HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Thursday, 16th March, 2023

2.00 pm

Council Chamber, Sessions House, County Hall, Maidstone

Kent County Council
kent.gov.uk

AGENDA

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Thursday, 16 March 2023 at 2.00 pm
Council Chamber, Sessions House, County Hall, Maidstone

Ask for: **Dominic Westhoff**
Telephone: **03000 412188**

Membership (16)

Conservative (12):	Mr A Kennedy (Chairman), Mr N Baker (Vice-Chairman), Mr D Beaney, Mrs P T Cole, Mr P Cole, Ms S Hamilton, Mr D Jeffrey, Mr J Meade, Mrs L Parfitt-Reid, Mr D Ross, Mr S Webb and Ms L Wright
Labour (2):	Ms K Constantine and Ms J Meade
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 17 January 2023 (Pages 1 - 6)

To consider and approve the minutes as a correct record.

5 Verbal updates by Cabinet Member and Director

6 Public Health Performance Dashboard – Quarter 3 2022/23 (Pages 7 - 14)

7 Risk Management: Health Reform and Public Health (Pages 15 - 28)

8 23/00021 - Kent Drug and Alcohol Strategy 2023-2028 (Pages 29 - 142)

9 Update Report on Gambling Addiction Interventions in Kent (Pages 143 - 148)

10 Work Programme (Pages 149 - 154)

11 Future Meeting Dates

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

Thursday 18 May 2023 at 2pm
Tuesday 11 July 2023 at 10am
Tuesday 5 September 2023 at 10am
Tuesday 7 November 2023 at 10am
Tuesday 23 January 2024 at 10am
Tuesday 5 March 2024 at 10am
Tuesday 14 May 2024 at 10am
Tuesday 2 July 2024 at 2pm

EXEMPT ITEMS

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

Benjamin Watts
General Counsel
03000 416814

Wednesday, 8 March 2023

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, 17 January 2023.

PRESENT: Mr A Kennedy (Chairman), Mr N Baker (Vice-Chairman), Mr D Beaney, Ms S Hamilton, Peter Harman, Mr D Jeffrey, Mr J Meade, Mr S Webb, Mrs L Parfitt-Reid and Mr M Dendor (Substitute)

ALSO PRESENT: Mrs C Bell

IN ATTENDANCE: Miss K Reynolds (Democratic Services Officer), Mrs V Tovey (Public Health Senior Commissioning Manager), Jo Allen (Communications Partner) and Dr Ellen Schwartz (Deputy Director Public Health)

UNRESTRICTED ITEMS

231. Apologies and Substitutes
(Item 2)

Apologies for absence had been received from Mrs Cole, Mr Cole, Mr Daley and Mr Lewis. Mr Dendor was present as substitute for Mrs Cole.

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

There were no declarations of interest.

233. Minutes of the meeting held on 23 November 2022
(Item 4)

RESOLVED that the minutes of the meeting of the Health Reform and Public Health Cabinet Committee held on 23 November 2022 were correctly recorded and that they be signed by the Chair.

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

1. The Cabinet Member for Adult Social Care and Public Health, Mrs Clair Bell, gave a verbal update on the following:
   Level Three Cold Weather warning – As part of the warn-and-inform responsibilities, Public Health were urging residents to follow simple steps to keep warm, and to help vulnerable families, friends and neighbours stay safe

during the forecasted severe cold weather and icy conditions in Kent. It was said cold weather increased the risk of range of illnesses including heart attacks, strokes and flu. Those with underlying health problems, the elderly and frail were particularly vulnerable.

Public Health Services – Members and the public were reminded of the public health services available including: the Release the Pressure helpline and text services for mental health; the One You Kent healthy weight services; and the One You Kent support for cutting down alcohol consumption.

Scarlet Fever – It was said that the Council was working with NHS to raise awareness of the symptoms of scarlet fever following a national alert by the United Kingdom Health Security Agency. It was said that Dr Ghosh, Director of Public Health, had written to Head teachers, nurseries, childcare centres and parents across the county to raise awareness.

Kent Substance Misuse Alliance – Mrs Bell had recently chaired a meeting of the Kent Substance Misuse Alliance. This was a partnership of key organisations including councils, Kent Police, emergency services and health providers, recent strategy developed to tackle drug and alcohol misuse through prevention, treatment and recovery, and community safety. The quarterly meetings provide a useful forum for the organisations. The most recent meeting focused on the work being undertaken by KCC to deliver drug and alcohol support services.

2. Dr Ellen Schwartz, Deputy Director of Public Health, gave a verbal update on the following:

   Public Health Staffing – It was said that the Public Health team was being developed to ensure that staff were in the best position to provide advice on health and wellbeing across Kent. It was necessary to have an appropriate level of expertise to deliver these services.

   COVID-19 and Flu – Levels of COVID-19 and flu were said to show a marked reduction in both incidence and hospital bed occupancy levels. Dr Schwartz encouraged Members and the public to get the flu vaccine and the COVID-19 booster, particularly those at higher risk, to avoid getting seriously ill.

   Refugees and Asylum Seekers – Public Health Team had made a fourth visit to the sites to ensure that these individuals were looked after in care.

   In response to questions from Members it was said:

   a) Figures detailing the fourth COVID-19 vaccination uptake, the *r* rate and hospitalisation data would be shared with the Committee.
   b) Dr Schwartz would provide further information regarding the monkey pox vaccination, including take up rate, outside of the meeting.

3. RESOLVED to note the verbal updates.

235. Draft Ten Year Capital Programme, Revenue Budget 2023-24 and Medium Term Financial Plan 2023-26

(Item 6)

Ms Zena Cooke (Corporate Director Finance) and Mr Peter Oakford (Deputy Leader and Cabinet Member for Finance, Corporate and Traded Services) were in attendance for this item.

1. Mr Peter Oakford, Deputy Leader and Cabinet Member for Finance, Corporate and Traded Services, introduced the Draft Ten Year Capital Programme, Revenue Budget 2023-24 and medium-term financial plan 2023-26. Mr Oakford

highlighted the financial and operating pressures facing the council including inflation and the increased demand for Adult Social Care services. It was said that gross additional proposed spending growth was £216.8m.

Despite additional income generation, there was an anticipated drawdown on reserves. This arose from the need to divert insecure income, such as dividends received from a holding company, to the base budget rather than into reserves. Additionally, in order to achieve a balanced one-year budget, £39.1m of savings would need to be delivered. Given the scale of the savings, enhanced monitoring arrangements would be put in place. There was, however, a small risk reserve to offset any savings that were not achieved.

2. Mrs Bell said that Public Health was funded from a ringfenced grant from the Government. This grant for 2023-24 had not been announced at the time of the Cabinet Committee meeting. Consequently, there was a high level of uncertainty in the Public Health Draft Budget for 2023-24. Therefore, assumptions had been made, including a conservative estimation of a £2m (2.8%) increase in the grant. A settlement of more than 2.8% would enable Public Health to revisit the savings that have been identified.

   It was said that the pressures for the Public Health budget included: NHS pay increases; increased cost of service providers; increased demand in certain services; the ending of COVID-19 grant funding; uncertainty around some external funding; additional staffing costs; and additional requirements as a result of updated national guidance.

   Public Health reserves remained relatively high and had increased as a result of underspends returned to the council by the Kent Community Health Foundation Trust (KCHFT). The underspend had been primarily due to staffing vacancies, reduced service levels and/or demand post COVID-19. It was anticipated that the ringfencing of the KCHFT reserve would be relaxed, enabling the reserve to be used more widely to achieve public health outcomes.

3. In response to questions from Members it was said that:
   a) Recruitment into permanent senior positions had not had a high success rate and, therefore, interim positions had been introduced. The intention was to replace the interim positions with permanent staff.
   b) The Business Partner would provide further information regarding the sources of minor growth for public health outside of the meeting.
   c) It was highlighted that the proposed Council Tax increase was in line with the government's expectation of a 3% referendum limit and 2% adult social care precept.

4. RESOLVED to:
   a. Comment on the draft capital and revenue budgets relevant to this committee including responses to consultation
   b. Propose any changes to the draft capital and revenue budgets relevant to this committee for consideration by Cabinet on 26th January 2023 before the draft is presented for approval at County Council on 9th February 2023

236. Update on Public Health Communications and Campaigns
(Item 7)

1. Jo Allen, Marketing and Resident Experience Partner, introduced the paper which reported on the campaigns and communications activity delivered through the KCC Public Health team in 2022 and outlined plans for the remainder of the financial year. The statutory warn-and-inform responsibilities, as lead for the Kent Resilience Forum Outbreak Control Management Plan, had seen the Director of Public Health and the KCC communications team at the forefront of public attention during the winter months. It was also said that severe weather communications had been a focus area in 2022, including reactive communications in response to the government's Level 4 heatwave alert in July 2022.

2. It was highlighted that planned engagement with residents in 2023 aimed to increase understanding about how current factors are affecting residents' wellbeing. The engagement included a digital survey, focus groups and targeted group conversations. It was anticipated that this feedback would help KCC to shape future Public Health priorities and inform communication strategies.

3. In response to questions from Members it was said that:

    a) Campaigns and communications were delivered in a variety of formats. Commissioned services and providers helped to identify key target groups and the Campaigns and Marketing Team advised on how to deliver to these groups. The success of the campaigns, including the reach and engagement levels, was tracked.
    b) The Marketing and Resident Experience Partner would provide further information regarding the campaigns to specifically target young people, including evaluation figures and the specific details of the reach.
    c) The Committee raised concerns regarding the targeted audience of the smoking cessation campaign. It was suggested that further engagement was required with younger audiences, particularly given the rising use of electronic cigarettes. The Marketing and Resident Experience Partner would raise this concern with the relevant consultants.

4. RESOLVED to comment on and endorse the progress and impact of public health communications and campaigns in 2022 and the need to continue to deliver throughout 2022/23.

237. Public Health Performance Dashboard – Quarter 2 2022/23

(Item 8)

1. Victoria Tovey, Lead Commissioner (Public Health), introduced the paper which provided an overview of the Key Performance Indicators (KPIs) for Public Health commissioned services. In the latest available quarter, July to September 2022, eight of 15 KPIs were RAG rated Green, five Amber, and two Red. It was highlighted that some of the indicators in the Amber category were still subject to the impact of COVID-19, for example the NHS Health Check Programme.

2. In response to questions from Members it was said that:

    a) The Lead Commissioner would feedback to providers the concern from Members that the discontinuation of sexual health walk-in services could

discourage younger residents from engaging with these services, particularly due to the loss of anonymity.

b) The amount of young people exiting treatment in a planned way had decreased to 57% from 78% in the previous quarter. It was said that the numbers in the service were low so any change would have a large impact to the percentage. Furthermore, some disengagement had been linked to staff turnover. This was being monitored, however, staffing levels had become more stable since Quarter 2. The Committee were also reassured that the provider did have robust dropout procedures in place.

c) It was suggested that there was insufficient collaborative work between agencies to engage with younger people. The Lead Commissioner would provide further information regarding how this work was being carried out.

3. RESOLVED to note the performance of Public Health commissioned services in Q2 2022/23.

238. Kent and Medway Interim Integrated Care Strategy

(Item 9)

1. Dr Ellen Schwartz, Deputy Director of Public Health, introduced the Kent and Medway Interim Integrated Care Strategy which had been approved by KCC's Cabinet on 1 December 2022 and discussed at County Council on 15 December 2022. It was said that the aim of the Strategy was to join up planning and delivery for health and social care across Kent and Medway. The Strategy focused on key approaches including prevention and early intervention. Action plans at a district level were in development.

2. In response to questions from Members it was said that the Strategy would take into account levels of activity, need and demand in planning the delivery for health and social care across Kent and Medway.

3. RESOLVED to note the Kent and Medway Interim Integrated Care Strategy.

239. Update Report on Gambling Addiction Interventions in Kent

(Item 10)

This agenda item was deferred to a future Health Reform and Public Health Cabinet Committee meeting.

240. Work Programme

(Item 11)

1. The Clerk highlighted that, since the publication of the agenda, the May meeting of the Committee had been moved from the 10th to 18th of May 2023 at 14:00.

2. RESOLVED to consider and agree the Health Reform and Public Health Cabinet Committee Work Programme for 2023 subject to the deferral of the 'Update Report on Gambling Addiction Interventions in Kent' item to the 16 March 2023 meeting.

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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 – 16 March 2023

Subject: **Performance of Public Health Commissioned Services (Quarter 3 2022/23)**

Classification: Unrestricted

Previous Pathway: None

Future Pathway: None

Electoral Division: All

Summary: This report provides an overview of the Key Performance Indicators (KPIs) for Public Health commissioned services. In the latest available quarter, October to December 2022, eight of 15 KPIs were RAG rated Green, five Amber, and one Red. One KPI – Community Drug and Alcohol Services – was not available at the time of writing this report.

The Red KPI is the One You Kent Service.

To ensure we are focusing the committees attention on priority areas and driving providers to deliver continuous improvement, this Cabinet Committee paper proposes changes to four of the KPI targets for 2023/24.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q3 2022/23 and the proposed target changes for 2023/24.

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 15 targeted KPIs for Public Health commissioned services, eight achieved target (Green), five were below target although did achieve the floor standard (Amber) and one did not achieve the floor standard (Red). The red KPI relates to

the number of clients currently active within One You Kent services being from the most deprived areas in Kent. One KPI – the number of people successfully completing drug and/or alcohol treatment of all those in treatment – was not available at the time of writing this report.

3. Health Visiting

3.1 In Q3 2022/23, the Health Visiting Service delivered 17,727 mandated universal contacts. The service remains on track to meet the annual target of 65,000 mandated universal contacts. Four of the five mandated contacts met or exceeded target. The proportion of new birth visits delivered within 10–14 days was 93%, slightly below the 95% target. From 2022/23, this KPI changed from delivery of the visit within 30 days of birth. Overall, 99% of new birth visits were delivered within 30 days. There are several reasons why a new birth visit will take place outside of 10–14 days, including families who move into or out of the Kent area, babies who are an inpatient within a neonatal unit or cancellations. All families are offered a new birth visit, the majority of which take place in their home. Despite challenging workforce circumstances, with national and local shortfalls in health visitors, the Health Visiting Service performance remains above target.

3.2 The Kent Health Visiting Service have consistently met or exceeded the annual target of 65,000 mandated universal contacts. It is therefore proposed that the KPI increases by 3,000 to 68,000, to commence from Q1 2023/24. All other KPIs for Health Visiting will not change.

4. Adult Health Improvement

4.1. The number of eligible people receiving an NHS Health Check (12-month rolling) is below the target of 23,844, however it remains on an upward trend. Performance is below target due to the need to retrain primary care staff and lower GP provider participation levels since COVID-19, when the programme was paused. In Q3 2022/23, there were 5,856 checks delivered representing a 4.4% increase compared to Q2 2022/23, demonstrating the continued growth of activity. In the current Quarter, there were 19,645 1st invites issued. The NHS Health Check programme continues to focus on building activity to pre-pandemic levels. The KCC Public Health core team is currently reviewing the Kent NHS Health Check programme with the aim of enhancing the service.

4.2 In Q3 2022/23, the smoking cessation service continued to deliver the core Stop Smoking Service whilst working in partnership with the NHS on several key projects. This includes the NHS Lung Health project and supporting the implementation of smoking pathways within Maternity and Acute Teams.

4.3 The provider is also delivering an e-cigarette pilot and has so far distributed over 1,000 vouchers for individuals to utilise e-cigarettes instead of traditional Nicotine Replacement Therapy (NRT). Initial findings from the pilot suggest that this method of quitting smoking is an effective alternative to NRT and supports the Department of Health and Social Care's use of e-cigarettes as part of a range of tactics offered by Stop Smoking Services to help people over the age of 18 quit smoking.

4.4 Third party provision through GPs and Pharmacy continues to remain low when compared to pre-COVID levels and therefore individuals are predominantly being supported by the core Stop Smoking Service. The percentage of quits remains above the 55% target at 57% of individuals having set a quit date, quitting smoking.

4.5 In Q3 2022/23, 45% of individuals across One You Kent (OYK) Services were from the most deprived quintiles. In districts with lower levels of deprivation it continues to be challenging to engage those from lower quintiles. Other areas with higher levels of deprivation also struggled to meet the target despite projects specifically designed to increase referrals from deprived quintiles. Referrals from GPs across Kent continued to increase referrals from areas of non-deprivation which further impacted upon the achievement of the countywide target.

5. Sexual Health

5.1 The Sexual Health Service performed above the target for the percentage of first-time patients being offered a full sexual health screen, achieving 96% in Q3 2022/23. Maidstone and Tunbridge Wells NHS Trust are currently trialling an open access walk-in clinic in one of their clinics, with the aim of increasing service accessibility, particularly for young people. A review is currently being undertaken and if successful this will be embedded across Kent. The service has also continued successful, proactive outreach work.

6. Drug and Alcohol Services

6.1 Community Drug and Alcohol Services data for Q3 2022/23 was not yet released at the time of writing this report.

6.2 The Young People's Service received 95 referrals in Q3 2022/23, an increase of 2% compared to Q3 2021/22. The amount of young people exiting treatment in a planned way this quarter has increased to 77% from 57% during the previous quarter. This represents 27 planned exits and 8 unplanned exits. All unplanned exits are due to young people disengaging after multiple attempts to re-establish engagement. Of those young people who exited treatment in a planned way, 15% reported abstinence; not all young people are looking to achieve abstinence and, whilst this is encouraged, the service operates from an ethos of harm reduction.

7. Mental Health and Wellbeing Service

7.1 In Q3 2022/23, Live Well Kent (LWK) client satisfaction rates were 99%, meeting the 98% target. The service report that the increased cost-of-living is impacting on the mental health and wellbeing of clients. Above 65% of people accessing the service live in the most deprived areas of Kent. A LWK lead participated in a live drive-time debate for World Mental Health Day and promoted the LWK service to Kent residents.

8. National Child Measurement Programme

8.1 The National Child Measurement Programme (NCMP) participation rate KPI targets in Kent for both Year R and Year 6 children have been reviewed and proposed to

increase from 90% to 92% from September 2023. This is based upon a comparison with other Local Authorities. The review was undertaken through partnership discussions between KCC and the provider in preparation for formal approval.

9. Proposed KPI changes for 2023/24

9.1 Directorates are expected to review their KPIs and activity measures annually. This is to ensure we are focusing the committee's attention on priority areas and driving providers to deliver continuous improvement. Table 1 outlines proposed changes for Public Health commissioned services.

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

9.3 Table 1: Proposed changes for 2023/24.

KPI	Change
PH04: No. of mandated universal checks delivered by the health visiting service (12-month rolling)	Target increased by 3,000 to 68,000
PH09: Participation rate of Year R (4–5 year olds) pupils in the National Child Measurement Programme	Target increased from 90% to 92% (from September 2023)
PH10: Participation rate of Year 6 (10–11 year olds) pupils in the National Child Measurement Programme	Target increased from 90% to 92% (from September 2023)

10. Conclusion

10.1. Eight of the fifteen KPIs remain above target and were RAG rated Green.

10.2. Commissioners continue to explore other forms of delivery, to ensure current provision is fit for purpose and able to account for increasing demand levels and changing patterns of need.

11. Recommendations

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q3 2022/23 and the proposed target changes for 2023/24.

12. Background Documents

None

13. Appendices

1.3.1 Appendix 1 - Public Health Commissioned Services KPIs and Key.

14. Contact Details

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

Service	KPIs	Target 21/22	Target 22/23	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 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	73,559 (G)	72,530 (G)	70,923 (G)	69,657 (G)	69,082 (G)	⇩
	PH14: No. and % of mothers receiving an antenatal contact with the health visiting service	43%	43%	2,183 62%(G)	1,809 54%(G)	1,561 44%(G)	1,846 52%(G)	1,656 53%(G)	⇧
	PH15: No. and % of new birth visits delivered by the health visitor service within 10-14 days of birth	95%	95%	4,009 94%(A)	3,620 94%(A)	3,777 94%(A)	3,921 94%(A)	3,868 93%(A)	⇩
	PH16: No. and % of infants due a 6-8 week who received one by the health visiting service	85%	85%	4,038 92%(G)	3,530 91%(G)	3,605 91%(G)	3,792 92%(G)	3,899 91%(G)	⇩
	PH23: No. and % of infants who are totally or partially breastfed at 6-8 weeks (health visiting service)	-	-	2,125 51%	1,836 49%	1,953 50%	2,051 52%	2,139 52%	⇔
	PH17: No. and % of infants receiving their 1-year review at 15 months by the health visiting service	85%	85%	3,828 92%(G)	3,631 91%(G)	3,691 92%(G)	3,908 92%(G)	4,119 92%(G)	⇔
	PH18: No. and % of children who received a 2-2½ year review with the health visiting service	80%	80%	3,691 92%(G)	3,772 91%(G)	3,539 87%(G)	3,322 85%(G)	3,452 86%(G)	⇧
Structured Substance Misuse Treatment	PH13: No. and % of young people exiting specialist substance misuse services with a planned exit	85%	85%	55 89%(G)	30 83%(A)	36 78%(A)	25 57%(R)	27 77%(R)	⇧
	PH03: No. and % of people successfully completing drug and/or alcohol treatment of all those in treatment	25%	25%	1,475 29%(G)	1,467 29%(G)	1,484 29%(G)	1,410 28%(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	13,378 (G)	16,740 (G)	19,834 (A)	20,946 (A)	22,255 (A)	⇧
	PH11: No. and % of people quitting at 4 weeks, having set a quit date with smoking cessation services	52%	55%	547 51%(A)	793 60%(G)	661 54%(A)	627 62%(G)	691 57%(G)	⇩
	PH25: No. and % of clients currently active within One You Kent services being from the most deprived areas in Kent	-	55%	1,067 55%(G)	1,339 57%(G)	734 54%(A)	786 46%(R)	670 45%(R)	⇩
Sexual Health	PH24 No. and % of all new first-time patients (at any clinic or telephone triage) offered a full sexual health screen (chlamydia, gonorrhoea, syphilis, and HIV)	92%	95%	6,245 97%(G)	5,990 96%(G)	6,495 95%(G)	7,571 95%(G)	7,954 96%(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%	363 99%(G)	384 99%(G)	449 99%(G)	581 97%(A)	388 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)**	88% (A)	⇧
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)**	87% (A)	⇧
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.

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 – 16 March 2023

Subject: **Risk Management: Health Reform and Public Health**

Classification: **Unrestricted**

Past Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This paper presents the strategic risks relating to Health Reform and Public Health that currently feature on either KCC's Corporate Risk Register or the Public Health Risk Register. The paper also explains the management process for review of key risks.

Recommendation(s):

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

1. Introduction

1.1 Risk management is a key element of the Council's Internal Control Framework and the requirement to maintain risk registers ensures that potential risks that may prevent the Authority from achieving its objectives are identified and controlled.

1.2 The process of developing the registers is important in underpinning business planning, performance management and service procedures. Risks outlined in risk registers are taken account of in the development of the Internal Audit programme for the year.

1.3 Directorate risks 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 the Council's Strategic Statement, 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 preparedness and response to Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) incidents, communicable diseases, and incidents with a public health implication. The risk has been in the context of Coronavirus response and recovery and was escalated to corporate level in early 2020.

4.2 In the Summer of 2022 it was reported to this Committee that the risk rating had been reduced from the maximum rating of 25 to 20, but remaining a high rated risk, due to the concerns of a potential for a "twindemic" of influenza and covid virus with new variants. Monitoring of the position continues and as a result of a reduction in the prevalence of covid-19 cases in Kent and nationally, the relatively low severity of infections, and the effectiveness of the national vaccine programme the risk rating has been reduced further to 15 and is now a medium rated risk. This risk continues to be monitored and will reflect any impact or changes in the coming weeks and months. There are a number of

sub-variants in circulation with one of them XBB1.5 increasing at a higher rate which we are monitoring closely.

4.3 The corporate risk is presented for comment in appendix 1.

5. Public Health and Health Reform risk profile

5.1 There are currently six risks featured on the Public Health risk register, three of which are rated as 'High' (appendix 2). Following the last cabinet committee report the following risks have been reviewed and updated in response to either a combination of changes in demand, service provision and/or prevalence:

- PH0102 – increased prevalence of Mental Health conditions – this risk has been reviewed and updated to include an additional control to reflect the work in the Integrated Care Strategy.
- PH00090 – Difficulties in recruiting and retaining Public Health nursing staff – again the risk and its controls revised, with a new action put in place to look at creating a new nurse banding which would enable greater opportunity in career progression.

5.2 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.

5.3 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?
- Are the controls in place effective?
- Has the current risk level changed and if so, is it decreasing or increasing?
- Has the "target" residual level of risk been achieved?
- If risk levels are increasing what further actions might be needed?
- If risk levels 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 The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the risks presented.

7. Background Documents

7.1 KCC Risk Management Policy on KNet intranet site.

Contact details

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Relevant Director:

Dr Anjan Ghosh
Director of Public Health

Appendix 1 Public Health led Corporate Risk

Risk ID CRR0050	**Risk Title** CBRNE incidents, communicable diseases and incidents with a public health implication				
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
The Council, along with other Category 1 Responders in the County, has a legal duty to establish and deliver containment actions and contingency plans to reduce the likelihood, and impact, of high impact incidents and emergencies. The Director of Public Health has a legal duty to gain assurance from the National Health Service and UK Health Security Agency that plans are in place to mitigate risks to the health of the public including outbreaks of communicable diseases e.g., Pandemic Influenza, resurgence of Covid-19, and/or management of a potential twin-demic of seasonal flu and Covid-19.	Insufficient capacity / resource to deliver response and recovery concurrently for a prolonged period, including potential future wave(s) of Covid-19.	Potential increased harm or loss of life if response is not effective. Increased financial cost in terms of damage control and insurance costs. Adverse effect on local businesses and the Kent economy. Possible public unrest and significant reputational damage. Legal actions and intervention for failure to fulfil KCC's obligations under the Civil Contingencies Act or other associated legislation.	On behalf of CMT: Anjan Ghosh Director of Public Health **Responsible Cabinet Member(s):** Clair Bell, Adult Social Care and Public Health	Possible (3) **Target Residual Likelihood** Possible (3)	Major (5) **Target Residual Impact** Major (5) **Timescale to Target** Achieved

Control Title	**Control Owner**
Utilising data sets from ONS and UKHSA and local health partners to give a picture of Covid19 across Kent.	Anjan Ghosh, Director of Public Health
Director of Public Health now has oversight of the delivery of immunisation and vaccination programmes in	Anjan Ghosh, Director of

Kent through the Health Protection Board Director of Public Health has regular teleconferences with the UK Health Security Agency UK Health Security Agency office on the communication of infection control issues	Public Health
KCC and local Kent Resilience Forum partners have tested preparedness for chemical, biological, radiological, nuclear and explosives (CBRNE) incidents and communicable disease outbreaks in line with national requirements. The Director of Public Health has additionally sought and gained assurance from the local UK Health Security Agency office and the NHS on preparedness and maintaining business continuity	Anjan Ghosh, Director of Public Health
The Director of Public Health works through local resilience fora to ensure effective and tested **local** outbreak management plans are in place for the wider health sector to protect the local population from risks to public health.	Anjan Ghosh, Director of Public Health
Multiple governance – e.g. Health Protection Board, Kent Pandemic Response Cell	Anjan Ghosh, Director of Public Health
Local Outbreak Management Plan published, building on existing health protection plans already in place between Kent County Council, Medway Council, UK Health Security Agency, the 12 Kent District and Borough Council Environmental Health Teams, the Kent Resilience Forum, Kent and Medway Integrated Care Board and other key partners	Anjan Ghosh, Director of Public Health
vaccination rollout for both covid and flu supported, including autumn booster with focus on vulnerable staff and clients	Anjan Ghosh, Director of Public Health
Floor standards with a number of triggers have been agreed with the Corporate Management Team for guidance to be issued to staff when triggers met.	Anjan Ghosh, Director of Public Health
If all triggers are breached at a local level, the matter will be escalated to CMT and Health Protection Board to consider reinstating Kent Resilience Forum command structures for non-pharmaceutical interventions and further measures contingent on central government guidance.	Anjan Ghosh, Director of Public Health
Public Health infection prevention and control nurse attends Kent and Medway Infection Control Committee	Ellen Schwartz Deputy Director of Public Health

Full Risk Register

Risk Register - Public Health

Current Risk Level Summary	Green 0	Amber 4	Red 2	Total 6
Current Risk Level Changes		1 -5 ↘		1 -5 ↘

0	1	0	0	0
0	0	1	2	0
0	0	0	0	1
0	0	0	1	0
0	0	0	0	0

Risk Ref	*PH0005*	Risk Title and Event	Owner	Last Review da	Next Review
		Health Inequalities	Anjan Ghosh	24/02/2023	24/05/2023

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 and national macroeconomic conditions. 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 Wider determinants such as the impact of the cost of living and latent demand following lockdown are also a factor Reduced screening rate e.g. in maternity (smoking) and sexual health (STIs) which could contribute to poor health	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	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' • 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 • Strategic commissioning and services to develop a recovery plan that will minimise impact	Anjan Ghosh Anjan Ghosh Anjan Ghosh Rachel Kennard Victoria Tovey	A -Accepted Control Control Control Control	29/12/2023	Medium 9 Significant (3) Possible (3)

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 and subsequent pressures on the cost of living have exacerbated unhealthy behaviours and potentially increased future demand on primary care services	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 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			• 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 • 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	Victoria Tovey Victoria Tovey Victoria Tovey Victoria Tovey	Control Control Control Control		

Review Comments

Adult Social Care and Health

Risk Register - Public Health

Risk Ref	PH0102	Risk Title and Event	Owner	Last Review da	Next Review
Increased prevalence of Mental Health conditions and Impact of well being and mental health. It is anticipated that mental health conditions may develop/increase due experiences during the Covid 19 pandemic, alongside the additional pressures brought on by increases in the cost of living Increased mental health conditions within health care staff could see a decrease in service capacity and have a long term effect on the individual following their experiences in fighting the Covid 19 pandemic.			Jessica Mookherjee	24/02/2023	24/05/2023

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Impact of well being and mental health conditions may develop/increase due to experiences during the Covid 19 pandemic, alongside the additional pressures brought on by increases in the cost of living. Health Care Staff Impact of well being and mental health. It is anticipated that mental health conditions may develop/increase from experiences during the Covid19 pandemic.	Countywide could see and increase in mental health conditions within the general population increasing pressure on services with demand greater than supply, which could lead to poorer outcomes in recovery Increases in suicide rates	High 16 Serious (4) Likely (4)		• Joint work with NHS to target suicide prevention • Mental Health Cells created. Follow current national guidelines. Sign-posting to relevant services including Every Mind Matters. • Closer working with partners to ensure services are embedded within the Integrated care strategy • 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. • Mental health support for health care staff - to tackle Covid-19 associated PTSD. • 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 Jessica Mookherjee Jessica Mookherjee Jessica Mookherjee Jessica Mookherjee Jessica Mookherjee	Control Control Control Control Control Control		Medium 12 Significant (3) Likely (4)

Review Comments reviewed and updated to reflect current position
24/02/2023

Adult Social Care and Health

Risk Register - Public Health

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	15/02/2023	15/04/2023

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 international security threats and severe weather incidents.	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.	Medium 15 Major (5) Possible (3)	20 ↘ -5	• KCC and local Kent Resilience Forum partners have tested preparedness for chemical, biological, radiological, nuclear and explosives (CBRNE) incidents and communicable disease outbreaks in line with national requirements. The Director of Public Health has additionally sought and gained assurance from the local Public Health England office and the NHS on preparedness and maintaining business continuity	Anjan Ghosh	Control		Medium 12 Serious (4) Possible (3)
				• Local Health Planning Group PHE work locally to ensure NHS are ready and have plans in place for example for Winter Flu, and Avian Flu	Anjan Ghosh	Control		
				• The Director of Public Health works through local resilience fora to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to public health.	Anjan Ghosh	Control		
				• Kent Resilience Forum has a Health sub-group to ensure co-ordinated health services and Public Health England planning and response is in place	Anjan Ghosh	Control		

				• 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 .
15/02/2023

Adult Social Care and Health

Risk Register - Public Health

Risk Ref	*PH0091*	Risk Title and Event	Owner	Last Review da	Next Review
Increased Demand on Services			Victoria Tovey	09/01/2023	09/04/2023

There is a risk that services may not have the capacity to deal with the additional demand and associated cost pressures or may have to reduce quality to meet the need.
there is a risk that residents will wait longer for a service and their needs will escalate or their motivation may decrease.
Opportunities for early identification maybe missed.

