HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Tuesday, 20th September, 2022

10.00 am

Council Chamber, Sessions House, County Hall, Maidstone

Kent County Council
kent.gov.uk

AGENDA

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Tuesday, 20 September 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 S Webb, Ms L Wright and Mrs L Parfitt-Reid
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 12 July 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 report (with RAG ratings) (Pages 9 - 26)

7 Integrated Care System update (Pages 27 - 38)

8 Public Health Performance Dashboard (Pages 39 - 46)

9 Kent and Medway Listens Engagement Programme (Pages 47 - 62)

10 22/00083 - Young Persons Drug and Alcohol Service Contract Extension (Pages 63 - 78)

11 Work Programme (Pages 79 - 84)

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)

Please note that due to the bank holiday declared for Her Majesty Queen Elizabeth II's State Funeral on Monday 19 September, this agenda remains valid but will not have been published for the normal 5 clear working days prior to the meeting. Apologies for any inconvenience arising from these circumstances.

Benjamin Watts
General Counsel
03000 416814

Monday, 12 September 2022

KENT COUNTY COUNCIL

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Health Reform and Public Health Cabinet Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 12 July 2022.

PRESENT: Mr N Baker, Mrs P T Cole, Ms K Constantine, Ms S Hamilton, Mr A Kennedy, Mr B H Lewis, Mr J Meade, Mrs L Parfitt-Reid, Mr D Ross and Mr S Webb

ALSO PRESENT: Mrs C Bell

IN ATTENDANCE: Dr A Ghosh (Director of Public Health), Mr S Mitchell (Senior Commissioning Manager), Ms D Smith (Public Health Specialist), Miss K Reynolds (Democratic Services Officer) and Mr M Wellard (Interim Senior Commissioner)

UNRESTRICTED ITEMS

201. Apologies and Substitutes
(Item 2)

Apologies for absence had been received from Mr Harman and Mr Beaney.

202. Membership
(Item 3)

RESOLVED to note that Mrs Lottie Parfitt-Reid had replaced Mr Andy Weatherhead as a Member of this committee.

203. Declarations of Interest by Members in items on the agenda
(Item 4)

There were no declarations of interest.

204. Minutes of the meeting held on 17 May 2022
(Item 5)

It was RESOLVED that the minutes of the meeting of the Health Reform and Public Health Cabinet Committee held on 17 May 2022 were correctly recorded and that they be signed by the Chair.

205. Verbal updates by Cabinet Member and Director
(Item 6)

1. The Cabinet Member for Adult Social Care and Public Health, Mrs Clair Bell, gave a verbal update on the following:
    a. The Met Office had issued a heat health warning from Monday 11 July to Friday 15 July 2022. Members of the public were urged to keep an eye on family members, friends and neighbours who might be considered vulnerable and need extra assistance during this period.
    b. KCC has a statutory responsibility to publish a statement on the need for pharmacy services in Kent. The Kent Pharmaceutical Needs Assessment will be used by NHS England when considering applications for new pharmacies and helps to inform commissioners of the current provision of pharmacy services. The public consultation is open until the 21st of August 2022 at the link provided below:
    https://letstalk.kent.gov.uk/pharmaceuticalneedsassessment
    c. Mrs Bell was pleased to attend and speak at the Reconnect Hackathon event held on 30th June. The Kent Reconnect Programme is a community-led programme designed to get Kent's children and young people back to enjoying the activities and opportunities they took part in before COVID-19, as well as the chance to try new things along the way. The aim of the event was to challenge teams of secondary and primary schools pupils to come up with ways to improve their health and wellbeing. Winners included the development of a project called "My Mind Matters" which is an app to check the wellbeing of pupils and staff available on school iPads and accessible 24/7, a project to improve physical, mental health and wellbeing of children through drama, and an Active Inclusive Lunchtime initiative. The Reconnect programme has made funding available to put these ideas into action. Mrs Bell commented how impressed she was at the young people's enthusiasm, positive energy and creativity.

2. Dr Anjan Ghosh, Director of Public Health, gave a verbal update on the following:
    a. From July 2022, the Kent and Medway Integrated Care System would be given statutory responsibilities and the Clinical Commissioning Group would be replaced by the NHS Kent and Medway Integrated Care Board. The guidance from NHS England regarding integrated care strategy development had not yet been released.
    b. The United Kingdom Health Security Agency (UKHSA) had said that avian influenza (bird flu) was primarily a disease of birds and that the risk of jumping to humans was low. However, the disease was affecting many coastal areas and the risk to the general public needed to be minimised further. Dr Ghosh reminded Members and the public to stay away from sick birds and to keep dogs on leads when dog walking.
    c. Dr Ghosh said that the risk of monkeypox had been downgraded by UKHSA. Members were told that this infection was spread through close physical contact and presented a distinct set of symptoms. The guidance for those who exhibited the rash with blisters was to stay at home, avoid close contact with other people and to call a sexual health clinic for further guidance. The epidemiological situation showed that a high proportion of England cases were London residents. At the time of the meeting there were 96 confirmed cases in the Southeast region.

3. In response to questions from Members it was said that the NHS Kent and Medway Integrated Care board was officer-led with representation from numerous councils and stakeholders. Further information about the membership

was available at:https://www.england.nhs.uk/wp-content/uploads/2022/06/33-nhs-kent-and-medway-icb-constitution-010722.pdf.

4. RESOLVED to note the verbal updates.

206. Update on COVID-19

(Item 7)

1. Dr Ghosh told the Members that data was indicating an upward trend in COVID-19 infections. It was said that Omicron BA.5 had become the dominant variant and that it had the ability to evade some immune responses. However, those who had been vaccinated were exhibiting milder symptoms. It was expected that the peak of the current wave would happen towards the end of July 2022. Dr Ghosh said that there were business continuity challenges faced by the NHS and KCC due to increasing infection rates among the working age population.

2. In response to questions and comments from Members it was said that:
   a. The herd immunity theory had not necessarily been discredited. However, there was concern about the rise of new variants. Dr Ghosh would provide Members with figures relating to the percentage of the population who had had COVID-19.
   b. The eligibility criteria for the COVID-19 autumn booster were determined by central government. The eligibility groups had not been declared at the time of the meeting.
   c. There was a need to maintain a balance between carrying out statutory duties and keeping Members and staff safe. This had been taken into consideration ahead of the July County Council meeting.

3. RESOLVED to note the verbal update.

207. Risk Management: Health Reform and Public Health

(Item 8)

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. It was highlighted that the likelihood of risk PH0001 - relating to chemical, biological, radiological, nuclear and explosives (CBRNE) – had been reduced by one level since the May Cabinet Committee meeting.

2. In response to questions from Members regarding health inequalities in Kent, it was said that COVID-19 impact assessments were being carried out and the results would be used as a baseline in future risk management reports.

3. RESOLVED to consider and comment on the risks presented in appendices 1 and 2.

208. Public Health Performance Dashboard

(Item 9)

1. Mr Matt Wellard, Interim Senior Commissioner, provided an overview of the Key Performance Indicators (KPIs) for the Public Health commissioned services in the latest available quarter, Quarter 4 covering January to March 2022.

2. The one red KPI was the One You Kent Service, which was due to a reduction in outreach work by the providers as a result of the pandemic. This was the same red indicator as reported in Quarter 3. The service was proactively targeting work within this cohort through increasing outreach and engagement with events in relevant areas.

3. In response to questions from Members it was said that a national KPI or target relating to PH23 (Number and percentage of infants who are totally or partially breastfed at 6-8 weeks (health visiting service)) did not exist. This was due to the patient choice associated with the indicator. Dr Ghosh said that he would consult with the Commissioning team regarding the consideration of a local target.

4. RESOLVED to note the performance of Public Health commissioned services in Q4 2021/22.

209. Social Prescribing - Presentation

(Item 10)

1. Mr Simon Mitchell, Senior Commissioning Manager, presented a series of slides (attached to these minutes) which set out the meaning of Care Navigation and Social Prescribing and the various routes of referral and signposting for support. It was said that the profile and investment into Social Prescribing had increased considerably.

2. Mr Mitchell gave an overview of the Council's Positive Wellbeing Service, spoke about the role of Primary Care Link Workers, and highlighted the current and future provision of Care Navigation and Social Prescribing.

3. In response to questions and comments from Members it was said that:
   a. Social Prescribing and Care Navigation played an integral role in preventative services. Community-led initiatives were important for building resilience, reducing social isolation, and keeping people out of mainstream statutory services for as long as possible.
   b. As part of increasing awareness about the available services, Mr Mitchell would talk to the providers that deliver the Adult Social Care Community Navigation contracts about their promotion activities.

4. RESOLVED to note the content of the presentation.

210. Update on the One You Kent Smoking Cessation Service (To Follow)

(Item 11)

1. Dr Ghosh said that the KPI target for smoking quits had increased from 51% to 55% in quarter three of 2021/22. This was in advance of the implementation date of April 2022. The report presented an explanation of why the forthcoming quit target was not achieved, with particular focus on staff shortages and the limited availability (and subsequent withdrawal) of Varenicline - one of the most effective pharmacotherapies to support smokers in their quit attempt.

2. Debbie Smith, Public Health Specialist, said that the 'quit' success rate was defined as the percentage of those who set a quit date with the Stop Smoking Service, who go on to successfully quit smoking at four weeks. The withdrawal of Varenicline would have an impact on the success rate. However, there were alternative nicotine replacement therapies available along with behavioural support to help improve the success rate. It was also highlighted that during the pandemic, GP surgeries and pharmacies that delivered quit support, alongside community stop smoking services, ceased delivery. Only the core service was available which may have had an impact on the success rate.

3. The Committee were reminded that the data reported in the performance report to the Health Reform and Public Health Cabinet Committee on the 17 May 2022 highlighted an underachievement of 49% against the 55% new target. However, because of data lag issues, this rate increased to 59.8% above achievement of new target (55%) and above the original target of 51%.

4. In response to questions and comments from Members it was said that:
   a. The National Strategy to be released later in 2022 may provide increased capacity for prevention measures, particularly those aimed at younger persons.
   b. Routine and manual worker groups and the unemployed were statistically more likely to be smokers. There was a KPI related to smoking cessation in routine and manual worker groups.
   c. Approximately 95% of those who accessed the service were from white British backgrounds. More work was required both nationally and locally to ensure that the service was accessible to people from different ethnicities.
   d. 'Vaping' was a growing national concern, particularly the use of electronic cigarettes by young people. It was said that electronic cigarettes were age restricted products which should not be sold to anyone under the age of 18.

5. RESOLVED to note the justifications put forward for the quarter 3 reduction, recognising that Kent has until this period performed above the 55% target.

211. Development of a Kent System Wide Public Health Strategy
(Item 12)

1. Dr Gosh introduced the paper which discussed the Case for Change, a model to consider the impacts of health and a proposed approach to developing a Kent Public Health Strategy that would be owned by the whole system. It was said that a 2020 report by the Institute of Health Equity and the Health Foundation suggested that health inequality was worsening and the United Kingdom's (UK) life expectancy rates were going down. The COVID-19 pandemic and the cost-of-living crisis exacerbated the existing challenges for the people in Kent.

2. It was said that the historic commissioning focussed public health approach would not significantly impact health inequalities, and a new system-wide strategic approach was required. The new Kent Public Health Strategy, which would take a year to develop, would attempt to harness the power of place and the power of collaboration in addressing health inequalities. As a 'strategy of strategies', the strategy would inform the Integrated Care System Strategy and be

proposed for adoption by the Kent Health and Wellbeing Board as the Joint Health and Wellbeing Strategy (JHWS).

3. The Robert Wood Johnson model was highlighted as a starting point for defining the importance and contribution of different determinants of health. It was said that the strategy would take the national NHS England and NHS Improvement Core20PLUS5 approach to reducing health inequalities and would also include the consideration of additional areas such as addiction and obesity.

4. Dr Ghosh said that the development of the strategy would be informed by public consultation, a COVID-19 Impact Assessment, and a policy review of national and local documentation.

5. In response to questions from Members it was said that:
   a. Funds were not being diverted away from existing projects in order to achieve the new strategy. Instead, the Kent Public Health Strategy would look at improved ways of using the funding towards these commitments. COVID-19 grants were being used to fund the development of the strategy.
   b. KPIs would be developed to monitor to the progress towards achieving a key set of improved public health outcomes. There would also be a risk register attached to this work.

6. RESOLVED to consider, comment on and endorse the development of the Kent Public Health Strategy as outlined in the report.

212. Update on Public Health Campaigns/Communications

(Item 13)

1. Jo Allen, Marketing and Resident Experience Partner, introduced the paper which reported on the campaigns and communications delivered through the KCC public health team in 2021/22. It was said that the focus for 2021/22 had been on COVID-19 response and supporting the recovery of many services across Kent.

2. The focus on COVID-19 response and recovery was anticipated to continue in 2022/23. In addition, key Public Health campaigns for 2022/23 would be developed based on the priorities identified by the Director of Public Health and through the community engagement programme. Addressing health inequalities would be a key area of focus during any consultation.

3. It was said KCC's statutory warn-and-inform responsibilities over the Covid-19 pandemic and recent extreme weather events had resulted in a transformed relationship between the local authority and the public. There had been active public engagement with KCC and the Public Health team, and this would be developed further as part of the new Public Health Strategy. There had been a proactive approach to working with local media to keep KCC's profile high.

