

## KENT COUNTY COUNCIL

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### HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Health Reform and Public Health Cabinet Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 20 September 2022.

PRESENT: Mr A Kennedy (Chairman), Mr N Baker (Vice-Chairman), Mrs P T Cole, Ms K Constantine, Mr D S Daley, Ms S Hamilton, Mr P M Harman, Mr J Meade, Mrs L Parfitt-Reid, Mr D Ross, Mr S Webb, Ms L Wright, Mr P Cole (Substitute) and Dr L Sullivan (Substitute)

ALSO PRESENT: Mrs C Bell and Mr Matt Capper (Director of Transition, NHS Kent and Medway Integrated Care Board)

IN ATTENDANCE: Dr A Ghosh (Director of Public Health), Ms C Holden (Interim Head of Strategic Commissioning, Public Health), Mr M Wellard (Senior Commissioner), Mr T Woodhouse (Suicide Prevention Programme Manager, Public Health) and Ms K Reynolds (Democratic Services Officer)

### UNRESTRICTED ITEMS

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

Apologies for absence had been received from Mr Jeffrey and Mr Lewis, for whom Mr Cole and Dr Sullivan were present as substitutes.

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

In relation to agenda item 10, Mr Meade declared that he was Chairman of the Gravesham Street Pastors Charity.

**217. Minutes of the meeting held on 12 July 2022**  
(Item 4)

It was RESOLVED that the minutes of the meeting of the Health Reform and Public Health Cabinet Committee held on 12 July 2022 were correctly recorded and that they be signed by the Chair.

**218. 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:
  - a) The Kent Drug and Alcohol Strategy 2023-28 public consultation, available at <https://letstalk.kent.gov.uk/drugandalcoholstrategy>, was open from the 6<sup>th</sup> of September 2022 until the 31<sup>st</sup> of October 2022. Kent residents were encouraged to share their experiences and views of local drug and alcohol services to help shape the new five-year strategy. The strategy was owned and overseen by the Kent Substance Misuse Alliance, a partnership of key organisations including councils, Kent Police, and emergency services. The strategy would build on the successes of the previous strategy and aimed to tackle drug and alcohol misuse through prevention, treatment and recovery, and community safety. The 13 strategic priorities in the strategy were informed by local needs and were also aligned with the national drug strategy: 'From Harm to Hope'. It was said that while self-reported weekly consumption of alcohol had declined significantly in the younger age groups in Kent, it had increased for those 45 years or older. Illicit drug misuse continued to be a key issue in Kent and self-reported illicit drug use has increased in the 25-29 age category.
  - b) World Suicide Prevention Day had taken place on 10<sup>th</sup> September 2022. Mid-Kent Mind, a Maidstone based mental health charity part-funded by Kent County Council, urged people on this day to access free suicide prevention and awareness training. Further training dates had been launched and further information was available on the website - <https://www.maidstonemind.org/mid-kent-mind-home/>. Mid-Kent Mind was launching a video to encourage people to think about the steps that could be taken to support someone who may be feeling suicidal. This followed partnerships in educational, commercial, and voluntary settings. Members and the public were reminded of help available in Kent, including the Release the Pressure helpline (0800 107 0160) and the mental health text service which was available through texting the word 'Kent' to 85258. Further information about Release the Pressure was available at: <https://www.kent.gov.uk/social-care-and-health/health/release-the-pressure>.
2. Dr Anjan Ghosh, Director of Public Health, gave a verbal update and presentation on the following:
  - a) It was said that the COVID-19 baseline was low. The ONS infection survey indicated a prevalence of 1.1% for South East England. Whilst there were limited data sources because testing had stopped in most settings, Public Health observed the ONS survey data for any change in direction of trend. Case rates remained highest in persons over 50, however, the start of term had resulted in the accelerated increase of case rates for primary school aged children. Care homes and hospitals continued to have a low and stable trend. Modelling suggested a surge in COVID-19 cases towards the end of November or early December. Additionally, the Australian example suggested the potential of a 'Twindemic' of flu and COVID-19 this winter. In light of this, there was an anticipated challenge for business continuity. There was an agreed a set of escalation triggers for seeking enhanced advice regarding business continuity.
  - b) The Integrated Care System formally came into operation on the 1<sup>st</sup> of July 2022. It was a statutory requirement of the Integrated Care Partnership to develop a Kent and Medway Integrated Care Strategy. The initial strategy needed to be published by December 2022. It was said that the strategy had a strong emphasis on evidence-based priorities drawn from strategic needs assessments and local strategies. The focus of the strategy was on improving public health, reducing disparities and improving wellbeing. Public Health had

a role in providing input on disparities in health and social care, population health and prevention, health protection, needs across life course, research and innovation, and wider determinants. The Kent Public Health Strategy, in the context of the Kent and Medway Integrated Care Strategy, would set out the Public Health priorities and actions to be carried out in Kent.

