KENT COUNTY COUNCIL

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of A meeting of the Health Reform and Public Health Cabinet Committee held at Council Chamber, Sessions House, County Hall, Maidstone on Wednesday, 24th January, 2018.

PRESENT: Mr G Lymer (Chairman), Mrs P A V Stockell (Vice-Chairman), Mr A Cook, Mr D S Daley, Miss E Dawson, Mrs L Game, Ms S Hamilton, Mr S J G Koowaree, Ms D Marsh, Mr K Pugh, Miss C Rankin, Dr L Sullivan and Mr I Thomas

OTHER MEMBERS: Peter Oakford

OFFICERS: Dr Allison Duggal (Deputy Director of Public Health), Karen Sharp (Head of Commissioning for Public Health), Mark Gilbert (Interim Head of Public Health Commissioning), Michelle Goldsmith (Finance Business Partner), Wayne Gough (Business and Policy Manager, Public Health) and Theresa Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

36. Apologies and Substitutes.
(Item. 2)

Apologies for absence had been received from the Leader and Cabinet Member for Traded Services and Health Reform, Mr P B Carter, who was attending a meeting in parliament.

37. Declarations of Interest by Members in items on the Agenda.
(Item. 3)

There were no declarations of interest.

38. Minutes of the meeting held on 1 December 2017.
(Item. 4)

It was RESOLVED that the minutes of the meeting held on 1 December 2017 are correctly recorded and they be signed by the Chairman. There were no matters arising.

39. Verbal updates by Cabinet Members and Director.
(Item. 5)

1. The Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health, Mr P J Oakford, gave a verbal update on Sustainability and Transformation Programme (STP), on behalf of the Leader. The STP Board had been in existence for some time and, whereas progress had previously been frustrating, work was now moving forward, steered by Glenn Douglas, Chief Executive of the Kent and Medway Sustainability and Transformation Partnership. The plan was for all eight clinical commissioning groups (CCGs) to work together as one with two ACPs based in East and North and West Kent. These would work

as an integrated commissioning body for the whole county, including Medway. This represented a good step forward. Much work was going on around the development of a local corporate partnership, in which local authorities had an integral role, and the STP had set up a local care work stream, made up of NHS partners and local authorities, which Mr Carter had been asked to chair, supported by the Leader of Medway Council as vice-chairman. This group would look at how to develop a good model of local care, and the Corporate Director of Adult Social Care and Health and the Cabinet Member for Adult Social Care had been asked to prepare a detailed report setting out an ideal model of integrated social care, health and public health, to be considered at the Cabinet Committee's March meeting.

2. Mr Oakford responded to questions and comments from Members, including the following:-

a) prevention work would be embedded across the entire system and, as such, should deliver savings and improved working. Joint working between professionals would be encouraged, but establishing this working would be a challenge. Concern was expressed that the type of joint working currently planned had not been successful when it had been tried previously;

b) the role of CCGs was clarified, and their commitment to the new model confirmed. One CCG had not yet fully committed to the programme but discussion was ongoing to try to bring them on board. Primary legislation had not changed, and all CCGs would continue to exist as legal bodies. However, each CCG would no longer have accountable officers, as at present, as these would move to a new role. The programme would create a single organisational structure, and more detail of this would be set out in the report to the March meeting; and

c) the involvement of Mr Carter as the chairman of the local care work stream would ensure that the County Council would have much input into and influence on the development of the programme, leading to integration and improvement.

3. Mr Oakford then gave a verbal update on the ***infant feeding consultation***. A special meeting of the Cabinet Committee had been arranged for 8 February, at which the petition received about the community infant feeding service would be debated.

4. The Deputy Director of Public Health, Dr A Duggal, then gave a verbal update on the following issues:-

Influenza and 'flu jabs – recent outbreaks of 'flu had been reported as mainly of a Japanese strain rather than the 'Aussie flu' mentioned in recent media coverage. It seemed likely in the near future that Public Health England may declare a flu epidemic. In response to questions, Dr Duggal confirmed that delivery of 'flu vaccinations was not currently causing a problem and the County Council would only become involved if a 'flu pandemic were declared. She undertook to find out and advise Members which of the two possible types of vaccine was mostly used in Kent.

Dry January; media coverage – this campaign, in which participants would give up alcohol for the month of January, was raising money for Cancer Research.

There had been press interest in and coverage of the campaign, including a radio interview with the Director of Public Health.
Public Health Funding update – public health funding would now be ring- fenced up to 31 March 2020, at which point it was expected that local authorities would start to fund public health activity from business rates. The budget for 2018/19 was £69,368 million but would reduce to £67,584 million in 2019/20.