4. In response to comments from Members Dr Ghosh would consider the addition of a gambling addiction awareness campaign in future communications plans.

5. RESOLVED to comment on and endorse the progress and impact of Public Health communications and campaigns in 2021/22 and the need to continue to deliver throughout 2022/23.

213. Work Programme
(Item 14)

RESOLVED to note the work programme.

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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 – 20 September 2022

Subject: Public Health Risk Management update:

Classification: **Unrestricted**

Past Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This paper provides an update on the changes to risks relating to 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 Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the risks presented in appendices 1 and 2.

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 recently by the Director of Public Health, with his Senior Management Team and it was agreed that even though a few controls have now been withdrawn in line with the national response, the current risk level is being maintained to ensure the key controls remain in place as a cautionary stance in the preparedness to be able to respond effectively if infections rates start to increase prior to the rollout of the autumn booster vaccination programme as we head towards winter.

5. Public Health Risk Register

5.1 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.

5.2 The other changes that have been made are the withdrawal of four risks as detailed below, leaving nine risks featured on the Public Health risk register, three of which are rated as 'High', six medium (appendix 1). Withdrawn risks:

- PH0100 – Covid-19 non delivery of Public Health services and functions
- PH0104 – Inequitable Access to health improvement services has been merged into the PH0005 Health inequalities.
- PH 0116 – Asymptomatic Testing programme
- PH0118 Covid funded programmes

5.3 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.

5.4 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

6.1 Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the risks presented in appendices 1 and 2.

7. Background Documents

7.1 KCC Risk Management Policy on KNet intranet site.

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

8. Report Author

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Relevant Director

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Full Risk Register

Risk Register - Public Health

Current Risk Level Summary	Green 0	Amber 6	Red 3	Total 9
Current Risk Level Changes				

0	1	0	0	0
0	0	3	2	1
0	0	1	0	0
0	0	0	1	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	20/06/2022	20/09/2022

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 20 Major (5) Likely (4)		• 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	Agreed to reduce the likelihood by one level to reflect current situation 20/06/2022

Risk Ref	*PH0005*	Risk Title and Event	Owner	Last Review da	Next Review
Health Inequalities			Anjan Ghosh	23/08/2022	23/11/2022

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

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.

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 identification of CVD, STIs, increase risk of poor outcomes and may prevent intervention. Potentially increasing the health inequality gap exacerbating a problem that already exist. Likely to have a significant toll on both their physical and mental	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. • Specific work around health inequalities is being targeted at specific communities • Ensure that commissioning takes account of health inequalities when developing service based responses. 'One You Kent' • Strategic commissioning and services to develop a recovery plan that will minimise impact • 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 • Where access, skills or confidence is an issue, services are offering face to face support. Subsidised equipment costs	Anjan Ghosh Anjan Ghosh Anjan Ghosh Clare Maynard Clare Maynard Clare Maynard	A -Accepted Control Control Control Control Control	29/12/2023	Low 6 Moderate (2) Possible (3)

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	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			• 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 • Relevant workstreams to review/input into EQIAs Monitoring of engagement and alternative methods used as needed to ensure representation • 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	Clare Maynard Clare Maynard Rachel Kennard	Control Control Control		
Review Comments	Reviewed by SMT 18/8/22 23/08/2022							

Risk Ref	*PH0102*	Risk Title and Event	Owner	Last Review da	Next Review
Increased prevalence of Mental Health conditions 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. 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.			Jessica Mookherjee	23/08/2022	23/11/2022

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
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.	Countywide could see and increase in mental health conditions within the general population increasing pressure on services.	High 16 Serious (4) Likely (4)		• Joint work with NHS to target suicide prevention	Jessica Mookherjee	Control		Medium 12 Significant (3) Likely (4)
				• Mental Health Cells created. Follow current national guidelines. Sign-posting to relevant services including Every Mind Matters.	Jessica Mookherjee	Control		
				• Mental health support for health care staff - to tackle Covid-19 associated PTSD.	Jessica Mookherjee	Control		
				• 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.	Jessica Mookherjee	Control		
				• 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.	Jessica Mookherjee	Control		

Review Comments Reviewed by SMT 18/8/22
23/08/2022

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	23/08/2022	23/11/2022

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 by SMT 18/8/22
23/08/2022

Risk Ref	*PH0099*	Risk Title and Event	Owner	Last Review da	Next Review
Supplier Sustainability Suppliers unable to remain operational due to financial distress			Clare Maynard	16/08/2022	16/11/2022

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Supply Chain and market challenges Competition and availability of workforce and materials for both KCC and its suppliers. Economic uncertainty, for example interest rates, and the impact of inflation on existing and future contracts. Sustainability of suppliers in some markets, and whether they have sufficient resilience to still deliver when impacted by internal/external risks whether they be operational or financial. Fraud and Error – fraud within supply chains or errors with payments to suppliers. Serious and Organised Crime – inadvertently contracting with Organised Crime Groups within supply chains. Changes to the regulatory environment, including environmental impacts. Suppliers within the chain lack sufficient controls to manage data effectively and keep it safe. Visibility of route to source. There are a number of geo-political uncertainties in the current environment which additionally impact on the	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)

financial and operating environment. For example the supply chain challenges as a result of global lockdowns, and the war in Ukraine.							
Review Comments	Removed covid reference is as wider supply chain issue 16/08/2022						

Adult Social Care and Health

Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review da	Next Review
PH0091	**Increased Demand on Services** There is a risk that services may not have the capacity to deal with the additional demand and associated cost pressures Increasing demand on services both with people coming into services and expectations of being part of the new health structures Multi-Disciplinary Teams	Christy Holden	24/08/2022	24/11/2022

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 Some of the increasing demand seen is as a result of Covid-19	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)		• Working with Analytics and KPHO monitoring demographic data trends to support forward service planning. • Utilise underspend from other services to fund digital demand pressures. • Capacity modelling make sure services have the ability to meet need and activity can be adjusted accordingly. • Support service innovation to introduce more digital solutions to assist with increasing demand. • Open book accounting with providers to monitor costs where appropriate. • Performance monitoring meetings provide opportunities to discuss service provision and for both parties to raise any concerns regarding levels of service, quality or risks • Regularly review service models to ensure running as efficiently as possible.	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 reviewed at SMT on 18/08/2022 agreed to meet outside of meeting for further discussion
24/08/2022

Risk Ref	*PH0090*	Risk Title and Event	Owner	Last Review da	Next Review
		Difficulties in recruiting and retaining nursing staff. Service Failure Kent is currently experiencing issues across all commissioned services in recruiting good quality staff which is making it difficult in meeting the needs of the population that require Public Health Services.	Wendy Jeffreys	24/08/2022	28/10/2022

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
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)		• A safe staffing, safe working protocol has been agreed to effectively manage the workload of the Health Visiting teams in a safe and consistent manner.	Wendy Jeffreys	Control		Medium 8 Moderate (2) Likely (4)
				• Contract management meetings investigate any poor KPI reporting and meeting the set targets. This is usually reported as recruitment issues Escalation through usual routes to DPH.	Wendy Jeffreys	Control		
				• Band 5 Community Public Health Nurse role has been introduced to provide additional support to cover universal workloads.	Wendy Jeffreys	Control		
				• Bank and agency staff are being recruited to support teams where possible to cover vacant posts.	Wendy Jeffreys	Control		
				• Recruitment and retention action plan is in place and monitored through the Quality Action Team and governance meetings.	Wendy Jeffreys	Control		

Review Comments reviewed at SMT agreed for separating meeting with WJ to further discussion .
24/08/2022

Risk Ref	*PH0119*	Risk Title and Event	Owner	Last Review da	Next Review
Non, reduced or delayed delivery of medication supplies and/or testing kits Public Health related issues on Supply Chain (Brexit, Ukraine) The supply chain risk for medications is an NHS risk, however there are Public Health service-related risks for the supply of medications resulting in people not receiving the treatment and medication from the commissioned services such as Drug and Alcohol Treatment services and Sexual Health services			Christy Holden		31/08/2022

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
The supply chain risk for medications is an NHS risk, however there are Public Health service-related risks for the supply of medications resulting in people not receiving the treatment and medication from the commissioned services such as Drug and Alcohol Treatment services and Sexual Health services	Inadequate supply of necessary resources reaching the services and population in a timely manner	Medium 9 Significant (3) Possible (3)		• Regularly review Providers Business Continuity Plans against service disruption • Continue to follow national guidelines and protocols	Christy Holden Christy Holden	Control Control		Low 4 Moderate (2) Unlikely (2)

Review Comments

Adult Social Care and Health

Risk Register - Public Health

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	24/08/2022	24/11/2022

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 at SMT on 18/08/2022. agreed to meet outside this meeting for further discussion
24/08/2022

CRR0050 CBRNE incidents, communicable diseases, and incidents with a public health implication

Risk Register - Corporate Risk Register

Current Risk Level Summary

Green	Amber	Red	Total
0	0	1	1

Current Risk Level Changes

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

Risk Ref	*CRR0050*	Risk Title and Event	Owner	Last Review da	Next Review
CBRNE incidents, communicable diseases and incidents with a public health implication Insufficient capacity / resources to deliver response and recovery concurrently for a prolonged period, alongside other potential incidents, including potential future wave(s) of Covid-19.			Anjan Ghosh	29/07/2022	31/10/2022

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 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.	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 20 Major (5) Likely (4)		• Utilising data sets from ONS and UKHSA and local health partner to give a picture of Covid-19 and other communicable diseases across Kent.	Anjan Ghosh	Control		Medium 15 Major (5) Possible (3)
				• 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	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		
				• Multiple governance – e.g. Health Protection Board , Kent Pandemic Response Cell	Anjan Ghosh	Control		

				• 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, key partners of the Kent Resilience Forum, and the Kent and Medway Health Integrated Care Board.	Anjan Ghosh	Control		
				• vaccination rollout supported, including Autumn booster	Anjan Ghosh	Control		
				• Director Public Health now has oversight of the delivery of immunisation and vaccination programmes in Kent through the Health Protection Board Director Public Health has regular teleconferences with the UK Health Security Agency UK Health office on the communication of infection control issues	Anjan Ghosh	Control		
				• Public Health infection prevention and control nurse attends Kent and Medway Infection Control Committee	Ellen Schwartz	Control		
Review Comments	CRR presented to G&A Committee 21/07/2022 29/07/2022							

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 – 20 September 2022

Subject: Establishment of the Kent and Medway Integrated Care System

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: The attached briefing provides the Health Reform and Public Health Cabinet Committee with an update on developments of the Kent and Medway Integrated Care System following the Health and Care Act being passed by Parliament earlier this year.

Recommendation(s): The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the attached briefing (Appendix 1) prepared by the Executive Director of the NHS Kent and Medway Integrated Commissioning Board.

1. Introduction

1.1 The briefing (attached as Appendix 1) provides the Health Reform and Public Health Cabinet Committee with an update on developments of the Kent and Medway Integrated Care System following the Health and Care Act being passed by Parliament earlier this year.

2. Recommendation

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the attached briefing (Appendix 1).

3. Background documents

None

4. Report Author

Mike Gilbert
Executive Director of Corporate Governance
NHS Kent and Medway Integrated Commissioning Board
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Appendix 1

August 2022

Kent County Council Health Reform and Public Health Cabinet Committee
Re: Establishment of the Kent and Medway Integrated Care System

Purpose

1. This briefing provides the KCC Health Reform and Public Health Cabinet Committee with an update on developments of the Kent and Medway Integrated Care System following the Health and Care Act being passed by Parliament earlier this year.

2. This paper is for INFORMATION

National Policy Context and Background

3. In February 2021, the Department of Health and Social Care (DHSC) published legislative proposals in a White Paper that promoted service integration and the bringing together of health bodies and local government to coordinate care. The subsequent Health and Care Bill (the Act) received Royal Assent in April of this year and was formally implemented on 1 July.

4. In particular the Act confirmed the dissolution of Clinical Commissioning Groups (CCGs), and placed new Integrated Care Systems, of which Kent and Medway is one of 42 nationally, on to a statutory footing.