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Increasing demand for Public Health Services due to whole system pressures, increasing need and the continued pressure on cost of living. There is a risk that services do not have capacity to see people being referred into the service in a timely way. Some of the increasing demand seen is as a result of the impact of Covid-19, and as a result of pent up demand Some of the increased demand is due to changes in demography	We may be overspent or be unable to deliver against mandated requirements. 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. Impact on other health/social care social services Increasing demand and changes in demography may also exacerbate health inequalities.	Medium 12 Significant (3) Likely (4)		• Working with Analytics and KPHO monitoring demographic data trends to support forward service planning. • Utilise funding to support service transformation and efficiencies and effectiveness Ensuring PH Grant is only funding applicable services. income generation • Capacity modelling to make sure services have the flexibility to meet need and activity can be adjusted accordingly. • Support service innovation to drive efficiency and effectiveness eg 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 demand, levels of service, quality or risks. proactive action to be taken as needed for example amending referral criteria or action plans • Transformation and Review of service models to ensure running as effectively and efficiently as possible.	Victoria Tovey Victoria Tovey Victoria Tovey Victoria Tovey Victoria Tovey Victoria Tovey Victoria Tovey	Control Control Control Control Control Control		Low 5 Minor (1) Very Likely (5)

Review Comments Reviewed within Head of Commissioning and senior commissioners to update the controls to reflect current position.
09/01/2023

Adult Social Care and Health

Risk Register - Public Health

Risk Ref	PH0090	Risk Title and Event	Owner	Last Review da	Next Review
		Difficulties in recruiting and retaining Public Health 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. Training opportunities are not necessarily available to nurses. The role of the health visiting service is needing to respond to more complex needs alongside government policy change. Kent's proximity to neighboring local authorities in maintaining salaries at a competitive level especially with those within the London Area.	Wendy Jeffreys	24/02/2023	24/05/2023

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Target Risk
Kent is currently experiencing issues across all commissioned services in recruiting and keeping good quality staff which is making it difficult in meeting the needs of the population that require Public Health Services.	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. Low levels of staffing in health visiting teams are impacting within specific districts.	Medium 10 Moderate (2) Very Likely (5)		• KCHFT are looking at creating a new Band 3 level to aid progression	Wendy Jeffreys	A -Accepted	29/12/2023	Medium 8 Moderate (2) Likely (4)
				• 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		
				• 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 and updated by WJ.
24/02/2023

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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	24/02/2023	24/05/2023

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	Victoria Tovey	Control		
				• Providers to complete timely monthly performance submissions to ensure delivery of outcomes	Victoria Tovey	Control		
				• Regular review of public health contracts, performance, quality and finance are delivering public health outcomes	Victoria Tovey	Control		

Review Comments continuing to review controls.
24/02/2023

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, 16 March 2022

Subject: **Kent Drug and Alcohol Strategy 2023-2028**

Decision Number: 23/00021

Classification: Unrestricted

Past Pathway of Paper: This is the first committee to consider this report.

Future Pathway of Paper: N/A Cabinet Member decision

Electoral Division: All

Summary: During 2021/22, a new partnership-wide Drug and Alcohol Strategy was developed as a response to the government strategy – "From Harm to Hope" in December 2021. In 2022, the Kent Drug and Alcohol Strategy 2023-2028 was adopted and shared with Kent Substance Misuse Alliance members, and for completeness, it went out for public consultation in 2022. The consultation was completed in late 2022. The public consultation was broadly in line with the current Strategy. As a result of the public consultation, the Strategy's action plan will be refined, particularly for children and young people prevention. The action plan will be completed in April 2023.

Recommendation: The Health Reform and Public Health 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:
a) Adopt the Kent Drug and Alcohol Strategy 2023-2028 and
b) delegate authority to the Director of Public Health to refresh and/or make revisions as appropriate during the lifetime of the Strategy

1. Introduction

1.1 Kent has always had a robust Drug and Alcohol Strategy. The previous Strategy ran from 2017-2022 and focused on the following five areas:

- Resilience: we supported the sustainability of the Kent Community Alcohol Partnership (KCAP) to enable communities to tackle alcohol and drug harms. Currently there are nine partnerships across Kent.

- Identification and brief advice: we supported the 'Know your score' campaign and other awareness raising and advice giving interventions for alcohol harms.
- Early help: our early help offer for drug and alcohol needed strengthening – we identified gaps via a co-occurring conditions (drug or alcohol dependent co-existing with severe mental health issues) project and understanding pressures for treatment services. We worked with 'One You Kent' and local districts to get a pathway for prevention. We also strengthened links to prisons and criminal justice.
- Recovery services: our treatment recovery services were under pressure but still performed better than the national average.
- Supply: the alliance between Trading Standards, Kent Police (via County Lines) and the Police and Crime Commissioner's office enabled continued disruption of drug supply.

1.2 The Government's new Drugs Strategy: "From Harm to Hope" was published in December 2021.Its objective is to cut off the supply of drugs by criminal gangs and give people with a drug addiction a route to a productive and drug-free life. It is underpinned by investment of over £3 billion over the next three years. The three strategic priorities of the Strategy are:

a. Break drug supply chains.
b. Deliver a world-class treatment and recovery system.
c. Achieve a generational shift in demand for drugs.

2. Kent Drug and Alcohol Strategy 2023-2028

2.1 The new Strategy takes a whole system approach. There are 13 strategic priorities, grouped under three areas: Prevention, Treatment and Recovery, and Community Safety. Some of the strategic priorities already have outcomes and some are to be identified. For each priority details are provided on the problem, what we will do, and actions – see the full Strategy (Appendix 1) for more information.

1. Prevention

1.1 Prevention, early intervention and behaviour change.
1.2 Early Help: prevention to treatment intervention.
1.3 Improving hospital and acute intervention to treatment.
1.4 Preventing inter-generational alcohol misuse / children and young people living with alcohol misusing parents.
1.5 Tackling high rates of suicide and self-harm associated with substance misuse.

2. Improve Treatment and Recovery

2.1 Continue improvement to treatment and recovery services.
2.2 Improve criminal justice routes to substance misuse treatment.
2.3 Improve treatment and recovery for targeted groups / vulnerable people.
2.4 Improve pathways to treatment and recovery to rough sleepers.
2.5 Improving treatment and recovery for people with co-occurring conditions.

3. Community Safety

3.1 Working in partnership to share data and intelligence in order to identify those at risk of drug / alcohol related harm and exploitation and to provide safeguarding and intensive support.
3.2 Disrupting supply of illegal drugs.
3.3 Tackling local alcohol supply.

2.2 The Kent Drug and Alcohol Strategy for 2023 to 2028 is overseen by the Kent Substance Misuse Alliance (a Strategic partnership meeting) and is chaired by the Cabinet Member for Adult Social Care and Public Health. The alliance is a partnership of key stakeholders including Kent Police, the Police & Crime Commissioner, KCC Commissioners, NHS commissioners, Mental Health Trust, KCC Safeguarding, Social Care, Trading Standards, and others who work together to tackle alcohol and drug related harms. All the priorities in the Kent Strategy are taken from local needs and stakeholder's views and are also aligned to the National Drug Strategy: "From Harm to Hope". The Alliance governance is reporting to both the Kent and Medway Health and Well Being Board and the Kent Community Safety Partnership. This is important for the wide-reaching nature of substance misuse and importance of tackling supply, crime and disorder.

2.3 The heart of this Strategy is to empower, encourage and support individuals and communities to take a more active role in preventing and reducing the harmful effects of drugs and alcohol in Kent.

3. Consultation

3.1 Pre-engagement for the Strategy

3.1.1 During the months April to October 2020, Kent undertook a peer-review assessment where one local authority peer reviews another with help from Public Health England (PHE). They organised a series of online workshops and discussions which was attended from all aspects of the partnership in Kent & Medway system.

3.1.2 Ahead of public consultation we have engaged with:

- Joint Kent Chiefs
- Voluntary and Community Sector Partnership Board
- District Housing Groups
- Kent and Medway ICS Prevention Board

3.2 Public consultation of the Strategy

3.2.1 The draft strategy was published in the consultation platform Let's talk Kent (including the creation of an online version of the questionnaire (see appendix 2 for full report)). The consultation was run for eight weeks from 6 September to 31 October 2022. The following activities were undertaken to help make the consultation accessible:

- Short plain English summary of the Strategy
- Details of how people can request hard copies and alternative formats in the draft Strategy and on all consultation material.
- Word version of questionnaire for those who cannot take part online.
- Large Print version of the draft Strategy and questionnaire.

- Commissioners to work with partners to ensure they are fully onboard with promoting the consultation to their clients and to support them, where required to participate.

4. Corporate responsibilities

4.1 The 10-year Drug and Alcohol Strategy is required to establish a combating drugs partnership that will bring together local partners in order to understand their populations, identify challenges and solutions. These Partnerships will be accountable for delivering the outcomes in the National Outcomes Framework with a named Senior Responsible Officer reporting to central government.

4.2 The Partnership should have a named Senior Responsible Officer (SRO) who will report to central government and hold delivery partners to account. The SRO will be responsible for ensuring the right local partners come together, building strong collective engagement, and designing a shared local plan to deliver against the National Combating Drugs Outcomes Framework. It is proposed that the Kent Director of Public Health (DPH) will serve as SRO and Chair of the Combating Drugs Partnership Senior Executive Group.

4.3 The aim is to achieve reductions in the prevalence of drug & alcohol harm across the county, thus:

- Reducing the harmful effects of drug & alcohol on the Kent population.
- Reducing health inequalities caused by drug & alcohol misuse.
- Reducing crime and the economic burdens from drug & alcohol misuse

4.4 Key membership of the new senior executive group includes local authority officials, NHS, police, PCC, and National Probation Service.

5. Financial Implications

5.1 None

6. Legal implications

6.1 None

7. Equalities implications

7.1 Following the EQIA assessment (appendix 3), positive impacts were found for the following protected groups as a result of this strategy:

- Better access to treatment and recovery services in women, BAME, disabilities
- Reduced premature mortality and drug deaths.
- Better family systems that will protect young people from adverse childhood experiences.
- Better access to care plans and access to recovery and signposting to aligned services, e.g. mental health
- Better prevention for rough sleeping and housing failures
- Better access to physical and social care
- Better inclusion of service users and carers

7.2 No negative impacts for age, disability, sex, gender identity / transgender, race, religion and belief, sexual orientation, pregnancy and maternity, marriage and civil partnership, carer's responsibility. It is fully inclusive.

8. Conclusion

8.1 The new 5-year Kent Drug and Alcohol Strategy has been developed in line with the national Strategy, informed by needs assessments and localised via stakeholder and public consultation. It is a strategy that spans various partnerships to prevent drug and alcohol harms and enable many more vulnerable people to access the care, treatment and recovery available. In summary, the new Strategy will highlight where partners can come together to make best use of local resources, the existing Kent Substance Misuse Alliance will continue to provide an excellent resource for sharing learning and opportunities to work together, there will be a renewed focus on tackling deaths as a result of drug and alcohol harm and the newly formed executive group for the Strategy will ensure focused delivery and robust evaluation.

9. Recommendation(s)

9.1 The Health Reform and Public Health 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:

a) Adopt the Kent Drug and Alcohol Strategy 2023-2028 and

b) delegate authority to the Director of Public Health to refresh and/or make revisions as appropriate during the lifetime of the strategy.

10. Additional Documents

- Appendix 1 - Kent Drug and Alcohol Strategy
- Appendix 2 - Kent Drug and Alcohol Strategy Consultation report
- Appendix 3 - EQIA
- Appendix 4 - PROD

11. Contact details

Report Authors: Name: Lin Guo Job title: Public Health Specialist Lin.Guo@kent.gov.uk Name: Jess Mookherjee Job title: Consultant in Public Health Jessica.mookherjee@kent.gov.uk	Relevant Director: Name: Anjan Ghosh Job title: Director of Public Health Anjan.Ghosh@kent.gov.uk

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Kent Drug and Alcohol Strategy 2023-2028

Better Prevention, Treatment & Recovery and Community Safety. Kent's 'From Harm to Hope'

Contents

Forward

To be added post consultation.

Acknowledgements

To be added post consultation.

Introduction

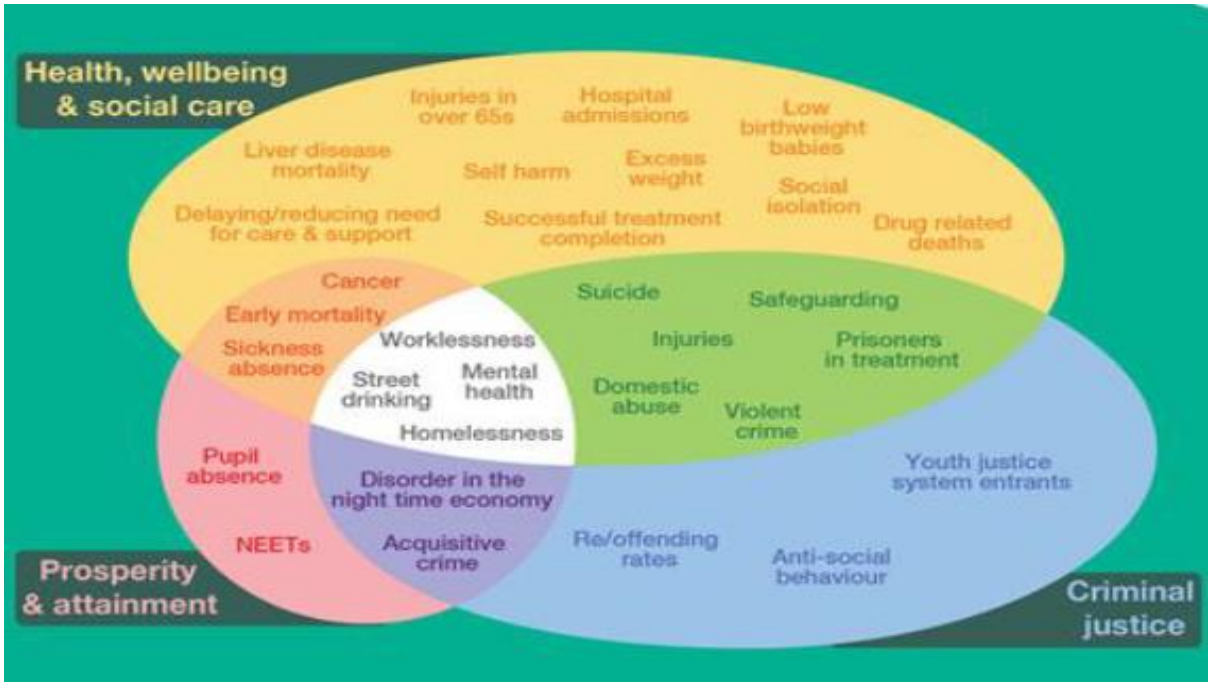
The misuse of alcohol and drugs is causing significant harm to families and communities in Kent.

Most people drink alcohol within recommended guidelines and do not use illegal drugs. Consequently they, their families, and friends, do not experience any significant direct personal harm as a result.

However, both alcohol and drugs cause harm to families and communities in Kent and the illegal nature of many drugs and the widespread use of alcohol mean that any strategy to tackle misuse must be practical and related to the substance in question. Substance misuse presents numerous complex issues and requires a whole system approach to tackle drug and alcohol-related harms.

1.1 What is a whole systems approach?

A local whole systems approach responds to complexity through an ongoing, dynamic, and flexible way of working. It enables local stakeholders, including communities, to come together, share an understanding of the reality of the challenge, consider how the local system is operating and where there are the greatest opportunities for change. Stakeholders agree actions and decide as a network how to work together in an integrated way to bring about sustainable, long-term systems change.[1]



[1] Public Health England, Whole systems approach to obesity: A guide to support local approaches to promoting a healthy weight. 2019, London: Public Health England.

1.2 From Harm to Hope: UK Government strategy to tackle drugs (and alcohol)

On December 6, 2021, UK Government published its 10-year drug strategy—'From Harm to Hope'[2]. It sets out how this Government will combat illegal drug use – to cut crime and save lives by reducing the supply and demand for drugs and delivering a high-quality treatment and recovery system. Over the next three years, every Council in England, including Kent will receive extra funding to combat drug and alcohol misuse. Dame Carol Black, whose independent review[3] into the issue of drugs helped shape the strategy, will monitor and advise on the progress of the strategy with the government producing an annual update.

1.3 A new Strategy for Kent 2023-2028

There has been a Kent Drug and Alcohol Strategy in operation which will end in 2022. A new strategy aims to prioritise partnership both the causes and the consequences of drug and alcohol harm. All the priorities in the Kent strategy are taken from local needs and stakeholder's views and are also aligned to the National Drug Strategy: "From Harm to Hope". It will also seek to implement a range of harm reduction strategies and ensure there are quality services for the very high-risk families, vulnerable people, and communities.

The new strategy will build upon the successes of the Kent Drug and Alcohol Strategy 2017-22. There has been progress in the following areas:

- **Resilience**: We supported the sustainability of KCAPS to enable communities and places to tackle alcohol and drug harms. Currently there are 9 partnerships across Kent districts.
- **Identification and Brief Advice**: We supported 'Know your Score' and other ways of implementing brief intervention and advice for alcohol harms.
- Our **early help** offer for drug and alcohol needed strengthening – we identified gaps via co-occurring conditions pathways and understanding pressures for treatment services. We worked with One You Kent and local districts to get a pathway for prevention. We also strengthened links to prisons and criminal justice.
- Our **Treatment Recovery services** were under pressure but still performed better then national average.
- **Supply**: The alliance between trading standards, the police (via County Lines) and the police crime commissioner's office enabled continued disruption of drug supply.

[2] https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives
[3] https://www.gov.uk/government/publications/review-of-drugs-phase-two-report

We will retain much of what is working well and improve other areas in order to further build and strengthen them.

During the months April to October 2020, Kent undertook a peer-reviewed assessment – called the Alcohol CLeaR (Challenge services, Leadership and Results) assessment process. This is a quality improvement process – where one local authority peer reviews another with help from Public Health England (PHE). We organised a series of online workshops and discussions which was attended from all aspects of the partnership in Kent and Medway system.

We have Strengthened our Strategy for Tackling Drug and Alcohol Harms in Kent in light of the main lessons learned from our Alcohol CLeaR peer to peer review on Alcohol harms:

- Improve the range of partners signed up to the Alliance (e.g., social care and safeguarding) and better links to NHS.
- Create an Alcohol and Drug Harm Prevention plan and place it into the wider ICS prevention plan in Kent and Medway.
- Provide Leadership and Encourage better pathways and co-ordination for those vulnerable people with co-occurring and complex conditions.
- Create opportunities for greater links to improve integration of health data to inform the district licensing processes.
- Improve the delivery of Identification and Brief Advice (IBA) across Kent – create opportunities and increased coverage.
- Ensure needs assessments are up to date and available.
- The Strategy will need an implementation plan. These can be organic and involve a range of partners.

This strategy is driven by Kent Drug and Alcohol Needs Assessments. The assessments include a variety of data sources, including hospital episode data, ONS and Kent substance misuse treatment service data, taking account of national guidance and reflecting the evidence base.

This strategy development also sits in the context of public mental wellbeing and reducing health inequalities and the impact COVID19 has played on these issues. Drug deaths are the highest they have been since 1993. Concerns that change in drinking habits and levels of alcohol consumption caused by the Covid-19 pandemic are causing increasing health issues. In Kent, around 308,000 were drinking above the recommended levels of alcohol in July 2021. The results of the global drug and alcohol survey in September 2020 found that:

- Almost 50% said Alcohol consumption increased and this is borne out by increased alcohol sales. Public Health England data shows that it is those in the already ‘high risk’ category that were at risk of tipping into dependent drinking.

- Intake of cannabis had increased. Intake of cocaine had decreased.
- People reported increasing cannabis and prescription drugs. Many reported that they increased drug intake due to mental health problems. People also reported no change to the quality of supply.

Commissioning the alcohol service pathways are fragmented. Public Health in the council is responsible for treatment services. The ICS in Kent and Medway is responsible for hospital treatment and for liver disease treatment. The ICS and NHS England (NHSE) is responsible for primary care treatment of patients with alcohol related disease in the community, NHSE is responsible for commissioning prison substance misuse services. The police and community safety partnerships bare costs for violence and other alcohol related harms.

There are social care act responsibilities for vulnerable populations including rough sleepers (of whom 80% have alcohol related problems). In addition, the Ministry of Department for Levelling Up, Housing and Communities (formerly the Ministry of Housing, Communities and Local Government) commission some key health care services for vulnerable people provided by the district / borough councils in Kent. With a new K&M CCG, increased ownership of providers, sensitive and collaborative commissioning, and an increased focus on health disparities / inequalities – there are opportunities to improve these fragmentations on behalf of the people and families at risk of poorer outcomes.

It may mean more agencies and partners need to play a role in preventing and raising awareness of drug and alcohol issues. There is a great deal of evidence that short, focused interventions such as ‘identification and brief advice’ can significantly reduce harm from drugs and alcohol.

This strategy is owned by partnership, so output and actions will be strategic—which means some actions will be specific, but some actions will be organisational responsibilities. The strategy is a guide to ensure agencies fulfil their responsibilities and commitments, but not to performance monitoring activities. The heart of this strategy is to empower, encourage and support individuals and communities to take a more active role in preventing and reducing the harmful effects of drugs and alcohol in Kent.

The new whole-system drug and alcohol strategy for Kent

This has 13 key strategic priorities – many of which will be strengthened from the recent peer review and needs assessment. There will be detailed action plans for each priority area. A summary is provided for the strategy document. Some of the strategic priorities already have outcomes and some are to be identified. These are covered from page 21.

1. Prevention

1.1 Prevention, early intervention and behaviour change

Outcomes:

- Reducing Harms from Substance Misuse and Preventing the escalation of use and harm within young people, including supporting young people so they do not become adults dependent on substances
- Increased awareness of substance misuse in the population and where to get help if required.

The Problem: Many people do not realise they are drinking (or taking substances) at a harmful level: So, we want to increase awareness and ensure those that need help get the right support at the right time.

What will we do: We will work together to increase opportunities for preventing drug and alcohol harms by focusing on Identification and Brief Advice (IBA) and high quality publicity and campaigns.

Currently: the delivery of IBA is inconsistent and our plan is to create consistency across Primary care, districts, One You Kent, and hospitals. Data collection and monitoring will also be strengthened.

Lead: Public Health. Partners: All in Alliance.

Action plan:

- To link IBA and the campaigns together ensuring ease of data extraction, routine use of IBA across the county to be monitored via data collection systems.
- To work with Comms for the development of assets for use promoting the “Know Your Score” online tool through digital and social media channels plus sharing by partners and providers.
- Delivery of Campaigns: there will be campaigns in September, November for Alcohol Awareness Week and Dry January (2022).

- To increase coverage of IBA by working with Health Improvement Transformation Team at the Clinical Commissioning Group, One You Services, Integrated Care Partnerships (ICPs), Primary Care Networks (PCNs) to ensure engaging with the wider population.
- Equity to be increased for vulnerable and high-risk groups e.g., troubled families / criminal justice settings and health settings such as general practice, hospitals, and pharmacies. Equity audit will be done every 2 years.
- Naloxone: to prevent drug overdose (improve access and delivery of this)
- To assess behaviours and perceptions of young people on substance and develop / tailor interventions where appropriate.
- To work with families where problem drug and alcohol misuse is identified and prevent harms to children.
- To ensure services work in a way that young people and adults feel comfortable accessing support should they need to, e.g., a young people may become dependent when they are older but need to feel they are able to access support for this.

1.2 Early Help: Prevention to treatment pathway

The Problem: There is a big treatment gap between people needing treatment and receiving treatment- particularly for alcohol dependence. However – drug deaths are also increasing and therefore there is importance to ensure treatment services are accessible (see Priority 3).

What will we do? There are a range of current targets and quality measures within the NHS that can be strengthened and linked to treatment pathways, e.g., the CQINN for alcohol and tobacco in hospitals can be linked to the cancer pathways in their prevention plan and the health check programme, CVD programmes, respiratory and diabetes. We will ensure that data collection is linked to improve quality of care across the prevention pathway (including training and 'making every contact count').

Lead for data improvement: Public Health and ICS.

Lead for quality improvement: ICS/ICP and Public Health.

Action plan:

- To work alongside KCC, CGL / Forward Trust, CCG, Acute Trusts, Mental Health Trust / KMPT to develop protocols for well-functioning and agreed pathways into and through alcohol treatment.
- To monitor quality systems are being used and staff are trained to deliver them.

- To ensure that KCC commissioned prevention (currently via KCHFT One You Kent and west Kent districts) are delivering robust interventions for those at risk of alcohol and drug misuse (including pregnant women).
- To scope out the ability to monitor Making Every Contact Count for all people in the NHS and frontline services to help people become confident in having difficult conversations regarding substance misuse and cutting down.
- For all services: align and co-ordinate social prescribing, recovery, and social support for those that need access to all community resources.

1.3 Improving hospital and acute pathways to treatment

The problem: People who repeatedly attend A&E for alcohol-related reasons comprise a relatively small patient population but account for a disproportionate use of hospital resource. Repeated unplanned detox can lead to brain damage and death. In addition, the poor outcomes can lead to people getting to treatment too late and poor recovery.

What will we do? Specialist alcohol care can pull people back from the brink of the devastating consequences of alcohol misuse, improve their health and wellbeing and restore their dignity.

Action plan:

- KCC, CGL / Forward Trust, CCG, Acute Trusts, Mental Health Trust / KMPT to work together to ensure there are well-functioning and agreed pathways into and through alcohol treatment
- To ensure local pathways promote and sustain recovery
- KCC, CGL / Forward Trust, CCG, Acute Trusts, Mental Health Trust / KMPT to ensure systems are in place to ensure effective care co-ordination for alcohol dependent individuals with multiple need
- To create Alcohol support system that is linked to Emergency Departments that can help with ensuring people are linked to continuing community care and recovery support.
- To scope out improved commissioning arrangements for inpatient planned medical detox

1.4 Children and young people living with alcohol misusing parents / Preventing inter-generational alcohol misuse

The problem: The misuse of alcohol by parents negatively affects the lives and harms the wellbeing of more children than the misuse of illegal drugs does. However, parental alcohol misuse is often not taken as seriously in spite of alcohol being addictive, easier to obtain, and legal. The effects of parental alcohol misuse on children may be hidden for years, whilst children try to cope with the impact on them and manage the consequences for their families. These issues also impact children of drug misusers.

What will we do? We are working collaboratively with Integrated Care System (ICS) to ensure parents/carers who have a treatment need are referred to Drug and Alcohol services.

Action plan:

- Ensure a safe and smooth transition from Child to Adult Services.
- Stronger working links between substance misuse treatments services and Integrated Children Services (ICS), ensuring that parents/carers are adequately assessed for their substance misuse need and support offered, and respond appropriately to safeguarding concerns.
- Tackle Alcohol Spectrum Disorders (FASD). FASD is an irreversible, lifelong condition and is the most common cause of neurodisability in the Western world, presenting between three and six times the rate of autism spectrum disorder in the UK. To work with FASD System Partnership Group to make necessary system changes to support children and families with FASD.
- To improve outcomes for children and young people with the most complex needs.

1.5 Tackling high rates of suicide and self-harm associated with substance misuse

The problem? Every suicide is a tragic event which has a devastating impact on the friends and family of the victim and can be felt across the whole community. While there has been progress in many areas, sadly suicide still accounts for approximately 1% of all deaths in Kent and Medway every year. Kent and Medway also have a statistically similar rate of suicide compared to the national average.

What will we do? This forthcoming drug and alcohol strategy will also consider linking to the Preventing Suicide in Kent and Medway: 2021-25 Strategy, which includes developing and implementing a Kent and Medway Prevention Concordat for Better Mental Health.

Action plan:

- Tailor approaches to improve mental health and wellbeing across the whole population including developing and implementing a Kent and Medway Prevention Concordat for Better Mental Health, and developing increased support for individuals with problematic debt, and people impacted by domestic abuse.
- To provide better information and support to those bereaved by suicide including commissioning a new Support Service for People Bereaved by Suicide.

2. Improve Treatment and Recovery

2.1 Continue improvement to treatment and recovery services

The problem: The Kent Substance Misuse Services (funded mostly via Public Health ring fenced grant) perform consistently better then national average. However there have been funding reductions over the last 8 years and nationally drug and alcohol deaths have increased.

What will we do? We will improve pathways into treatment. We will improve quality of treatment services. We will work in partnership to improve outcomes. We will listen to service users.

Action plan

- To tackle the co-morbidities associated with alcohol use disorders including high quality mental health services. Ensure pathways to treatment are open and use the joint working protocol.
- To explore linking up recovery services across whole system – not solely for substance misuse – Improve entry and access to recovery services for service users.
- To clarify the pathway for alcohol misuse at different levels of need. Ensure the treatment gap for highly complex and dependent drinkers is addressed (via provision of outreach and IBA and links to acute hospitals).
- To target outreach and proactive care for most vulnerable population in the most deprived areas (and wards) in Kent. Prioritise Thanet. – link to priorities 4 and 5.
- To increase proportion of people engaged with treatment providers and target people in more deprived communities.
- An aging cohort of alcohol dependent clients will mean services will need to work closely with NHS and health care providers including social care and mental health for shared care plans.
- To work with social care to improve access to referral for adult safeguarding reviews from substance misuse and take seriously the Serious Incidents and suicidality linked to increasing drug and alcohol sudden deaths in Kent.

2.2 Criminal justice routes to substance misuse treatment

The problem: There are increasing links in data between domestic abuse and drug and alcohol misuse and violent crime and re-offending.

What will we do? Use enforcement partnerships and local data to tackle violent crime and links to drugs and alcohol. We will work together to support the Government's aim to rebuild the lives and aid recovery of those who are addicted to drugs and alcohol. Drug Testing on Arrest has identified and guided substance misusers to treatment services.

