

KENT COUNTY COUNCIL

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Health Reform and Public Health Cabinet Committee held in the Online on Thursday, 20 January 2022.

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

ALSO PRESENT: Mrs C Bell (Cabinet Member)

UNRESTRICTED ITEMS

178. Apologies and Substitutes
(Item 2)

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

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

There were no declarations of interest.

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

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

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

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

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

Public Health Campaigns –

- A) Mrs Bell said that the Winter Health campaign had focused on protecting key workers and promoted steps to take to keep well during winter. This campaign was part of the Protect Kent and Medway initiative, with the aim to keep all residents as safe as possible.
 - B) In January 2022, the National Better Health Smokefree Campaign was encouraging adult smokers to quit smoking. There was free support for those looking to quit, including local Smokefree advisory services and the NHS Quit Smoking App. Further information was available at:
<https://www.kent.gov.uk/social-care-and-health/health/one-you-kent/quit-smoking>.
 - C) The Committee was told that the Know Your Score campaign launched in November 2021 was followed by Dry January. Further information was available at: <https://www.kent.gov.uk/social-care-and-health/health/one-you-kent/drink-less/know-your-score-quiz>.
 - D) The Kent Healthy Weight Campaign, supported by One You Kent, was aimed to help adults to lose weight and get active. Mrs Bell said that the figures for 2019-20 estimated that 64% of adults aged over 18 in Kent were overweight. This was above the national average of just under 63%. Health experts were concerned that changes in lifestyle due to the pandemic may raise this figure. Further information was available at: <https://www.kent.gov.uk/social-care-and-health/health/one-you-kent/healthy-weight>.
2. Dr Allison Duggal, Interim Director of Public Health, gave a verbal update on the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3. In response to questions from Members it was said that Public Health was conducting a deep-dive on health visitor data and that there was no data to suggest that KCC was not meeting its statutory visits. This report could be shared with the Committee at a later date. Dr Duggal would consult with colleagues about breaking the data down to ward or district level.
4. RESOLVED to:
 - a) **NOTE** the draft capital and revenue budgets including responses to consultation
 - b) **SUGGEST** any changes which should be made before the draft is presented to Cabinet on 27th January 2022 and full County Council on 10th February 2022.

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

1. Mr Matt Wellard, the COVID-19 Grants Project Manager, introduced the report which provided an overview of grants accepted by KCC Public Health from central government over 2020/21 and 2021/22 to support efforts to reduce the transmission of COVID-19 in Kent and to support those disproportionately impacted by the pandemic. It was said that upon receiving these grants the COVID-19 Finance Monitoring Group (CFMG) was set up. The CFMG had the responsibility to oversee the spending and

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

2. Mr Terry Hall provided further information on the £6.3 million Test and Trace Support Grant. It was said that the service had the capacity to contact 500-600 individuals on a daily basis through the contract. This had been reasonable throughout the pandemic. However, the Omnicrom COVID-19 variant had required increased contacting. The Committee was reassured that this was returning to a manageable level. There was no indication that KCC Public Health would receive this grant again. Mr Hall responded to questions and comments from the committee, including the following:
 - A) The trace target set by the Scientific Advisory Group for Emergencies (SAGE) is for at least 80% of the contacts of an index case to be contacted. When combined with national tracing efforts, this had led to an 88% success rate in Kent.
 - B) Mr Hall would ask his team to pull together a report that contained comparable data for counties of similar size and demographics.
3. The mandated Community Mass Testing Programme was commenced in December 2020. Military aid assisted with the programme until February 2021. Over 1500 local people had been employed to operate and run the testing centres. The testing centres at Sessions House and Eurogate in Ashford were set to stay open until at least 31 March 2022. Asymptomatic testing was said to be beneficial to the population in terms of identifying COVID-19 positive asymptomatic individuals and enabling them to isolate and participate in test and trace. In response to questions from Members it was said that:
 - A) On the 1st of October 2021, at the request of the Home Office, the Asymptomatic Testing programme adapted to meet the need at Unaccompanied Asylum-Seeking Children (UASC), Migrant and Afghan relocation and assistance policy (ARAP) Hotels. The overarching costs of the testing programme had not been impacted by supplying these hotels.
 - B) The test kits stored in warehouses would be usable beyond the 31st March 2022 subject to further funding. There was concern about the expiration dates of these tests. However, Members were assured that this was being looked into.
 - C) Terry Hall would provide an update to the Chair on the unused test kits by the end of February 2022.
4. The total funding for Practical Support for Self-Isolation received to date was £3.9m. It was required that this funding be spent by the 31st March 2022. KCC had distributed £1 million to all 12 of the districts to administer support. A COVID-19 grant scheme had also been set up to aid the voluntary sector.