5. An **Integrated Care System** (ICS) is a partnership that brings together NHS organisations, local authorities and others to take collective responsibility for planning services, improving health and reducing inequalities across geographical areas typically covering circa 1 to 2 million people. The four core purposes of an ICS are defined as:

   - Improving outcomes in population health and healthcare
   - Tackling inequalities in outcomes, experience, and access
   - Enhancing productivity and value for money
   - Supporting broader social economic development

6. There are two mandated parts to every ICS:

   a. A new statutory NHS body called the **Integrated Care Board** (ICB), accountable for overseeing the commissioning, provision and expenditure of healthcare services in the ICS area; bringing the NHS together locally to improve population health and care.

   b. A new **Integrated Care Partnership** (ICP), jointly convened as a Committee of the ICB and upper tier local authorities within the ICS, with a broad alliance of local stakeholders. The ICP is responsible for developing and overseeing an Integrated

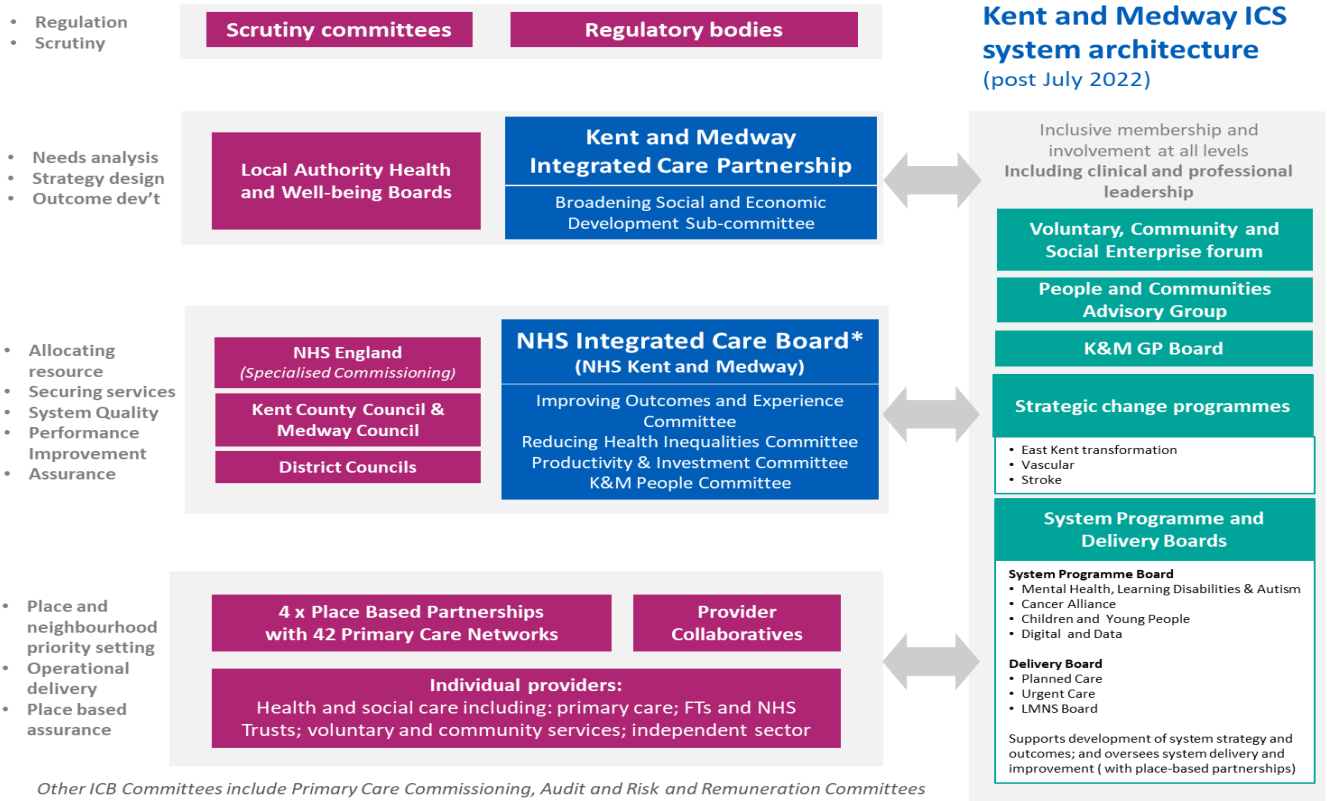
Care Strategy that will improve individual care, health and wellbeing for the total population. The Strategy is the primary document all related health and well-being strategies and plans should be developed from.

7. Alongside the bringing together of key partners and stakeholders at a system level, a key premise of the White Paper and the Act is that much of the work to integrate care and improve population health and well-being should be driven by commissioners and providers of health and care collaborating over smaller 'place based' geographies within each ICS, where people live and directly access local services. These typically cover populations of 250,000 to 500,000. In Kent and Medway, four place-based **Health and Care Partnerships** (H&CPs) have been established to fulfil this role:

   - Dartford, Gravesham and Swanley H&CP
   - East Kent H&CP
   - Medway and Swale H&CP
   - West Kent H&CP

8. Completing the ICS 'jigsaw', within each H&CP, neighbourhood level **Primary Care Networks** continue to develop. These are groups of GP practices, serving populations averaging 30,000 registered patients, working together with community and social care partners through multi-disciplinary teams, to support individuals and families with health and well-being issues such as the management of long term conditions and preventing people from getting acutely ill. In Kent and Medway there are currently 40 such PCNs.

Figure 1 – Kent and Medway ICS



Other related policy context

9. In areport to County Council on 26th May by the Council Leader and the Cabinet Member for Adult Social Care & Public Health[1], it was noted that the Health and Care Act is part of the wider set of reforms that include the Integration White Paper, *Health and Social Care Integration: joining up care for people, places and populations* and the adult social care reform White Paper.
10. The report noted that the Integration White Paper is significant as it sets out plans to join up care at a H&CP level for:

    - patients and service users
    - staff across the health, care and other relevant sectors
    - organisations delivering these services to the local population

11. The Integration White Paper will further shape how the Kent and Medway system will operate and it provides both opportunities and challenges for NHS and local authority partners, including:

    a. The expectation that all local areas should aim to manage services and have associated budgets by 2026. In Kent this could provide opportunities for the local authority to work in new ways with the H&CPs to build local pathways of care and encourage investment in community and preventative services.

    b. Places are expected to accelerate the pooling and alignment of NHS and social care budgets and to develop ambitious plans to increase the scope and proportion of health and care spend through 'place-based' (H&CP) arrangements.

    c. Whilst the Integration White Paper has clear ambitions regarding future joint resourcing arrangements at a local level, considerable work needs to be undertaken at a national and local level to determine how this might work 'on the ground'.

    d. That each place based area will have "a single person, accountable for shared outcomes" agreed by the relevant ICB and local authority(ies) and in place from April 2023. Kent and Medway partners plan to commence discussions on this during the autumn.

Kent and Medway ICS Developments, post 1 July 2022

12. The Health and Care Act was implemented nationally on 1 July 2022. Along with all other CCG's, Kent and Medway CCG was dissolved on 30th June and NHS Kent and Medway Integrated Care Board was established on 1st July 2022. The ICB has taken over the functions and duties of the former CCG, plus a number of new functions from NHS England, including the commissioning of local pharmacy, ophthalmic and dentistry services.

[1] '*Health and Care Partnership Working with the Kent and Medway Integrated Care System'* dated 26 May 2022, a report from Roger Gough, Leader of the Council and Clair Bell, Cabinet Member for Adult Social Care & Public Health

13. Overall, the transition from the CCG to the ICB was smooth, with no material issues resulting. During July and August the ICB and its committees, including the ICP Joint Committee, have had inaugural meetings and commenced forward planning for the coming period. A number of transitional priorities have also been agreed in advance of the ICS strategy being developed (see commentary later in this briefing).

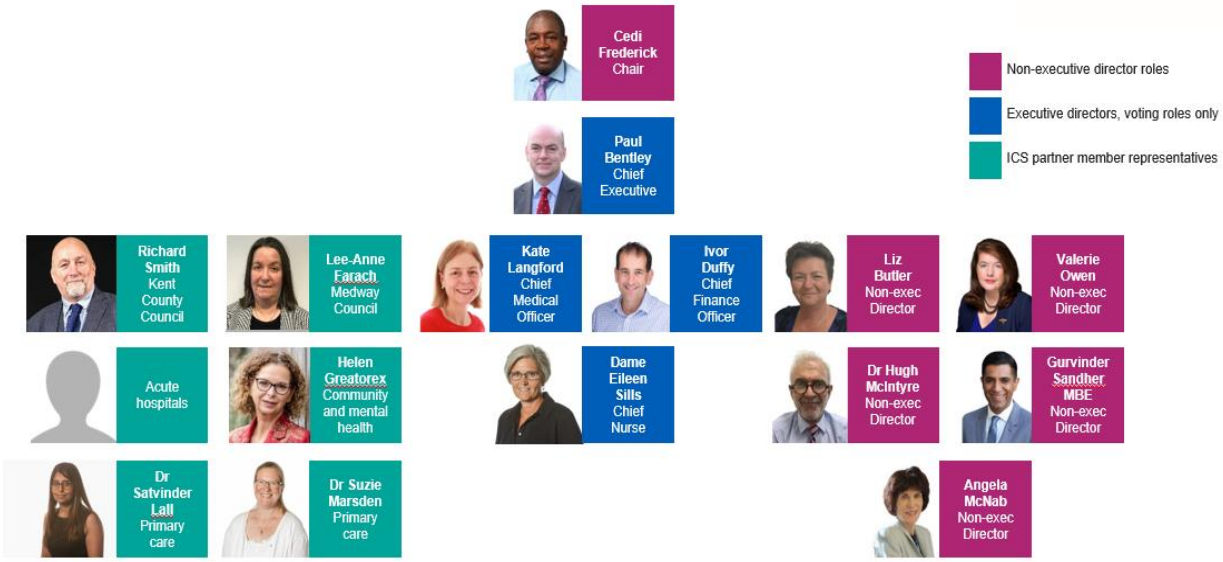
Kent and Medway ICB

14. Importantly, the new ICB is not the same as the organisations that preceded it. Through the Act, the ICB has greater authority and is expected to act as a system leader for NHS partners. The ICB has greater delegated authority to oversee assurance and performance of providers and H&CPs, and has new specific duties on behalf of the NHS at a system level, such as ensuring delivery of financial balance and developing a jointly agreed NHS five-year forward plan.

15. The ICB Board and its committees also have much broader memberships with representation from the voluntary and community sector, upper and lower tier councils, public health, providers of health and social care and other representatives from key sectors. A Kent and Medway people and communities forum is being established, and members of the community will be invited to be part of this alongside a growing Citizens Network (The ICB is working closely with KCC with regard to our voluntary, community and citizens engagement arrangements). This broader involvement of partners in the influencing and making of decisions is a stepped change only possible through the Act. This should facilitate a greater emphasis on improving health and well-being outcomes, alongside the continuing need ensure high quality, effective and compassionate care for people when they need it.

16. The ICB Board held its inaugural meeting in public at the beginning of July and will meet formally in public every other month thereafter.

Figure 2 – Kent and Medway ICB Board



17. Whilst some of the ICB committees are 'corporate' and focus on internal governance, a number are deliberately outwardly system focused, recognising the different approach and system leadership responsibilities of the ICB. These include:

    a. Kent and Medway **Integrated Care Partnership:** As previously noted, this is a Joint Committee of the ICB, Kent County Council and Medway Council and is responsible for the development and oversight of an Integrated Care Strategy for the total population. Further information on the ICP is provided further below.

    b. ICB **Inequalities, Prevention and Population Health Committee**: Whilst this is a formal Committee of the ICB it is also a sub-group of the ICP. Part of the Committee's remit is to support the ICP with developing the health and care aspects of the Integrated Care Strategy and associated outcome measures. This Committee is also responsible for overseeing development of the interrelated NHS five year joint forward plan that will sit alongside the ICS Strategy.

    c. The ICB **Improving Outcomes and Experience Committee** seeks assurance that the ICB is delivering its functions in a way that secures continuous improvement in the quality, safety and performance of commissioned health and care services; and provides direction at an ICS level on quality and performance assurance and oversight.

    d. The **Productivity and Investment Committee** provides assurance that the ICB and the NHS system can meet all statutory and mandatory financial obligations, alongside effective financial frameworks and operating models. The Committee also ensures resources are being targeted as efficiently and effectively as possible to address the greatest need and tackle inequalities.

    e. **Kent and Medway People Committee**: This Committee will have its inaugural meeting in September and will provide assurance to the ICB Board regarding delivery of local, regional, and national workforce priorities, plus assurances around delivery of the five year NHS workforce strategy and associated programmes.

18. The majority of ICB Executive posts have now been appointed to, albeit some individuals have yet to fully start in post. Those that remain outstanding are currently being filled by interim directors. Composition of the ICB Executive at the time of reporting is in figure 3.