Action plan:

- To ensure support for drug and/or alcohol misusing offenders to receive a holistic package aimed at stopping offending and drug or alcohol dependence
- To ensure that effective pathways of treatment and evidence-based therapies are available to those adults adversely affected (issues such as domestic abuse) by substance misuse.
- To ensure collaborative working between prison and community substance misuse services to create and maintain effective pathways of continuous care and information sharing.
- To review and develop the Integrated Offender Management (IOM) programme to ensure drug misusing offenders receive a holistic support package aimed at stopping offending and drug dependence.
- To work with KCC and Partners in domestic violence and abuse strategies to include links between family-based approaches to conflict linked with substance misuse treatment services.
- To support Crime Partnership to strengthen the Crime Strategic Assessment and create a clear 3-year action plan to tackle illegal trading, disrupt supply, tackle anti-social behaviour and access to services, violence, and sexual assault.
- To work with prisons to ensure that there are exit care plans for those on custodial sentences to improve access, help and support for those with addictions.
- To work with Police and Crime Partnerships to increase reach of drink driving risks via local media and evidence based young people's prevention initiatives.
- To increase the coverage of IBA (Identification and Brief Advice) across criminal justice settings.

2.3 Improve treatment and recovery for targeted groups / vulnerable people

The problem: Many people will misuse drugs and/or alcohol at one point in their life, but some people are more susceptible to continued or long-term misuse. The Public Health ring fenced budget is the sole source of funding for complex treatment for drug and alcohol dependence in Kent (including medical detox and rehabilitation). There is also complexity in treatment of vulnerable people who are at risk of rough sleeping (district councils) (see priority 5).

What will we do? Building resilience for vulnerable individuals is a key priority to reduce the harms and consequences of drug and alcohol misuse. This can have a positive impact for the whole population because if resilience is built in, the result can be a reduction in crime, inequality, and anti-social behaviour. There are excellent community assets and knowledge at district council level that can link to Kent commissioning to strengthen outcomes for vulnerable people.

Action plan:

- For treatment services: improve the quality treatment and recovery services; targeted at vulnerable dependent drinkers; instigate audits into intake and throughout of high complex and vulnerable people.
- To work with treatment services to create shared and multidisciplinary treatment plans that are co-operative that plan care for the vulnerable client/patient e.g., alcohol relapse medication.
- To address hidden harm and safeguarding vulnerable adults through effective practices and integrated approaches to address the welfare of vulnerable adults.
- To instigate Modelling and Audit to understand shared costs so that better outcomes in treatment can be made for vulnerable patients who disproportionately use multiple health services.
- To work across our partnership to develop services that address the wider social determinants of health and wellbeing in vulnerable populations, such as access to housing, employment support, economic wellbeing, and educational achievement.
- Ensure all services have fully equipped and trained staff in trauma-informed, recovery and mental health and pathways are safe.
- Promote outreach and assertive peer mentoring wherever possible and create safe systems.

2.4 Improve pathways to treatment and recovery to rough sleepers

The problem: In 2018 the annual snapshot count totalled 160 individuals who are rough sleeping. Analysis from a recent local survey shows that there are 107 people currently sleeping rough on the streets of Kent and Medway. We can be fairly sure that this is an underestimate as people are dynamic and change risk dramatically. Some districts in Kent have higher proportions than others. Districts have the main burden of this issue.

What will we do? A multiagency, system-wide approach should be prioritised and embedded into each district council's catchment area building on the existing services provided to the homeless by outreach workers (street teams) to ensure that there is an integrated approach in place to enable a joined-up response to transition, recovery, and future planning.

Action plan:

- To work more proactively with safeguarding and social services, and districts to ensure data and systems are linked up.
- To Complete Needs Assessments for the health care needs for Rough Sleepers.

- To create a working strategy and plan to tackle substance misuse of homeless people using blue light principles and Housing First model.
- To create a working strategy to improve physical health and recovery for rough sleepers which includes continuity of care, rehabilitation, and social care.
- To join up commissioning arrangements for the complex care pathways of those at risk of and suffering rough sleepers.

2.5 Improving treatment and recovery for people with co-occurring conditions

The problem: There is strong evidence linking alcohol misuse and mental ill health, with alcohol misuse among those with a psychiatric disorder twice as high as within the general population. Individuals with mental ill health and alcohol misuse problems are described as having a 'dual diagnosis' or 'co-occurring conditions', and this group are traditionally seen as difficult to treat. A local audit of those in substance misuse treatment services in Kent shows that 25% have suicidality and 40% have a mental health service need, with approximately 1% also considered to have severe and complex problems such as homelessness or offending behaviours.

What will we do? We would like to provide joined up, parallel care with intensive support to this patient group.

Action plan:

- Create a Joint Working Protocol: and develop Joined up care planning for vulnerable patients. To ensure acute health care (Hospital Trusts), primary care and social care are included in this protocol.
- Understand and map the joined assessment and care planning e.g., MEAM/MARAC/Blue Light/IFR etc is underway.
- Joined Training: Create a joined Training that includes issues around Care Act and vulnerability assessments and assessing 'capacity', and issues regarding mental health consequences of unplanned detox. Education/training for the mental health workforce about how they support people accessing their services who also use substances is needed. More training is also planned for Adverse Childhood Experiences and Trauma Informed Practice and domestic abuse issues.
- Joined Clinical Engagement between mental health and substance misuse services: Ensure there are opportunities to work together and to learn from each other on clinical issues e.g., bipolar diagnosis, kindling effect (it is during the process of withdrawal, recovery, and relapse that the kindling effect takes place. Each successive process of withdrawal, sobriety, and relapse worsens each step in the process of addiction. Every time a person relapses, they will experience a worsening of withdrawal symptoms when they attempt to quit again), dementia and post detox care planning.

- Joined Commissioning and Service Development: Ensure that the new commissioning across ICS/ICP and CMHT redesign ensures systems are safer and of higher quality for this care group.

3. Community Safety

3.1 Working in partnership to share data and intelligence in order to identify those at risk of drug / alcohol related harm and exploitation and to provide safeguarding and intensive support

Outcomes:

- Reduction in the impact of drug / alcohol related harm for individuals, particularly young people and vulnerable adults and ensure that they are supported and protected.
- Safer communities with less crime that is driven by substance misuse

The problem: There are increasing numbers of gangs operating in Kent. There is also illegal trading in alcohol. Vulnerable people are at risk from involvement in crime (County Lines) and subsequent addictions. There are increasing links in data between domestic abuse and drug and alcohol misuse.

What will we do? Tackle county lines via current policing strategy. Use enforcement partnerships and local data to tackle violent crime and links to drugs and alcohol.

Action plan:

- Reducing Offending: Ensure that both adults and young people who come into contact with the Criminal Justice System have access to appropriate substance misuse support and treatment.
- Where there is a treatment order, working arrangements are in place with key agencies to ensure that the offender is supported to complete treatment.
- Ensuring there are robust pathways from Prisons to community substance misuse services.
- Continue to work in partnership to deliver Integrated Offender Management programmes
- Safeguarding: 1/Safeguarding those vulnerable (both adults and young people) to drug related harm. 2/ Intensive support for young people / vulnerable adults identified at risk of exploitation and drug related harm
- Drug Related Harm: Partnership working to facilitate information sharing to identify those who are vulnerable from county lines activity such as cuckooing and criminal / sexual exploitation and disrupt supply of drugs to local communities. Understand and learn from Serious Incidents.
- Alcohol Licensing: All responsible authorities to work in partnership to exercise Licensing and Trading Standards powers fully to help manage and regulate the supply of alcohol in on and off licensed premises, to address

local objectives to prevent crime and disorder, ensure public safety, prevent public nuisance, and protect children from harm. Share data to challenge applications.

- Community Safety Partnerships: work with multi-agency or partnership forums by which intelligence will be shared to identify individuals (or locations) which are vulnerable, street-homeless or committing Anti-Social Behaviour. Partners will problem-solve to co-ordinate support alongside these issues.

3.2 Disrupting supply of illegal drugs

The problem: The illicit drug market has considerable financial value. To reduce the crime and disorder via the disruption of related criminal activities sometimes associated with substance misuse, for example through policing interventions and licensing policies can have a considerable impact. There is a need to ensure that activity is co-ordinated to ensure that enforcement actions are effective in reducing substance misuse and related crime and disorder and maximise community safety, while ensuring there is an optimal night-time economy.

What will we do? We will work together to change attitudes to drinking by informing and advising young people on sensible drinking, supporting retailers to prevent sales of alcohol to underage drinkers, promoting responsible socialising and empowering local communities to tackle alcohol-related issues. Also, we will disrupt the supply of drugs and drug gangs in Kent and Medway with a focus on cocaine and heroin.

Action plan:

- Working with Police and local enforcement teams to disrupt the supply of drugs and drug gangs in Kent and Medway, with a focus on cocaine and heroin.
- To have a Partnership delivery to deliver the recommendations from the Drug Market profile. drugs intelligence network to enable the fast and effective sharing of drug market information with a view to identifying emerging trends and regularly receiving indicators of change.
- To review the crossovers between drug market profiles to identify supply routes and bid for funding/resources to combat the supply chain (for example extra ANPR on supply routes, focused resourcing and tracking etc)
- To set up local systems to create Early Help Assessments reviewed on a quarterly/biannual basis to understand the cohort of those at risk of wider impact and exploitation and work together across health areas within the region to support each other and prevent moving issues/vulnerable people around.

3.3 Tackling local alcohol supply

The problem: Alcohol consumption has increased over the last 18 months. There are areas where there is a high density of off licences which increases the likelihood

of high strength and cheap alcohol being available to high-risk groups (including children). There is also associated crime, disruption, and violence alongside density of places where alcohol is sold.

What will we do?

- to map the number of off licensed and licensed premises in Kent districts against areas of deprivation and risk factors for harm.
- challenge license applications in areas with risk for potential harms using ‘cumulative impact’.
- to understand and audit the issues and barriers for Kent districts for Late Night Levies and work in areas of greatest alcohol risks in a place-based approach.

Key Partners: Trading Standards, Districts, Police and Public Health.

Action plan:

- To work with trading standards to tackle underage alcohol sales.
- To work with retailers and treatment services in areas of greatest risk in Kent districts to tackle the availability and sale of cheap white cider to vulnerable groups.
- To revisit the impacts of the Local Alcohol Areas (LAA) to see if lessons can be brought back to the Kent Substance Misuse Alliance regarding sales of high strength alcohol to vulnerable groups.
- To understand the impact via additional scoping - of ‘on-line’ and 24-hour internet alcohol supply.
- To work with all partners to use the Alcohol CLeaR assessment findings to monitor continuous improvement of the partnership’s goals in relationship to current needs for enforcement and impact on demand and legislation.
- To work with all partners, create a strong action and outcome-based plan to tackle alcohol-related harms in Kent, strengthening links between crime, alcohol, violence and treatment services. To embed Alcohol prevention into criminal justice pathways.
- To work with children and families and Health and Social care to ensure that the Care Act responsibilities for carers and families are taken into account and further harm prevented.
- To work with Police and Crime System to identify and support families at risk of disruption and harm from alcohol misuse with better trained staff. This includes ensuring there is a ‘trauma informed’ programme to tackle the lasting consequences of Adverse Childhood Experiences.

How will we implement this Strategy?

We consulted our partners and developed an action plan for each priority area under themes of prevention, improving treatment and recovery, and community safety.

This draft strategy will be updated based on feedback received via the consultation. The updated version will be considered by

Once the post-consultation version has been agreed, implementation may progress as follows:

Each Kent district has a local alcohol action plan which encourages a range of partnership collaboration. This is an excellent resource for future drug and alcohol strategy implementation, resource sharing and shared learning. It is anticipated that these could be used to implement the whole system Kent Substance Misuse Strategy.

The **task** of the Kent Substance Misuse Alliance is to oversee the new Substance Misuse Strategy for Kent. **The Kent Alliance for Substance Misuse** is a partnership of key stakeholders to work together to tackle alcohol and drug related harms. The Alliance is now Chaired by the member for Public Health and Social Care, **Claire Bell**. The Alliance **governance** is dual: To the Kent and Medway Health and Well Being Board and the Kent Community Safety Partnership. This is important for the wide-reaching nature of substance misuse and importance of tackling Supply, crime and disorder.

A specific strategy implementation group will be formed to oversee the implementation of the strategy.

How we will measure outcomes

Measuring quality along care pathways:

- Indicators from available national and/or local datasets can be selected and compared to stimulate a pathway.
- Different sets of patient records can be linked together for analysis. This can be done locally, or centrally by linkage of national dataset by an authorised agency.
- New data can be collected to fill the gaps in available data, to measure quality more comprehensively along pathways.

Proposed outcomes under each priority:

Prevention, early intervention, and behaviour change

- Alcohol screening in primary care
    - Proportion of practice population screened
- Alcohol screening in secondary care
    - Number of individuals screened
    - Number of brief interventions delivered
    - Number of campaigns run during strategy period
- Alcohol screening via social media campaign

Early Help: Prevention to Treatment Pathway

- Number of front-line staff trained to deliver IBA
- Increased contacts and referrals from pharmacy and GP settings

Improving hospital and acute pathways to treatment

- Increased referrals from secondary care
- Admission episodes for alcohol-specific conditions
- Admission episodes for alcohol-related conditions
- Hospital admissions due to substance misuse (15-24 years)

Children and young people living with alcohol misusing parents / Preventing inter-generational alcohol misuse

- Increased referrals and assessments from integrated children services
- Better outcomes for families - reduced number of children on Child Protection Plans and reduction in cases escalated from early help to a Child in Need plan where parental substance misuse was a factor

Tackling High Rates of Suicide and Self Harm associated with substance misuse

- Increased assessments for individuals with problematic debt, and people impacted by domestic abuse

- Increased assessment for people bereaved by suicide

Continue Improvement to Treatment and Recovery Services

- Successful completion of alcohol treatment
- Successful completion of drug treatment – opiate users
- Successful completion of drug treatment – non-opiate users

Criminal Justice Routes to Substance Misuse Treatment

- Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison
- Number with Drug Rehabilitation and Alcohol Treatment Requirements successfully completing treatment
- Crime and re-offending rates for those who are misusing substances

Improve Treatment and Recovery for Targeted Groups/ Vulnerable People

- Number of shared and multidisciplinary treatment plans that are co-operative that plan care for the vulnerable client/patient.

Improve Pathways to Treatment and Recovery to Rough Sleepers

- Increase in engagement with substance misuse services for people with a housing need (no fixed abode, those residing in temporary accommodation, homeless hostels and other supported living accommodation)

Improving treatment and recovery for people with co-occurring conditions

- 100% screening rate across Community Mental Health Teams.
- Active signposting from IAPT to alcohol screening and support
- Concurrent contact with mental health services and substance misuse services for alcohol misuse
- Concurrent contact with mental health services and substance misuse services for drug misuse

Working in partnership to share data and intelligence in order to identify those at risk of drug / alcohol related harm and exploitation and to provide safeguarding and intensive support

- Regular production of Needs Assessments that utilised real-time locally linked data for complex population analytics
- Data sharing to enable shared care records for improved care planning and multidisciplinary and multi-agency assessment

Disrupting Supply of Illegal Drugs

- Increase in safeguarding support for those vulnerable to exploitation through county lines

Tackling Local Alcohol Supply

- Number of tested premises selling alcohol to those underage
- Gather relevant data from authorities and agencies to evidence an area/s where a CIP may be effective in Kent
- Promote a safe, profitable, and diverse night-time economy in Kent

Appendix A: Key findings from the Kent alcohol CLeaR process

Extracted from the draft CLeaR peer assessment report.

Kent completed the alcohol CLeaR self-assessment and subsequently requested and received a peer assessment (comprising 3 discrete virtual workshop sessions) to validate the findings of this.

1.1 Headline messages from the alcohol CLeaR

- You expressed significant ambition for the newly established Kent Drug and Alcohol Alliance. This forum is seen as critical to raising the profile of the alcohol agenda and improving the outcomes achieved locally. You anticipate it will provide an opportunity to develop a stronger partnership approach, improve wider understanding of the issues and promote shared ownership of the strategy. It is good to hear that Adult Social Care has signed up to the alliance.
- We were advised that the alcohol needs assessment dates back to 2017 and is due to be updated. Equally the CYP substance misuse and mental health needs assessments are also due for review. We were reassured to hear there is commitment to refresh these at the earliest opportunity.
- You told us that the Kent alcohol strategy is still in date, but that there is no current action plan supporting the implementation of this. It was suggested that the findings of the updated needs assessment and learning from the CLeaR process will be used to shape a new action plan to drive forward the aspiration articulated in the strategy.
- We heard there are strong relationships between Public Health and criminal justice partners, and you told us there is a good operational response to alcohol-related harm from the crime reduction perspective. You said that addressing substance misuse is a priority for the Kent Community Safety Partnership (KCSP).
- Addressing alcohol-related harm is seen as a core component of the prevention workstream in the local long-term plan submission. Public Health are keen to work with health and other partners to improve population health and tackle the wider determinants. We acknowledge the capacity issues currently faced by health colleagues but would encourage the alliance to continue to strive for better engagement with partners from the health sector.
- You mentioned encouraging new developments in the work Kent is doing to address co-existing mental ill-health and alcohol dependence.

It is anticipated that learning from piloting a multi-disciplinary team approach will support improved local pathways and better opportunities for care co-ordination.

- We heard about some good data sharing, but this didn't appear to be consistent. Partners are encouraged to consider how and when data from across the wider partnership can be shared on a regular basis to inform the understanding of need and progress against local ambition.
- You advised that alcohol-related harm in Kent has increased during the pandemic. This is evident in police reports about levels of domestic violence, drink driving offences and alcohol fuelled violence. However, you also described innovative and positive developments in the last year; we heard there has been better collaborative working between agencies to support vulnerable groups and a flexibility in approach to treatment delivery that has been welcomed by service users. There was a consensus that there has been some useful learning from the local response to Covid-19 which should be reflected in future planning once the pandemic is over.
- We heard there are some inconsistencies in the delivery of alcohol Identification and Brief Advice (IBA). IBA is currently embedded in local MECC arrangements, but it appears that not all frontline services routinely undertake this. You told us that the new One You service has been charged with the delivery of training to improve this.

1.2 CLeaR opportunities – recommendations for strategic leaders

Senior leaders with oversight of the alcohol agenda in Kent are encouraged to consider the following in local planning for improvement:

- Plans articulated in the self-assessment process to refresh the needs assessment and operationalise the alcohol strategy through the development of an action plan could present an opportunity to re-engage absent partners in the agenda and planning and commissioning processes at a senior and operational level. At the strategic level, partners are encouraged to ensure the necessary resource is available to support action to address identified priorities.
- We would encourage you to use these processes to raise awareness of complementary workstreams, to show where partnership priorities align with, and support, the achievement of key objectives within individual partner organisations. This may help to find the 'hook' that will lead to more active engagement.
- Senior strategic leaders are encouraged to use contact with their counterparts in other partner agencies to ensure ongoing appropriate representation at the Drug and Alcohol alliance.

- Identifying clinical champions to promote work to reduce alcohol harm across the NHS, particularly within secondary and primary care settings, would support the alcohol agenda being seen as a health priority. This approach could be taken forward by key strategic leaders on the Health and Wellbeing Board
- There is an opportunity for greater alliance input to improve the integration of health within the local licensing process. Investigating how this is managed successfully in other areas of the country and ensuring health consideration is actively embedded into the local Statement of Licensing Policy may provide useful insight and help shape future planning.
- There is an opportunity for Kent to address the challenges it currently faces around the delivery of IBA. We would encourage the alliance to undertake a review to improve understanding of the extent to which alcohol screening, and the routine delivery of brief advice, where indicated, is embedded in local MECC arrangements and to agree how best to monitor quality and impact going forward. This will help the new One You service determine priorities for action in promoting more routine use of IBA across the county.
- The peer assessment team felt that there are opportunities to more actively include the voice of people with lived experience in the planning, development and delivery of local services. Promoting meaningful service user participation in these processes could support local ambition to further reduce unmet need among the local alcohol dependent population.
- Formalised agreements about data sharing are needed to help overcome inconsistencies in the information about alcohol routinely shared by health and criminal justice partners. Visible senior partner commitment to the development of inter-agency information sharing protocols may help prioritise this work.

Appendix B: Data - reference to needs assessments

Figure 1: Drug deaths in Kent are increasing

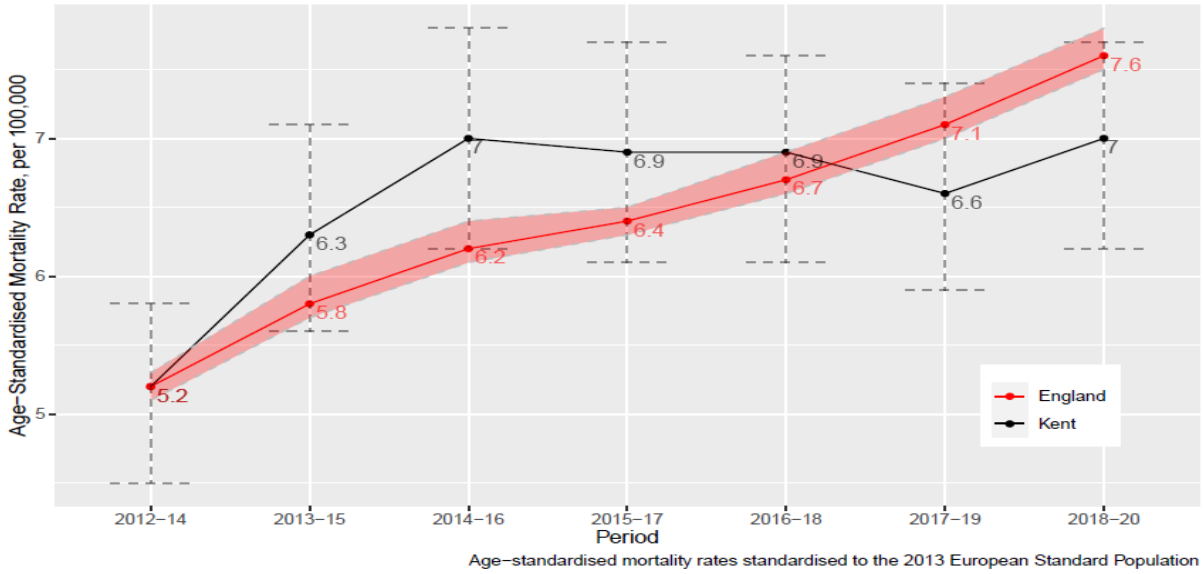


Figure 2: Drug deaths in Kent at district-level

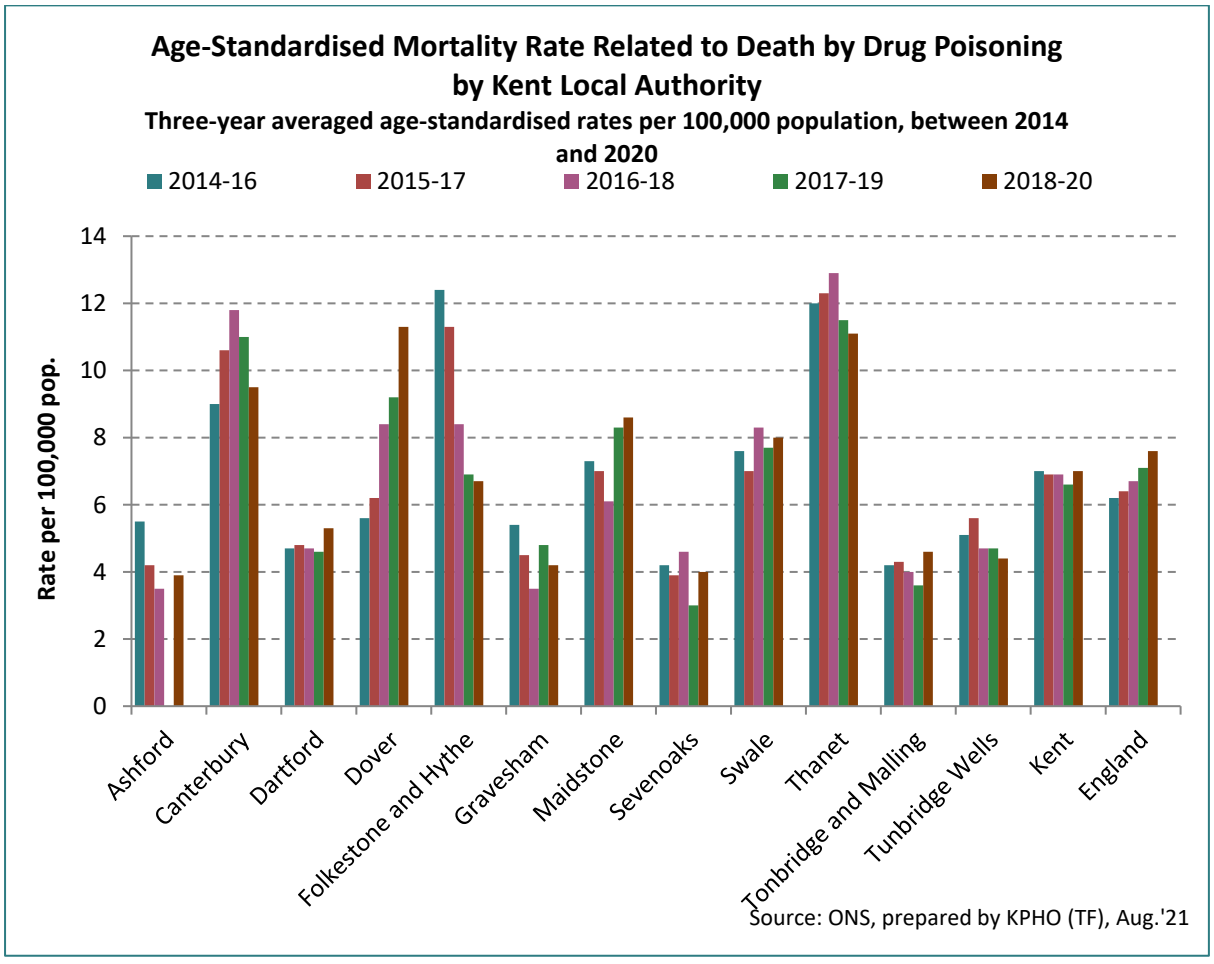


Figure 3: Alcohol deaths in Kent are increasing

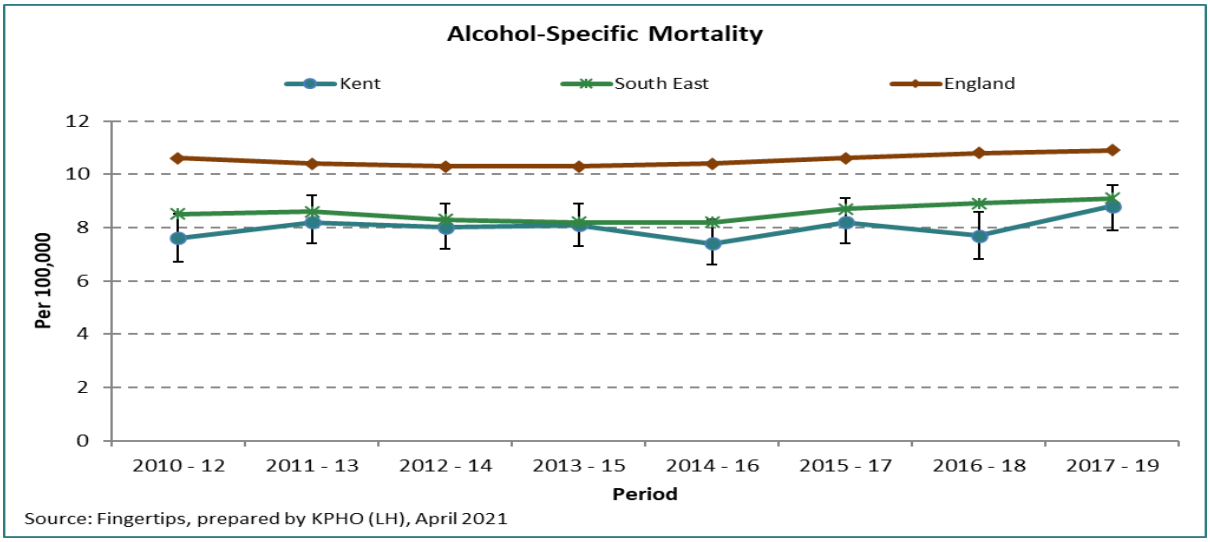


Figure 4: Who Dies? For Alcohol specific deaths: Kent is below national average but lots of local variation

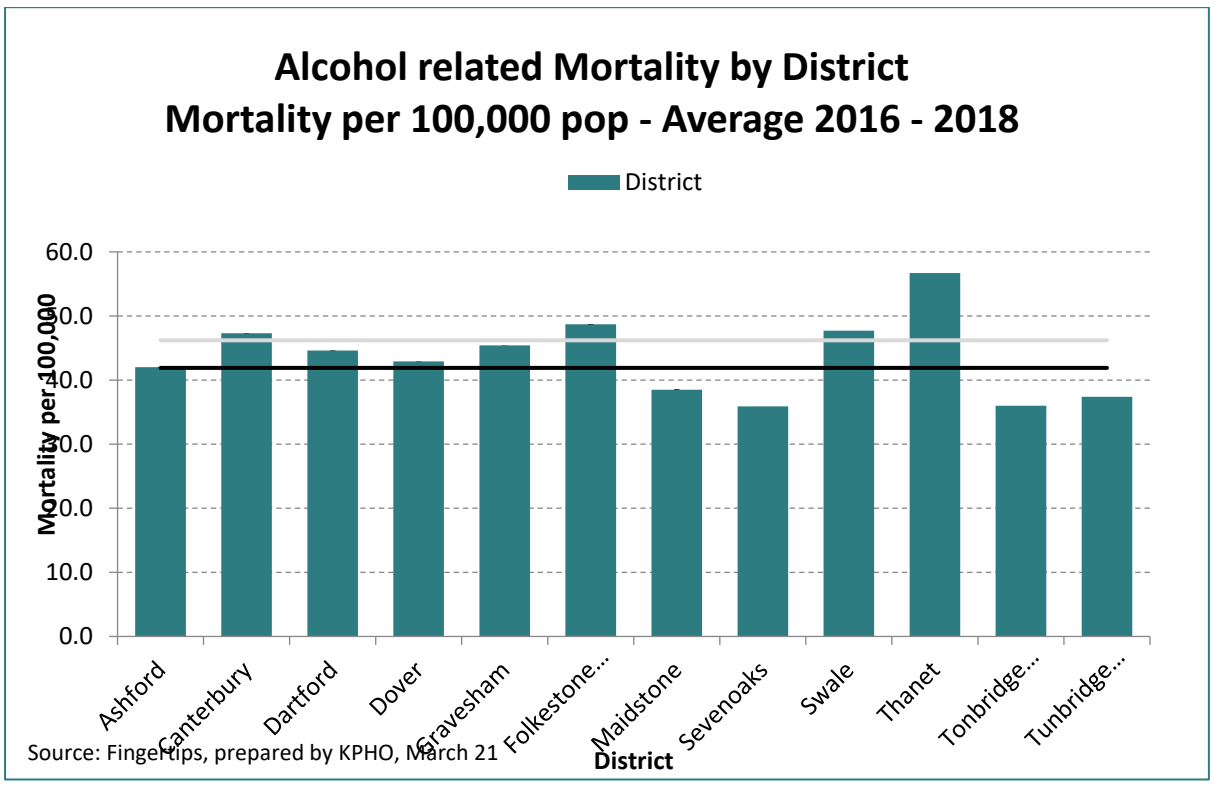
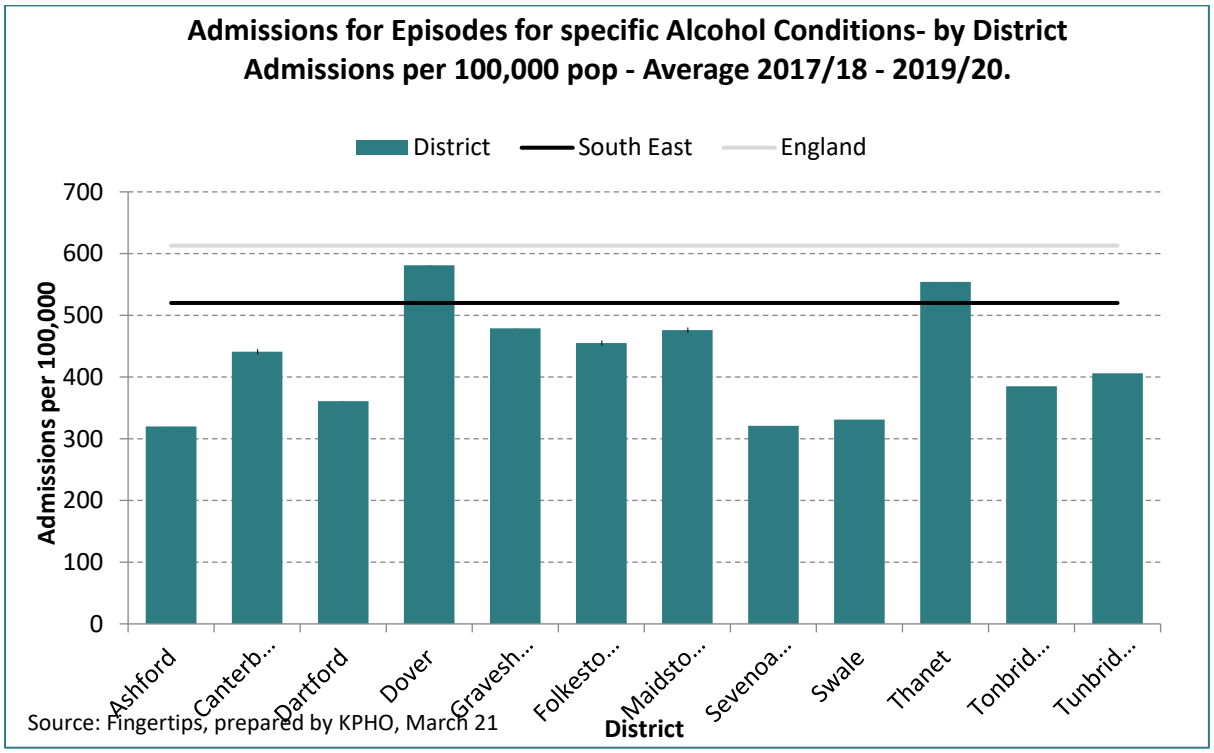


Figure 5: Who gets sickest as a result of alcohol in Kent?



