

KENT COUNTY COUNCIL

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Health Reform and Public Health Cabinet Committee held online on Wednesday, 9 September 2020.

PRESENT: Mr G Lymer (Chairman), Ms D Marsh (Vice-Chairman), Mrs A D Allen, MBE, Mr D L Brazier (Substitute for Mr K Pugh), Mr D Butler, Mr A Cook, Mr D S Daley, Mrs L Game, Ms S Hamilton, Mr S J G Koowaree, Mr B H Lewis, Mr P J Messenger and Mr A M Ridgers

ALSO PRESENT: Mrs C Bell and Mr R H Bird

IN ATTENDANCE: Mr A Scott-Clark (Director of Public Health), Dr A Duggal (Deputy Director of Public Health), Ms J Mookherjee (Consultant in Public Health), Mrs V Tovey (Public Health Senior Commissioning Manager), Mr T Woodhouse (Suicide Prevention Programme Manager, Public Health), Miss T A Grayell (Democratic Services Officer) and Miss E West (Democratic Services Officer)

UNRESTRICTED ITEMS

114. Membership
(Item 2)

It was NOTED that Mr A Ridgers had joined the committee to fill the vacancy left by Mr I Thomas and Mrs A D Allen had joined to fill the vacancy left by Mr M J Northey.

115. Apologies and Substitutes
(Item 3)

Apologies for absence had been received from Mr K Pugh.

Mr D L Brazier was present as a substitute for Mr Pugh.

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

There were no declarations of interest.

117. Minutes of the meeting held on 8 July 2020
(Item 5)

It was RESOLVED that the minutes of the meeting held on 8 July 2020 are correctly recorded and a paper copy be signed by the Chairman when this can safely be achieved. There were no matters arising.

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

1. The Cabinet Member for Adult Social Care and Public Health, Mrs C Bell, gave an update on the following issues:-

Digital support for quitting smoking and reducing alcohol – two new apps had been launched to help people track and reduce their alcohol consumption and support them to quit smoking. The existing Better Health campaign encompassed several health improvement initiatives, addressing drinking, smoking and healthy eating.

Forthcoming Public Health campaigns - the next round of public health campaigns would target workplace health and mental health and wellbeing for young people, with resources aimed at a range of age groups.

Flu vaccination – the winter flu vaccination campaign would be launched on 22 September, encouraging people to take up their invitation to have the vaccination as soon as possible.

World Suicide Prevention Day – this would be on 10 September, and resources available, as part of the Release the Pressure campaign, would include a free mental health text service. There would be focus on the effects of the covid-19 pandemic as this had brought new anxieties for many people.

2. The Director of Public Health, Mr A Scott-Clark, presented a series of slides and gave an update on the response to covid-19, including the following:-

Infection rates – although rates had risen, Kent was below the national average of cases. Clusters were being identified, for example, suspected cases in schools and among travellers returning from abroad.

Testing – the national testing programme had reached ‘pillar 2’ of regional and postal testing, and demand was outstripping capacity, but the latter would necessarily be limited by laboratory capacity. Emphasis would be on encouraging the public to persevere with booking a test but only if they had symptoms of raised temperature, new persistent cough and loss of taste and/or smell. More test sites were being established, for example, at the University of Kent at Canterbury, to serve students arriving for the new academic year, and new walk-in sites in Gravesend, Folkestone and Thanet.

Contact tracing – the south east performed well in terms of tracing and south east local authorities were keen that the more local control of contact tracing be passed to them and that they were able to set up local systems.

Safe events – the County Council was working with district colleagues and the police to establish a way of managing public gatherings and events safely, following Government guidance about social distancing.

Winter pressures – the usual winter pressures on health services would be more difficult to manage this year as the usual increase in bronchial and respiratory illness would be exacerbated by covid-19.

Outbreak control plan – this was being stress-tested and was being managed with Public Health England. Generally, Kent was managing relatively well but he emphasised

the importance of continuing to observe guidelines – frequent and thorough hand washing, wearing face coverings and social distancing – to manage and control the spread of infection.