Chief Executive	Paul Bentley
Chief Medical Officer	Kate Langford
Chief Nurse	Dame Eileen Sills
Chief Finance Officer	Ivor Duffy
Chief People Officer	Rebecca Bradd
Chief Strategy Officer	Vincent Badu (wef Nov 22)
Chief Delivery Officer	Lee Martin (interim)
Chief Digital Officer	Morfydd Williams (interim) Martin Carpenter (wef Jan 23)
Chief of Staff	Natalie Davies
Executive Director of Corporate Governance	Mike Gilbert
Executive Director of Communications and Engagement	Matthew Tee (interim)

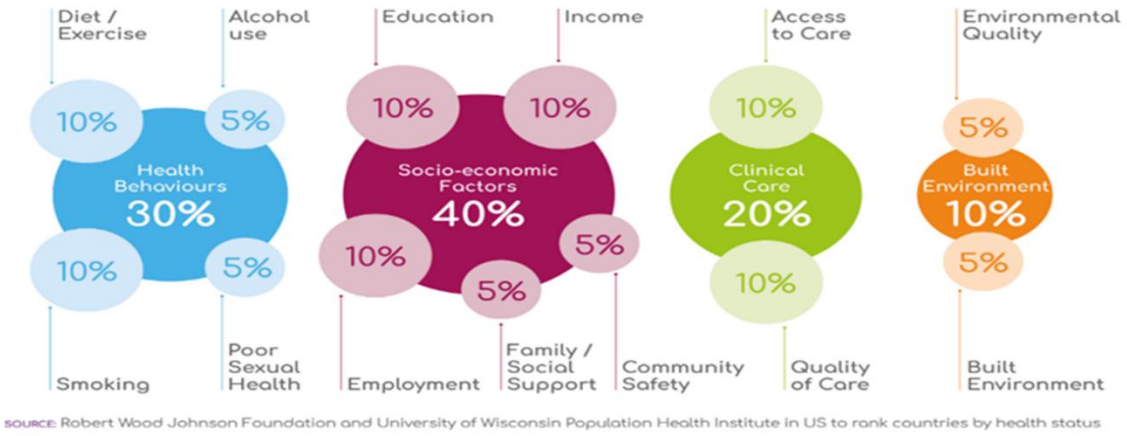
The Kent and Medway Integrated Care Partnership (ICP)

19. As previously noted, the overarching remit of the ICP Joint Committee is to oversee development and implementation of an ICS Strategy for the total population. The ICP is also expected to highlight where coordination is needed on health and care issues and to challenge partners to deliver the actions required. These include, but are not limited to:

- helping people live more independent, healthier lives for longer
- taking an overview of people's interactions with services across the system and the different pathways within it
- addressing inequalities in health and wellbeing outcomes, experiences and access to health services
- improving the wider social determinants that drive these inequalities, including employment, housing, education, environment, and reducing offending
- improving the life chances and health outcomes of babies, children and young people
- improving people's overall wellbeing and preventing ill-health

20. ICPs are encouraged to form relationships with a wide range of stakeholders appropriate to the places they cover, by either inviting them to be members of the ICP or engaging with them in other ways. This is because only 20% of good health is considered to come from clinical interventions. The other 80% is associated with health-related behaviours, socioeconomic factors, and environmental factors. As such, without the involvement of the district and borough councils, the voluntary and community sectors, housing, education, environment and other key partners, a huge opportunity is likely to be missed to improve the health and wellbeing of our population. The Kent and Medway ICP and the groups that feed in to it have this membership cohort, and as part of the ICS strategy development, many more community organisations and people will be able to feed in to this.

Figure 3 – Robert Johnson model on key attributes that effect 'good health status'



21. The ICP Joint Committee meets in public and is chaired by KCC and Medway council leaders on a rotational basis, 2 years at a time, with the leader who is not the chair acting as vice-chair. Roger Gough is the inaugural chair of the Committee. The two council leaders, along with the ICB Chair, have also established a triumvirate leadership group setting the vision and forward agenda for the ICP.

Transitional Priorities and Development of an ICS Strategy

22. The DHSC requires an initial Integrated Care Strategy to be published by each ICS by December 2022, in order to inform the NHS Five Year Forward View by March 2023. The KCC Strategy, Policy Relationships and Corporate Assurance Department of August 2022[2], helpfully summarises the national requirements for the ICS Strategy.

23. Given the breadth of what an ICS strategy is expected to include, plus recognising that the Strategy needs to be developed in partnership with a broad range of stakeholders, the strategy required for December is an 'initial' strategy. Further work will be required during the early months of 2023 alongside completion of the two related local authority strategies to ensure they join up with each other, and, importantly, have the support of all stakeholders and the wider Kent and Medway community.

24. As a result, and to ensure there is not a void during the intervening period, the ICB has agreed a set of transitional priorities for the current year, with a focus on the most immediate and pressing issues.

Transitional Priorities	
1	Leading **operational recovery** as a result of the pandemic with a focus on elective care, urgent and emergency care, cancer and diagnostics: Too many people are waiting too long to have elective treatment, so we need to reduce the length of time people are waiting.
2	Leading, with our trusts, the **improvement of east Kent and Medway hospital** services: System partners need to work ceaselessly to support and move these most challenged NHS providers in Kent and Medway out of their current poor NHSE ratings and to effectively deliver their recovery programmes, towards a sustainable and high quality footing.
3	Implementation of the **Kent and Medway GP development** plan and development of a wider primary care strategy: It is still too difficult to get an appointment to see your primary care team, including your GP. This is the front door to the health system, and we must do all we can to support our general practices, including use of technology.
4	Working with local authority and other partners to **build and grow our social care sector**: We have a significant number of people in hospital do not need to be there and who would be better served elsewhere; we need to build sustainable domiciliary and care capacity in the system and find better solutions to support these people.
5	Establishing a **high-performing integrated care board (ICB)** and transitioning well from the CCG: We need to actively manage the transition of the new ICB with different priorities, accountabilities and ways of working.
6	Development of our **ICS Strategy and the NHS Joint Forward Plan** (JFP) including our shared ambition and deliverables: Our strategy and JFP, as an ICS and ICB, must enable people to be the very best they can be. We need clear ambitions, deliverables and ways of working that will reduce inequalities and improve population health and well-being.
7	Leading the wider **development of our ICS:** developing our places, our provider collaboratives and how all partners work together to be a high performing ICS: There is a new architecture, we have four geographically based health and care partnerships, and we will have provider collaboratives; we will do things that have not been done before but must be done.

[2] Briefing Note – New DHSC guidance for Integrated Care Systems, 29 July 2022,

Health and Care Partnerships and Primary Care Networks

25. The four H&CPs, and the PCNs that work within them, will become the engine room for planning and delivering more joined up integrated care and tackling local health inequalities and population health over time. H&CPs have been given the freedom to develop over the past couple of years at their own pace. The pandemic forged immediate and innovative ways of joint working and collaboration that have endured. This has shaped the basis for how they and the PCNs work going forwards. All H&CPs have representation from local authority and other sector stakeholders, and the recent KCC adult social care consultation on place-based operating will inevitably strengthen this.

26. Importantly, whilst the ICB has only been established for a number of weeks, a key priority already being progressed is the development of a consistent framework and approach from which these partnerships can work within and further mature at pace in order to take on local delegated functions and responsibilities as soon as they are able.

KCC collaboration and local delivery

27. This paper has focused on the development of the ICS, in particular from July 2022. However, this builds on the strong and increasing relationship between the NHS and KCC that has been in place for a number of years. Again, as reported by The Leader at the meeting of the Council in May[3], 'building on the opportunities provided through the structures of the emerging ICS and the challenges that brought us together through the pandemic, strengthens what we are already doing, for example:

    a. Adult Social Services is working in collaboration with the NHS to support the flow from hospitals into the community. A joint commissioning management group is being re-established to agree initiatives with the NHS. Hospital trusts supported by Council staff had been running discharge events. KCC and NHS have also jointly commissioned services to strengthen support to individuals diagnosed with dementia.

    b. Children's Services continue to grow their joint commissioning function which is working to improve access to Speech and Language services and is currently developing a joint preventative project called the nurture programme where mental health teams provide training and support to school staff to identify and understand young people struggling with their mental health and wellbeing.

    c. Public Health continues to develop and focus partnerships on mental health initiatives- for example Kent and Medway Children and Young People Suicide and Self Harm Prevention Network is working across a wide range of partners developing and promoting resources such as the Flux programme which uses the arts and creativity to help young people feel positive about themselves and the Better U app that offers digital self-help tools to support emotional well-being.'

[3] 'Health and Care Partnership Working with the Kent and Medway Integrated Care System' dated 26 May 2022, a report from Roger Gough, Leader of the Council and Clair Bell, Cabinet Member for Adult Social Care & Public Health

Conclusion

28. Development of the Kent and Medway ICS and the associated establishment of new organisations and partnerships has been a significant and complex programme of work, undertaken over many months and years. Implementation of the Health and Care Act on 1 July 2022 was a major milestone. However, we are only in the early stages of implementation and this new way of working, and it is too soon to take away any material judgements.

29. Notwithstanding this, health and care system partners continue to face considerable and growing joint challenges, all within a seemingly more pressured social and economic environment. The only way of effectively addressing this has to be through closer collaboration, joint decision making, combining resources, harnessing innovation, and where appropriate, integrating our services. Also, decisions around the planning and delivery of health, care and well-being services need to be made as close to the patient/citizen as possible, whilst recognising this needs to be within a clear and consistent system framework; all of which demands and assures high quality, effective and efficient service delivery wherever it is provided.

30. We also need to move away from focusing the majority of our combined efforts on tackling immediate operational service and political pressures, to developing an appropriately resourced infrastructure that also gives equal if not greater focus on preventing ill-health, reducing inequalities and improving well-being. These programmes will inevitably take much longer to achieve the required outcomes, but we need to prioritise their commencement now. Whilst not perfect, the Health and Care Act and the arrangements we have put in place locally to deliver the spirit of the Act should enable us to achieve these ambitions more effectively than we have been able to do before.

Recommendation:

1. The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **CONSIDER** the content of this briefing

Mike Gilbert
Executive Director of Corporate Governance
NHS Kent and Medway ICB

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

Anjan Ghosh, Director of Public Health

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

Subject: **Performance of Public Health Commissioned Services**

Classification: Unrestricted

Previous Pathway: None

Future Pathway: None

Electoral Division: All

Summary: This report provides an overview of the Key Performance Indicators for the Public Health Commissioned Services. 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.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q1 2022/2023.

1. Introduction

1.1 A core function of the Cabinet Committee is to review the performance of services which fall within its remit.

1.2 This report provides an overview of the Key Performance Indicators (KPIs) for the Public Health services that are commissioned by Kent County Council (KCC) and includes the KPIs presented to Cabinet via the KCC Quarterly Performance Report (QPR). Appendix 1 contains the full table of KPIs and performance over the previous five quarters.

2. Overview of Performance

2.1 Of the fifteen targeted KPIs for Public Health commissioned services, eight achieved target (Green), four were below target although did achieve the floor standard (Amber) and three indicators have not been RAG rated as the data was not provided by the time the report was written.

3. Health Visiting

3.1 In Q1 2022/2023, the Health Visiting Service delivered 17,057 mandated universal contacts and is on track to meet the annual target of 65,000 mandated universal contacts. The KPI for the number of new birth visits has recently changed from delivery of the visit within 30 days of birth to within 10–14 days of birth. In Q1 the service is achieving just below the target at 94%. There are several exceptions as to why a new birth visit will take place outside of day 10–14. For example, this may include families who move into or out of the Kent area, or those babies who are an inpatient within a neonatal unit. However, all families are offered a new birth visit within 30 days and all new birth visits take place in the home.

3.2 The provider offers each district in Kent access to breastfeeding groups, which are either bookable or run on a drop-in basis. A virtual breastfeeding group takes place three times a week and is led by the Specialist Infant Feeding Team. Provision of drop-in groups will be extended/coverage across Kent expanded by the end of September 2022.

3.3 Performance of the two to two and a half year health and wellbeing Review is 87%, this is within the target (80%). The percentage of those attending the two to two and a half year Review has decreased slightly from 91% in Q4 2021/2022 to 87% in Q1 2022/2023. The reason for the decrease of those attending is being explored. The number of DNAs (those that did not attend the health and wellbeing visit) are within a similar range to the same quarter as last year. In response, the provider will be obtaining feedback from families to help improve the take up of the review and to reduce the DNAs.

4. Adult Health Improvement

4.1 The NHS Health Check Programme continues to recover towards pre-pandemic levels after the service resumed delivery in Q2 2020/2021, following a national pause from March 2020 due to COVID-19. There were 5,945 Health Checks provided in Q1 2022/2023. Although the 12-month rolling checks performance is amber for this period, activity continues to increase rapidly with this quarter representing a 213% increase in checks delivered compared to the same quarter last year. A risk-stratified approach to NHS Health Checks, where those at highest risk of cardiovascular disease are targeted, has been rolled out and will continue to be piloted until 2023/2024.

4.2 In Q1 2022/2023, the smoking cessation service reported a quit rate of 54%. It is expected that this will increase over the next few weeks as there is a slight delay in reporting all of the data immediately at the end of the quarter. The stop smoking service is still utilising additional workers to manage the numbers being referred into the service. Before COVID-19, Pharmacies and GPs delivered a proportion of the service but have not returned to the numbers they were prior to the Pandemic. Commissioners are meeting with Specialists and Consultants in the coming weeks to discuss the best way to address future pressures on the service.

4.3 In Q1 2022/2023, the number of referrals to One You Kent healthy lifestyle services remained high. This is partly due to GPs continuing to be incentivised to refer clients to weight management services. The providers are using temporary resource funded through the Office for Health Improvement and Disparities weight grants to manage this. Furthermore, the upper criteria for the weight management service are being more clearly defined to ensure that only clients for whom the service is appropriate are referred. In this quarter, 53.5% of individuals across all One You Kent services are from the most deprived quintiles. Two districts were considerably lower than the KPI target. The increased number of referrals from GPs combined with the lower levels of deprivation in these districts means they will consistently struggle to meet the KPI target. Fluctuations in countywide performance since Q1 2021/2022 is predominantly due to additional outreach being undertaken in areas of deprivation within these districts, which has improved KPI performance for individual quarters.