Source: Fingertips, prepared by KPHO, March 21

Figure 6: Successful completion of alcohol treatment

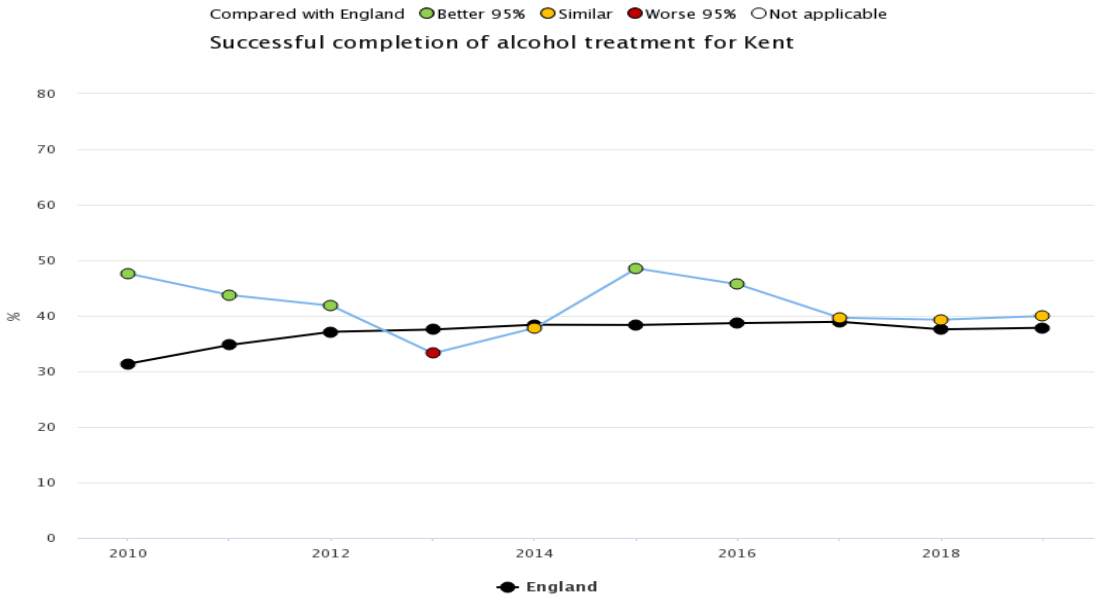


Figure 7: Successful completion of drug treatment – opiate users

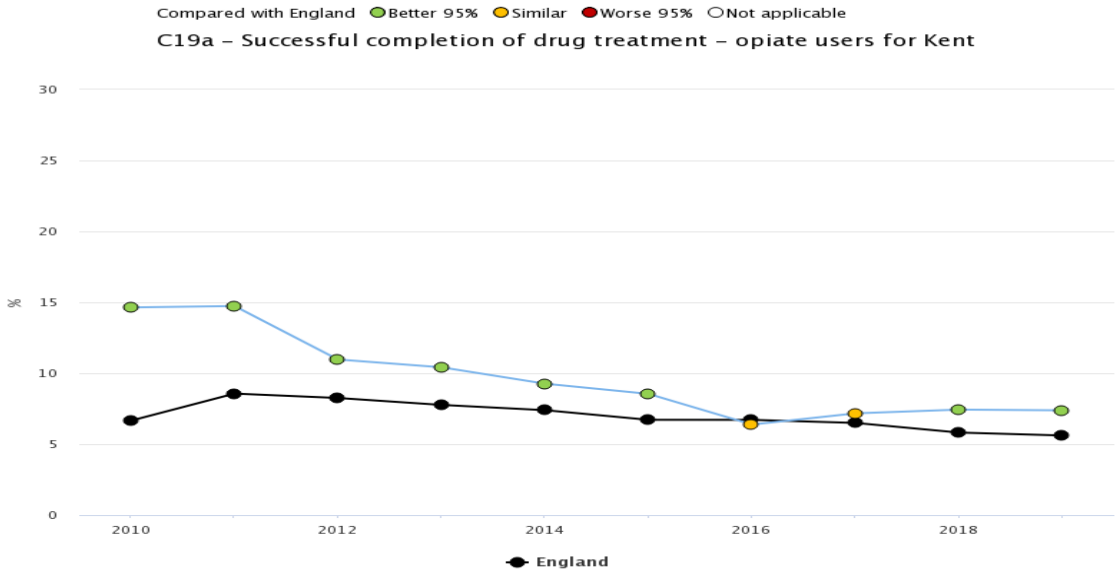


Figure 8: Successful completion of drug treatment – non-opiate users

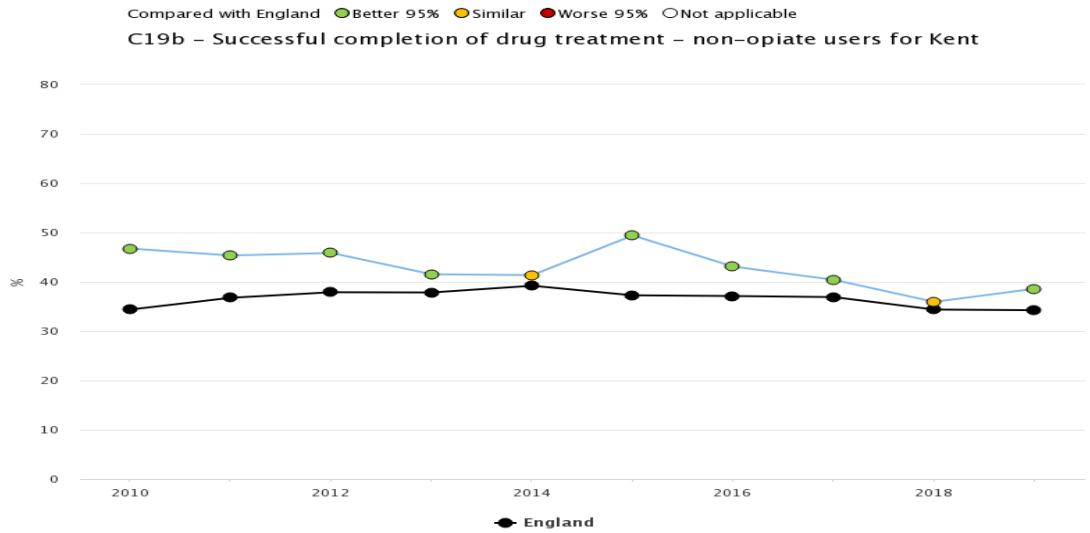


Figure 9: Drug-related offences

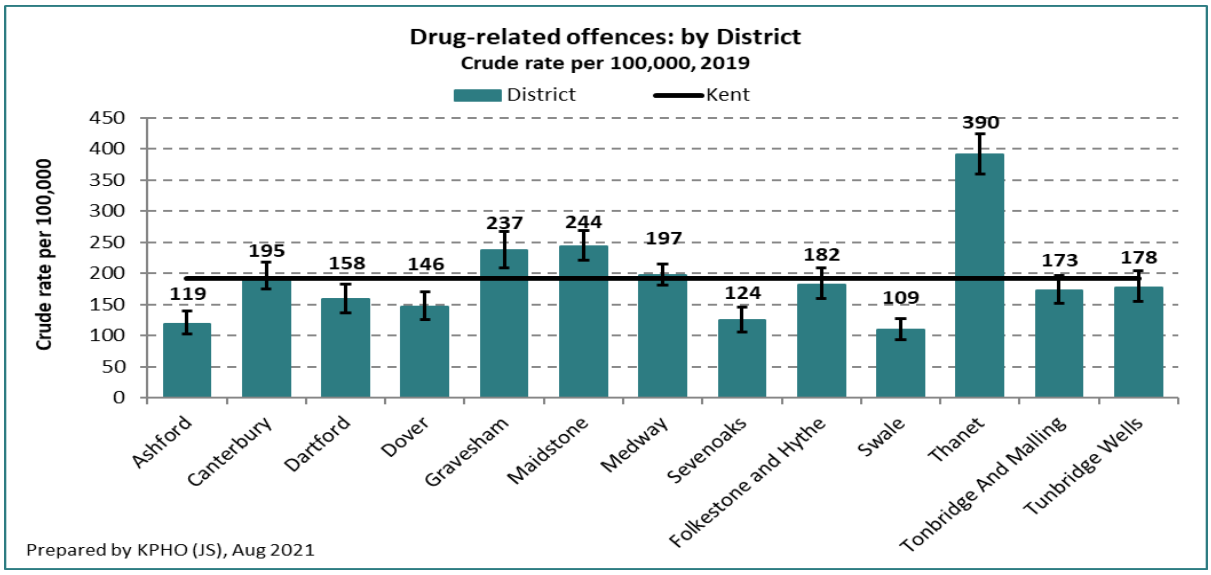
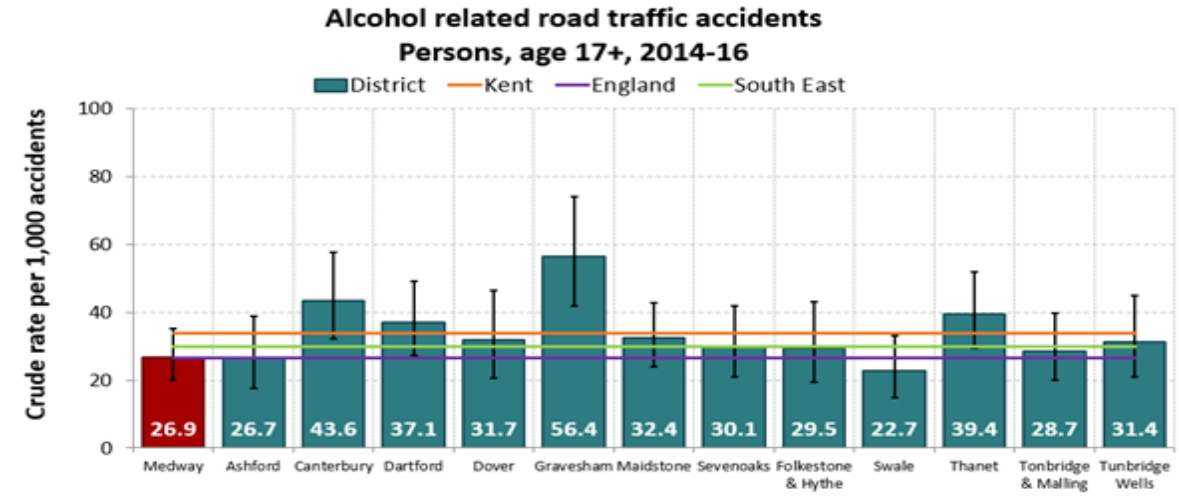


Figure 10: Drink driving



Source - PHE, prepared by KPHO (MP) Jan 2019

KENT COUNTY COUNCIL
DRUG AND ALCOHOL STRATEGY CONSULTATION REPORT

PREPARED BY LAKE MARKET RESEARCH

CONTENTS

BACKGROUND AND METHODOLOGY

Background

On December 6, 2021, UK Government published its 10-year drug strategy—'From Harm to Hope'. It sets out how this Government will combat illegal drug use – to cut crime and save lives by reducing the supply and demand for drugs and delivering a high-quality treatment and recovery system. Over the next three years, every Council in England, including Kent will receive extra funding to combat drug and alcohol misuse. Dame Carol Black, whose independent review into the issue of drugs helped shape the strategy, will monitor and advise on the progress of the strategy with the Government producing an annual update.

There has been a Kent Drug and Alcohol Strategy in operation which will end in 2022. The new proposed strategy aims to prioritise both the causes and the consequences of drug and alcohol harm. All the priorities are taken from local needs and stakeholder's views and are also aligned to the National Drug Strategy: "From Harm to Hope". The Kent strategy will also seek to implement a range of harm reduction strategies and ensure there are quality services for the very high-risk families, vulnerable people, and communities.

In September 2022, KCC launched a consultation to seek feedback from individuals that have experience of drug and alcohol treatment and recovery services, family and friends of individuals that have been impacted by drugs and/or alcohol and practitioners working with individuals that have a drug and/or alcohol support need.

Consultation process

On the 6 September 2022 a six-week consultation was launched and ran until the 31 October 2022. The consultation provided the opportunity to find out more and provide feedback. Feedback was captured via a consultation questionnaire which was available on the KCC engagement website (www.kent.gov.uk/drugandalcoholstrategy). Hard copies of the consultation questionnaire were also available on request.

A consultation stage Equality Impact Assessment (EqIA) was carried out to assess the impact the proposals could have on those with protected characteristics. The EqIA was available as one of the consultation documents and the questionnaire invited respondents to comment on the assessment that had been carried out.

To raise awareness of the consultation and encourage participation, the following was undertaken:

- Digital promotional material sent to partners to use on their channels and buildings, including posters, graphics and website banner.
- Email to stakeholder list, including statutory consultees and Alliance partners.
- Media release - https://kccmediahub.net/consultation-launched-for-new-drug-and-alcohol-strategy/
- Articles were places in KCC's residents' e-newsletter and internal staff newsletter
- Social media via KCC's corporate Facebook, Twitter, LinkedIn and Nextdoor accounts.
- Announcement at Kent Alliance meeting

- Meeting with young people facilitated through the Youth Drug and Alcohol Service
- Link to the consultation added to service pages on Kent.gov
- Invite to 5,992 Let's talk Kent registered users who have expressed an interest in community safety, general interest, adult social care and public health and wellbeing.
- All consultation material included details of how people could contact KCC to ask a question, request hard copies or alternative format.
- A Word version of the questionnaire was provided on the consultation webpage for people who did not wish to complete the online version.
- Large print versions of the consultation material were available from the consultation webpage and on request.

A summary of engagement with the consultation webpage, material and social media can be found below:

- 7,869 page views, 3,568 visits, by 3,272 visitors.
- 1,050 document downloads, including 765 downloads of the strategy.
- Social media had a reach of 23,861, with 191 clicks.

Points to note

- Consultees were given the choice of which questions they wanted to answer / provide comments. The number of consultees providing an answer is shown on each chart featured in this report.
- Participation in consultations is self-selecting and this needs to be considered when interpreting responses.
- Response to this consultation does not wholly represent the individuals or practitioners the consultation sought feedback from and is reliant on awareness and propensity to take part based on the topic and interest.
- KCC was responsible for the design, promotion, and collection of the consultation responses. Lake Market Research was appointed to conduct an independent analysis of feedback.
- Consultees were given a number of opportunities to provide feedback in their own words throughout the questionnaire. Whilst this report includes thematic feedback received at these questions, specific feedback unique to particular organisations or circumstances was also received. All feedback is being reviewed and considered by KCC.

Profile of consultees responding

139 consultees took part in the consultation questionnaire; 116 received via online submissions and 23 received via hard copy questionnaires. The tables below show the profile of consultees responding to the consultation questionnaire. Please note that the demographic questions were only asked of those who indicated they are responding as an individual rather than on behalf of an organisation. The proportion who left these questions blank or indicated they did not want to disclose this information has been included as applicable.

RESPONDING AS…	
As an individual that has experience of drug and alcohol treatment and recovery services	17%
As a family member or friend of an individual(s) that have been impacted by drugs and/or alcohol	26%
As a practitioner working with individuals that have a drug and/or alcohol support need	24%
On behalf of a professional organisation working in the drug and alcohol services	5%
On behalf of a provider of drug and/or alcohol services	4%
On behalf of a charity, voluntary or community sector organisation (VCS)	5%
On behalf of a Parish/Town/Borough/District Council in an official capacity	1%
As a Parish/Town/Borough/District/County Councillor	1%
Other	17%

SEX (individual or family member / friend of individual only)	
Male	43%
Female	53%
Prefer not to say / blank	3%

IDENTIFY AS TRANSGENDER OR TRANSPERSON (individual or family member / friend of individual only)	
Yes	0%
No	93%
Prefer not to say / blank	7%

AGE (individual or family member / friend of individual only)	
16-24	3%
25-34	3%
35-49	21%
50-59	29%
60-64	10%
65-74	22%
75-84	5%
85 & over	2%
Prefer not to say / blank	3%

DISABILITY (individual or family member / friend of individual only)	
Yes	33%
- Physical impairment	19%
- Sensory impairment	3%
- Long standing illness or health condition	16%
- Mental health condition	28%
- Learning disability	3%
No	59%
Prefer not to say / blank	9%

CARER (individual or family member / friend of individual only)	
Yes	21%
No	72%
Prefer not to say / blank	7%

ETHNICITY (individual or family member / friend of individual only)	
White English	78%
White Scottish	2%
White Welsh	3%
White Irish	2%
Mixed White & Black Caribbean	2%
Prefer not to say / blank	14%

RELIGION OR BELIEF (individual or family member / friend of individual only)	
Christian	40%
Buddhist	52%
Hindu	5%
Prefer not to say / blank	8%

SEXUAL ORIENTATION (individual or family member / friend of individual only)	
Heterosexual/straight	72%
Bi/Bisexual	3%
Gay man	9%
Gay woman/Lesbian	0%
Other	3%
Prefer not to say / blank	13%

EXECUTIVE SUMMARY

AGREEMENT WITH IMPROVEMENTS IDENTIFIED IN STRATEGY

The majority of consultees taking part agree with the proposed improvements identified in the Kent Drug and Alcohol 2023-2028 Strategy, as follows:

- Improve the range of partners signed up to the Kent Substance Misuse Alliance (e.g. social care and safeguarding) and create better links to NHS - 83% agree (51% agree strongly)
- Create an Alcohol and Drug Harm Prevention plan and place it into the wider Integrated Care System prevention plan in Kent and Medway – 82% agree (55% agree strongly)
- Provide leadership and encourage better pathways and co-ordination for those vulnerable people with co-occurring and complex conditions – 87% agree (60% agree strongly)
- Create opportunities for greater links to improve integration of health data to inform the district licensing processes – 75% agree (43% agree strongly – strength of agreement comparably lower to other improvements)
- Improve the delivery of Identification and Brief Advice (IBA) across Kent – create opportunities and increased coverage – 80% agree (42% agree strongly – strength of agreement comparably lower to other improvements)
- Ensure needs assessments are up to date and available – 82% agree (54% agree strongly)

FEEDBACK ON PRIORITIES IN DRAFT STRATEGY

1. 'PREVENTION'

The majority of consultees taking part agree with the priorities identified under Strategic Priority 1 - Prevention, as follows:

- Prevention, early intervention and behaviour change - 87% agree (63% agree strongly)
- Early help – prevention to treatment pathway – 87% agree (59% agree strongly)
- Improving hospital and acute pathways to treatment – 86% agree (67% agree strongly)
- Children and young people living with alcohol misusing parents / preventing inter-generational alcohol misuse – 91% agree (71% agree strongly)
- Tackling high rates of suicide and self-harm associated with substance misuse – 85% agree (71% agree strongly)

2. ‘IMPROVE TREATMENT AND RECOVERY’

The majority of consultees taking part agree with the priorities identified under Strategic Priority 2 – Improve Treatment and Recovery, as follows:

- Continue improvement to treatment and recovery services - 88% agree (70% agree strongly)
- Criminal justice routes to substances misuse treatment – 71% agree (47% agree strongly); comparably lower agreement to the first sub priority
- Improve treatment and recovery for targeted groups / vulnerable people – 88% agree (65% agree strongly)
- Improve pathways to treatment and recovery to rough sleepers - 88% agree (61% agree strongly)
- Improving treatment and recovery for people with co-occurring conditions – 89% agree (70% agree strongly)

3. ‘COMMUNITY SAFETY’

The majority of consultees taking part agree with the priorities identified under Strategic Priority 3 – Community Safety, as follows:

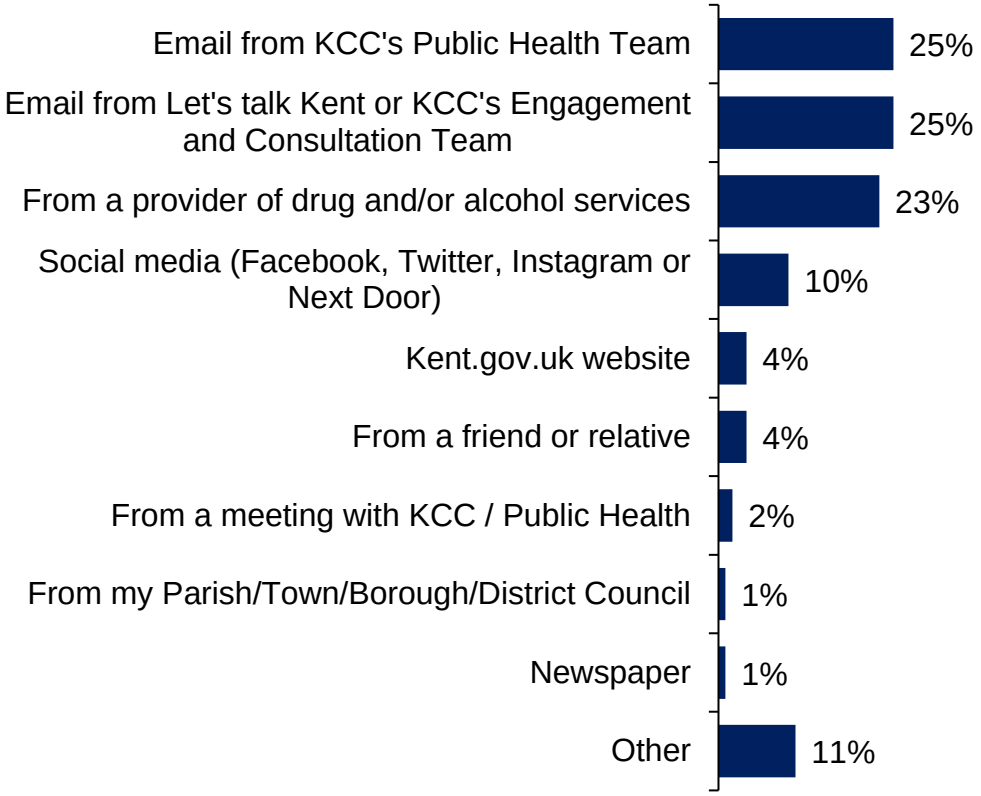
- Working in partnership to share data and intelligence in order to identify those at risk of drug / alcohol related harm and exploitation and to provide safeguarding and intensive support - 87% agree (61% agree strongly)
- Disrupting supply of illegal drugs – 74% agree (55% agree strongly); comparably lower agreement to the first sub priority
- Tackling local alcohol supply – 77% agree (43% agree strongly)

CONSULTATION AWARENESS

- The most common means of finding out about the consultation are an email from KCC's Public Health Team (25%), an email from Let's talk Kent or KCC's Engagement and Consultation Team (25%) or from a provider of drug and/or alcohol services (23%).

- 9% indicated they found out about the consultation via social media (Facebook, Twitter, Instagram or Next Door).

How did you find out about this consultation?
Base: all answering (138), consultees had the option to select more than one response.



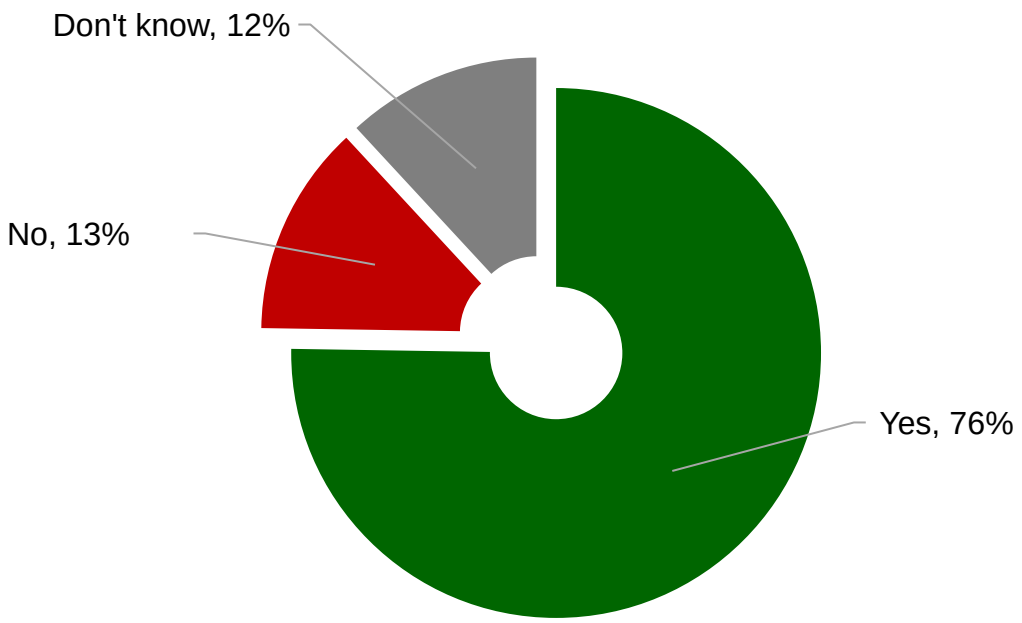
SUPPORTING DATA TABLE	% of total answering 138
Email from KCC's Public Health Team	25%
Email from Let's talk Kent or KCC's Engagement & Consultation Team	25%
From a provider of drug and/or alcohol services	23%
Social media (Facebook, Twitter, Instagram or Next Door)	10%
Kent.gov.uk website	4%
From a friend or relative	4%
From a meeting with KCC / Public Health	2%
From my Parish/Town/Borough/District Council	1%
Newspaper	1%
Other	11%

EASE OF UNDERSTANDING PROPOSED STRATEGY

- Just over three quarters (76%) indicated they find the draft Kent Drug and Alcohol Strategy 2023-2038 easy to understand. 13% indicated they do not find it easy to understand and 12% are unsure.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion indicating the strategy is easy to understand is broadly consistent at 74%. 16% indicated they do not find it easy to understand and 11% are unsure.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion indicating the strategy is easy to understand lowers slightly to 68%. 12% indicated they do not find it easy to understand and 21% are unsure.

Was the draft Kent Drug and Alcohol Strategy 2023-2028 easy to understand?

Base: all answering (135)



SUPPORTING DATA TABLE	% of total answering 135
Yes	76%
No	13%
Don’t know	12%

Consultees were also given the opportunity to provide suggestions on how to make the Strategy easier to understand in their own words. For the purpose of reporting, we have reviewed respondents' comments and have incorporate examples of the comments received below. 41 consultees provided a comment to this question.

Examples of feedback from individuals (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol) can be found below. Feedback suggests that the strategy could be made simpler / more tangible and there are concerns for how realistic the strategy is from a funding / resourcing perspective.

"You need to make the strategy easier for the general public and service users. We are tired of not understanding how your strategies relate to local services, accessibility, addiction, and mental health. all the plans sound posh and great, but it never translates well with service users and their families. really concise information of what this look and feel like on a day-to-day basic within the communities. Where is the financial investment coming from, how long will it take for the local communities to see the difference, get the up to date information, will referrals speed up."

"It could be much more succinct. Actions could be less vague. Eg, "to ensure that effective pathways of treatment and therapies are available to adult addicts." How? Maybe add 'by asking our MPs to ask central government for a reverse of cuts to...' Or, 'by regularly closing, or replacing, those services that are currently not meeting the standard set by X'."

"For the "person on the street" it was hard to understand unless, I assume you work in the sector."

"Whilst agreeing wholeheartedly with the strategy, I strongly feel that it will be difficult to implement given the lack of professionals available in the police and health services particularly."

"Great strategy, but always providing there are enough people to implement these ideas. The whole of the NHS is woefully understaffed and it has not been clear how the already overworked staff will cope with the pressures of this strategy."

Examples of feedback from practitioners working with individuals that have a drug and/or alcohol support need, professional organisations working in drug or alcohol services and providers of drug and/or alcohol services can be found below. Some raised concerns about the strategy's impact on workloads and how partners will work together in its delivery.

"It doesn't seem to acknowledge that treatment services have to manage a huge caseload of clients they are already working with, focus seems to be more on reaching out to hard to reach people but we need more resources to support the clients we already have."

"Whilst it is laid out clearly and the priorities are well articulated there is not enough information about how the strategy will be implemented with partners."