National Institute of Health Protection - this new organisation had been established and was working with Public Health England nationally and locally. Mr Scott-Clark placed on record his thanks to Public Health England colleagues for all the work and very long hours they had put in to manage the pandemic.

3. Mr Scott-Clark responded to comments and questions from the committee, including the following:-

- a) asked to comment on the local availability of tests and recent media coverage of people having to travel to Scotland to be tested, he reiterated that the availability of testing was a national rather than a local issue as demand across the country was currently outstripping capacity, and reminded of the importance of being tested only if covid-19 systems were present. Testing appointments were managed centrally by the Department of Health via a portal, rather than locally. The Government had already been made aware by local councils of concerns about the local availability of testing; and
- b) concern was expressed by a Member who had been invited to take a test by post, to be returned by courier, which he had done. A few days later he received a negative result. He had no symptoms so had not been seeking a test and was concerned about the resources being used to target people speculatively when there was so much pressure from people wanting tests and not being able to access them. Mr Scott-Clark explained that random selection testing was being conducted by IPSOS, on behalf of the NHS, to gain a statistical overview.

4. It was RESOLVED that the verbal update be noted, with thanks.

119. The Context for Substance Misuse Services in Kent *(Item 8)*

1. Ms Mookherjee introduced the report and highlighted key issues, including the availability of alcohol and illegal substances online and the studies undertaken during lockdown of its effects on people who used such substances. Use of cocaine and the rate of drug deaths had both increased in recent years and the age group most at risk of opiate addiction were now older people. The link between adverse childhood experiences (ACEs) and addiction in later life was well established. Ms Mookherjee responded to comments and questions from the committee, including the following:-

- a) the clarity and frankness of the report, and its presentation, were welcomed;

- b) a view was expressed that many people who became addicted to drugs or alcohol had no trauma in their background and were, for the large part, 'ordinary' people. Ms Mookherjee acknowledged this and highlighted the breadth and complexity of factors which might lead someone to drift into addiction of one sort or another; and
 - c) asked to what extent the cause of someone's addiction would be investigated and analysed, Ms Mookherjee advised that the immediate crisis of addiction and its affects would be treated and addressed first but that investigation of its cause would follow.
2. It was RESOLVED that the information set out in the report be noted, with thanks.

120. West Kent Drug and Alcohol Service Review Summary
(Item 9)

1. Ms Tovey introduced the report and advised that the service was being reviewed before the current contract was extended. Services' quality ratings were generally good, and Kent achieved better outcomes than the national average, for a lower spend than the national average. Case studies were helpful in illustrating the difference which the service could bring. It was intended that, given the good performance of the current contract and the potential for disruption to vulnerable individuals, the current contract be extended for an initial period of twelve months beyond its current end date of 31 March 2021, with a further extension taken up to 2023 if recommendations following the review were implemented or in the process of being implemented. The committee was being given the opportunity to comment on the findings of the review.
2. Asked about the inclusion of tobacco as a drug, Ms Tovey advised that smoking was a major cause of health inequalities in Kent. Support to quit was included in a number of services including One You Kent and promoted via campaigns including Stoptober, as well as an app launched recently to help people to quit. A report on smoking and tobacco control would be presented to the committee's November meeting.
3. It was RESOLVED that the information set out in the report be noted, with thanks.

121. Public Health Commissioning Update
(Item 10)

1. Ms Tovey introduced the report and advised that service delivery was being reviewed as services recovered from covid-19 restrictions, with a blend of face to face and virtual options and a need for flexibility of approach.
2. It was RESOLVED that the information set out in the report be noted, with thanks

122. Performance of Public Health Commissioned Services
(Item 11)

It was RESOLVED that the performance of Public Health commissioned services in quarter 1 of 2020/21 be noted, with thanks.

123. Work Programme 2020/21
(Item 12)

1. The Democratic Services Officer advised that the committee's future work programme had been adjusted to reflect the review and restart of services following covid-19 restrictions. The programme of contract monitoring reports, tackling one subject at each meeting, had been restyled as a series of 'response, restart and recovery' reports.

2. It was RESOLVED that the planned work programme for 2020/21 be noted and agreed.