5. Sexual Health

5.1 In Q1 2022/2023, the Sexual Health service has performed well overall despite the ongoing strain on the service by the Monkeypox outbreak. The Sexual Health KPI target has been increased to 95% as a reflection of a successful year in 2021/2022. Over Q1 this target has been met, showing an ongoing commitment by the service and KCC commissioners to deliver a high level of service. The service continues to operate a hybrid model with service users generally being directed initially to the online Sexually Transmitted Infection (STI) testing service prior to booking a face-to-face appointment in clinic. This model proved successful in 2021/2022 and will continue to be developed in 2022/2023.

6. Drug and Alcohol Services

6.1 The Performance data for the Adult Drug and Alcohol Services for Q1 2022/2023 was not available at the time of writing the report.

6.2 The Young Person's Service received 120 referrals in Q1 2022/2023, which is higher than Q1 last year (91). The amount of young people exiting treatment in a planned way has decreased in Q1 2022/2023 to 78% .this represents 46 planned exits, one transfer and nine unplanned exits (all of which were due to young people disengaging). Of those young people who exited treatment in a planned way, 47% reported abstinence. Commissioners will work with the service to understand common themes and any actions required on disengagement.

7. Mental Health and Wellbeing Service

7.1 In Q1, Live Well Kent (LWK) referrals have increased from the previous quarter. Self-referrals continue to be the greatest source of referrals. Client satisfaction rates remain above the target at 98.7%. Over the last year, LWK staff have been sitting as a partner in several Community Mental Health Team triage meetings. This has been extremely beneficial for people and has created a good working relationship, enabling a more joined up pathway for mental health services.

8. Conclusion

8.1 Eight of the 15 KPIs remain above target and were RAG rated Green.

8.2 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.

9. Recommendation

9.1 Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q1 2022/2023

10. Background Documents

None

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

Service	KPI's	Target 21/22	Target 22/23	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	DoT**
Health Visiting	PH04: No. of mandated health and wellbeing reviews delivered by the health visiting service (12 month rolling)	65,000	65,000	72,763 (g)	73,695 (g)	73,559 (g)	72,530 (g)	70,923 (g)	⇩
	PH14: No. and % of mothers receiving an antenatal contact with the health visiting service	43%	43%	3,061 83% (g)	2,616 70% (g)	2,183 62%(g)	1,809 54%(g)	1,901 54%(g)	⇔
	PH15: No. and % of new birth visits delivered by the health visitor service within 10-14 days of birth	95%	95%	3,660 90%(a)	4,100 95%(g)	4,009 94%(a)	3,620 94%(a)	3,777 94%(a)	⇔
	PH16: No. and % of infants due a 6-8 week who received one by the health visiting service	85%	85%	3,764 93%(g)	3,956 93%(g)	4,038 92%(g)	3,530 91%(g)	3,605 91%(g)	⇔
	PH23: No. and % of infants who are totally or partially breastfed at 6-8 weeks (health visiting service)	-	-	1,943 50%	2,144 52%	2,125 51%	1,836 49%	1,953 50%	-
	PH17: No. and % of infants receiving their 1-year review at 15 months by the health visiting service	85%	85%	3,647 92% (g)	3,833 93% (g)	3,828 92%(g)	3,631 91%(g)	3,691 92%(g)	⇧
	PH18: No. and % of children who received a 2-2½ year review with the health visiting service	80%	80%	3,735 91%	3,701 93%	3,691 92%(g)	3,772 91%(g)	3,539 87%(g)	⇩

				(g)	(g)				
Structured Substance Misuse Treatment	PH13: No. and % of young people exiting specialist substance misuse services with a planned exit	85%	85%	44 71%(r)	34 74%(r)	55 89%(g)	30 83%(a)	36 78%(a)	⇩
	PH03: No. and % of people successfully completing drug and/or alcohol treatment of all those in treatment	25%	25%	1,411 28% (g)	1,456 29% (g)	1,475 29%(g)	1,467 29%(g)	nca	⇔
Lifestyle and Prevention	PH01: No. of the eligible population aged 40-74 years old receiving an NHS Health Check (12 month rolling)	9,546	23,844	6,341 (r)	10,476 (g)	13,378 (g)	16,740 (g)	19,834 (a)	⇧
	PH11: No. and % of people quitting at 4 weeks, having set a quit date with smoking cessation services	52%	55%	911 59% (g)	632 56% (g)	547 51%(a)	793 60% (g)	661 54%(a)	⇩
	PH25: No. and % of clients currently active within One You Kent services being from the most deprived areas in Kent	-	55%	968 54% (a)	797 48% (r)	1,067 55% (g)	1,339 57% (g)	734 54%(a)	⇩
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%	95%	6,014 86%(a)	5,987 90%(a)	6,245 97%(g)	5,990 96%(g)	6,495 95%(g)	⇩
Mental Wellbeing	PH22: No. and % of Live Well Kent clients who would recommend the service to family, friends, or someone in a similar situation	90%	98%	433 98% (g)	467 98% (g)	363 99.7% (g)	384 99% (g)	449 99% (g)	⇔

Commissioned services annual activity

Indicator Description	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	DoT
PH09: Participation rate of Year R (4-5 year olds) pupils in the National Child Measurement Programme	97% (g)	93% (g)	95% (g)	95% (g)	85% (g)**	nca	⇩
PH10: Participation rate of Year 6 (10-11 year olds) pupils in the National Child Measurement Programme	96% (g)	96% (g)	94% (g)	94% (g)	9.8%(a)**	nca	⇩
PH05; Number receiving an NHS Health Check over the 5-year programme (cumulative: 2013/14 to 2017/18, 2018/19 to 2022/23)	157,303	198,980	36,093	76,093	79,583	96,323	-
PH06: Number of adults accessing structured treatment substance misuse services	4,616	4,466	4,900	5,053	4,944	5,108	⇧
PH07: Number accessing KCC commissioned sexual health service clinics	78,144	75,694	76,264	71,543	58,457	65,166	⇧

** 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.

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

Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee

Date: 20 September 2022

Subject: Briefing paper on the Kent and Medway Listens engagement programme

Classification: Unrestricted

Past Pathway: N/A

Future Pathway: N/A

Introduction: This paper provides a briefing on the Kent and Medway Listens engagement programme. It includes information on

- An introduction to Kent and Medway Listens
- Original objectives of the engagement exercise
- Findings
- Community Chest investment
- Reflections from Health and Care Partnership and Integrated Commissioning Board level workshops
- Progress against original objectives
- Next steps

Recommendation(s): The Health Reform and Public Health Cabinet Committee is asked 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.

1. Introduction

1.1 Kent and Medway Listens was the largest ever engagement project in relation to the mental wellbeing of seldom heard communities in Kent and Medway and was a response to a national urge to create wellbeing plans in response to the impact of COVID19.

1.2 Between October 2021 and July 2022 Kent County Council's Public Health team worked in partnership with Kent and Medway Partnership Trust (KMPT), NHS Kent and Medway and Medway Council to commission 'Kent and Medway Listens' which utilised a range of voluntary sector organisations to reach into local communities and hear the voices of individuals from a wide range of backgrounds.

1.3 It should be noted that this was not a “mental health” project, individuals with diagnosed mental health conditions were not identified as being the primary audience (although neither were they prevented from contributing). 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.

1.4 This report outlines the objectives and methodology and summarises the results of the engagement and what the proposed next steps will be.

1.5 *Please be aware that this paper uses direct quotes and powerful examples of how issues such as bereavement, poverty, racism and access to services are affecting individuals across Kent and Medway. Free 24 hour support is available by texting the word Kent to 85258, by calling 0800 107 0160 or by visiting www.releasethepressure.uk*

2. Why was Kent and Medway Listens commissioned?

2.1 Kent and Medway Listens was designed early in 2021, approximately one year into the Covid pandemic. Evidence was already emerging in relation to Covid’s disproportionate impact on death rates amongst minority ethnic communities and other vulnerable groups. There was also a growing understanding that COVID restrictions and financial implications were having a severe impact on the mental wellbeing of many individuals across society. It was also learning from best practice in South London via ‘South London Listens’ which happened virtually during COVID19 pandemic and Kent PH was involved in the planning and evaluation.

2.2 Within Public Health (and the partners listed above) there was a desire to better understand exactly what the causes of this mental distress were in Kent, and to examine whether seldom heard communities had needs which could be better met. National and local intelligence already showed growing concerns regarding the impact of COVID19 on the publics mental well being and potential impact on services. There were national and local reports of impacts on ‘seldom heard groups’.

2.3 In the Kent and Medway Listens programme there was no definitive description of what constituted a “seldom heard community”. Each Voluntary and Community Sector listening partner was free to use their experience and knowledge of their local area to identify groups who previously had not had their voices heard by decision makers.

3. Objectives of the Kent and Medway Listens programme

1. To give people from seldom heard communities’ opportunities to share what they have gone through and how it has left them feeling
2. To provide quick-win funding to address immediate needs
3. To provide senior decision makers with insights to help them make informed decisions.

4. Methodology

4.1 Kent County Council (KCC) collaborated with the Volunteer and Community Sector (VCS) partners across the four HCPs (Health and Care Partnerships) (Table 1) in Kent and Medway due to their pre-existing trusted relationships with seldom heard communities in their area.

HCP	VCS partners
Dartford Gravesham and Swanley	EK360, Kent Equality Cohesion Council (KECC) and Rethink Mental Illness
West Kent	Involve Kent
East Kent	SEK (Social Enterprise Kent)
Medway and Swale	MVA (Medway Voluntary Action)

Table 1: A table showing the VCS partners who conducted listening events in each of the four Kent and Medway HCPs.

4.2 The VCS partners held in-depth, meaningful conversations with 1356 seldom heard individuals. (Each conversation was approximately 10 or 20 minutes long). An additional 3,328 individuals shared their thoughts through the 'Kent and Medway Listens' digital platform.

4.3 The 1356 individuals who participated in the in-depth conversations were from 57 different self-identified ethnicities and spoke 30 different first languages.

4.4 A unique feature of Kent and Medway Listens was that an additional £25,000 of Community Chest funding was provided to each of the VCS listening partners to distribute in the form of micro-grants to community-initiated projects to immediately address some of pressures impacting mental wellbeing that were being raised by the listening programme. More details on how this funding was distributed and its impact is available in Section 6.

5. Findings and insight

5.1 This report attempts to summarise the hopes, fears and anxieties of the thousands of individuals who took part in this project in this overarching summary report. However, Cabinet Committee Members are urged to read each of the four detailed engagement reports that VCS Listening Partners have written which are publicly available on this website: https://letstalk.kent.gov.uk/kentandmedwaylistens. They provide a rich data source and convey deep insight into what is important to individuals across Kent and Medway, especially from those in seldom heard communities. A full report is also being prepared for the Kent Public Health Observatory website.

5.2 This section summaries the key themes that were found across the whole of Kent in this listening project. Only a small selection of quotes from the

Listening programme have been included and these highlight the major issues that were raised by people.

Bereavement during COVID

5.3 The analysis of the interviews has shown that for some people the direct impact of COVID was the major factor on their wellbeing. The clearest examples of this were those individuals who had been bereaved by or during covid.

'I was a carer for my husband with Parkinsons. He was admitted to a care home in the first stages of the pandemic, but I was not able to visit him for five months. I only saw him three times before he died and am now dealing with the trauma.'

'We have had some deaths in the family, and not being able to have proper funerals and grieve as a family has been really tough'

'I lost my husband due to Covid. He was in hospital and they called saying that we could finally visit and see him. They then called on the same day and said we couldn't now visit; he died the next day. The staff showed me no compassion, I have had no explanation as to what happened, I have had no closure. I haven't been offered any counselling.....no-one cares! I've just been left after being told my husband was coming home but he never did.'

Isolation

5.4 Many people highlighted that lock-downs and the restrictions on social gatherings had an impact on their wellbeing. For some people this amounted to mild frustration.

'I'm frustrated that we can't do as much as we used to be able to do as a result of covid restrictions. I don't want to get used to this way of living'

5.5 But the following quote highlights that some people experienced extreme isolation which is still having a profound impact on their mental wellbeing despite restrictions being lifted.

'Without a shadow of a doubt, covid changed me. I am on the extremely vulnerable list and it frightened me to get the letter as I hadn't considered it. I spent six months without leaving my front door. I was alone. Nobody was allowed in. I didn't touch another human in that time. I was really frightened and scared for most of that time. I still have weird panics about things. I sleep downstairs and have the tv on all night because I can't stand the dark or silence. I can't be indoors by myself for too long. It makes me feel like I can't breathe. I want to be able to sleep in my bed again. It should be simple but each time I try I think 'try again tomorrow' and sleep on the sofa.'

5.6 There were many other examples of how isolated people felt:

'I had a complete breakdown in the first lockdown as I did not get to see my children or parents or any friends.'

'My loneliness & isolation led to personal neglect, becoming a recluse, poor diet etc all having an adverse impact on my mental health.'

'I also suffered from issues with alcohol which were made a lot worse due to the isolation and boredom.'

Long COVID

5.7 For many people, long covid has meant that they are still suffering from the physical impact of covid as well as feeling isolated as the rest of society seems to get back to pre-covid normality;

"I used to go out running and was very active and needed to be strong for work… I can't work now. I've lost a lot of who I am. I struggled a lot with "Freedom Day" and when everyone was reopening, I felt alone and like I was being gaslighted."