AGREEMENT WITH IMPROVEMENTS IDENTIFIED TO HELP STRENGTHEN STRATEGY

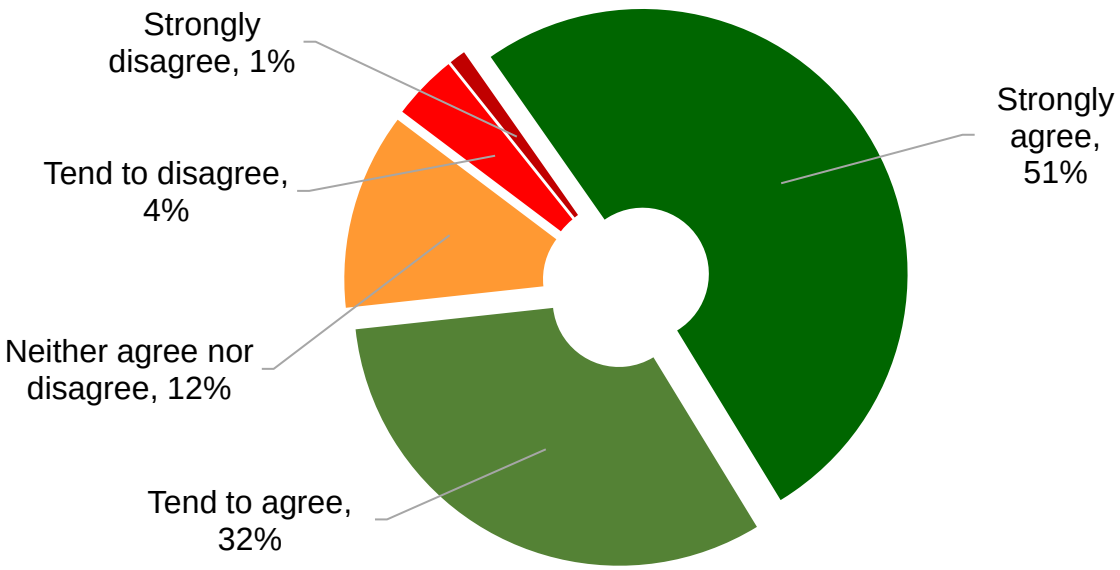
IMPROVE THE RANGE OF PARTNERS SIGNED UP TO THE KENT SUBSTANCE MISUSE ALLIANCE (E.G. SOCIAL CARE AND SAFEGUARDING) AND CREATE BETTER LINKS TO NHS

- 83% agree with the proposed improvement of improving the range of partners signed up to the Kent Substance Misuse Alliance and creating better links to NHS; 51% agree strongly. 12% neither agree nor disagree and 5% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 86%; 52% strongly agree and 7% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 82%; 55% strongly agree and 3% disagree.

To what extent do you agree or disagree with the improvements we have identified to help strengthen our 2023-2028 Strategy:

Improve the range of partners signed up to the Kent Substance Misuse Alliance (e.g. social care and safeguarding) and create better links to NHS

Base: all answering (134)



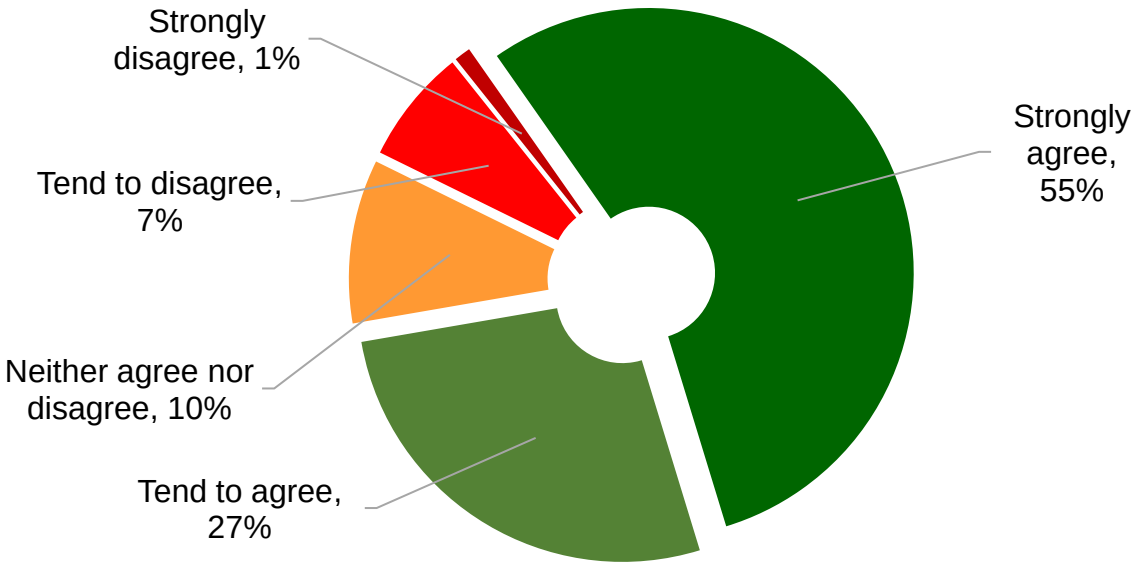
CREATE AN ALCOHOL AND DRUG HARM PREVENTION PLAN AND PLACE IT INTO THE WIDER INTEGRATED CARE SYSTEM PREVENTION PLAN IN KENT AND MEDWAY

- 82% agree with the proposed improvement of creating an alcohol and drug harm prevention plan and placing it into the wider integrated care system prevention plan in Kent and Medway; 55% agree strongly. 10% neither agree nor disagree and 8% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 88%; 63% strongly agree and 2% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 79%; 58% strongly agree and 9% disagree.

To what extent do you agree or disagree with the improvements we have identified to help strengthen our 2023-2028 Strategy:

Create an Alcohol and Drug Harm Prevention plan and place it into the wider Integrated Care System prevention plan in Kent and Medway

Base: all answering (135)



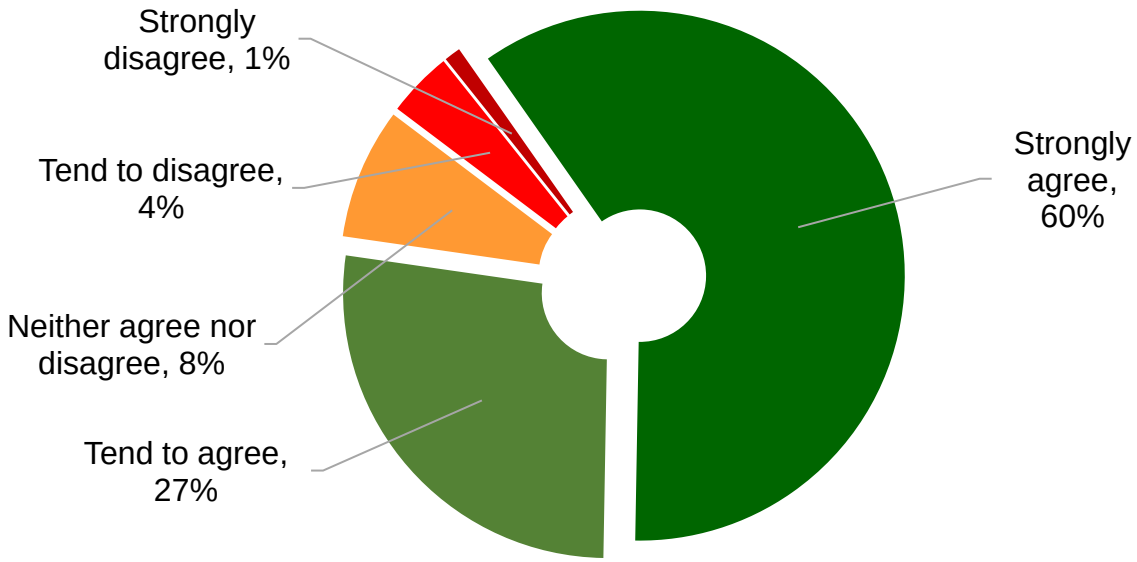
PROVIDE LEADERSHIP AND ENCOURAGE BETTER PATHWAYS AND CO-ORDINATION FOR THOSE VULNERABLE PEOPLE WITH CO-OCCURRING AND COMPLEX CONDITIONS

- 87% agree with the proposed improvement of providing leadership and encouraging better pathways and co-ordination for those vulnerable people with co-occurring and complex conditions; 60% agree strongly. 8% neither agree nor disagree and 5% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 86%; 62% strongly agree and 7% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 91%; 67% strongly agree and 3% disagree.

To what extent do you agree or disagree with the improvements we have identified to help strengthen our 2023-2028 Strategy:

Provide leadership and encourage better pathways and co-ordination for those vulnerable people with co-occurring and complex conditions

Base: all answering (136)



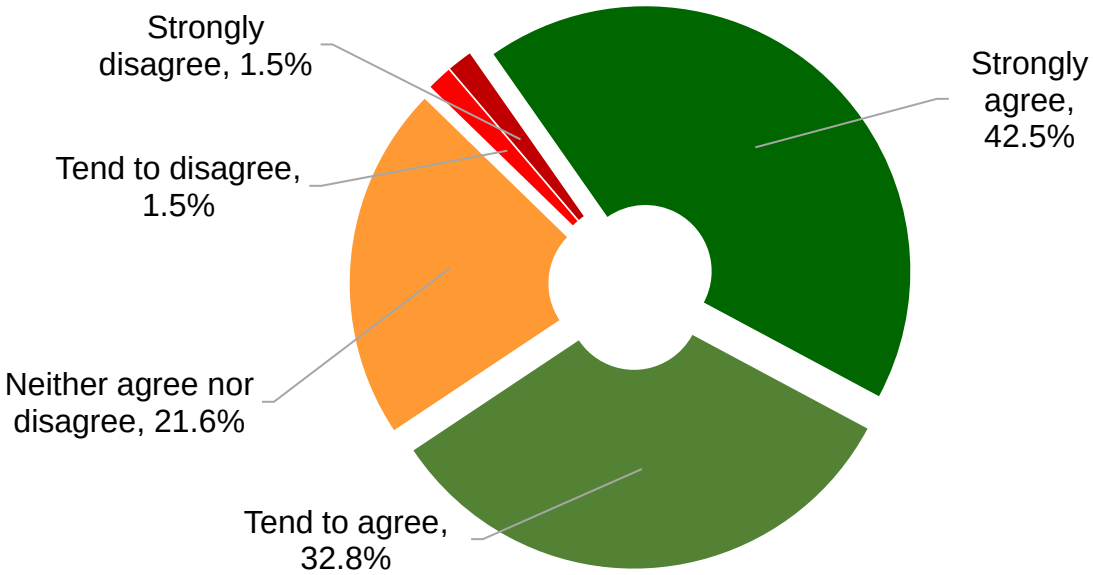
CREATE OPPORTUNITIES FOR GREATER LINKS TO IMPROVE INTEGRATION OF HEALTH DATA TO INFORM THE DISTRICT LICENSING PROCESSES

- 75% agree with the proposed improvement of creating opportunities for greater links to improve integration of health data to inform the district licensing processes. Strength of agreement is lower than observed for the previous improvements at 42.5% agreeing strongly. 22% neither agree nor disagree and 2% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 74%; 42% strongly agree and 2% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 84%; 53% strongly agree and 0% disagree.

To what extent do you agree or disagree with the improvements we have identified to help strengthen our 2023-2028 Strategy:

Create opportunities for greater links to improve integration of health data to inform the district licensing processes

Base: all answering (134)



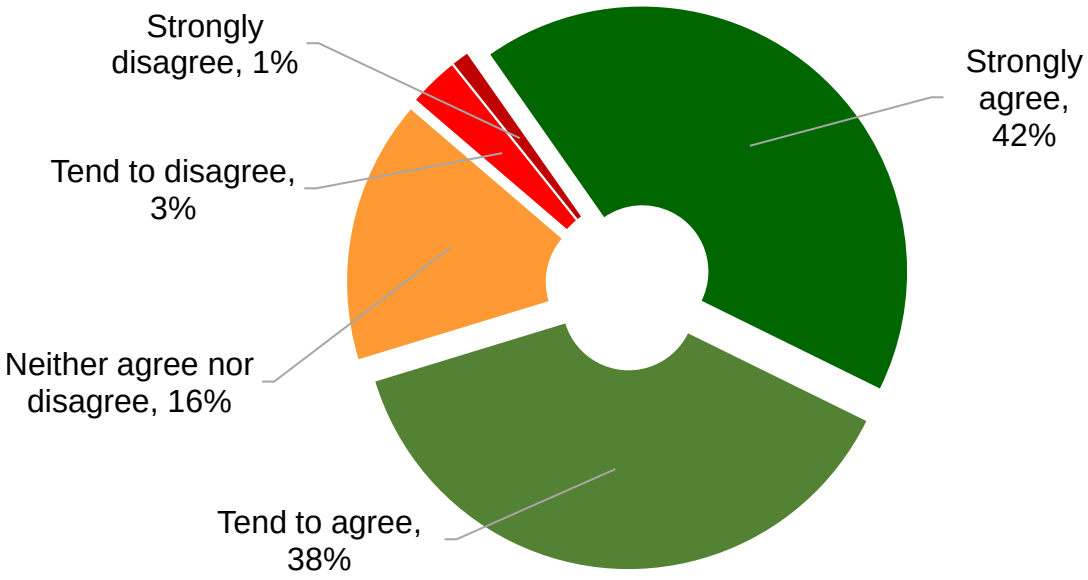
IMPROVE THE DELIVERY OF IDENTIFICATION AND BRIEF ADVICE (IBA) ACROSS KENT – CREATE OPPORTUNITIES AND INCREASED COVERAGE

- 80% agree with the proposed improvement of improving the delivery of Identification and Brief Advice (IBA) across Kent – creating opportunities and increased coverage. Strength of agreement is also lower than observed for the previous improvements at 42% agreeing strongly. 16% neither agree nor disagree and 4% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 77%; 39% strongly agree and 0% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 88%; 45% strongly agree and 0% disagree.

To what extent do you agree or disagree with the improvements we have identified to help strengthen our 2023-2028 Strategy:

Improve the delivery of Identification and Brief Advice (IBA) across Kent – create opportunities and increased coverage

Base: all answering (133)



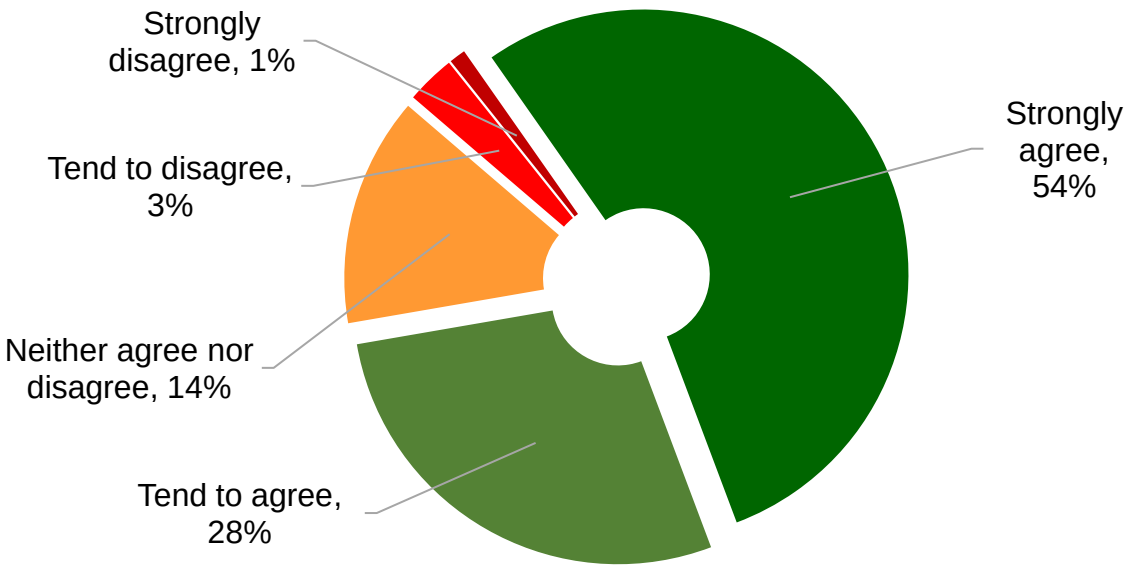
ENSURE NEEDS ASSESSMENTS ARE UP TO DATE AND AVAILABLE

- 82% agree with the proposed improvement of ensuring needs assessments are up to date and available; 54% agree strongly. 14% neither agree nor disagree and 4% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 81%; 66% strongly agree and 0% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 85%; 50% strongly agree and 0% disagree.

To what extent do you agree or disagree with the improvements we have identified to help strengthen our 2023-2028 Strategy:

Ensure needs assessments are up to date and available

Base: all answering (136)



SUPPORTING DATA TABLE FOR IMPROVEMENTS PROPOSED

SUPPORTING DATA TABLE	% strongly agree	% tend to agree	% neither agree nor disagree	% tend to disagree	% strongly disagree
Improve the range of partners signed up to the Kent Substance Misuse Alliance (e.g. social care and safeguarding) and create better links to NHS	51%	32%	12%	4%	1%
Create an Alcohol and Drug Harm Prevention plan and place it into the wider Integrated Care System prevention plan in Kent and Medway.	55%	27%	10%	7%	1%
Provide leadership and encourage better pathways and co-ordination for those vulnerable people with co-occurring and complex conditions.	60%	27%	8%	4%	1%
Create opportunities for greater links to improve integration of health data to inform the district licensing processes.	42.5%	32.8%	21.6%	1.5%	1.5%
Improve the delivery of Identification and Brief Advice (IBA) across Kent – create opportunities and increased coverage.	42%	38%	16%	3%	1%
Ensure needs assessments are up to date and available	54%	28%	14%	3%	1%

Consultees were also given the opportunity to explain their reasoning for disagreeing with any of the improvements in their own words. For the purpose of reporting, we have reviewed respondents' comments and have incorporate examples of the comments received below. 28 consultees provided a comment to this question.

Examples of feedback from individuals (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol) can be found below. Feedback includes suggestions for prevention investment, concerns over service access and funding and wider partner links.

"There would be much less need for this strategy if more resources were channelled into public services, such as youth clubs, mental health provision, family respite and support etc."

"Whilst I think that it is honourable that Kent produces this strategy and commendable that there is something down on paper, at the end of the day, drugs are a part of society, whether that being drink or drugs, we need to accept that and give people who are able to identify themselves that they have an addiction issue are able to access a process and treatment that works for them. That I have found can only sit with their GP. No one else and that is where majority of the funding should also sit, not with NHS but with individual GP surgeries or indeed "on request" from the NHS trust basis, with an amount kept behind for homeless and other complex needs cases. After all, mental health and addiction tend to go hand in hand, yet mental health sits with NHS and Addiction with Local Authority for funding... no wonder we have issues as a country!."

"Deal with the fundamental issues of availability and cost. Culture is also an issue people think alcohol is a harmless drug, spend time in a rehab and that's clearly not the case. The alcoholics tend to take longer to bounce back and face life threatening withdrawals if not properly medicated."

"What has been suggested above sounds good on paper, however, putting this into real life situation is going to be very different and difficult I feel. I don't believe that there will be enough trained people able to cope with the amount of people needing help, there won't be the time scale available needed to build confidence and bridges with most of the people requiring help. Also what about the mental health aspect too, I know from personal experience how poor my experiences have been and how it nearly destroyed me. Also money / funding is going to be major issue."

"I may have missed it but I would like to see a link from many of these institutions / bodies to the self-supporting organisations such as Alcoholics Anonymous and Al-Anon organisations. Promoting these organisations have a high degree of success in preventing re-occurrence as well as allowing the greater family to understand the problems and provide support to the afflicted individuals."

Examples of feedback from practitioners working with individuals that have a drug and/or alcohol support need, professional organisations working in drug or alcohol services and providers of drug and/or alcohol services can be found below. Potential gaps and suggestions to widen improvements were put forward.

“Need to get into schools and educate the children not to go down the path of addiction as well as give them tools and strategies to cope with an adult that may be an addict around them. Addicts have choices, the children unfortunately do not have a choice when living in that environment. There is not enough support for the families and children of addicts, there is lots for the addicts.”

“It is all well and good that we are talking, but in my job role there are certain agencies that we still do struggle with in regard to joint working approaches, and pathways to support those with co-occurring conditions and complex needs, mental health often refuse to support with clients that are struggling still in this day and age stating it is more of a substance misuse issue, though contact has improved and there are certain individuals of different teams that are able and keen to support it is then a waiting game to see a psychologist.”

“I was surprised that the words "motivational interviewing" does not appear in the strategy, when there is a large evidence base supporting the need and value of this approach. "Assertive outreach" also only appears a small number of times in the document, with limited detail, which is surprising, when again, there is a large evidence base for the need and value of this. This is key, because if drug and alcohol services don’t provide these services, then they will miss the vast majority of the people most needing help. As a mental health practitioner, we are often frustrated that our patients don’t receive this kind of support from drug and alcohol services, so i am disappointed not to see reference to this in the strategy.”

“Dual diagnosis of mental health in children and young people services is not accessible. Limited options (NHS) for mental health treatment unlike adult services and often NHS wants CYP to be abstinent before accessing mental health treatment.”

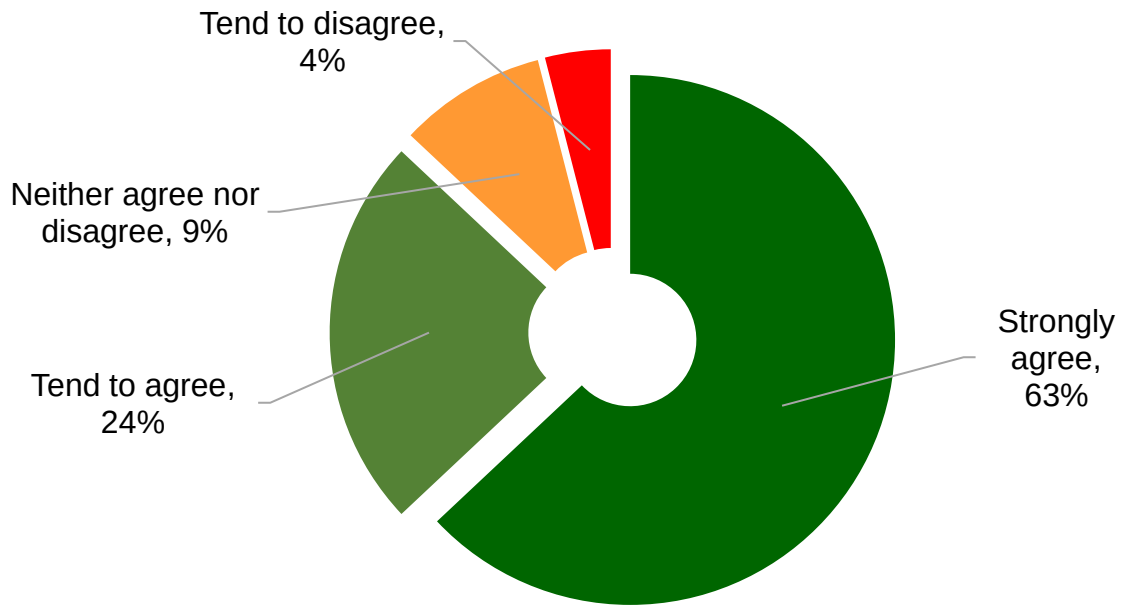
FEEDBACK ON PRIORITY 1 - PREVENTION

STRATEGIC PRIORITY 1.1 'PREVENTION, EARLY INTERVENTION AND BEHAVIOUR CHANGE'

- 87% agree with the priority of prevention, early intervention and behaviour change; 63% agree strongly. 9% neither agree nor disagree and 4% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 79%; 56% strongly agree and 0% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 91%; 68% strongly agree and 0% disagree.

To what extent do you agree or disagree with Strategic Priority 1.1 'Prevention, early intervention and behaviour change'?

Base: all answering (79)

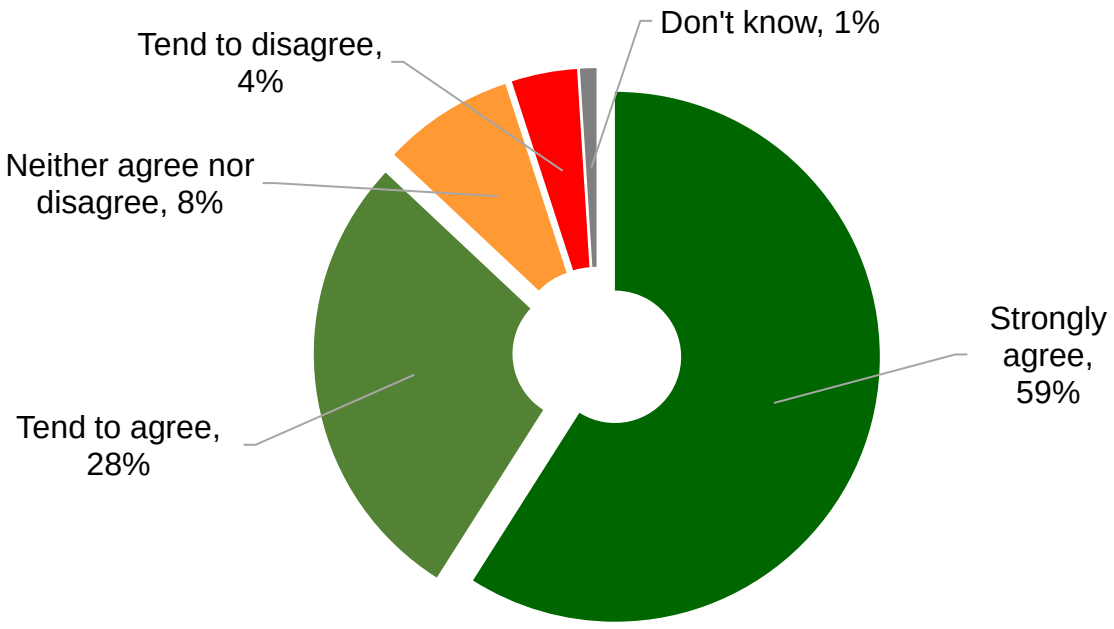


STRATEGIC PRIORITY 1.2 'EARLY HELP: PREVENTION TO TREATMENT PATHWAY'

- 87% agree with the priority of early help – prevention to treatment pathway; 59% agree strongly. 8% neither agree nor disagree and 4% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 89%; 51% strongly agree and 0% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 86%; 64% strongly agree and 0% disagree.

To what extent do you agree or disagree with Strategic Priority 1.2 'Early Help: Prevention to Treatment Pathway'?

Base: all answering (79)

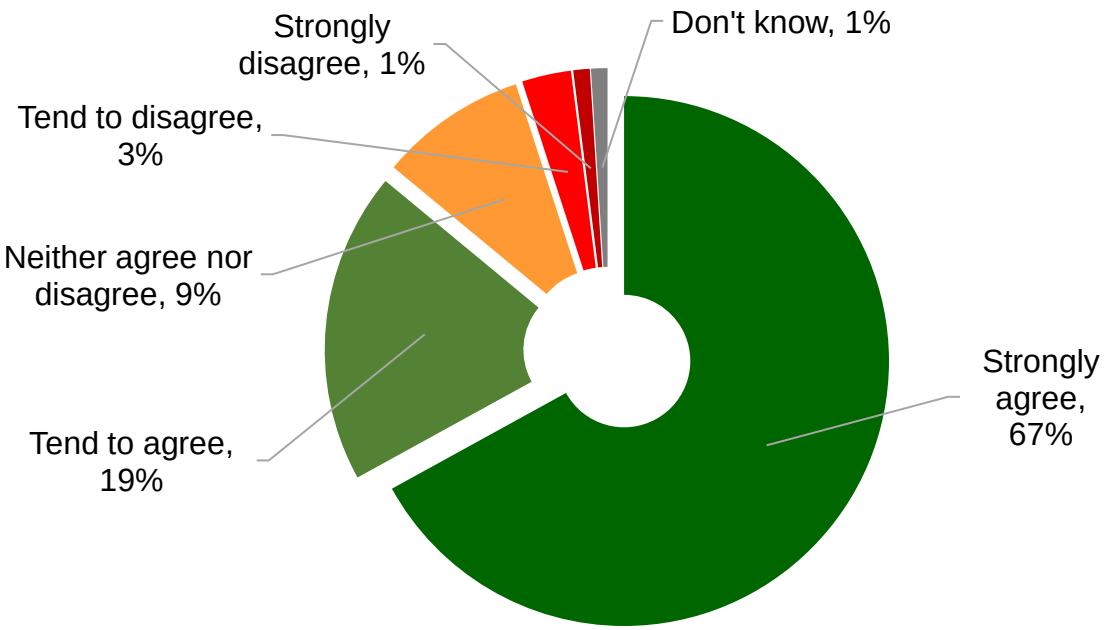


STRATEGIC PRIORITY 1.3 'IMPROVING HOSPITAL AND ACUTE PATHWAYS TO TREATMENT'

- 86% agree with the priority of improving hospital and acute pathways to treatment; 67% agree strongly. 9% neither agree nor disagree and 4% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 91%; 66% strongly agree and 0% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 81%; 67% strongly agree and 0% disagree.

To what extent do you agree or disagree with Strategic Priority 1.3 'Improving hospital and acute pathways to treatment'?

Base: all answering (79)

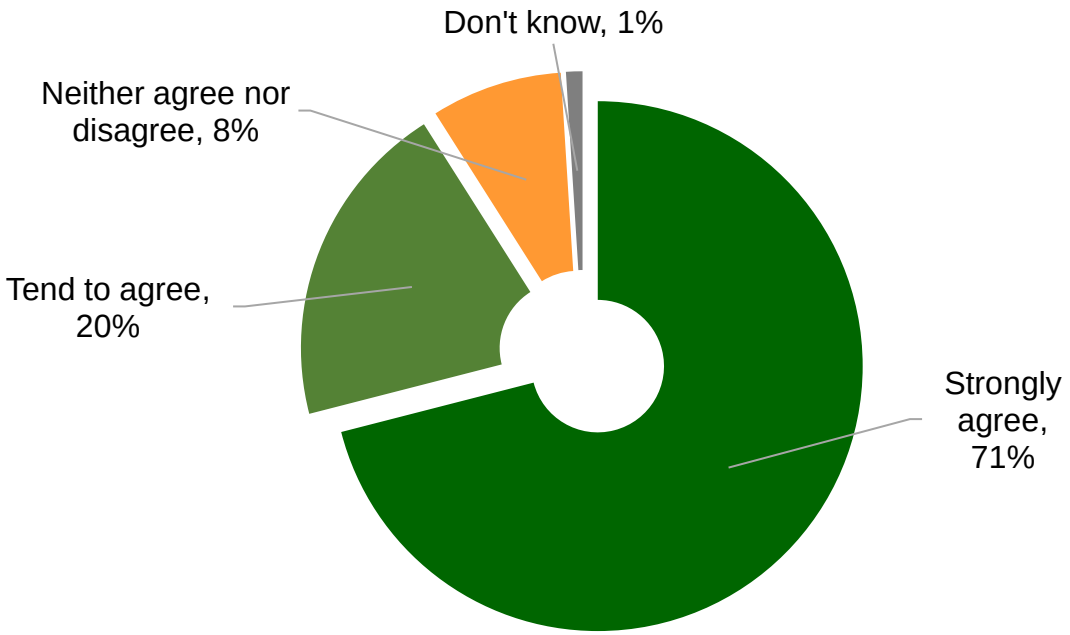


STRATEGIC PRIORITY 1.4 'CHILDREN AND YOUNG PEOPLE LIVING WITH ALCOHOL MISUSING PARENTS / PREVENTING INTER-GENERATIONAL ALCOHOL MISUSE'

- 91% agree with the priority of preventing inter-generational alcohol misuse amongst children and young people living with alcohol; 71% agree strongly. 8% neither agree nor disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 91%; 66% strongly agree and 0% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 90%; 76% strongly agree and 0% disagree.

To what extent do you agree or disagree with Strategic Priority 1.4 'Children and young people living with alcohol misusing parents / preventing inter-generational alcohol misuse'?

