers
- Additional commissioning and co-ordinator capacity within local authorities.

4.3. Local authorities will have the opportunity to implement additional local services that complement and enhance the existing drug and alcohol treatment services. As part of the funding, core drug and alcohol budgets must be maintained.

5. Utilisation of funding

5.1. The additional funding will predominantly be utilised by KCC to build additional capacity through the existing drug and alcohol service providers in Kent. This decision has been taken to ensure the additional funding builds on established and recognised pathways.

[4] https://www.kpho.org.uk/__data/assets/pdf_file/0014/130343/Alcohol-Needs-Assessment-for-Kent-10.12.21-Final.pdf

5.2. The focus of the funding will be guided by local Needs Assessments, the draft local drug and alcohol strategy, and local datasets on unmet need provided by OHID.

5.3. Broadly, the additional funding will complement existing service delivery by

5.3.1. Increasing the capacity of services across community drug and alcohol teams, residential rehabilitation and inpatient detoxification.

5.3.2. Strengthening pathways for underserved vulnerable groups that would benefit from accessing drug and alcohol treatment services.

5.3.3. Trialling innovative ways of working/delivery to improve outcomes for service users, to reduce drug deaths and to improve quality.

5.3.4. Build additional capacity within the KCC Public Health team to enable closer working with key partners that are critical to successful outcomes of drug and alcohol service users.

5.4. Over the three-year grant, KCC will continually monitor and evaluate the delivery of new ways of working across all providers to ensure there is shared learning and to embed best practice into the core service delivery. KCC will also monitor its contribution toward national and local drug and alcohol targets.

5.5. As part of the grant information, OHID has provided a framework to guide the allocation of funding (Appendix A). As required, a detailed plan will be produced to outline spend in year one, with forecast spend for years two and three detailed at a high level to enable the funding to adapt based on learning over year one.

6. Financial Implications

6.1. The funding will be provided over the years 2022/2023, 2023/2024 and 2024/2025 as per Table One below.

	2022/2023	2023/2024	2024/2025
Supplementary Substance Misuse Treatment and Recovery Grant	£1,101,719	£2,202,556	£3,615,400
Inpatient Detoxification Grant	£167,295	£167,295	£167,295

Table One

6.2. The funding is contingent on the level of investment from the Public Health Grant towards drug and alcohol services being maintained during the life of the additional funding. Therefore, this grant cannot be used to fund drug and alcohol services that would have ordinarily been funded by the Public Health Grant.

7. Management of Works

7.1. The management and implementation of the additional funding will be delivered by KCC Public Health and Strategic Commissioning (Public Health). It is recognised there will need to be additional resource in order to manage the delivery of the grant which will be funded from the grant.

7.2. The majority of the funding will be passed to the existing drug and alcohol service providers in Kent. This is in recognition of maintaining the well understood and established pathways. The allocation of additional funding will be achieved via the legal scope within the existing contractual agreements to deliver services in line with the funding framework.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** that the following decision has been taken in accordance with the process as set out in Part 2 paragraph 12.35 of the Constitution:

22/00041 - Supplementary Substance Misuse Treatment and Recovery Grants 2022/23 to 2024/25

8. Report Authors

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9. Relevant Director

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10. Appendices

Appendix A – Framework (Separate Document)

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Area
1. System coordination and commissioning
2. Enhanced harm reduction provision
3. Increased treatment capacity
4. Increased integration and improved care pathways between the criminal justice settings, and drug treatment
5. Enhancing treatment quality
6. Residential rehabilitation and inpatient detoxification
7. Better and more integrated responses to physical and mental health issues
8. Enhanced recovery support
9. Other interventions which meet the aims and targets set in the drug strategy
10. Expanding the competency and size of the workforce

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From: Benjamin Watts, General Counsel

To: Health Reform and Public Health Cabinet Committee – 17 May 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)

12 July 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
8	NHS Health Check (dependent on the confirmation of national review)	Brought forward – moved from May to July by Dr Ghosh on 18/03/22
11	Work Programme	Standing Item

20 September 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	Performance Dashboard	Regular Item
9	Work Programme	Standing Item

ITEMS FOR CONSIDERATION THAT HAVE NOT YET BEEN ALLOCATED TO A MEETING
~~Sexual Health Services~~ – Added to May Agenda.
Place-Based Health – Healthy New Towns
Population Health Management with ICS
Gambling Addiction Interventions in Kent – Added by Mr Lewis at HRPH CC 20/01/2022
Lessons Learnt paper from Asymptomatic testing site – added at HRPH CC 20/01/2022
Social Prescribing Report – added by Sarah Hamilton 24/01/2022
Mental Health for Younger People + Young Minds Presentation – added by Andrew Kennedy on 24/01/2022