Cost of living

5.8 The listening process spanned from approximately October 2021 to March 2022 and financial concerns were raised throughout:

'Well I suppose before covid I was less worried, any problems seemed like less of a problem, money problems were not an issue as I had a secure income, now however there is no certainty. Work and health - will I catch covid again is a big worry for me.'

'Working from home has been a real challenge for me, also my loss of earnings has meant that I have had to move back home with parents which I'm finding very hard to deal with,'

5.9 However, in the later months of the listening programme, and as COVID-19 rules were relaxed, the cost of living crisis was one of the most common topics of conversation including amongst those in full time work.

'Prices going up and wages staying the same. I can't do the things I used to be able to do as my disposable income is far less now than before Covid. I pay the rent and bills and the travelling costs to and from work (I am a 999 operator). I am careful about the food I buy and look for cheap or discounted food. This Costa is such a treat for me, and it is making me very happy but in the back of my mind I know I shouldn't have wasted my precious money on it.'

'Escalating costs of living, impossible to buy a house, minimum wage staying the same, debts increasing every month, going into more debt just for buying food, energy and fuel, not luxuries! No future at all, might as well give up now'

'The wages, factory workers get peanut money. The average monthly salary is exactly the same as it was twenty years ago and yet everything is going up, like council tax, electricity, gas etc'

'I work full time but don't have a decent salary. So I have to work overtime which is working extra on Saturday and Sunday. So I have to work weekend, and spend less time with my family. More stress, less joy.'

'Not able to treat my children to basic things, being a single parent is taking its toll.'

Access to basic health services

5.10 Other than the cost of living, perhaps the most frequent cause of poor mental wellbeing was the inability to access basic health services. While some people said that this is was an issue pre-covid, most people agreed that it had been exacerbated during the covid period.

5.11 The most common complaint was the inability to get a GP appointment. This was independently raised by 192 of the 1356 conversations. The following quotes illustrate the frustration and exasperation felt by many:

'It takes two hours to get through to my GP. That's after trying over 200 times only to be told there are no appointments and if it's urgent go to A&E.'

'I don't want to speak to a receptionist about my problems, I just want to speak to a GP, and you can't get a GP appointment.'

'Lack of access to GPs. It was bad enough trying to see one before Covid, but nigh on impossible now. Not had my 'annual' review for nearly three years.'

'It is impossible to get a face to face appointment with one of the highest paid, so called professionals, in the public sector. This is not only expensive but frustrating and a complete waste of patients' time. It is just as well I am not working as I would be sacked for the amount of time I spend hanging on a phone!'.

5.12 Other people also had frustrations about their inability to access effective mental healthcare:

'We are constantly told to seek help and talk, but then refused help or not listened to.'

'I reach out but hit a brick wall every time. I get given phone numbers and websites but they never really help and I just end up confused all the time.'

I'm having counselling at the moment, which is part of the IAPT service. But my counsellor can only see me for six sessions I think, and it's not long enough, we're on four already, I've not even touched the surface of what I would like support with - it's barely long enough to explain the issues, and no possibility of dealing with them to feel better able to cope. It's a rubbish system that's one size fits all, six weeks, that's it, finished.

5.13 Many people who don't speak English as a first language highlighted that even when they were able to secure an appointment it was often cancelled after they arrived, because of the lack of available translators. This was highlighted by deaf people who use British Sign Language as well as people from different ethnic backgrounds.

'A friend of mine went in for an eye operation and had booked an interpreter – arrived at the appointment and the interpreter never turned up. Rescheduled and interpreter never turned up again. They asked if they could bring a friend to interpret, NHS said no. So, they're still waiting to get procedure done. NHS said it must be a registered interpreter, but they never turn up.'

'I had an operation due on my hand in the hospital which had to be stopped as there was no interpreter for pre appointment and aftercare.

I've been to hospital as I have cancer in my leg. No interpreters at the hospital so I didn't know what was going to happen, but I had to carry on with appointments and procedure was done. Doctors were trying to explain to me through pen and paper.

5.14 Individuals who are in Kent after seeking asylum highlighted a particular set of challenges that they face in accessing basic healthcare.

'I am in lot of pain from my teeth, they are very bad. Very painful. I find it difficult to eat or sleep, I talk my social worker about having ID, but there is nothing happening. Until I have ID, I cannot get my teeth fixed. I have been waiting six months. I do not know what to do.'

Impact on family and children

5.15 Many people stated that what they were most worried about was the impact that Covid was having on their relatives and loved ones.

'I feel worried about a lot of things. If there was another lockdown, can my kids go to school now that I'm not working anymore? I'm worried about my son going to secondary school next year. I worry for my children and their mental health'

'My sons have missed exams, school work and friends. My eldest feels alone like he now has no friends. He now suffers with depression.'

'We have a large family and things were really horrible during lockdown. We tried to do home schooling with the children but they were struggling so much with their mental health that we didn't do that much. My youngest child became very quiet and lost confidence going out and talking to people, she was so scared of what covid was, she thought everyone we met was going to make her sick. Now I have a very hard time getting her to mix with other people. I feel like there should have been more help for children during lockdown.'

'I had a baby during COVID and I feel she's missed out on so much that her older brother had; swimming, baby yoga, massage, playdates with other mums. I just feel she's behind where my son was at her age.

Housing

5.16 Some people raised the lack of a safe place to call home as the having the biggest impact on their wellbeing.

'I want to move away from a shared house. I want a flat. People who attacked me know where I live. It's very noisy, I can't sleep. I'm worried'

'The council has messed up my housing account not once but twice!!! I am disabled and living in a home deemed dangerous to me and have been on the waiting list {for years}. When issues are raised with them there is no communication. It's as if they are just playing mind games'

'Somewhere to live, I'm homeless and having to pay £40 for a shitty hotel room. Unless you are on drink or drugs the council don't help you, I contacted them a week ago and they said they would email me but they haven't. I haven't got a reference number or anything. It's not fair, you try and do right but they don't help you'.

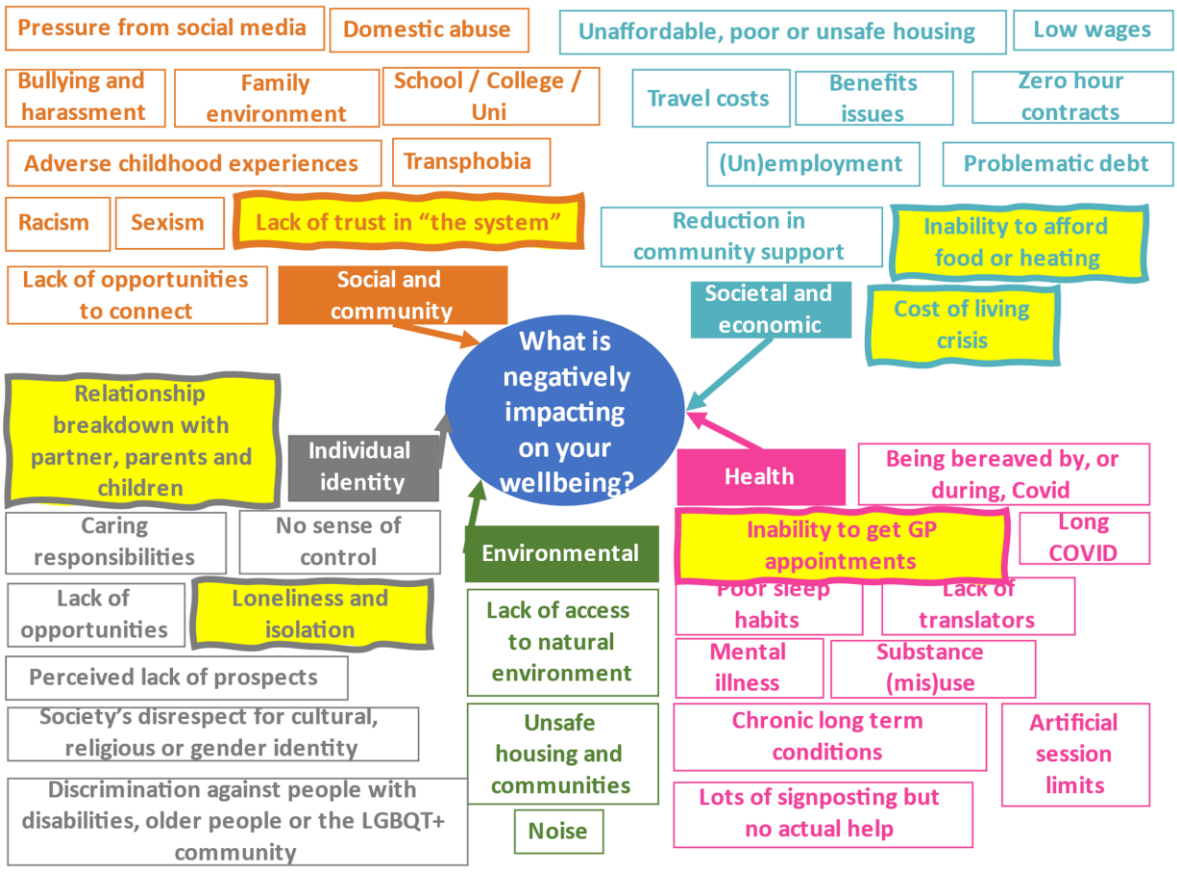
Discrimination

5.17 Some people highlighted examples of discrimination as impacting their wellbeing.

I was a victim of Disability Hate Crime earlier this year, it has really had an impact on my wellbeing. I have not been able to go out on my own since the attack but hope to be able to again in the future.

'Black Lives Matter? The country is inconsistent when dealing with people of colour, unanswered questions re Grenfell, Windrush scandal, the reaction to statue in Bristol of slave trader. This all spits in the face of people of colour. Government report on racism is unbalanced. This has impacted me even more than Covid. Feel disappointed, anxious and don't trust society. Huge issues and no one talks about it. Too many issues regarding racism not dealt with. Makes you question everything, undermines trust.'

5.18 The slide below summarises the wide range of issues highlighted by the listening programme. Issues highlighted in yellow came up most frequently.



Slide 1 – Issues raised by Kent and Medway Listens as impacting on people's wellbeing

5.19 Alongside the problems that were raised through the listening programme a small number of individuals wanted to highlight that for them the restrictions around the pandemic had brought benefits as well as challenges.

"One positive from the pandemic is that it has made me stronger mentally and as a family we do more things together, like, go for walks, pray together, finding peace through religion, practice gratitude and be thankful to God of what we have."

"I'm very fortunate that I make good money and I kept working at home for the whole lockdown and I still work mostly at home now. I was able to get a lot of my chores done during the working day so I was able to relax and enjoy my evenings more without the long commute to work. I used the extra time I had to start running and now I feel fitter than ever. My family have really benefitted from this shake up to our way of life."

"I always try to find something to keep me busy, as alongside any hardships I might be facing, there is also a lot I enjoy in life. I have a large loving family that I am constantly in contact with and are always there to put a smile on my face. Even with lockdowns and restrictions, I tried everything I could to keep in contact with friends and family, whether that be a facetime call or a door to door visit."

6. Community Chest investment

6.1 One of the major ways in which this engagement exercise differed from typical consultation projects was the provision of £25,000 of Community Chest funding to each of the four VCS listening partners to distribute in micro-grants to community projects to instantly address some of the issues being raised. By giving community groups small amounts of funding (£2000 on average) they were able to provide activities which kept the most isolated individuals connected with others and services to address specific issues raised by individuals.

6.2 This funding had the unintended consequence of making the participants taking part in the conversations feel valued as they could see immediate action in response to their concerns.

6.3 The table below shows a selection of the organisations which received micro-grants and the activities and services they were able to deliver as a result.

Organisation	Description of project/ activity
Tonbridge Baptist Church	Grant money used to help organise community gatherings where attendees shared freshly cooked meals.
Folkestone Nepalese Community Centre	Grant money used to provide translation services for their clients allowing them to access services.
BSL Community	Grant money for "Keeping in Touch" Community Events for Deaf people, in a BSL friendly social setting.
North Kent Caribbean Network	Grant used for Six Ways to Wellbeing project focused on self-care, difficult conversations, expressing feelings and increasing social activities to reduce isolation.
Clifton Community Centre	Grant used to assist with travel costs to reach those isolated due to remoteness and lack of access to travel.
Confident Children	Grant used for a series of wellbeing activities and toolkits for children and parents.
Youth Ngage	Grant for a Listen Up conference style event to raise awareness on; suicide, mental health and substance misuse.
Syrian and Afghan Refugee community	Grant used for group and family based social activities
Rethink Sangam	Grant used for activities to improve physical and mental wellbeing.
Paddock Wood Community Advice Centre (PWCAC)	Grant used to purchase a computer at PWCAC to enable volunteers to provide support.

St Martins PCC Maidstone	Grant used towards installation of WIFI at the church for digital inclusion courses and drop in sessions.
Ladies only badminton	Grant used to cover hall hire
Homeless Care	Grant used for 8-week life skills programme for people moving out of temporary accommodation

Table 2: A table showing examples of the Kent and Medway Listens Community Chest funding

6.4 The value of these micro-grants was so low (on average £2000 and often under £1000) that intensive formal evaluation was not appropriate, however every project was asked to complete a short report and highlight the impact that the project had on participants. The following quotes highlight the impact of a small amount of funding can often be disproportionately large to individuals.