Base: all answering (80)

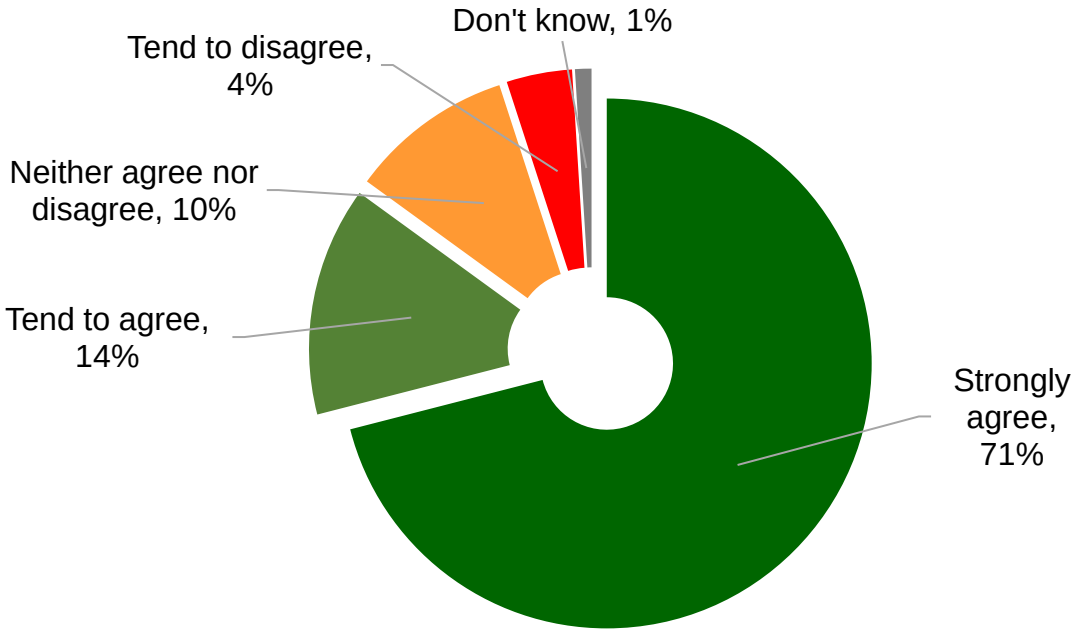


STRATEGIC PRIORITY 1.5 'TACKLING HIGH RATES OF SUICIDE AND SELF HARM ASSOCIATED WITH SUBSTANCE MISUSE'

- 85% agree with the priority of tackling high rates of suicide and self-harm associated with substance misuse; 71% agree strongly. 10% neither agree nor disagree and 4% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 83%; 71% strongly agree and 0% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 95%; 77% strongly agree and 0% disagree.

To what extent do you agree or disagree with Strategic Priority 1.5 'Tackling High Rates of Suicide and Self Harm associated with substance misuse'?

Base: all answering (80)



SUPPORTING DATA TABLE FOR AGREEMENT WITH STRATEGIC PRIORITY ONE SUB OBJECTIVES

SUPPORTING DATA TABLE	% strongly agree	% tend to agree	% neither agree nor disagree	% tend to disagree	% strongly disagree	% don't know
1.1 'Prevention, early intervention and behaviour change'	63%	24%	9%	4%	0%	0%
1.2 'Early Help: Prevention to Treatment Pathway'	59%	28%	8%	4%	0%	1%
1.3 'Improving hospital and acute pathways to treatment'	67%	19%	9%	3%	1%	1%
1.4 'Children and young people living with alcohol misusing parents / preventing inter-generational alcohol misuse'	71%	20%	8%	0%	0%	1%
1.5 'Tackling High Rates of Suicide and Self Harm associated with substance misuse'	71%	14%	10%	4%	0%	1%

Consultees were also given the opportunity to provide comments or suggestions on any of the 'Prevention' strategic priorities in their own words. For the purpose of reporting, we have reviewed respondents' comments and have incorporate examples of the comments received below. 40 consultees provided a comment to this question.

Examples of feedback from individuals (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol) can be found below. Feedback includes further work to understand and provide support for triggers / underlying causes of issues and potential improvements to support children and young people.

"Sounds all good, but evidence has shown that the service users are still being isolated, forgotten, and left in dire straits, there needs to be more visibility, better communications between service partners/providers, waiting times reduced, and more activities that really support recovery addicts returning to their communities or to reintegrate, jobs, education, work experience, financial advice, benefits advice, I.T skills, more combinations of distance support using technology as well as in person. A massive dual treatment provision is needed urgently for addiction and mental health, for too long the strategies have failed service users by relying on

referrals. real join strategies, that are swift, fit for purpose, and address the real needs of the service users."

"The strategy needs to look holistically at why people self-medicate with drugs and alcohol in the first place. Limited life chances caused by poverty and low levels of educational achievement need to be tackled, as does a tax and economic system which does not value individuals who are not considered to have 'succeeded'. More funding is needed for Prevention."

"Prevention will only help and succeed if young people are made to realise the destructive pathway they are on. Sadly, most of them will not listen. Maybe get more people who have recovered from drug or alcohol addiction to get involved and enforce the idea that drugs and excess alcohol are destroying lives and families."

"Hospitals are already over stretched and I can see visits by addicts as a tick box exercise rather than solid help, they would be too busy to really take care of people there. Regarding young people & children with addicts as parents. This could easily become a slippery slope, removing children from their addicted parents may do more harm than good. it could easy destroy both parents and children if forcibly removed. Better to give those young people and children a free to use 24/7 phone number to use if they need advice, help & support or arrange a visit by professional people. Children in danger from violence and being addicts themselves then should be considered to be at risk. But remove them with love and support to all parties. Everybody has emotions and feelings which must always be considered."

"I have found that it is not necessarily about lack of knowledge and understanding about the harm of substance misuse, but more a last resort and desperate need to block out and try to tackle mental health issues, and issues of social deprivation/ poor health etc. So perhaps focusing on the causes rather than the symptoms would be a good form of prevention."

"Strategic policy must go further. Suicide and self-harm are mentioned. I would like you to include self-harm substance misuse and addiction to drugs/alcohol by young people. Young people with mental health issues who self-medicate, which is a form of self-harm plus actual self-harm which leads to accidental death. You also mention support for families and friends of suicide but no mention of assistance for family and friends of those who die from accidental death from substance misuse. This is a loophole that makes these families isolated and not 'fit' into a category where help is similar to that of bereavement from suicide.

Examples of feedback from practitioners working with individuals that have a drug and/or alcohol support need, professional organisations working in drug or alcohol services and providers of drug and/or alcohol services can be found below. Feedback includes concerns for funding reductions impacting on service delivery and potential prevention gaps.

"IBA and early intervention aren't currently sufficient. There is a huge gap in support available for non-dependent alcohol users and low level drug users; those that don't meet the threshold for structured treatment are often confused by what early intervention support is available to them, especially because it tends to focus on

alcohol use and there is a lack of support for non-structured drug support. The new strategy needs to ensure that appropriate support is available for those who have low level in order to attempt to prevent the escalation of alcohol or drug use - support like the old "tier 2" services is needed as this is a big gap currently and adequate support isn't available to those who need it."

"It feels like many years of cuts to all services have taken their toll. Things which improve the wellbeing of poor communities such as family centres/youth clubs etc have been reduced. These are places where early intervention work can take place, informally sometimes. Improving pathways and protocols may make some difference but when services are stretched sometimes it needs more practitioners to be able to provide what's required."

"It would be helpful to include reflection on impact not just on A&Es but also urgent treatment centres. There is a need to include GPs and primary care in addition to acute trusts and KMPT etc."

"This is something sensitive and needs so much care and consideration. I would love to see further improvement in young person mental health services working in alignment with substance services."

"Having a team around the individual from the beginning. Such as having an assessment team for complex clients (mental health, substance misuse, social services or any other professionals deemed appropriate) to be able to carry out 1 assessment only - wrap around support from an early stage. Dedicated harm reduction/outreach team- such as needle exchange and carrying out an assessment at the same time- fast track into service, assessment and medical assessment in one day more appealing to clients and prevents further damage being done. Smooth transition from hospital to substance misuse services- alcohol clients- having a dedicated substance use worker and nurse based in hospitals- this will help with the increasing death rate at present for alcohol use. Encourages recovery, can prevent an individual from relapsing."

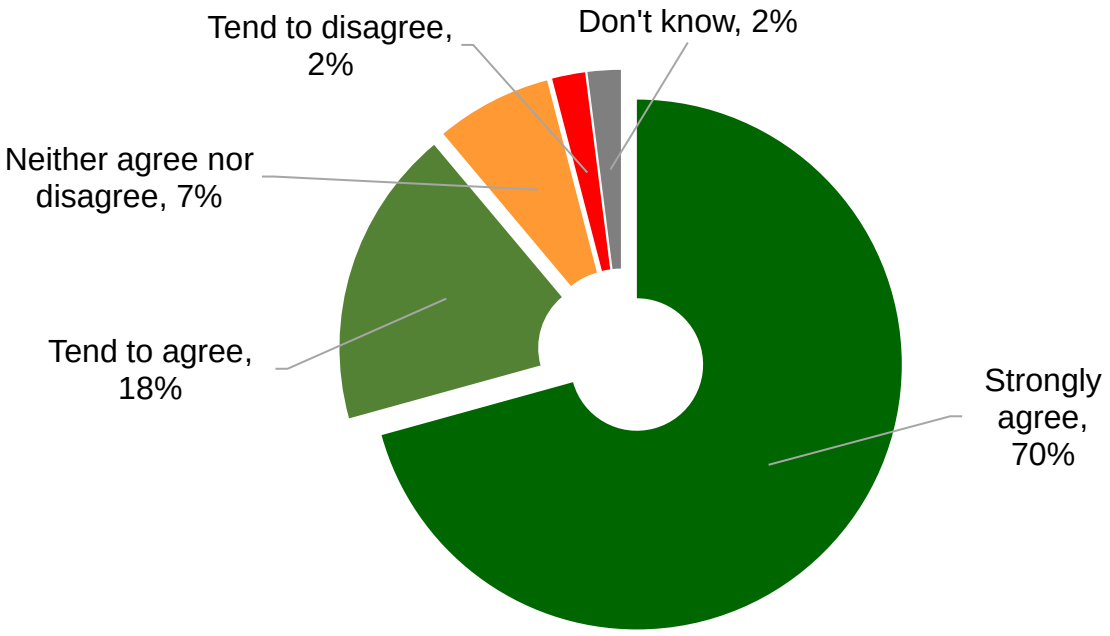
FEEDBACK ON PRIORITY 2 – IMPROVE TREATMENT AND RECOVERY

STRATEGIC PRIORITY 2.1 'CONTINUE IMPROVEMENT TO TREATMENT AND RECOVERY SERVICES'

- 88% agree with the priority of continuing improvement to treatment and recovery services; 70% agree strongly. 7% neither agree nor disagree and 2% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 89%; 64% strongly agree and 0% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 78%; 70% strongly agree and 7% disagree.

To what extent do you agree or disagree with Strategic Priority 2.1 'Continue Improvement to Treatment and Recovery Services'?

Base: all answering (94)

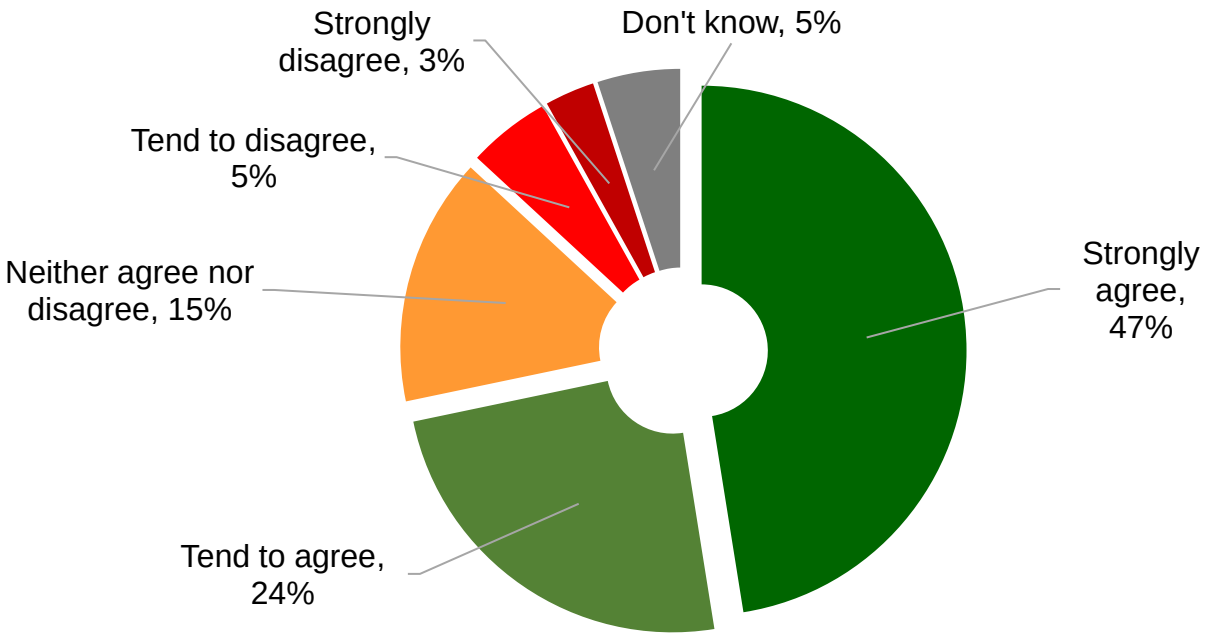


STRATEGIC PRIORITY 2.2 'CRIMINAL JUSTICE ROUTES TO SUBSTANCE MISUSE TREATMENT'

- 71% agree with the priority of criminal justice routes to substances misuse treatment; this is markedly lower than the first sub objective (2.1) for priority 2; 47% agree strongly. 15% neither agree nor disagree and 8% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 64%; 33% strongly agree and 14% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 67%; 52% strongly agree and 7% disagree.

To what extent do you agree or disagree with Strategic Priority 2.2 'Criminal Justice Routes to Substance Misuse Treatment'?

Base: all answering (93)

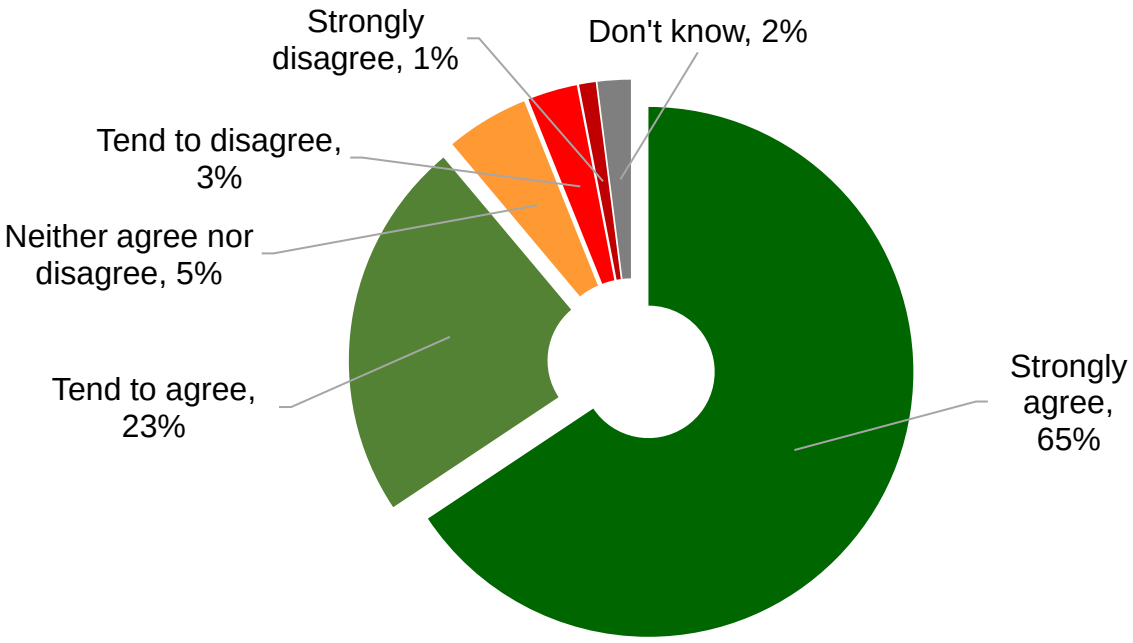


STRATEGIC PRIORITY 2.3 'IMPROVE TREATMENT AND RECOVERY FOR TARGETED GROUPS / VULNERABLE PEOPLE'

- 88% agree with the priority of improving treatment and recovery for targeted groups / vulnerable people; 65% agree strongly. 5% neither agree nor disagree and 4% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 89%; 59% strongly agree and 5% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 81%; 59% strongly agree and 8% disagree.

To what extent do you agree or disagree with Strategic Priority 2.3 'Improve Treatment and Recovery for Targeted Groups / Vulnerable People'?

Base: all answering (94)

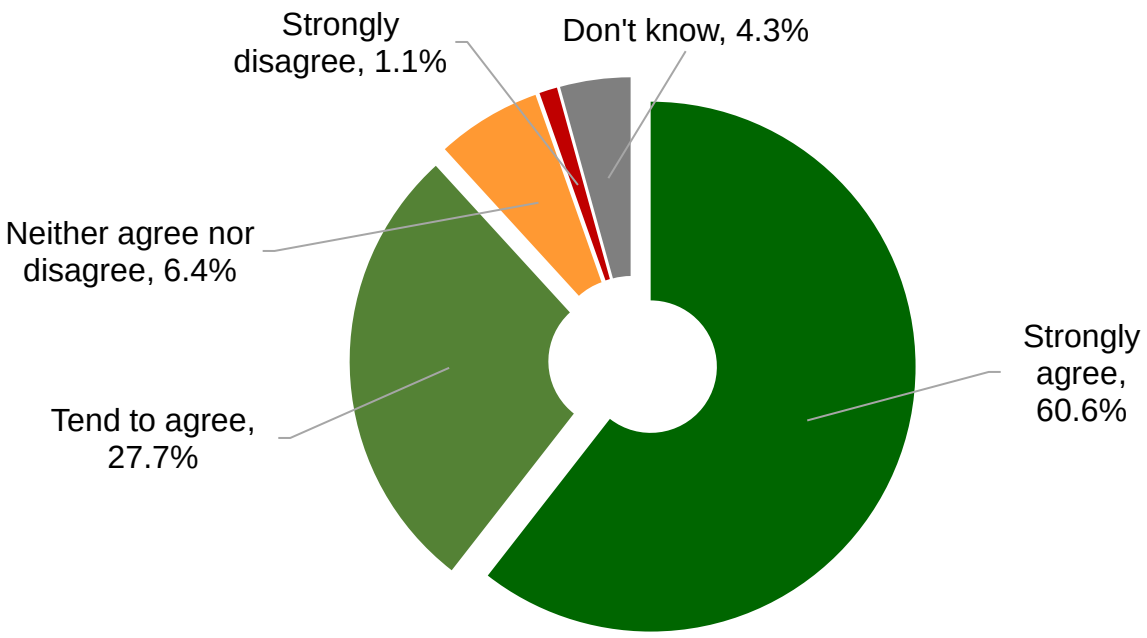


STRATEGIC PRIORITY 2.4 ‘‘IMPROVE PATHWAYS TO TREATMENT AND RECOVERY TO ROUGH SLEEPERS’

- 88% agree with the priority of improving pathways to treatment and recovery to rough sleepers; 60.6% agree strongly. 6% neither agree nor disagree and 1% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 93%; 63% strongly agree and 0% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 78%; 48% strongly agree and 4% disagree.

To what extent do you agree or disagree with Strategic Priority 2.4 ‘‘Improve Pathways to Treatment and Recovery to Rough Sleepers’?

Base: all answering (94)

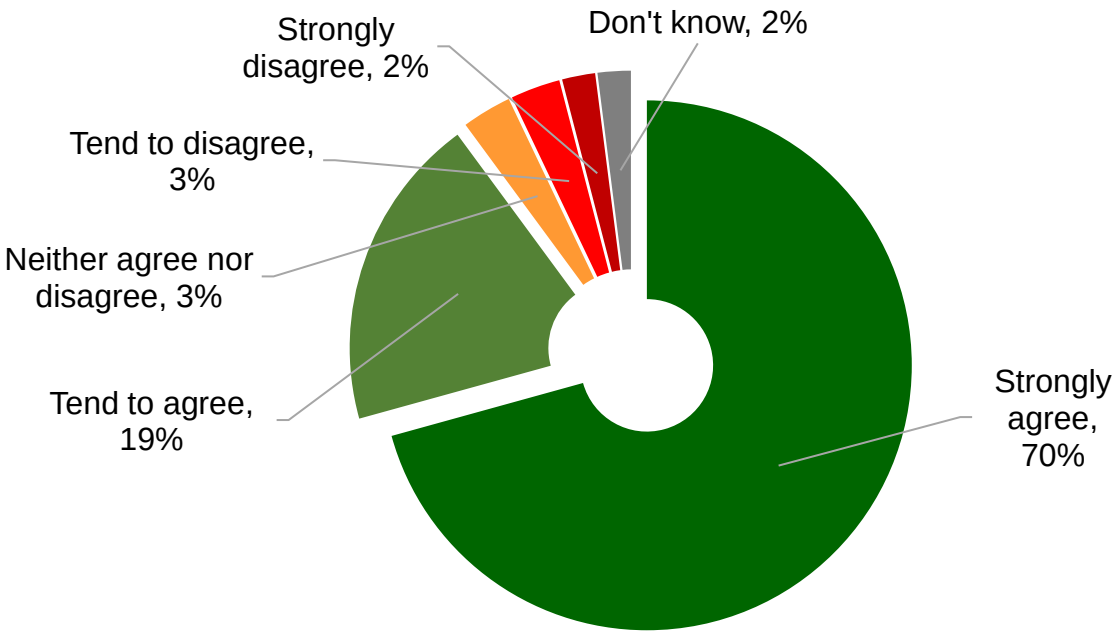


STRATEGIC PRIORITY 2.5 'IMPROVING TREATMENT AND RECOVERY FOR PEOPLE WITH CO-OCCURRING CONDITIONS'

- 89% agree with the priority of improving treatment and recovery for people with co-occurring conditions; 70% agree strongly. 3% neither agree nor disagree and 5% disagree.
- Focusing on responses from individuals only (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol), the proportion agreeing stands at 91%; 69% strongly agree and 4% disagree.
- Focusing on response from practitioners working with individuals that have a drug and/or alcohol support need only, the proportion agreeing stands at 78%; 63% strongly agree and 11% disagree.

To what extent do you agree or disagree with Strategic Priority 2.5 'Improving treatment and recovery for people with co-occurring conditions'?

Base: all answering (94)



SUPPORTING DATA TABLE FOR AGREEMENT WITH STRATEGIC PRIORITY TWO SUB OBJECTIVES

SUPPORTING DATA TABLE	% strongly agree	% tend to agree	% neither agree nor disagree	% tend to disagree	% strongly disagree	% don't know
2.1 'Continue Improvement to Treatment and Recovery Services'	70%	18%	7%	2%	0%	2%
2.2 'Criminal Justice Routes to Substance Misuse Treatment'	47%	24%	15%	5%	3%	5%
2.3 'Improve Treatment and Recovery for Targeted Groups / Vulnerable People'	65%	23%	5%	3%	1%	2%
2.4 'Improve Pathways to Treatment and Recovery to Rough Sleepers'	60.6%	27.7%	6.4%	0%	1.1%	4.3%
2.5 'Improving treatment and recovery for people with co-occurring conditions'	70%	19%	3%	3%	2%	2%

Consultees were also given the opportunity to provide comments or suggestions on any of the 'Improve Treatment and Recovery' strategic priorities in their own words. For the purpose of reporting, we have reviewed respondents' comments and have incorporate examples of the comments received below. 52 consultees provided a comment to this question.

Examples of feedback from individuals (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol) can be found below. Some comment on the need for a different approach to supporting service users and note additional improvements to strengthen priorities.

"I think people need to be treated as individuals when looking at improving treatment, access needs to be better and not everyone will fit into a flow chart so there needs to be a "human element" in the decision making process."

"A stable opportunity for rehab is essential for any/every government, treat addicts as you would someone with any chronic illness. Key workers need a national standard of training. At the moment they fail completely as criminalizing drug users does."

"There is so many more productive things we must do to support addiction service users, arresting them and giving them criminal records, is not the way to address the crimes or the addiction. Rehab needs to be part of the criminal justice system

and bear in mind follow-up is required to support them for the short, medium and long term to make success start to be improved to an acceptable target. Addiction counsellors need to work with local social services, as there are many situations where a lack of addiction and the different types, cause additional issues for the service users and their families. We need more addiction prevention and treatment hubs within the communities, not just one or two which for many people are too far to travel to, and more flexible times for service users. Focus on single parents, women, disabled, elderly, LBGT+, and ethnic minority groups. some groups are completely left out of service prevention. More diverse staff, marketing etc. Finally, some of the hubs need to be near accessible transport, but not on main roads, where the whole community can see the comings and goings, even addicts are entitled to privacy. more consideration when creating strategies."

"These are wonderful strategies, but the staff to implement treatments and recovery are not available and it has not been explained how the staff will be found and trained."

"Focussing on improved recovery for the affected groups may be as effective as leaning into prevention. If the scheme is successful then the testimony of recovering users to the quality of treatment is a great asset to the goals of prevention and helping others enter the treatment pipeline at the same time."

"I'm not seeing any radical 'new' ways of helping these individuals. There are many models overseas that have a success rate. We appear to be doing the same old thing time and time again. Now is the time to implement some radical new methods and measure their success."

"Mental health can be a hidden illness. There are significant links between mental health, self-harm in teenagers and substance/alcohol misuse. The strategy 2.1 needs to go further in the fact that there is very little assistance for young people where they start to misuse alcohol and drugs because of the state of their mental health. To get to the point of recovery could be a long journey and unless the root cause is addressed, treatment and recovery will not work or may work for a short period. I strongly agree that Mental Health services must be improved and provide counselling as part of a whole recovery package."

Examples of feedback from practitioners working with individuals that have a drug and/or alcohol support need, professional organisations working in drug or alcohol services and providers of drug and/or alcohol services can be found below. Feedback includes concerns for potential gaps in the service offering and the reality / feasibility of partnership working and the impact this has on service users.

"Rough sleepers often do not want help to recover from addiction nor do they want to be given treatment. Perhaps provision of homes for the rough sleepers would make a start as providing a foundation a home a base from them to start making changes in their lives."

"Partnership working is only effective if relevant partners are included, and if a common goal is worked towards rather than focusing on the needs of one partner. The process for partnership working and how alliances/forums operate needs to be simplified - having multiple groups working towards the same strategy but with

different partners invited and differing goals is convoluted and dilutes the impact that providers can have."

"The ideas seem to make sense on paper, however the reality is that KCC have cut funding for homeless services from September this year meaning that some of the most vulnerable people in the area, people who are more likely to have substance misuse and other associated issues such as mental health issues are more likely to be homeless after these cuts take effect. This seems counter-productive and any changes to joint working protocols and processes won't compensate for the potential damage that will be done."

"It's all well and good to ensure that services are working effectively together but I have been working in this field for over 15 years and there has always been resistance from GPs and CMHTs to either work closely with us or even take us seriously."

"The whole health care system across Kent needs to start working together as people are falling between gaps in services or being signposted instead of services having the no wrong door approach and working together for the benefit of the individual - this is particularly the case for those with co-occurring alcohol/drug and mental health needs."

"People who sleep rough, those with co-occurring conditions and (not uncommonly) have overlapping needs and treatment services should ensure that people with double/triple jeopardy can receive treatment (i.e. balance between numbers and complexity along the spectrum of need)."

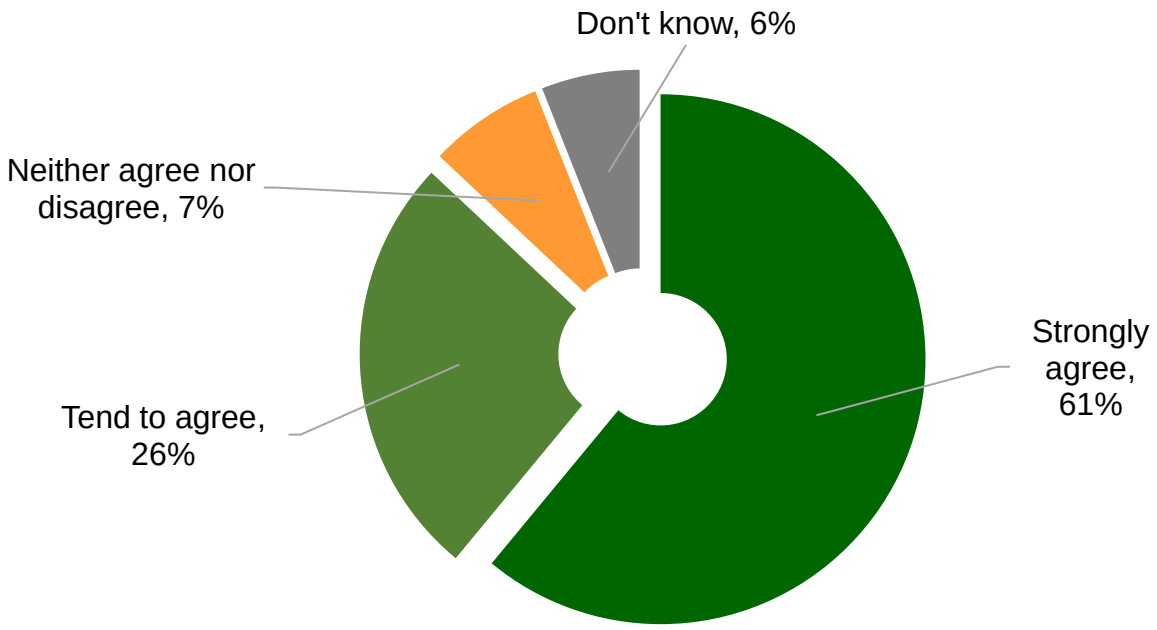
FEEDBACK ON PRIORITY 3 – COMMUNITY SAFETY

STRATEGIC PRIORITY 3.1 'WORKING IN PARTNERSHIP TO SHARE DATA AND INTELLIGENCE IN ORDER TO IDENTIFY THOSE AT RISK OF DRUG / ALCOHOL RELATED HARM AND EXPLOITATION AND TO PROVIDE SAFEGUARDING AND INTENSIVE SUPPORT'

- 87% agree with the priority of working in partnership to share data and intelligence in order to identify those at risk of drug / alcohol related harm and exploitation and to provide safeguarding and intensive support'; 61% agree strongly. 7% neither agree nor disagree.
- Due to a lower number of consultees answering the strategic priority 3 questions, the reporting of this question does not include statistics broken down by individuals and practitioners working with individuals that have a drug and/or alcohol support need.

To what extent do you agree or disagree with Strategic Priority 3.1 'Working in partnership to share data and intelligence in order to identify those at risk of drug / alcohol related harm and exploitation and to provide safeguarding and intensive support'?