- c) In response to questions from Members it was said:
- i) Dr Ghosh would report back to Members on the COVID-19 figures compared to same quarter in previous year. Dr Ghosh would also provide the Committee with an update on the uptake of the COVID-19 autumn booster.
  - ii) It was said that the Kent Public Health Strategy would take the national NHS England and NHS Improvement Core20PLUS5 approach to reducing health inequalities. The approach defines a target population cohort – the most deprived 20% of the national population – and five clinical areas requiring accelerated improvement. The Kent strategy would also include the consideration of additional areas such as addiction and obesity.
  - iii) Ms Constantine requested that an item on the Public Health implications of the proposed air-cargo hub at Manston Airport be brought to a future meeting of the Committee.
  - iv) Members were assured that ongoing work was being carried out by the Public Health team to address health inequalities and other priorities identified in the strategies. The activity of the services would not be postponed until the implementation of the strategies.

3. RESOLVED to note the verbal updates.

## **219. Risk Management report (with RAG ratings)**

*(Item 6)*

1. Dr Ghosh introduced the paper which presented the strategic risks relating to health reform and public health that featured on either Kent County Council's (KCC) Corporate Risk Register or the Public Health risk register. The paper also explained the management process for review of key risks. Members were advised that this item would be presented to the Committee on an annual basis going forward. Any exceptions would be brought to the Committee for their consideration at the next appropriate meeting date.
2. It was highlighted that since the last risk report, the Public Health Divisional risk register has been moved out of Strategic and Corporate Services into Adult Social Care and Health in line with Public Health's reporting structure. It was also said that following a review, certain risks had been withdrawn or combined since the last report. These included 'PH0100 – Covid-19 non delivery of Public Health services and functions'; 'PH0104 – Inequitable Access to health improvement services' which had been merged into the 'PH0005 Health inequalities'; 'PH 0116 – Asymptomatic Testing programme' and 'PH0118 Covid funded programmes'.
3. In response to questions from Members it was said that:
  - a) If any of the reporting criteria varied by 10%, the report would be brought to the Committee for discussion.
  - b) With regard to 'PH0090 – Difficulties in recruiting and retaining nursing staff', it was said that the Integrated Care Strategy had a chapter on workforce which aimed to address these issues from the NHS and Integrated Care

Board points of view. Issues of workplace wellbeing would be addressed through the new Kent Public Health Strategy.

- c) The Public Health Team were in the process of reviewing the risk register to ensure that the risks were in line with the current circumstances faced by the Council. This review would take into account Members' comments regarding the lack of reference to prevention work as a control or action in the risk register.
  - d) It was said that the target risk for 'PH0005 – Health Inequalities' was ambitious for the target date of 29<sup>th</sup> December 2023, and that the Public Health Team would moderate this target in line with the five-to-ten-year expectations. Members expressed concern regarding the link between health inequalities and housing. It was said that the responsibility for public housing provision sat with district councils. However, Dr Ghosh had been in contact with district councils who had expressed an interest in improving the quality of housing provision within the context of the cost-of-living crisis.
4. RESOLVED to consider and comment on the risks presented in appendices 1 and 2 and to agree the change in reporting timescales for this item.

## **220. Integrated Care System update** *(Item 7)*

1. Matt Capper, Director of Transition for the NHS Kent and Medway Integrated Care Board (ICB), introduced the paper which provided an update on developments of the Kent and Medway Integrated Care System following the Health and Care Act being passed by Parliament in 2022. It was highlighted that the new ICB was not the same as the organisations that preceded it. In particular, the ICB had greater delegated authority to oversee assurance and performance of providers and Health and Care Partnerships (H&CPs).
2. In response to questions from Members it was said that:
  - a) The Kent and Medway People Committee were meeting in September 2022 and would provide assurance to the ICB regarding delivery of local, regional, and national workforce priorities, plus assurances around delivery of the five-year NHS workforce strategy and associated programmes.
  - b) Improving access to primary care was a key concern of the ICB and was being addressed through the implementation of the Kent and Medway GP Development plan and the development of a wider primary care strategy.
  - c) The non-executive members of the ICB had been recruited through a national recruitment campaign. These members came from varied backgrounds to provide different perspectives the commissioning, provision and expenditure of healthcare services. These were remunerated roles and members were appointed for a two- or three-year term to ensure a degree of continuity. Performance management criteria for these positions were in development.
  - d) Government guidance on integrated care systems outlined the continuing role for Health Overview and Scrutiny Committees (HOSCs) to review and scrutinise matters relating to the planning, provision and operation of the health service in the area.
  - e) Paul Bentley, the Chief Executive of the ICB, would be invited to speak to the Committee at a future meeting date.
3. RESOLVED to note the briefing prepared by the Executive Director of the NHS Kent and Medway Integrated Commissioning Board.