"Oh my gosh the seated dance group was so lovely! I think it went really well and I was thrilled to see XXXX and XXX as they shared lots about what they have going on."

'I really liked the recycled retail therapy session because we felt good to do cash-free shopping and we all helped to stop land fill by swapping some clothes. I'm glad I didn't throw away some of my old scarfs!'

"The power of Green – spending time outside and in green spaces can be great for your physical and mental well-being we explored a local park, taking time to notice trees, flowers, plants and animals, I really enjoyed it."

"The general consensus of those attending the group meetups was that by subsidising the events it help those on low incomes to be able to join in the meetups. Isolation and anxiety are big issues for LGBTQIA+ people as they feel they may find discrimination in places they have not been before. The group meetups have reduced some of the anxiety of meeting new people and help them to socialise in safe spaces."

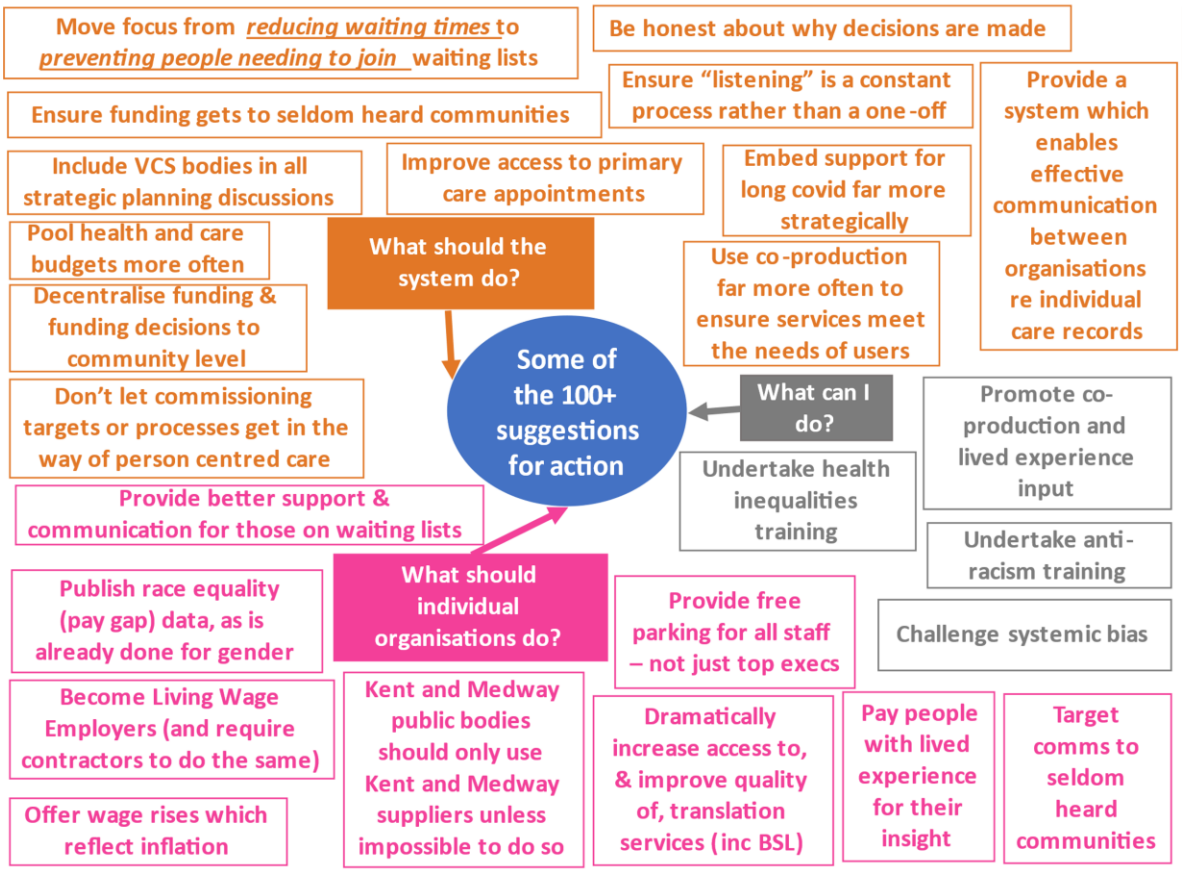
7. Reflections from Health and Care Partnership (HCP) and Integrated Commissioning Board (ICB) level workshops

7.1 Once the listening was completed and each VCS listening partner had written up and collated the conversations, a series of workshops were held. One workshop was held in each of the HCP areas and a final one was hosted by ICB Chair,Cedi Frederick and provided a county wide forum for reflection and discussion.

7.2 The HCP workshops provided an opportunity for individuals, senior stakeholders and decision makers (from a range of organisations and backgrounds) to reflect on the findings of the listening and to consider three questions:

1) What can I do as an individual?
2) What can my organisation do?
3) What can the system do?

The following slide shows some of the suggestions for actions that wereproposed at the workshops.



Slide 2 – Suggestions of action following Kent and Medway Listens HCP workshops

7.3 The ICB level workshop in July 2022 provided an opportunity for the ICB Chair, Cabinet Members from KCC and Medway, senior officials from NHS Kent and Medway, HCPs, Public Health, KMPT and District Councils to reflect both on the listening as well as the recommendations from the HCP level workshops.

7.4 Detailed and positive discussions were held on the range of topics raised by the listening, and while the challenges faced by some people were acknowledged as extreme, there was also reflection that many of the issues reflected the lower levels of Maslow's hierarchy of need (and therefore shouldn't be out of reach for people in Kent) for instance:

- Access to safe and decent housing
- People's ability to provide food, clothing and heating for themselves and their children
- The ability to access basic healthcare
- Opportunities to socialise and create meaningful relationships

8. Progress against original objectives

8.1 The following quotes illustrate how the original objectives for Kent and Medway Listens have been meet.

1) To give people from seldom heard communities a chance to share what they have gone through and how it has left them feeling

"Thank you for listening – it's the first time anyone's ever asked me how I'm feeling"

"I'm going to ask my friends how they are feeling the next time I see them. Saying this out loud to you has made me want to let them talk too"

"The real impact on our clients was the fact that someone outside of our organisation wanted to listen to them. The men who come to us feel like no-one listens, no-one understands, or worse - no-one cares enough to even try. There was a huge benefit to our Dads for someone external to take the time to come and understand their challenges and validate their experiences."

2) To provide quick-win funding to address immediate needs

Reducing isolation "The nature walk event (for BSL Community) saw a big turnout, feedback from participants proved this to be a success. As a result, this helped us to set up two monthly rambling walks across Kent Country Parks."

Reducing isolation 'I love coming to the weekly group and even at my age (95) I'm still learning. I didn't like the small portion sizes on the healthy eating handout, but I am making healthier choices to help control my weight and diabetes'

Men's Sheds: "It's not about woodwork, it's all about meeting each other, replacing the 'void' of working after retirement and provides face to face interaction."

Men's Check in and Chat "The sessions have helped to remove the stigma of discussing mental health issues and were attended by a wider range of ethnicities than anticipated."

Wellbeing Sessions for Muslim Women: 'The 1:1 slot was a great chance for me to get a little support with mothering my toddler. Received some practical tips on parenting and how to cope with anxiety.'

3) To provide senior decision makers with insights to help them take informed decisions

"What I have heard today is a call to arms. It's a challenge. I don't have the answers today. I don't think anyone does, but what I can say on behalf of the Integrated Care Board is an absolute rock-solid commitment to be part of the solution."

"I think listening to the testimonies from people who shared their stories, their journey, it really struck me that there's so much more we could be doing, and if we can do it together we will make more of an impact."

"I feel that there are untapped resources in our communities, it's a question of how we put all the different pieces together."

9. Next steps

9.1 A number of commitments and actions have already been taken in response to Kent and Medway Listens:

- The teams developing the Kent Public Health Strategy and the ICB Health Inequalities Strategic Action Plan have both committed to build on the insight from this work in those documents and related programmes
- The Kent and Medway Better Mental Health Community Fund (part of the Suicide Prevention Programme) has distributed another round of micro-grants to community projects

9.2 Moving forward, the Better Mental Health Network (facilitated by the Suicide Prevention Concordat) will develop a Kent and Medway Better Mental Health action plan, based on the commitments from partner organisations. This will then form the basis of an application to become a signatory to the National Concordat for Better Mental Health.

10. Recommendations

10.1 Recommendations: The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** the findings from Kent and Medway Listens and **COMMENT** on how findings could influence the way KCC designs and delivers services, and whether any specific actions could be taken.

11. Acknowledgements

Thank you to Farah Virani, an NHS Darzi Fellow who was based in KCC's Public Health team (between Sept 21 and Aug 22) and led the Kent and Medway Listens Programme.

Thank you to the 1356 individuals who took the time to share their feelings, hopes and fears as part of this project. It has been impossible to reflect everyone of your stories in this report, but you have been heard.

12. Report Authors

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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 20 September 2022
Subject:	**Young Persons Drug and Alcohol Service Contract**
Classification:	Unrestricted
Past Pathway:	This is the first committee to consider this report
Future Pathway:	N/A
Electoral Division:	All

Summary:
This report seeks endorsement to extend the Young Persons Drug and Alcohol Service contract, which is due to end on 31 December 2022. The core outcome from a formal contract review undertaken by Public Health Commissioners is the recommendation to extend the contract by 15 months (until 31 March 2024). The original contract has provisions for the extension and the proposed extension is compliant with Public Contract Regulations 2015.

Recommendation(s):
The Cabinet Committee is asked 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.

1. Introduction

1.1 This report seeks endorsement to extend the Young Persons Drug and Alcohol Service contract, which is due to end on 31 December 2022.

1.2 Originally a contract extension option of up to 24 months was built into the contract and agreed through formal KCC Governance procedures. Enacting the extension is in line with the recommendations from Professor Dame Carol Black's Review of Drugs[1], which identifies the need to maximise the stability and consistency of services to benefit both the service users and the workforce.

[1] Department of Health & Social Care (2021) Dame Carol Black's Independent Review of Drugs https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery

1.3 The local authority's Public Health grant requires the Authority to "have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services", and Professor Dame Carol Black's Review of Drugs recommends investment in young people's services.

2. Young Persons Drug and Alcohol Service

2.1 The Young Persons Drug and Alcohol Service contract, as delivered by Addaction, which later rebranded as We Are With You (With You), commenced on 1 January 2018, to provide an integrated substance misuse service for young people in Kent. The service is for those aged 11-18 with the flexibility to provide interventions for those aged 18-24 who have an identified need for the young person's provision (rather than simply accessing the adult provision). The service incorporates evidence-based specialist community treatment, early interventions and workforce development.

2.2 With the contract end approaching, Public Health Commissioners have undertaken a formal contact review, which concluded with the core recommendation to extend the contract.

2.3 The service contributes to the 'Priority 1: Levelling up Kent' of Framing Kent's Future the Council's Strategy for 2022-26 via harm-reduction and structured treatment of early onset substance misuse issues, which secures long term health outcomes for the young people in Kent.

2.4 We Are With You has been delivering the Young Persons Drug and Alcohol Service in a manner that aligns with the Government's new ten-year drugs plan, which advocates for the provision of good quality education, targeted support to prevent substance misuse, and for early interventions to avoid any escalation of risk and harm when such problems first arise.

2.5 The contract lifespan includes the challenging years of the COVID-19 pandemic, through which the service has demonstrated resilience, responsiveness, and ongoing development to meet the needs of young people and their families.

2.6 Comparisons with national data[2] suggest that the Kent service delivers similar or better overall outcomes to national rates.

2.6.1 Admission episodes for alcohol-specific conditions (under 18s) Kent 24.7 vs. England 29.3 per 100,000 (2018/19-20/21).

2.6.2 Hospital admission due to substance misuse (15-24-years) Kent 76.77 vs. England 85.97 per 100,000 (2018/19-20/21)

2.7 National evidence[3] indicates a substantial return on investment: the specialist interventions are shown to be a cost-effective way to secure long term outcomes, providing five or even eightfold return on investment with their impact

[2] Office for Health Improvement and Disparities, Public Health Data at https://fingertips.phe.org.uk/profile/local-alcohol-profiles and https://analytics.phe.gov.uk/apps/spend-and-outcomes-tool/#!/outcomes_benchmark

[3] Department for Education (2021) https://www.gov.uk/government/publications/specialist-drug-and-alcohol-services-for-young-people-a-cost-benefit-analysis

in young people's lives and reduced demand for various public services. There is a clear and compelling case for continuing KCC's investment in the Young Person's Drug and Alcohol Service.

2.8 Sufficient capacity and quality in treatment services depend on a suitably trained workforce. While it has been observed that recruitment to vacant roles in the social care and health services market is challenging at present, importance of retention is increasingly important. Extension of the contract will promote consistency and stability for both service users and staff.

2.9 Decommissioning the service was concluded as a non-viable option that would contradict Public Health grant's conditions and the clear and compelling case made in the review for continuing KCC's investment in the Young Person's Drug and Alcohol Service, for which national evidence indicates a substantial return on investment.

2.10 The review factored in that Government's planned transformation of public procurement is likely to bring changes to the procurement requirements in the near future and allowing time to observe implementation of the changes will be beneficial.