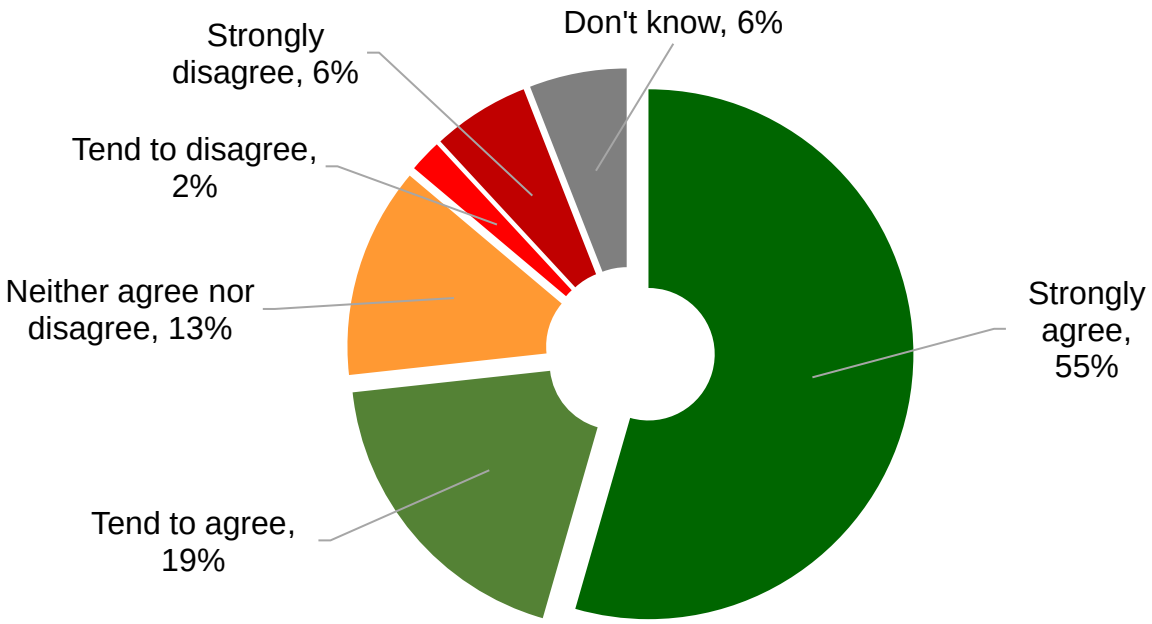
Base: all answering (54)



- 74% agree with the priority of disrupting supply of illegal drugs; this is markedly lower than the first sub objective (3.1) for priority 3; 55% agree strongly. 13% neither agree nor disagree and 8% disagree.
- Due to a lower number of consultees answering the strategic priority 3 questions, the reporting of this question does not include statistics broken down by individuals and practitioners working with individuals that have a drug and/or alcohol support need.

To what extent do you agree or disagree with Strategic Priority 3.2 ‘Disrupting Supply of Illegal Drugs’?

Base: all answering (53)

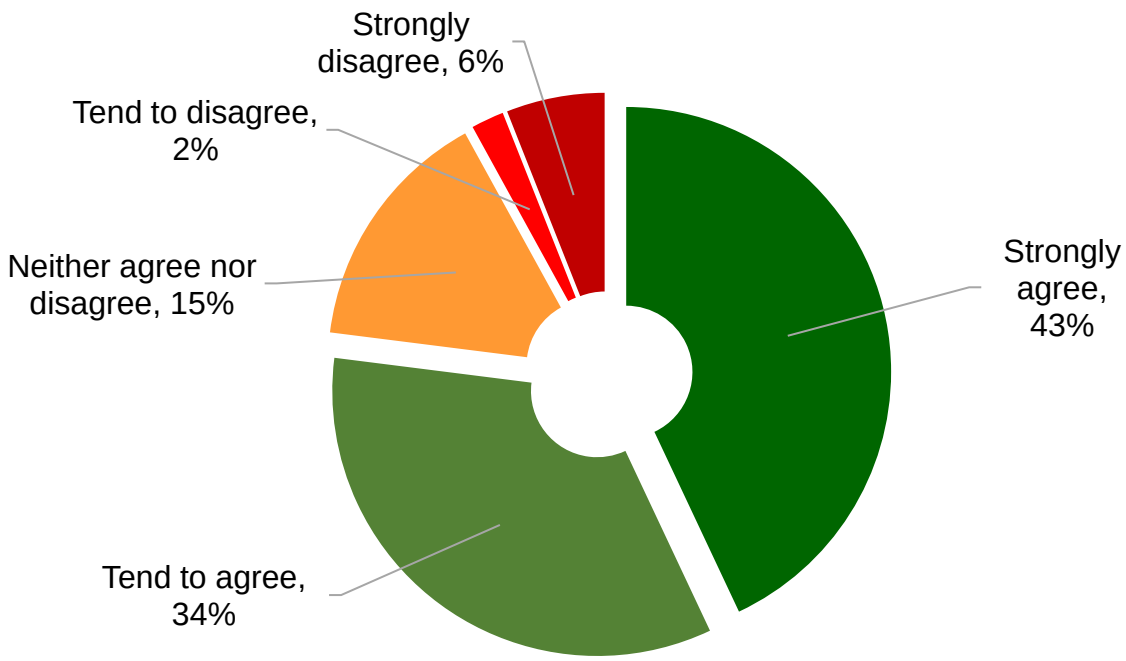


STRATEGIC PRIORITY 3.3 'TACKLING LOCAL ALCOHOL SUPPLY'

- 77% agree with the priority of tackling local alcohol supply; this is also markedly lower than the first sub objective (3.1) for priority 3; 43% agree strongly. 15% neither agree nor disagree and 8% disagree.
- Due to a lower number of consultees answering the strategic priority 3 questions, the reporting of this question does not include statistics broken down by individuals and practitioners working with individuals that have a drug and/or alcohol support need.

To what extent do you agree or disagree with Strategic Priority 3.3 'Tackling Local Alcohol Supply'?

Base: all answering (53)



SUPPORTING DATA TABLE FOR AGREEMENT WITH STRATEGIC PRIORITY THREE SUB OBJECTIVES

SUPPORTING DATA TABLE	% strongly agree	% tend to agree	% neither agree nor disagree	% tend to disagree	% strongly disagree	% don't know
3.1 'Working in partnership to share data and intelligence in order to identify those at risk of drug / alcohol related harm and exploitation and to provide safeguarding and intensive support'	61%	26%	7%	0%	0%	6%
3.2 'Disrupting Supply of Illegal Drugs'	55%	19%	13%	2%	6%	6%
3.3 'Tackling Local Alcohol Supply'	43%	34%	15%	2%	6%	0%

Consultees were also given the opportunity to provide comments or suggestions on any of the 'Community Safety; strategic priorities in their own words. For the purpose of reporting, we have reviewed respondents' comments and have incorporate examples of the comments received below. 24 consultees provided a comment to this question.

Examples of feedback from individuals (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol) can be found below. Feedback includes concerns for whether supply can be disrupted, whether stronger enforcement is needed and the contrast of drug and alcohol use is perceived.

"Doesn't matter how hard it is for the supply of drugs, addicts will always find a way of getting what they want. More help for harm reduction and awareness of how to keep safe and somewhere to be safe. Same as addicts, if there is any alcohol supply, however hard it is alcoholics will always find a way or will bent to the way they have to get their alcohol."

"The size of the problem in society is too great for any strategy to be even reasonably effective given the resources available under the current Central Government Drug Policy."

"More police presence is needed on the streets and prosecution should be prompt and stronger sentences should be awarded to those that break the law in this way."

"There are real double standards around drinking alcohol and drug taking. Drinking alcohol is encouraged, promoted and seen as socially acceptable, until it goes too

far. Drug taking is criminalised and demonised. Both attitudes need addressing if people are to be helped."

Examples of feedback from practitioners working with individuals that have a drug and/or alcohol support need, professional organisations working in drug or alcohol services and providers of drug and/or alcohol services can be found below. Feedback includes potential gaps in current service delivery and the importance of investing in prevention / diversion schemes.

"There is no point continuing the war on drugs. It has not worked. Current drug laws / attempts to police our way out of this have failed. We need something different. Treating drugs as a public health issue would be a start. Reduce stigma and barriers to accessing support. Support don't punish."

"Prohibition is generally ineffective in reducing drug related crime and other crimes, diversion schemes are better to invest in and legalisation and regulation are needed really."

"Priority 3.2 - further work around safe spaces for users with access to support. Priority 3.3 - alcohol should be advertised less and behind cabinets much like tobacco to prevent temptation and theft of product would also make it harder for underage sales."

"It is impossible to disrupt supply of drugs for more than a few hours. Money is better invested in education, prevention and services to address policy and more regulation."

ANY OTHER COMMENTS ON THE KENT DRUG AND ALCOHOL STRATEGY

Consultees were also given the opportunity to provide any other comments on the draft Kent Drug and Alcohol Strategy for 2023-2028 in their own words. For the purpose of reporting, we have reviewed respondents' comments and have incorporate examples of the comments received below. 54 consultees provided a comment to this question.

Examples of feedback from individuals (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol can be found below. Feedback includes the need for a prevention focus, concerns for funding and integrated service delivery, innovative thinking and support for children and young people affected.

"The strategy needs to address the root causes of drug and alcohol misuse: mental health problems, low educational achievement, poverty and low levels of public investment."

"The size of the problem in society is too great for any strategy to be even reasonably effective given the resources available under the current Central Government Drug Policy."

"Until there is a comprehensive, countrywide unification of resources to combat this, it's unlikely to make the slightest bit of difference. The plan is good, but the resources do not exist to implement it."

"The strategic priorities are laudable but frontline workers identified many if not all of these 10 to 15 years ago. Without ample funding they remain ideas in my experience, or tick boxes that bear no reality to the overworked and overwhelmed frontline workers."

"You have identified lots of areas requiring improvements and a lot of the work is based on existing services who aren't currently providing an adequate service, how do you plan to monitor and hold these services to account to ensure the successfulness of this strategy?"

"I just want to see improvements urgently as the issue is getting way out of hand due to the number of people needing support, invest properly and build the strategies from the service users' point of view and success will be even better. Not just with money, but staff, activities, education and complimentary support like holistic treatments / art therapy, peer community leaders."

"I felt that it was rather 'high-level' without the correct key measurements being in place to measure the success rate. I was also looking to see some new models being implemented to try and ascertain what really works - not the old methods/models."

"I think the needs of younger adults dealing with substance misuse problems could be better addressed in a younger person's service. Often their needs, social pressures and personal circumstances are different to older service users. I also feel that the needs of females should be considered. It is often reported of young

women feeling very vulnerable in rehab settings and on the receiving end of predatory behaviour."

Examples of feedback from practitioners working with individuals that have a drug and/or alcohol support need, professional organisations working in drug or alcohol services and providers of drug and/or alcohol services can be found below. Concerns are raised with regard to integration / partnerships in service delivery, caseloads and funding and support for children and young people.

"We need to work towards an integrated care system where key partners are included in discussions and decisions at all levels, and where multiple agencies share responsibility for a service users' treatment. Currently it feels like substance misuse structured treatment services are responsible for most aspects of a service users' wellbeing because the providers that should be assisting are too overstretched or don't have suitable joint working pathways in place; substance misuse providers therefore end up at breaking point and unable to provide as high a quality service to individuals as they'd like because they're shouldering multiple risk factors that they should be able to work alongside other providers to resolve. Simplified joint working pathways need to be in place so that agencies can work together for the sake of individual service users, rather than service users being caught up within poor processes and miscommunications that are detrimental to their recovery."

"Services have struggled to almost breaking point since the cuts started back in 2010. We need more practitioners, I have a caseload of over 70 clients. This isn't really maintainable. The clients deserve better than this. They deserve more of my time."

"More prevention education in schools particularly year 9 and 10 should be invested in and campaign for the curriculum to be changed to reflect this; currently only one hour per year is allocated and this should be at least one hour per term due to the significant increase in young people taking drugs as a result of the pandemic."

"There needs to be more education for teenagers regarding the use of substances whilst they are in school. I know I looked at drug use one PSHE lesson a year. That is not enough. People think that if you tell teenagers about drugs, they will start doing it which is ridiculous. If children are spoken to honestly about a subject then they can make informed decisions and hopefully there will be less overdoses amongst young people. There needs to be a dual diagnosis worker for Drug and Alcohol Services and Mental Health Services. I know that substances cause mental health issues but for someone to turn to substances, they couldn't be happy in the first place."

"Whilst we fully support objectives set out in the strategy, there is inconsistency in the naming of partners and therefore it is unclear if we are recognised for the breadth of support that we can provide with our sizable client group. Prevention component of the strategy proposes more intervention actions rather than more preventative, early identification and early intervention services. Whilst we recognise that this is a strategic document, the funding associated with the delivery

is unclear and we would welcome further detail/exploration of the delivery of the actions as well as an indication of timelines. This would allow us to more fully consider the implications for our role in delivering this strategy."

FREE IDEAS PUT FORWARD TO IMPROVE DRUG AND ALCOHOL SERVICES IN KENT

Alongside the consultation questionnaire, consultees were also given the opportunity to separately submit ideas to improve drug and alcohol services in Kent in their own words. For the purpose of reporting, we have reviewed respondents' comments and have incorporate examples of the comments received below. 32 ideas were submitted (three of which were made by KCC to start the process), and 8 comments were made in response to the ideas submitted. The comments made reference support for the ideas put forward and offers of help.

Suggestions were put forward to enable service users / people with issues to come together on a regular basis:

"Joint appointments with mental health and drug and alcohol services to reduce the number of appointments individuals need to attend." (Idea put forward by KCC, 4 likes)

"A weekly meeting for people that have issues surround drugs and alcohol including enforcement of attending if recent violations have been made. There could be a central coordinator like a councillor or therapist who supervises the session and helps with learning resources and helps other discuss among themselves so they are in a safer environment to open up and be more supportive towards themselves. There could also be different topics or subjects being taught as part of the sessions like on a white board and participants could suggest the next topic or issue they want to learn more about in the next session. The coordinator or therapist could take the topic issues and make that a small learning session in the next meeting. There could be resources like booklets and helpful guides including further resources to recovery and maintaining a better future." (1 like)

"Group therapy for patients attempting prescription drug withdrawal & rename the word abuse (to be more inclusive) to "drug dependent". "Drug dependent individuals cannot be treated for drug withdrawal or get the same help as a defined drug abuser- heroin/coke addict, because the definition "abuser" does not cover anyone wishing to deliberately withdraw from a prescribed drug. Rehab is offered to those who wish to come off of recreational/non - prescribed drugs but not prescribed drugs. Patients left on prescription drugs unnecessarily, for decades are on them for 2 reasons. 1) no accurate, thoughtful, honest, drug review has taken place, 2) the patient is unaware of help available to successfully withdraw. Create patient led group therapy for such ones." (1 like)

"As parents , partners of people with A&D misuse we are out of our depth but find it is us who pay the debt they incur or can not trust We need a support group so we don't feel we are on our own , not being able to discuss this black cloud with anyone .. we need each other." (0 likes)

Consistent with consultation questionnaire feedback, the importance of mental health support services and their accessibility is raised as a concern:

“My husband is an alcoholic, and has mental health problems. When he is drinking, mental health services won't help him. When he is sober (sometimes a short window of opportunity) he can't get quick mental health support. Why can't there be duel trained workers?” (0 likes)

“Dual Diagnosis to actually get acknowledged. Imagine it was understood that addiction isn’t separate to mental illness, they usually go hand in hand. The way services are currently structured doesn’t reflect this at all and many suffer unnecessarily on a daily basis as a result. Straightforward joint working and communication should be the standard.” (1 like)

“I know I'd drink a lot less if you could get Kent Police to investigate and deal with crime. Crazy notion I know. If you could get the Beacon to diagnose and treat mental illness as if they were handling humans as opposed to lab rats that would be cool too. I won't hold my breath though.” (0 likes)

“Desperately need more cooperation between mental health and drug and alcohol services, more flexible support becoming increasingly important.” (0 likes)

“Joint appointments with mental health and drug and alcohol services sounds good but suffering from anxiety this would scare loads of people. Appointments via video conferencing and later in the evenings and weekends sounds brilliant but not everyone has a smart device to do this. Involving friends and family of individuals receiving treatment in the recovery process is down to individual preference for the client and not everyone has friends and family.” (0 likes)

Wider advertising of service access and community engagement is seen as a required improvement area:

“There needs to be a better route for people who ask for help either from their GP or via a hospital admission. The GP's should be able to administer detox medicines or prescriptions for medical detox and referral to an in house KCC alcohol service. If admitted to hospital there should be a referral service and follow up to alcohol reduction services. This service needs to be an internal KCC service not a service that is farmed out as this does NOT work. Many people who have an alcohol addiction want help but do not know where to access this help.” (0 likes)

“Advertise support services - Use advertising space to formulate modern and positive messaging with the YP Drug Service. Allow the public to know that a drug service exists and work on the inherent stigma and judgment associated with it.” (0 likes)

“Campaign to encourage all schools / colleges / universities to have inputs from the local drug service to break down barriers to engagement.” (0 likes)

Consistent with consultation questionnaire feedback, partnership working is considered key to effective service delivery:

"I worry that there are several agencies responsible for bits of the jigsaw to deliver good care. True partnership working will be key." (3 likes)

"Work with partners to ensure movement/ physical activity is embedded within prevention and treatment pathways." (1 like)

"More NHS engagement and awareness with AA and Alanon and other 12 step fellowships. Invite local 12 step group representatives to participate regularly in clinical educational events." (1 like)

RESPONSE TO EQUALITY IMPACT ASSESSMENT

Consultees were given the opportunity to provide any comments on the equality analysis in their own words. For the purpose of reporting, we have reviewed respondents' comments and have incorporate examples of the comments received below. 30 consultees provided a comment at this question

Examples of feedback from individuals (those with experience of drug and alcohol treatment and recovery services or family/friend of individual impacted by drugs and/or alcohol) can be found below. Feedback includes the need for further training of staff and consideration of ease / suitability of access to specific demographic groups.

"More training for staff to understand the difficulties with equality and diversity. Invisible illnesses are especially a problem as you can't see there's anything wrong."

"I feel at times I have been discriminated against because of my issues which should definitely not be the case from service providers - there needs to be a huge amount of training carried out to ensure all staff are upskilled appropriately as currently this is not the case – i.e. mental health teams don't link in effectively with alcohol and substance misuse services, they work in silo and have very little knowledge of respective issues."

"A private reception area perhaps. The public area where I worked was a deterrent to those needing confidentiality due to cultural background, their job especially those in senior positions."

"Current addiction treatment services aren't comfortable places for young women. There really needs to be treatment options specifically for young adults."

"We need to see more ethnic minority staff, and more marketing and support provided for the groups that are being lost in the system. speakers of other languages, from different faiths. service users need to see diversity so they feel comfortable to access the services. more hubs please."

"Equality and diversity also link to income / affordability which may not adequately have been taken into account in the report / strategy."

NEXT STEPS

The feedback from the consultation has been used to help finalise the Kent Drug and Alcohol Strategy for 2023-2028. The final Strategy, alongside this consultation report and updated Equality Impact Assessment will be presented to the Health Reform and Public Health Cabinet Committee in March 2023 with a recommendation for its adoption.

This report and details of the decision will also be made available on the consultation webpage. An email will be sent to stakeholders and people who have asked to be kept informed via Let's talk Kent.

The feedback will also be analysed by Commissioners to make sure the needs and ideas articulated are adopted into the recommissioning exercise over 2023/24 for when the Drug and Alcohol treatment and recovery services are re-contracted in April 2024.

APPENDIX – CONSULTATION QUESTIONNAIRE

SECTION 1 – ABOUT YOU

Q1. Are you responding …?

Please select the option from the list below that most closely represents how you will be responding to this consultation. *Select **one** option.*

☐	As an individual that has experience of drug and alcohol treatment and recovery services
☐	As a family member or friend of an individual(s) that have been impacted by drugs and/or alcohol
☐	As a practitioner working with individuals that have a drug and/or alcohol support need
☐	On behalf of a professional organisation working in the drug and alcohol services
☐	On behalf of a provider of drug and/or alcohol services
☐	On behalf of a charity, voluntary or community sector organisation (VCS)
☐	As a representative of a local community group or residents' association
☐	On behalf of a Parish/Town/Borough/District Council in an official capacity
☐	As a Parish/Town/Borough/District/County Councillor
☐	Other, please specify:

Q1a. If you are responding on behalf of an organisation (business, community group, residents' association, council or any other organisation), please tell us the name of your organisation. *Please write in **below**.*

Q2. Please tell us the first 5 characters of your postcode:

Please do not reveal your whole postcode. If you are responding on behalf of an organisation, please use your organisation's postcode. We use this to help us to analyse our data. It will not be used to identify who you are.

Q3. How did you find out about this consultation? *Select **all** that apply*

- [ ] Email from KCC's Public Health team
- [ ] Email from Let's talk Kent or KCC's Engagement and Consultation team
- [ ] From my Parish/Town/Borough/District Council
- [ ] From a friend or relative
- [ ] From a meeting with KCC / Public Health
- [ ] From a provider of drug and/or alcohol services
- [ ] Kent.gov.uk website
- [ ] Newspaper
- [ ] Saw a poster
- [ ] Social Media (Facebook, Twitter, Instagram or Next Door)
- [ ] Other, please specify:

SECTION 2 – REVIEW OF THE 2017-2022 STRATEGY

The review of the 2017-2022 Strategy highlighted a number of positive developments over the last five years. These can be found on page 6 of the draft 2023-2028 Strategy. In this new draft we have strengthened our strategy for tackling drug and alcohol harms in Kent.

Q4. To what extent do you agree or disagree with the improvements we have identified to help strengthen our 2023-2028 Strategy?

*Please select **one** option per row.*

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
Improve the range of partners signed up to the Kent Substance Misuse Alliance (e.g. social care and safeguarding) and create better links to NHS.						
Create an Alcohol and Drug Harm Prevention plan and place it into the wider Integrated Care System prevention plan in Kent and Medway.						
Provide leadership and encourage better pathways and co-ordination for those vulnerable people with co-occurring and complex conditions.						
Create opportunities for greater links to improve integration of health data to inform the district licensing processes.						
Improve the delivery of Identification and Brief Advice (IBA) across Kent – create opportunities and increased coverage.						

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
Ensure needs assessments are up to date and available.						

Q4a. If you have disagreed with any of the improvements in question 4, please tell us why in the box below. *If your comment relates to a specific improvement, please make that clear in your comment. Please do not include any personal information that identifies who you are.*

SECTION 3 – YOUR FEEDBACK ON OUR PROPOSED STRATEGY

Q5. Was the draft Kent Drug and Alcohol Strategy 2023-2028 easy to understand? *Please select **one** option.*

- ☐ Yes
- ☐ No
- ☐ Don't know

Q5a. If you have any suggestions on how to make the Strategy easier to understand, please tell us in the box below. If your suggestion relates to a specific section/page please provide details.

PRIORITIES FOR THE NEW STRATEGY

The government's ten-year drug strategy 'From Harm to Hope', aims to tackle harms from drugs and prevent crime. Over the next three years, every local authority in England including Kent will receive extra funding to combat drug and alcohol misuse. The new strategy has 13 strategic priorities, grouped under three areas: Prevention, Treatment and Recovery, and Community Safety.

We welcome your feedback on the strategic priorities. ***You can answer all or as many of the questions as you like. If you would rather not provide feedback on a priority, just move on to the next question.***

1. Prevention (page 8 to 10)

1.1 Prevention, early intervention and behaviour change

1.2 Early Help: prevention to treatment pathway

1.3 Improving hospital and acute pathways to treatment

1.4 Children and young people living with alcohol misusing parents / preventing inter-generational alcohol misuse

1.5 Tackling high rates of suicide and self-harm associated with substance misuse

2. Improve Treatment and Recovery (page 11 to 13)

2.1 Continue improvement to treatment and recovery services

2.2 Criminal justice routes to substance misuse treatment

2.3 Improve treatment and recovery for targeted groups/ vulnerable people

2.4 Improve pathways to treatment and recovery to rough sleepers

2.5 Improving treatment and recovery for people with co-occurring conditions

3. Community Safety (page 14 to 15)

3.1 Working in partnership to share data and intelligence in order to identify those at risk of drug / alcohol related harm & exploitation and to provide safeguarding and intensive support

3.2 Disrupting supply of illegal drugs

3.3 Tackling local alcohol supply

1. Prevention

Q6. To what extent do you agree or disagree with Strategic Priority 1.1 'Prevention, early intervention and behaviour change'? *See pages 9 to 10 of the draft Strategy for more information, including the action plan for this strategic priority.*

*Select **one** option.*

- ☐ Strongly agree
- ☐ Tend to agree
- ☐ Neither agree nor disagree
- ☐ Tend to disagree
- ☐ Strongly disagree
- ☐ Don't know

Q7. To what extent do you agree or disagree with Strategic Priority 1.2 'Early Help: Prevention to Treatment Pathway'? *See pages 10 and 11 of the draft Strategy for more information, including the action plan for this strategic priority.*

*Select **one** option.*

- ☐ Strongly agree
- ☐ Tend to agree
- ☐ Neither agree nor disagree
- ☐ Tend to disagree
- ☐ Strongly disagree
- ☐ Don't know

Q8. To what extent do you agree or disagree with Strategic Priority 1.3 'Improving hospital and acute pathways to treatment'? *See page 11 of the draft Strategy for more information, including the action plan for this strategic priority.*

*Select **one** option.*

	Strongly agree
	Tend to agree
	Neither agree nor disagree
	Tend to disagree
	Strongly disagree
	Don't know

Q9. To what extent do you agree or disagree with Strategic Priority 1.4 'Children and young people living with alcohol misusing parents / preventing inter-generational alcohol misuse'? *See pages 11 and 12 of the draft Strategy for more information, including the action plan for this strategic priority.*

*Select **one** option.*

	Strongly agree
	Tend to agree
	Neither agree nor disagree
	Tend to disagree
	Strongly disagree
	Don't know

Q10. To what extent do you agree or disagree with Strategic Priority 1.5 'Tackling High Rates of Suicide and Self Harm associated with substance misuse'? *See page 12 of the draft Strategy for more information, including the action plan for this strategic priority.*

*Select **one** option.*

	Strongly agree
	Tend to agree
	Neither agree nor disagree
	Tend to disagree

	Strongly disagree
	Don't know

Q11. If you have any comments or suggestions on any of the 'Prevention' strategic priorities, please tell us in the box below. *If your comment relates to a specific strategic priority, please make that clear in your comment. Please do not include any personal information that identifies who you are.*

2. Improve Treatment and Recovery

Q12. To what extent do you agree or disagree with Strategic Priority 2.1 'Continue Improvement to Treatment and Recovery Services'? *See page 13 of the draft Strategy for more information, including the action plan for this strategic priority.*

*Select **one** option.*

	Strongly agree
	Tend to agree
	Neither agree nor disagree
	Tend to disagree
	Strongly disagree
	Don't know

Q13. To what extent do you agree or disagree with Strategic Priority 2.2 'Criminal Justice Routes to Substance Misuse Treatment'? *See pages 13 and 14 of the draft Strategy for more information, including the action plan for this strategic priority.*

*Select **one** option.*

	Strongly agree

- [ ] Tend to agree
- [ ] Neither agree nor disagree
- [ ] Tend to disagree
- [ ] Strongly disagree
- [ ] Don't know

Q14. To what extent do you agree or disagree with Strategic Priority 2.3 'Improve Treatment and Recovery for Targeted Groups / Vulnerable People'? *See pages 14 and 15 of the draft Strategy for more information, including the action plan for this strategic priority.*

*Select **one** option.*

- [ ] Strongly agree
- [ ] Tend to agree
- [ ] Neither agree nor disagree
- [ ] Tend to disagree
- [ ] Strongly disagree
- [ ] Don't know

Q15. To what extent do you agree or disagree with Strategic Priority 2.4 'Improve Pathways to Treatment and Recovery to Rough Sleepers'? *See pages 15 and 16 of the draft Strategy for more information, including the action plan for this strategic priority.*

*Select **one** option.*

- [ ] Strongly agree
- [ ] Tend to agree
- [ ] Neither agree nor disagree
- [ ] Tend to disagree
- [ ] Strongly disagree
- [ ] Don't know

Q16. To what extent do you agree or disagree with Strategic Priority 2.5 'Improving treatment and recovery for people with co-occurring conditions'? *See pages 16 and 17 of the draft Strategy for more information, including the action plan for this strategic priority.*

*Select **one** option.*

- ☐ Strongly agree
- ☐ Tend to agree
- ☐ Neither agree nor disagree
- ☐ Tend to disagree
- ☐ Strongly disagree
- ☐ Don't know

Q17. If you have any comments or suggestions on any of the 'Improve Treatment and Recovery' strategic priorities, please tell us in the box below. *If your comment relates to a specific strategic priority, please make that clear in your comment. Please do not include any personal information that identifies who you are.*

3. Community Safety

Q18. To what extent do you agree or disagree with Strategic Priority 3.1 'Working in partnership to share data and intelligence in order to identify those at risk of drug / alcohol related harm & exploitation and to provide safeguarding and intensive support'? *See pages 17 and 18 of the draft Strategy for more information, including the action plan for this strategic priority.*

*Select **one** option.*

- ☐ Strongly agree
- ☐ Tend to agree

	Neither agree nor disagree
	Tend to disagree
	Strongly disagree
	Don’t know

Q19. To what extent do you agree or disagree with Strategic Priority 3.2 ‘Disrupting Supply of Illegal Drugs’? *See page 18 of the draft Strategy for more information, including the action plan for this strategic priority.*

*Select **one** option.*

	Strongly agree
	Tend to agree
	Neither agree nor disagree
	Tend to disagree
	Strongly disagree
	Don’t know

Q20. To what extent do you agree or disagree with Strategic Priority 3.3 ‘Tackling Local Alcohol Supply’? *See pages 18 and 19 of the draft Strategy for more information, including the action plan for this strategic priority.*

*Select **one** option.*

	Strongly agree
	Tend to agree
	Neither agree nor disagree
	Tend to disagree
	Strongly disagree
	Don’t know

Q21. If you have any comments or suggestions on any of the 'Community Safety' strategic priorities, please tell us in the box below. *If your comment relates to a specific strategic priority, please make that clear in your comment. Please do not include any personal information that identifies who you are.*

ANY OTHER COMMENTS ON OUR DRAFT STRATEGY?

Q22. Do you have any other comments on the draft Kent Drug and Alcohol Strategy for 2023-2028? *Please do not include any personal information that identifies who you are.*

SECTION 4 – EQUALITY ANALYSIS

To help ensure that we are meeting our obligations under the Equality Act 2010 we have prepared an initial Equality Impact Assessment (EqIA) for the draft Kent Drug and Alcohol Strategy 2023-2028.

An EqIA is a tool to assess the impact any proposals would have on the protected characteristics: age, disability, sex, gender identity, sexual orientation, race, religion or belief, and carer's responsibilities. The EqIA is available online at www.kent.gov.uk/drugandalcoholstrategy or on request.

Q23. We welcome your views on our equality analysis and if you think there is anything we should consider relating to equality and diversity, please add any comments below:

SECTION 5 - MORE ABOUT YOU

We want to make sure that everyone is treated fairly and equally, and that no one gets left out. That's why we are asking you these questions. We'll use it only to help us make decisions and improve our services.

If you would rather not answer any of these questions, you don't have to.

It is not necessary to answer these questions if you are responding on behalf of an organisation.

Q24. Are you…? *Select **one** option.*

- ☐ Male
- ☐ Female
- ☐ I prefer not to say

We use the terms "transgender" and "trans" as inclusive umbrella terms for a diverse range of people who find their gender identity differs in some way from the sex they were originally assumed to be at birth.