## **221. Public Health Performance Dashboard**

*(Item 8)*

1. Christy Holden, Interim Head of Strategic Commissioning (Public Health), provided an overview of the Key Performance Indicators (KPIs) for the Public Health commissioned services. It was highlighted that the report was the first to contain the revised indicators which had been previously noted by the Committee at the 17<sup>th</sup> May 2022 meeting. In the latest available quarter, April 2022 to June 2022, eight of 15 Key Performance Indicators were RAG rated Green, four Amber and three could not be RAG rated as the data was not available at the time the report was written.
2. In response to questions it was said that:
  - a) The health visiting service was delivered by the Kent Community Health Foundation Trust. The provider worked closely with colleagues in Integrated Children Services to deliver services through children's centres across Kent and to ensure the universal offer of health visiting provision. These centres had been closed during the pandemic and the service was currently in a period of recovery.
  - b) The targets and KPIs were reviewed with service providers on an annual basis in order to accurately reflect the activity and to encourage continuous improvement. The Commissioning Team were minded to introduce these revisions gradually as to avoid overstretching the services.
3. Resolved to note the performance of Public Health commissioned services in Q1 2022/2023.

## **222. Kent and Medway Listens Engagement Programme**

*(Item 9)*

1. Tim Woodhouse introduced the paper which provided a briefing on the Kent and Medway Listens engagement programme. The programme was the largest and deepest county-wide engagement exercise ever undertaken, focusing on the mental wellbeing of the population. The programme had initially been developed as a COVID-19 response piece to investigate how the pandemic had impacted the mental health of seldom heard communities. The aim was to hear the voices from communities and individuals who were unlikely to be known to any service in relation to their mental wellbeing. The 1356 individuals who participated in the in-depth conversations were from 57 different self-identified ethnicities and spoke 30 different first languages.
2. Members were shown five short videos titled: 'General Dispair', 'Bereavement', 'Long Covid', 'Money 1' and 'Money 2'. The videos, available to view at: <https://vimeo.com/user/18906734/folder/11232836>, outlined some of the issues raised by the participants.
3. In response to questions and comments from Members it was said that:
  - a) Members would be provided with an enhanced breakdown of the table under section 6.3 of the report. The table showed a selection of the organisations which had received microgrants through Community Chest funding and the activities and services they were able to deliver as a result.

- b) The Better Mental Health Network (facilitated by the Suicide Prevention Concordat) would develop a Kent and Medway Better Mental Health action plan, based on the commitments from partner organisations.
  - c) In light of the information provided, Members agreed that there was an opportunity to support seldom heard and isolated groups. The Committee expressed an interest in examining how Members could best support mental health services, particularly through the Community Members Grant. The correct forum for this discussion would be established outside of the formal meeting.
  - d) Members congratulated Mr Woodhouse, his team, and the Volunteer and Community Sector partners across the four HCPs (Health and Care Partnerships) for the work carried out to deliver this engagement programme.
4. RESOLVED to consider the findings from Kent and Medway Listens and comment on how findings could influence the way Kent County Council designs and delivers services, and whether any specific actions could be taken.

**223. 22/00083 - Young Persons Drug and Alcohol Service Contract**

**Extension**

*(Item 10)*

1. Matt Wellard, Senior Commissioner, introduced the report which sought endorsement to extend the Young Persons Drug and Alcohol Service contract, which was due to end on 31 December 2022. The core outcome from a formal contract review undertaken by Public Health Commissioners was the recommendation to extend the contract by 15 months (until 31 March 2024). The original contract had provisions for the extension and the proposed extension was compliant with Public Contract Regulations 2015.
2. Resolved to consider and endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to:
  - I. APPROVE the extension of the contracted Young Persons Drug and Alcohol Service (contract number SS17033) with We Are With You for a period of fifteen months, from 1 January 2023 to 31 March 2024; and
  - II. DELEGATE authority to the Director of Public Health to take relevant actions, including but not limited to, entering into and finalising the terms of relevant contracts or other legal agreements, as necessary, to implement the decision.

**224. Work Programme**

*(Item 11)*

RESOLVED to note the work programme subject to the following additions and amendments:

- A report on Manston Airport & Public Health Implications be added as an item for consideration.
- Paul Bentley to be invited as a guest speaker to a future meeting of the Committee.
- 'Update Report on Gambling Addiction Interventions in Kent' be added to the January agenda.