2.11 The Adults Drug and Alcohol Service contracts in Kent are all due to end on 31 March 2024. This will provide Public Health Commissioners an opportunity to conduct planning and re-commissioning processes in an efficient way, in alignment with the commitments under 'Priority 4: New Models of Care' of the Framing Kent's Future strategy .

2.12 The review concluded with the recommendation to extend the contract by 15 months (until 31 March 2024).

3. Financial Implications

3.1 Commissioners estimate that the 15 months extension (from 1 January 2023 to 31 March 2024) will require commitment of £985,083.30, of which £869,299.55 will come from the Public Health grant. The remaining £115,783.75 is anticipated to come from the Kent Police and Crime Commissioner, which is in line with the annual funding they have previously contributed since the contract started.

4. Legal implications

4.1 As the original contract has provisions to extend for up to two years and to terminate at any time by giving three months' written notice, the proposed extension is in accordance with Regulation 72 of the Public Contracts Regulations 2015, which set out the legal basis for Local Authority modifying contracts without a new procurement procedure.

4.2 The local authority's Public Health grant requires the Authority to "have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services".

5. Equalities implications

5.1 An Equality Impact Assessment (EqIA) was undertaken by commissioners when the service was commissioned in 2017 and recently for the extension (attached as Appendix 1). The proposal to extend the contract would require 'No change' in the current service delivery as no potential for discrimination was identified.

5.2 An EqIA will be drafted as part of the future recommissioning process once the contract comes to an end following the extension in March 2024.

6. Conclusions

6.1 The local authority's Public Health grant require the Authority to "have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services".

6.2 Young Persons Drug and Alcohol Service contract is due to end on 31 December 2022.

6.3 Given the good performance of the current contract and the identified opportunity to recommission all KCC commissioned drug and alcohol contracts together, the formal contact review undertaken by Public Health Commissioning concluded with the recommendation to extend the contract by 15 months, until 31 March 2024.

6.4 Estimated cost for the extension is £985,083.30 with £869,299.55 coming from the Public Health grant and the remaining amount anticipated to come from the Kent Police and Crime Commissioner.

6.5 The original contract has provisions for the extension, and the proposed extension is compliant with the Public Contracts Regulations 2015.

7. Recommendation(s):

The Cabinet Committee is asked 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.

8. Background Documents

8.1 Framing Kent's Future - Our Council Strategy 2022-2026

8.2 HM Government (2021) From Harm to Hope - A Ten Year Drugs Plan to Cut Crime and Save Lives

9. Contact details

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Relevant Director:

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Mrs Clair Bell, Cabinet Member for Adult Social Care and Public Health	22/00083

For publication

Key decision: YES

Key decision criteria. The decision will:

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

Subject Matter / Title of Decision

Young Persons Drug and Alcohol Service Contract Extension

Decision:

As Cabinet Member for Adult Social Care and Public Health, I agree 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.

Reason(s) for decision:

The Young Persons Drug and Alcohol Service contract is due to end on 31 December 2022, so commissioners have undertaken a formal contact review, which concluded with the core recommendation to extend the contract. The contract has provisions for an extension of up to 24 months.

The intention to extend the contract by 15 months will align all KCC-commissioned drug and alcohol contracts to end in March 2024. This will give the Council maximum flexibility and opportunity to re-commission in a way that will effectively support Kent residents in the future.

- **Background**

The Young Persons Drug and Alcohol Service contract, as delivered by Addaction, which later rebranded as We Are With You (With You), commenced on 1 January 2018, to provide an integrated substance misuse service for young people in Kent. The service is for those aged 11-18 with the flexibility to provide interventions for those aged 18-24 who have an identified need for the young

person's provision (rather than simply accessing the adult provision). The service incorporates evidence-based specialist community treatment, early interventions and workforce development.

The contract lifespan includes the challenging years of the COVID-19 pandemic, through which the service has demonstrated resilience, responsiveness, and ongoing development to meet the needs of young people and their families.

We Are With You has been delivering the Young Persons Drug and Alcohol Service in a manner that aligns with the Government's new ten-year drugs strategy, which advocates for the provision of good quality education, targeted support to prevent substance misuse, and for early interventions to avoid any escalation of risk and harm when such problems first arise.

The review has factored in that Government's planned transformation of public procurement is likely to bring changes to the procurement requirements in the near future and allowing time to observe implementation of the changes will be beneficial.

The contract is due to end on 31 December 2022 (five years in total) with an option to extend by an additional two years. Given the good performance of the current contract and the identified opportunity to gain efficiencies in the recommissioning process, it is recommended that the extension to the contract is enacted.

- **Financial Implications**

Commissioners estimate that the 15 months extension (from 01 January 2023 to 31st March 2024) will require commitment of £985,083.30, of which £869,299.55 will come from the Public Health grant. The remaining £115,783.75 is anticipated to come from the Kent Police and Crime Commissioner, which is in line with the annual funding they have previously contributed since the contract started.

- **Legal Implications**

As the original contract has provisions to extend for 2 years and to terminate at any time by giving three months' written notice, the proposed extension is in accordance with Regulation 72 of the Public Contracts Regulations 2015, which set out the legal basis for Local Authority modifying contracts without a new procurement procedure.

The local authority's Public Health grant require the Authority to "have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services".

- **Equalities implications**

An Equality Impact Assessment (EqIA) was undertaken by commissioners when the service was commissioned in 2017 and recently for the extension. The proposal to extend the contract would require 'No change' in the current service delivery as no potential for discrimination was identified.

- **Data Protection implications**

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

Cabinet Committee recommendations and other consultation:

The proposed decision will be discussed at Health Reform and Public Health Cabinet Committee on

20 September 2022.

Stakeholder consultation formed part of the commissioning process when the contract was initially tendered. Public Consultation will form part of re-commissioning of future services.

Any alternatives considered and rejected:

Decommission the service - Decommissioning the service was concluded as a non-viable option that would place KCC in breach of the Public Health grant's conditions.

Retender the service – Retendering the service now would not enable the Council to recommission all KCC-commissioned drug and alcohol services together which may result in missed opportunities for efficiencies.

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

-

..... signed

..... date

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EQIA Submission Form
Information collected from the EQIA Submission

EQIA Submission – ID Number
Section A

EQIA Title
Proposed extension to Young Persons Drug and Alcohol Service Contract

Responsible Officer
Rebecca Eley - ST SC

Type of Activity

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

Accountability and Responsibility

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

Aims and Objectives

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

The Young Persons Drug and Alcohol Service contract, as delivered by Addaction, which later rebranded as We Are With You (With You), commenced on 1st January 2018. The contract is due to end on 31st December 2022 (5 years in total) with an option to extend by 2 years. The intention is to extend the contract by 15 months to align all Kent drug and alcohol contracts to end in March 2024. This will give the Council maximum flexibility and opportunity to re-commission in a way that will effectively supports Kent residents in the future. Commissioners plan to procure all the contracts as one exercise which will allow for economies of scale and shared engagement with all the market.

The analysis of the proposal to extend the Young Persons Drug and Alcohol contract services considers that no change in the Young Persons Drug and Alcohol service is the most appropriate option.

The evidence presented here suggests that there is no potential for discrimination and that this option is an

appropriate measure to advance equality and create stability for vulnerable service users.

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

Section B – Evidence

Do you have data related to the protected groups of the people impacted by this activity?

Yes

It is possible to get the data in a timely and cost effective way?

Yes

Is there national evidence/data that you can use?

Yes

Have you consulted with stakeholders?

Yes

Who have you involved, consulted and engaged with?

We have engaged and consulted with internal stakeholders within KCC:
- Public Health Consultants and Specialists
- Interim Head of Strategic Commissioning (Public Health)
- Relevant commissioners in Strategic Commissioning

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

Has there been a previous Equality Analysis (EQIA) in the last 3 years?

No

Do you have evidence that can help you understand the potential impact of your activity?

Yes

Section C – Impact

Who may be impacted by the activity?

Service Users/clients
Service users/clients

Staff
Staff/Volunteers

Residents/Communities/Citizens
Residents/communities/citizens

Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?

Yes

Details of Positive Impacts

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

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

The intention is to extend the contract by 15 months to align all Kent drug and alcohol contracts to end in March 2024. This will give the Council maximum flexibility and opportunity to re-commission in a way that will effectively supports Kent residents in the future. Commissioners plan to procure all the contracts as one exercise which will allow for economies of scale and shared engagement with all the market.

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

Negative impacts and Mitigating Actions
19.Negative Impacts and Mitigating actions for Age
Are there negative impacts for age?
No
Details of negative impacts for Age
Not Applicable
Mitigating Actions for Age
Not Applicable
Responsible Officer for Mitigating Actions – Age
Not Applicable
20. Negative impacts and Mitigating actions for Disability
Are there negative impacts for Disability?
No
Details of Negative Impacts for Disability
Not Applicable
Mitigating actions for Disability
Not Applicable
Responsible Officer for Disability
Not Applicable
21. Negative Impacts and Mitigating actions for Sex
Are there negative impacts for Sex
No
Details of negative impacts for Sex
Not Applicable
Mitigating actions for Sex
Not Applicable
Responsible Officer for Sex
Not Applicable
22. Negative Impacts and Mitigating actions for Gender identity/transgender
Are there negative impacts for Gender identity/transgender
No
Negative impacts for Gender identity/transgender
Not Applicable
Mitigating actions for Gender identity/transgender
Not Applicable
Responsible Officer for mitigating actions for Gender identity/transgender
Not Applicable

23. Negative impacts and Mitigating actions for Race
Are there negative impacts for Race
No
Negative impacts for Race
Not Applicable
Mitigating actions for Race
Not Applicable
Responsible Officer for mitigating actions for Race
Not Applicable
24. Negative impacts and Mitigating actions for Religion and belief
Are there negative impacts for Religion and belief
No
Negative impacts for Religion and belief
Not Applicable
Mitigating actions for Religion and belief
Not Applicable
Responsible Officer for mitigating actions for Religion and Belief
Not Applicable
25. Negative impacts and Mitigating actions for Sexual Orientation
Are there negative impacts for Sexual Orientation
No
Negative impacts for Sexual Orientation
Not Applicable
Mitigating actions for Sexual Orientation
Not Applicable
Responsible Officer for mitigating actions for Sexual Orientation
Not Applicable
26. Negative impacts and Mitigating actions for Pregnancy and Maternity
Are there negative impacts for Pregnancy and Maternity
No
Negative impacts for Pregnancy and Maternity
Not Applicable
Mitigating actions for Pregnancy and Maternity
Not Applicable
Responsible Officer for mitigating actions for Pregnancy and Maternity
Not Applicable
27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships
Are there negative impacts for Marriage and Civil Partnerships
No
Negative impacts for Marriage and Civil Partnerships
Not Applicable
Mitigating actions for Marriage and Civil Partnerships
Not Applicable
Responsible Officer for Marriage and Civil Partnerships
Not Applicable
28. Negative impacts and Mitigating actions for Carer's responsibilities
Are there negative impacts for Carer's responsibilities
No

Negative impacts for Carer's responsibilities
Not Applicable
Mitigating actions for Carer's responsibilities
Not Applicable
Responsible Officer for Carer's responsibilities
Not Applicable

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From: Benjamin Watts, General Counsel

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

Subject: **Work Programme 2022/23**

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 note its planned work programme for 2022/23.

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 2022/23

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 note its planned work programme for 2022/23.

5. Background Documents

None.

6. Contact details

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HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE
WORK PROGRAMME

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
Public Health Strategy	Standing Item
Health Reform	Standing Item
Key Decision Items	
Performance Dashboard	January, March, July, September
Update on Public Health Campaigns/Communications	Biannually (January and July)
Draft Revenue and Capital Budget and MTFP	Annually (January)
Annual Report on Quality in Public Health, including Annual Complaints Report	Annually (November)

2022/23

23 November 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	Kent Public Health Strategy	Standing Item
9	Health Reform	Standing Item
10	Annual Report on Quality in Public Health, including Annual Complaints Report	Regular Item
11	Work Programme	Standing Item
17 January 2023		
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 Strategy	Standing Item
9	Health Reform	Standing Item
10	Update on Public Health Campaigns/Communications	Regular Item
11	Draft Revenue and Capital Budget and MTFP	Regular Item
12	Public Health Performance Dashboard - Quarter 2 2022/23	Regular Item
13	Work Programme	Standing Item
16 March 2023		
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 Strategy	Standing Item
9	Health Reform	Standing Item
10	Public Health Performance Dashboard - Quarter 3 2022/23	Regular Item
11	Work Programme	Standing Item
10 May 2023		
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 Strategy	Standing Item
9	Health Reform	Standing Item
10	Work Programme	Standing Item
11 July 2023		
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 Strategy	Standing Item
9	Health Reform	Standing Item
10	Public Health Performance Dashboard - Quarter 4 2022/23	Regular Item
11	Update on Public Health Campaigns/Communications	Regular Item
12	Work Programme	Standing Item

ITEMS FOR CONSIDERATION THAT HAVE NOT YET BEEN ALLOCATED TO A MEETING
Place-Based Health – Healthy New Towns
Update Report on 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
Mental Health for Younger People + Young Minds Presentation – added by Andrew Kennedy on 24/01/2022
NHS Health Check (dependent on the confirmation of national review)

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