Q25. Have you ever identified or do you identify as a transgender or trans person? *Select **one** option.*

- ☐ Yes
- ☐ No
- ☐ Other
- ☐ I prefer not to say

Q26. Which of these age groups applies to you? *Select **one** option.*

0-15	☐	16-24	☐	25-34	☐	35-49	☐	50-59	☐
60-64	☐	65-74	☐	75-84	☐	85+ over	☐	I prefer not to say	☐

The Equality Act 2010 describes a person as disabled if they have a long standing physical or mental condition that has lasted, or is likely to last, at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day-to-day activities. People with some conditions (cancer, multiple sclerosis and HIV/AIDS, for example) are considered to be disabled from the point

that they are diagnosed.

Q27. Do you consider yourself to be disabled as set out in the Equality Act 2010? *Select **one** option.*

- ☐ Yes
- ☐ No
- ☐ I prefer not to say

Q27a. If you answered 'Yes' to Q27, please tell us the type of impairment that applies to you.

*You may have more than one type of impairment, so please select **all** that apply. If none of these applies to you, please select 'Other' and give brief details of the impairment you have.*

- ☐ Physical impairment
- ☐ Sensory impairment (hearing, sight or both)
- ☐ Longstanding illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy
- ☐ Mental health condition
- ☐ Learning disability
- ☐ I prefer not to say
- ☐ Other

Other, please specify:

Q28. **To which of these ethnic groups do you feel you belong?** *Select **one** option.* (Source 2011 Census)

White English	☐	Mixed White & Black Caribbean	☐
White Scottish	☐	Mixed White & Black African	☐

White Welsh		Mixed White & Asian	
White Northern Irish		Mixed Other*	
White Irish		Black or Black British Caribbean	
White Gypsy/Roma		Black or Black British African	
White Irish Traveller		Black or Black British Other*	
White Other*		Arab	
Asian or Asian British Indian		Chinese	
Asian or Asian British Pakistani		I prefer not to say	
Asian or Asian British Bangladeshi			
Asian or Asian British Other*			

*****Other - If your ethnic group is not specified on the list, please describe it here:

Q29. Do you regard yourself as belonging to a particular religion or holding a belief? *Please select **one** option.*

- ☐ Yes
- ☐ No
- ☐ I prefer not to say

Q29a. If you answered 'Yes' to Q29, which of the following applies to you? *Please select **one** option.*

- ☐ Christian
- ☐ Buddhist
- ☐ Hindu

	Jewish
	Muslim
	Sikh
	Other
	I prefer not to say

If you selected Other, please specify:

Q30. Are you …? *Please select **one** option.*

	Heterosexual/Straight
	Bi/Bisexual
	Gay man
	Gay woman/Lesbian
	Other
	I prefer not to say

A Carer is anyone who provides unpaid care for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. Both children and adults can be carers.

Q31. Are you a Carer? *Please select **one** option.*

	Yes
	No
	I prefer not to say

SECTION 6 - YOUR IDEAS FOR IMPROVING DRUG AND ALCOHOL SERVICES IN KENT

Kent County Council is responsible for commissioning drug and alcohol treatment and recovery services in Kent. The needs of some individuals that come into contact with drug and alcohol treatment services may be complex and individuals' engagement within drug and alcohol services could also be dependent on the involvement of other organisations such as mental health, homelessness organisations, etc.

We want to hear your ideas on how to improve drug and alcohol services in Kent. To help get you started, we have added some ideas of our own in the table below. Please feel free to 'like' (by adding a tick or cross in the middle column) and/or add a comment to one or more of our ideas or add your own in the on the next page.

Please don't provide any personal information that identifies you or anyone else in your response.

Our improvement ideas	Like ✓	Add a comment
Joint appointments with mental health and drug and alcohol services to reduce the number of appointments individuals need to attend.		
Appointments via video conferencing and later into the evening and weekends to make the appointments more accessible for those with childcare responsibilities or those that work during the day.		
Involving friends and family of individuals receiving treatment in the recovery process so they can support the individual and to maintain and strengthen support networks.		

Add your improvement ideas in the box below:

Thank you for taking the time to complete this questionnaire; your feedback is important to us. All feedback received will be reviewed and considered.

We will report back on the feedback we receive, but details of individual responses will remain anonymous, and we will keep your personal details confidential.

This report was produced for Kent County Council

EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App. You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA. Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):	**The Kent Drug and Alcohol Strategy 2023-2028**
2. Directorate	Public Health. Adult Social Care and Health
3. Responsible Service/Division	Public Health

Accountability and Responsibility

4. Officer completing EQIA Note: This should be the name of the officer who will be submitting the EQIA onto the App.	Lin Guo
5. Head of Service Note: This should be the Head of Service who will be approving your submitted EQIA.	Jessica Mookherjee
6. Director of Service Note: This should be the name of your responsible director.	Anjan Ghosh

The type of Activity you are undertaking

7. What type of activity are you undertaking?

Tick if Yes	Activity Type
	Service Change – *operational changes in the way we deliver the service to people.*
	Service Redesign – *restructure, new operating model or changes to ways of working*
	Project/Programme – *includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.*
Yes	**Commissioning/Procurement** – *means commissioning activity which requires commercial judgement.*
Yes	**Strategy /Policy** – *includes review, refresh or creating a new document*
	Other – Please add details of any other activity type here.

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

The current Kent Drug and Alcohol Strategy runs from 2017 to 2022. It was a joint strategy with Kent Police. The new Strategy takes a whole system approach, improving the range of partners signed up to the Kent Alliance for Substance Misuse (including social care and safeguarding) and making better links to NHS. It is a partnership strategy which aligns visions and priorities across the Alliance.

The Alliance is now Chaired by the member for Public Health and Social Care, Clair Bell. The Alliance governance is dual to the: Kent and Medway Health and Wellbeing Board and the Kent Community Safety Partnership.

The task of the Substance Misuse Alliance is to oversee the new Strategy. The new Strategy has been informed by a council-to-council quality improvement peer review on the current Strategy and partnership. It has 12 key priorities and aims to prioritise the causes and the consequences of drug and alcohol harm. It will also seek to implement a range of harm reduction strategies and ensure there are quality services for the very high-risk families, vulnerable people and communities.

The draft Strategy has been endorsed by partners.

In parallel, colleagues are undertaking a recommissioning exercise for the Drug and Alcohol services. Rather than carryout separate consultation activities, we will combine the two. The consultation will include questions to support the engagement/consultation process for the recommissioning, in particular helping to reach a wider audience.

A public consultation will seek feedback on the new Strategy before it is finalised and adopted by KCC and the other Alliance organisations and will gather feedback to inform the re-commissioning of the service.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continuing working on the EQIA in the App, but you will not be able to submit it for approval without this information.

9. Do you have data related to the protected groups of the people impacted by this activity? *Answer: Yes/No*	Yes
10. Is it possible to get the data in a timely and cost effective way? *Answer: Yes/No*	Yes
11. Is there national evidence/data that you can use? ***Answer:*** *Yes/No*	Yes
12. Have you consulted with Stakeholders? *Answer: Yes/No* *Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.*	Yes

13. Who have you involved, consulted and engaged with?
Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.

Pre-engagement for the Strategy
During the months April to October 2020, Kent undertook a peer-reviewed assessment where one local authority peer reviews another with help from Public Health England (PHE). They organised a series of online workshops and discussions which was attended from all aspects of the partnership in Kent & Medway system.

Ahead of public consultation we have engaged with:

- Joint Kent Chiefs
- VCS Board
- District Housing Groups
- Kent and Medway ICS Prevention Board

Engagement for the re-commissioning, includes:

- Working with Healthwatch to understand individuals experience during their treatment journey with a view to understand the challenges they may face over their journey so services can adapt to ensure the right support is being provided.
- Working to understand barriers to accessing services for underserved groups including homeless individuals, women and BAME individuals.
- Evaluation of new intervention funded via the 2022/23 OHID grant (Supplementary funding for substance Misuse Treatment and Recovery Grant), i.e. Online Day Programme, in partnership with KCC Evaluation Team and support from providers in order to ascertain if this improves accessibility and outcomes for service users when compared to the traditional delivery method.

Strategy consultation process:
The draft strategy will be published in the consultation platform Let's talk Kent (including the creation of an online version of the questionnaire). The consultation will run for eight weeks from 6 September to 31 October 2022. The following activities are being undertaken to help make the consultation accessible:

- Short plain English summary of the strategy
- Details of how people can request hard copies and alternative formats in the draft Strategy and on all consultation material.
- Word version of questionnaire for those who cannot take part online.
- Large Print version of draft Strategy and questionnaire.
- Commissioners to work with partners to ensure they are fully onboard with promoting the consultation to their clients and to support them, where required to participate.

14. Has there been a previous equality analysis (EQIA) in the last 3 years? *Answer: Yes/No*	Yes (via Drug and Alcohol Needs Assessments and via contract reviews)
15. Do you have evidence/data that can help you understand the potential impact of your activity? *Answer: Yes/No*	Yes

Uploading Evidence/Data/related information into the App *Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.*	Upload the needs assessments summaries

Section C – Impact

16. Who may be impacted by the activity? *Select all that apply.*

Service users/clients *Answer: Yes/No*	Yes	Residents/Communities/Citizens *Answer: Yes/No*	Yes
Staff/Volunteers *Answer: Yes/No*	Yes		

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? *Answer: Yes/No*	**Yes**

18. Please give details of Positive Impacts

- Better access to treatment and recovery services in women, BAME, disabilities
- Reduced premature mortality and drug deaths
- Better family systems that will protect young people from adverse childhood experiences
- Better access to care plans and access to recovery and signposting to aligned services, e.g. mental health
- Better prevention for rough sleeping and housing failures
- Better access to physical and social care
- Better inclusion of service users and carers

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19.Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for age? *Answer: Yes/No* *(If yes, please also complete sections b, c,and d).*	No
b) Details of Negative Impacts for Age	
c) Mitigating Actions for age	
d) Responsible Officer for Mitigating Actions - Age	

20. Negative Impacts and Mitigating actions for Disability

a) Are there negative impacts for Disability? *Answer: Yes/No (If yes, please also*	No

complete sections b, c,and d).	
b) Details of Negative Impacts for Disability	
c) Mitigating Actions for Disability	
d) Responsible Officer for Mitigating Actions - Disability	
21. Negative Impacts and Mitigating actions for Sex	
a) Are there negative impacts for Sex? *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	No
b) Details of Negative Impacts for Sex	
c) Mitigating Actions for Sex	
d) Responsible Officer for Mitigating Actions - Sex	
22. Negative Impacts and Mitigating actions for Gender identity/transgender	
a) Are there negative impacts for Gender identity/transgender? *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	No
b) Details of Negative Impacts for Gender identity/transgender	
c) Mitigating actions for Gender identity/transgender	
d) Responsible Officer for Mitigating Actions - Gender identity/transgender	
23. Negative Impacts and Mitigating actions for Race	
a) Are there negative impacts for Race? *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	No
b) Details of Negative Impacts for Race	
c) Mitigating Actions for Race	
d) Responsible Officer for Mitigating Actions - Race	
24. Negative Impacts and Mitigating actions for Religion and belief	
a) Are there negative impacts for Religion and Belief? *Answer: Yes/No (If yes, please*	No

also complete sections b, c,and d).	
b) Details of Negative Impacts for Religion and belief	
c) Mitigating Actions for Religion and belief	
d) Responsible Officer for Mitigating Actions - Religion and belief	
25. Negative Impacts and Mitigating actions for Sexual Orientation	
a) Are there negative impacts for sexual orientation. *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	No
b) Details of Negative Impacts for Sexual Orientation	
c) Mitigating Actions for Sexual Orientation	
d) Responsible Officer for Mitigating Actions - Sexual Orientation	
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity	
a) Are there negative impacts for Pregnancy and Maternity? *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	No
b) Details of Negative Impacts for Pregnancy and Maternity	
c) Mitigating Actions for Pregnancy and Maternity	
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity	
27. Negative Impacts and Mitigating actions for marriage and civil partnerships	
a) Are there negative impacts for Marriage and Civil Partnerships? *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	No
b) Details of Negative Impacts for Marriage and Civil Partnerships	
c) Mitigating Actions for Marriage and Civil Partnerships	
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships	
28. Negative Impacts and Mitigating actions for Carer's responsibilities	
a) Are there negative impacts for Carer's responsibilities? *Answer: Yes/No (If yes, please also complete sections b, c,and d).*	No
b) Details of Negative Impacts for Carer's	

Responsibilities	
c) Mitigating Actions for Carer's responsibilities	
d) Responsible Officer for Mitigating Actions - Carer's Responsibilities	

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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	23/00021

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

Key decision: YES

Key decision criteria. The decision will:

a) result in savings or expenditure which is significant having regard to the budget for the service or function (currently defined by the Council as in excess of £1,000,000); or

b) be significant in terms of its effects on a significant proportion of the community living or working within two or more electoral divisions – which will include those decisions that involve:

- *the adoption or significant amendment of major strategies or frameworks;*
- *significant service developments, significant service reductions, or significant changes in the way that services are delivered, whether County-wide or in a particular locality.*

Subject Matter / Title of Decision

Kent Drug and Alcohol Strategy 2023 - 2028

Decision:

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

I. APPROVE the adoption of the Kent Drug and Alcohol Strategy 2023-2028 and

II. DELEGATE authority to the Director of Public Health to refresh and/or make revisions as appropriate during the lifetime of the strategy.

Reason for the decision:

The previous Kent Drug and Alcohol Strategy ran from 2017 to 2022 and was a joint strategy with Kent Police. During 2021/2022, a number of new issues came to light, firstly, the Dame Carol Black report, and the government's new drug strategy, "From Harm to Hope", which prompted local areas to create a combating drugs plan, secondly, as a result of increasing drug deaths in Kent and increasing alcohol consumption during COVID-19 the risks to the most vulnerable have increased, thirdly, a new partnership structure in Kent is in place. These three issues mean that it is important to have this new and refreshed Drug and Alcohol Strategy for Kent to tackle the substance misuse harms for the next 5 years, which was developed in partnership and has completed public consultation.

- **The new Kent Drug and Alcohol 5-year Strategy**

The new strategy takes a whole system approach, improving the range of partners signed up to the Kent Alliance for Substance Misuse (including social care and safeguarding) and making better links to NHS. It is a partnership strategy which aligns visions and priorities across the Alliance.

The Alliance is now chaired by the Cabinet Member for Adult Social Care and Public Health. The Alliance's governance is both to the: Kent Health and Wellbeing Board and the Kent Community Safety Partnership and will also be accountable to the Integrated Care Board via the health inequalities subgroups.

The Substance Misuse Alliance along with the new executive group will drive the new Strategy forward. The new Strategy has been informed by a council-to-council quality improvement peer review in 2020. The new Strategy has 13 key priorities and aims to prioritise the causes and the consequences of drug and alcohol harm. It will also seek to implement a range of harm reduction strategies and ensure there are quality services for the very high-risk families, vulnerable people and communities.

The draft Strategy has been endorsed by partners via the Kent Substance Misuse Alliance. The public consultation supported the 13 priorities and gave good guidance for the specific objectives and suggested actions that will be feature in those plans e.g. strengthening carer and service user engagement.

• **Risks:** The risk of not having a partnership wide strategic plan will leave Kent vulnerable to poor co-ordination, duplication of funding, confusion across the system, poorer communication, and poor opportunities to work together; ultimately for people not using our substance misuse services.

• **Supporting Challenges:** The proposed decision supports the Council's Strategic Statement – Framing Kent's Future in relation to economic challenge, demand challenge, partnership challenge, and financial challenge.

• **Financial Implications** – Specifically, under this strategy there won't be any financial implications. Needs and work identified from the strategy may lead to financial implications however these will each be taken as their own individual decision.

• **Legal Implications – none**

• **Equalities implications –** An Equalities Impact Assessment has been completed and no negative impacts were found

• **Data Protection implications – None**

Cabinet Committee recommendations and other consultation:

The proposed decision will be discussed at Health Reform and Public Health Cabinet Committee on 16 March 2023 and the outcome included in the decision paperwork which the Cabinet Member will be asked to sign.

Stakeholder and public consultation formed part of the process when the strategy was being developed.

Any alternatives considered and rejected:
Alternative to not have a strategy: There is no requirement from National Government to have a local strategy – only a plan for combatting illegal drugs. However the absence of strategic effort to reduce both drug and alcohol harms was risk assessed to lead to inefficiency, potential duplication, confusion and poorer outcomes for people in an area as large and complex as Kent.

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

.....
signed

.....
date

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, 16 March 2023

Subject: **Update Report on Gambling Addiction Interventions in Kent**

Classification: Unrestricted

Previous Pathway: None

Future Pathway: None

Electoral Division: All

Summary: The Health Reform and Public Health Cabinet Committee requested briefings on gambling in November 2018 and in September 2019. The recommendation was action on gambling harms be tackled via Kent's strategic partnerships in promoting the resources available for gambling addiction, advocating for responsible measures in tackling supply of gambling products and safeguarding vulnerable groups. With little dedicated resources there have been actions in signposting and awareness raising – particularly with young people and also via suicide prevention.

Since 2019 there have been five key issues that have raised the importance of a public health approach to gambling harms; COVID19, cost of living crisis, changes to government policy, a new national public health evidence review by the Office of Health Improvement and Disparities and a call to action from the Association of Directors of Public Health. Like the issues of tobacco control and alcohol many of the supply issues are out of the county council's control. district authorities do have limited policy and licensing levers.

However more can be done to raise awareness, signpost to help and mitigate issues of mental health, family disruption and crime. Gambling still features as a priority in the NHS Mental Health Long Term Plan. It is important to note that currently there are no resources attached to gambling harm reduction for public health teams However this paper proposes a fourfold way to tackle this issue in Kent.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **COMMENT** on the contents of the report.

1. Introduction

1.1 The UK has one of the biggest gambling markets in the world, generating a profit of £14.2 billion in 2020. There are 340,000 people in the UK who experience serious harm from gambling (which is more than the number of crack cocaine users in the UK). Research has shown that harms associated with gambling are wide-ranging. These include not only harms to the individual gambler but their families, close associates and wider society. There have been growing calls by the public health community, people with lived experience and politicians that a population-level approach is needed to tackle this public health issue. The industry is regulated by the Gambling Commission on behalf of the Department of Culture, Media and Sport (DCMS).

1.2 The 2005 Gambling Act defines gambling as gaming, betting and participating in a lottery. The Current Gambling Act is set out with three key objectives:

- Preventing gambling from being a source of crime or disorder, being associated with crime or disorder, or being used to support crime
- Ensuring that gambling is conducted in a fair and open way
- Protecting children and other vulnerable persons from being harmed or exploited by gambling

1.3 Since 2005 there have been wide scale changes to the gambling market including Fixed Odds Betting Terminals, for highly addictive on-line roulette. There have also been changes in the way gambling is marketed online particularly to women and children. The Gambling Act was set for review in 2022, however this was delayed and The Gambling Act White Paper is now scheduled for publication in early 2023. The Local Government Association (LGA) submitted their responses to the proposed White Paper and recommended an increased mandatory levy on the gambling industry to fund research and treatment for gambling related harms.

1.4 This paper acknowledges that to date there has been little capacity to lead a co-ordinated plan to tackle gambling harms in Kent and sets out preliminary steps and an approach to raise this as a priority for 2023, linking this to the Kent and Medway Integrated Care Board's (ICB) Integrated Care Strategy (ICS) as part of tackling the wider determinants of health inequalities.

2. Extent of the problem of gambling related harms in Kent

2.1 In preparation for the new Gambling Act's White Paper the Office of Health Improvement and Disparities (OHID) was asked to produce an evidence review of gambling related harms. Below is the summary of the evidence gathered:

Questions	**Answers from Public Health England (PHE (OHID) Research**
What is the prevalence of gambling and gambling-related harm in England by socio-demographic characteristics,	40 to 54% of population participate in gambling. 10% is National Lottery. Males are more likely. For online gambling males 15% and females 4%. Online gambling has increased from 6% in 2012 to 9% in 2018. Problem Gamblers: 0.5% population

geographical distribution and year?	At Risk Gamblers: 3.8% population
What are the determinants (risk factors) of at risk gambling and harmful gambling?	Most people who gamble regularly are those with high life satisfaction however people with poor life satisfaction are likely to be at risk and harmful gamblers. There was a high association between alcohol and harmful gambling. Being male, poor mental health and use of online slots and sports betting and casino and bingo games.
What are the harms to individuals, families, communities, and wider societal harms associated with harmful gambling?	Financial Relationships Mental Health Suicide Employment and Education
What is the social and economic burden of gambling-related harms?	For UK £1.27 Billion ½ of these costs are direct costs to government – significantly assigned to mental health (£342million)
What are stakeholder views on gambling-related harms in England?	Difference of opinions between industry and commercial vs people with lived experience. Former highlighting the very vulnerable but those with lived experience saying all people were potentially vulnerable. All agreed greater awareness raising was important.
To what extent has coronavirus (COVID-19) affected gambling participation and behaviour?	In a small group of vulnerable people there was increases of gambling behaviour and alcohol intake but overall COVID19 reduced gambling.

3. Public health approach to tackling gambling related harms

3.1 A good prevention plan for gambling related harms will include the right mix of universal measures for the benefit of the whole population (awareness campaigns for children and challenging licensing decisions), selective measures for groups who may be more at risk of gambling harms (targeted screening and signposting) and indicated measures for individuals who are more at risk of gambling harms (treatment and recovery support).

3.2 Gambling and Suicide

3.2.1 National Research has shown a strong and substantial relationship between gambling and suicide. The most recent statistics from Gamcare, (treatment provider) indicate that 11% of the UK wide 25,542 gamblers contacting their helpline had experienced suicidal thoughts, either currently or in the past, with

62% of callers mentioning anxiety and stress and 47% of those presenting for treatment at the National Problem Gambling Clinic in London reported currently having suicidal thoughts, with the likelihood of having suicidal thoughts increasing as the severity of gambling problems increased. This suggests a relationship between severity of problems and suicidal thought. The current research shows that it is people whose gambling addiction is spiralling out of control that are at the highest risk of suicide which shows the importance of working alongside the industry. It was recommended that gambling and debt become an element of the Kent Suicide Prevention Strategy and this has now taken place.

3.3 Debt and Suicide

3.3.1 There is a well-established connection between financial stressors, like problem debt, and suicide. GamCare's own data shows that financial difficulties are a particular concern for people using their helpline (mentioned by 27%, with 66% disclosing some level of debt). Statistics from the National Gambling Treatment Service show that most gamblers (71%) receiving treatment have a debt due to their gambling. In the UK, 24 million people lost over £14.5 billion to gambling operators in 2019 and losses have steadily increased in recent years.

3.4 Commercial determinants of mental health: Working with Industry

3.4.1 Like alcohol and tobacco the gambling industry makes a profit from risky activities. This includes aggressive advertising e.g. there has been a 600% increase in TV advertising from 2007 to 2012. The gambling industry uses part of its profits in ensuring gambling related harm is tackled. It is vital that that workers in the industry are able to identify people at risk and highlight those whose gambling losses are starting to spiral out of control. Licensing authorities (Kent districts) are asked to provide a statement of principles under their duties to the Gambling Act.

3.4.2 In Kent it is the District Councils that are able to issue licences and impose conditions on licencees (this includes gaming licences). However, they are not able to levy financial penalties. There are six categories of premises that the Licensing Authority will consider and determine: *Casinos, Bingo, Betting Tracks, Other Betting premises (i.e. betting shops or Licensed Betting Operators), Adult Gaming Centres (Arcades for 18 and over), Family Entertainment Centres (Arcades that permit children to enter).* It will be important to see what the proposed changes to the act in 2023 are and if appropriate, work with the vulnerable districts to strengthen their plans.

3.5 Gambling and Crime

3.5.1 Problem gambling has been linked to a range of crimes such as theft, assault and criminal damage. There were approximately 506 gambling-related crimes logged by Kent Police in 2019 and 2020. Currently although Kent Police do not routinely screen offenders on their gambling habits, there is a good partnership with public health and community safety for preventative policing which can be progressed via the new partnerships being forged via the Combatting Drugs Executive Group.

3.6 Treatment for Gambling Addiction (working with the NHS)

3.6.1 Most treatment for gambling harm is funded and organised by the National Gambling Treatment Service, which is a network of services working together. They offer online awareness raising campaigns, screening tools, online and face to face support and also via the Gordon Moody Association they offer residential treatment and recovery and housing support. It is paid for by voluntary donations from the gambling industry.

3.6.2 Some support comes through networks like Gamblers Anonymous and other support groups. There are also seven NHS treatment centres for Gambling Addiction across the UK. There are centres in Southampton, Stoke-On-Trent, London, Leeds, Manchester, Sunderland and a proposed unit for young people. However only 2% of problem gamblers may be in treatment, although there has been a 42% in uptake from 2020-2021. In 2023 the Kent Public Mental Health Team will report on how many Kent residents need and access these treatment centres and create a plan to increase uptake and awareness.

3.6.3 The NHS launched a new national Gambling Harm Network and Clinical Reference Group, which brings expertise together and enables clinical teams to share best practices for helping to treat gambling addiction and it will be important for Kent public health to link up with the national work. The NHS long term plan for mental health pledges that there will be 15 treatment centres by 2024.

3.6.4 NHS Mental Health Director, Claire Murdoch quoted “It is also absolutely right that the NHS now funds these clinics independently, recognising the harmful effects this addiction can have on the nation’s mental health, and that predatory tactics from gambling companies are part of the problem, not the solution”.

3.7 Other Addictions and Gambling

3.7.1 Many people in the most vulnerable to gambling harms category will be people who have a history of complex untreated addictions, including to gambling, co-morbidities and multiple other vulnerabilities, previous attempts at structured treatment, mental health problems, learning disabilities and adverse childhood experiences. It will be important to highlight the issue of gambling harms to all social care workers in Kent so that the services available for gambling related harms are better used by the people who need them.

3.8 Young People and Gambling

3.8.1 The Gambling Commission (Industry Regulator) released its report on the Gambling Related Harms and Young People, in 2022. Historically, understanding the relationship between children and gambling is complex. Their survey showed 31% of young people had used their own money for gambling. The activities were mainly low risk, arcade gaming machines and card games. Only 0.9% were gambling at more high risk levels but 10% were exposed to problem gambling at home and reported gambling related family tension.

3.8.2 The guidelines from the new national services are firstly to talk to your child about gambling, show children that you are willing to talk to them, give them the

facts, ideally before they are exposed to the fantasy; seek professional support if your child has a serious problem, increase opportunities for greater awareness and understanding and offer a connection with people who've been through similar experiences.

4. Conclusion: Next Steps and Call to Action

4.1 In September 2019 the Health Reform and Public Health Cabinet Committee asked for a briefing on the impact of problem gambling and its impact on public mental health. That paper proposed a number of actions to promote a public health approach to gambling. It is acknowledged that there are no public health resources allocated to focusing a prevention strategy for gambling related harm, this and the COVID-19 pandemic have delayed progress on creating a Gambling Strategy.

4.2 This paper provides an update on the previous report, gives a national update on NHS, licensing authority and public health roles and responsibilities to tackle gambling addiction. Given the scarce resources in the KCC public health budget and status as an upper tier authority (rather than a licensing authority), this paper notes the cost-of-living crisis, the links between suicide/ self-harm/ violence and vulnerability associated with gambling and proposes the following four key actions in 2023:

- Developing our understanding of gambling related harms by completing a rapid needs assessment of gambling related harms in Kent.
- Improving access to high quality treatment and support by working alongside the Kent and Medway Integrated Care Board (ICB) and Health Care Partnerships (HCPs).
- Supporting interventions to prevent gambling harms by conducting a deep dive into debt and suicide.
- Engaging with people and communities to co-design our work by setting up a task and finish group to scope how to maximise resources for a plan of action.

5. Recommendation

5.1 Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **COMMENT** on the contents of the report.

6. Background Documents

None

7. Contact details

Report Author	**Relevant Director**
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From: Benjamin Watts, General Counsel

To: Health Reform and Public Health Cabinet Committee – 16 March 2023

Subject: Work Programme 2023

Classification: Unrestricted

Past and Future Pathway of Paper: Standard agenda item

Summary: This report gives details of the proposed work programme for the Health Reform and Public Health Cabinet Committee.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to consider and agree its Work Programme for 2023.

1. Introduction

1.1 The proposed work programme, appended to the report, has been compiled from items in the Future Executive Decision List and from actions identified during the meetings and at agenda setting meetings, in accordance with the Constitution.

1.2 Whilst the chairman, in consultation with the cabinet members, is responsible for the programme's fine tuning, this item gives all members of this cabinet committee the opportunity to suggest amendments and additional agenda items where appropriate.

2. Work Programme

2.1 The proposed work programme has been compiled from items in the Future Executive Decision List and from actions arising and from topics, within the remit of the functions of this cabinet committee, identified at the agenda setting meetings. Agenda setting meetings are held 6 weeks before a cabinet committee meeting, in accordance with the constitution.

2.2 The cabinet committee is requested to consider and note the items within the proposed Work Programme, set out in appendix A to this report, and to suggest any additional topics to be considered at future meetings, where appropriate.

2.3 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 to support more effective forward agenda planning and allow members to have oversight of significant service delivery decisions in advance.

2.4 When selecting future items, the cabinet committee should consider the contents of performance monitoring reports. Any 'for information' items will be

sent to members of the cabinet committee separately to the agenda and will not be discussed at the cabinet committee meetings.

3. Conclusion

3.1 It is vital for the cabinet committee process that the committee takes ownership of its work programme 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 for future items to be considered. This does not preclude members making requests to the chairman or the Democratic Services Officer between meetings, for consideration.

4. Recommendation: The Health Reform and Public Health Cabinet Committee is asked to consider and agree its Work Programme for 2023.

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
Update on COVID-19	Temporary 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)
Risk Management report (with RAG ratings)	Annually (March)

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	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	Public Health Performance Dashboard – Quarter 4 2022/23	Regular Item
8	Update on Public Health Campaigns/Communications	Regular Item
9	Paul Bentley (ICB) as guest speaker	Requested by Mr Kennedy on 20/09/22
10	Work Programme	Standing Item

5 SEPTEMBER 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	Public Health Performance Dashboard – Quarter 1 2023/24	Regular Item
7 NOVEMBER 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	Annual Report on Quality in Public Health, including Annual Complaints Report	Annual Item
23 JANUARY 2024		
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	Public Health Performance Dashboard – Quarter 2 2023/24	Regular Item
7	Update on Public Health Campaigns/Communications	Regular Item
8	Draft Revenue and Capital Budget and MTFP	Annual Item
5 MARCH 2024		
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	Public Health Performance Dashboard – Quarter 3 2023/24	Regular Item
7	Risk Management report (with RAG ratings)	Annual Item
14 MAY 2024		

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
2 JULY 2024		
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	Public Health Performance Dashboard – Quarter 4 2023/24	Regular Item
7	Update on Public Health Campaigns/Communications	Regular Item

ITEMS FOR CONSIDERATION THAT HAVE NOT YET BEEN ALLOCATED TO A MEETING
Place-Based Health – Healthy New Towns
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)
Public Health Inequalities: Report on geographical poverty index figures – Requested by Mr Jeffery on 23/11/2022
Gypsy, Roma and Traveller (GRT) Health: Report on child immunisation and suicide prevention in the GRT community – Requested by Ms Constantine on 23/11/2022

Joint briefing with HOSC on the progression of the strategy – Integrated Care Board… HOSC has a particular role, some cross-cutting issues.

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