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

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

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

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

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

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

184. Risk Management: Public Health (Item 8)

1. Dr Allison Duggal presented the paper which outlined the strategic risks relating to health reform and public health that featured on the Public Health risk register. Attention was drawn to the five high risk items on the risk register:
 - PH0100 – COVID-19 Non delivery of Public Health Services and functions; risk of inadequate capacity in the Public Health workforce and /or providers (High)
 - PH0106 – COVID-19 Risk of reduced or delayed rate of screening and diagnosis linked to health outcomes. (High)
 - PH0102 – Increased prevalence of Mental Health conditions. (High)
 - PH0112 – Delivery of Kent Local Tracing Partnership Programme (High)
 - PH0113 – Kent Local Tracing Partnership – potential demand and cost pressures (High)
2. In response to questions from Members it was said that:
 - A) Certain groups may be disproportionately impacted by these risks. It was recognised that there were particular communities in Kent which may have differential health outcomes and different mortality rates. These differences were being looking into through health inequalities

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

- B) Equality Impact Assessments (EqIAs) were conducted on a project or policy level. Dr Duggal would collate EQIA statements for KCC's Public Health discharge of work to Gypsy, Roma and Traveller (GRT) community. Statutory duties regarding this service delivery was to be discussed further with Ben Watts, General Counsel, outside of the formal meeting.
- C) Gambling addiction interventions were on the Mental Health Board's agenda. An update on this would be brought back to the Committee at a later date.

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

185. Performance of Public Health Commissioned Services

(Item 9)

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

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

- 2. In response to questions from Members Ms Holden said that the KPIs were agreed by the Board with the input of providers and Commissioners. The indicators and associated targets were being re-evaluated against previous Council performance and national benchmarking. Members were advised that the Public Health Outcomes Framework set the expectations for the Council's performance in this area and regular benchmarking took place against other local authorities.
- 3. RESOLVED To NOTE the performance of Public Health commissioned services in Q2 2021/22.

186. 21-00111 - East Kent Drug & Alcohol service contract extension

(Item 10)

- 1. Ms Christy Holden and Ms Nicola McLeish, Senior Commissioner, introduced the report which provided the Committee with the rationale behind the proposal to extend the East Kent Community Drug and Alcohol Service for a period of 24 of the allowable 36 months. It was highlighted

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

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

2. Ms McLeish and Ms Holden responded to questions from Members and said that:
 - A) A single procurement in 2024 was anticipated to ensure a better structured contract with more efficient service provision.
 - B) Drug and alcohol data went up to the national level. The performance of the service was benchmarked against other authorities and the Forward Trust was said to consistently perform above the national average. The Forward Trust had continued to meet and exceed targets through the backlog created COVID-19.
3. RESOLVED to consider, endorse or recommend to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to:
 - a) **APPROVE** the extension of the contracted East Kent Drug and Alcohol Service with The Forward Trust for a period of 24 of the allowable 36 months; and
 - b) **DELEGATE** authority to the Director of Public Health to implement the Decision.

187. Work Programme
(Item 11)

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