5. It was RESOLVED that the verbal updates be noted, with thanks.

40. Prevention in the Kent and Medway Sustainability and Transformation Plan. *(Item. 6)*

1. Dr Duggal introduced the report and explained that she had recently taken over the prevention work stream and that Andrew Scott-Clark and James Williams, the Directors of Public Health for Kent and Medway respectively, were the SROs for the project. The project initially had four key areas of work – obesity, smoking cessation, work place health and reducing alcohol consumption, with obesity and smoking cessation being the top priorities. A draft action plan and programme plan would be submitted to the STP work stream board for approval, but the budget for the project would need initial cash input before work could start. Dr Duggal then responded to comments and questions from Members, including the following:-

a) work on the various work streams (for example, obesity and smoking) would inevitably overlap to some extent, as behaviours tended to be linked, and tackling this work as part of the STP meant that it could happen at a higher level and could be co-ordinated across the south east. The embedding of prevention work as part of the STP was welcomed. Various speakers highlighted the links and overlaps between other prevention work streams named and concern was expressed that, beside work on smoking cessation, drug use should also be tackled.

b) Unhealthy behaviours were often developed as a crutch during times of hardship, so the partners involved in the work should include the Job Centre. Dr Duggal confirmed that all available partnership links would be exploited and that areas in which work should be prioritised in the STP work plan would be identified using statistics for deprivation and premature mortality (defined as death before age 75 from preventable causes);

c) the clarity of the report and the current activity described were both welcomed but concern expressed that funding available might ultimately prove insufficient to cover all the planned worked, so Directors of Public Health would need to seek additional funding for this purpose. Dr Duggal agreed that it was possible that the budget might be insufficient but the overlapping and streamlining of work should make the best use of the funding available, e.g. GPs could use a patient's visit to the surgery to introduce preventative work relating to other aspects of their lifestyle or habits;

d) asked what the County Council was doing to support and improve the health and fitness of its staff, as many worked long hours and could not afford gym prices, Dr Duggal explained that work on an integrated

approach to staff health, lifestyle and physical activity would be starting soon;

e) the importance of good communications and consistency of message across the county were emphasised. Other suggested partner organisations were churches, community advice centres and food banks. As well as the links already mentioned, there was also a link between obesity and a patient's mental health. Dr Duggal explained that the One You campaign had been designed to draw together the various aspects of public health and lifestyles and address them in an integrated way;

f) the wide range of preventative literature available at a local GP's surgery was welcomed by one speaker, who added that keeping fit did not need to involve gym fees and attendance, so cost was not an excuse; walking and keep-fit at home cost nothing;

g) public health work was vital to modern life and its role should not be underestimated. The active role taken by the public health team was welcomed, and the value of behavioural economics in seeking to influence people's behaviours was emphasised;

h) media coverage had shown that teenagers were smoking and drinking less than previously but instead used other substances which were more dangerous than alcohol and tobacco. The earlier suggestion that drug use be added to the work stream was supported. What was perhaps needed was a media message that smoking was not 'cool'. Dr Duggal advised that smoking was still the greatest cause of premature death in Kent. She suggested, and it was supported, that a *report on the use of psycho-active substances be submitted to a future meeting of the committee*; and

i) the Chairman commented that the consensus of views arising from the discussion of this item, e.g. supporting the four work streams and the importance of advertising, was most encouraging. He added that the film industry was responsible for presenting a number of risky behaviours as 'glamorous' and suggested that this also be borne in mind among campaign advertising.

2 It was RESOLVED that Members' comments on the progress of the Kent and Medway Sustainability and Transformation Programme prevention work stream and the future planned work, and suggestions for partner organisations which could be involved, be noted, and that a report on the use of psycho-active substances be submitted to a future meeting of the committee.

41. 'One You Kent' campaign update.
(Item. 7)

1. Mr Gough introduced the report and presented a series of slides *(included in the agenda pack)* which set out the national and local context of the One You campaign and the way in which it related to and reflected the links between behaviours, lifestyle elements and work streams discussed in the previous item. These also included an explanation of behavioural science and its role in identifying

patterns and triggers and contributing to campaign work to address ingrained behaviours. Research work had suggested that the Public Health message be established at key points in life, for example, when registering a birth, parents could be handed leaflets about healthy lifestyles so their child could start life with a good message and they as new parents could take the opportunity to adopt healthier habits. The Libraries, Registration and Archives service registered some 16,000 births every year. However, when habits were changed, the health benefit would be offset by the loss of what might have been a social network, for example, at the local pub, so to prolong the new habit, a replacement social activity might need to be established. Mr Gough updated some figures shown in the agenda pack: there had now been 89,000 sessions on the One You website and 27,000 referrals to the Public Health England 'How Are You?' quiz, and 30% of the target audience (particularly the 40 – 60 age group) had confirmed that they had seen the One You campaign. He then responded to comments and questions from Members, including the following:-

a) the suggestion of using hoardings beside highways to advertise the public health message was being explored with Environment and Transport colleagues. Achieving a good visual impact was vital to a successful campaign, although work to support and back up advertising campaigns was important;

b) some behaviours were associated with, or were symptomatic of, psychological distress, for example, stress, and if habits were once given up, they could easily re-start at the next episode of stress. It would be important to build resilience so the 'comfort' of smoking or eating junk food would no longer be needed;

c) GPs used to be able to prescribe free sessions of physical activity at leisure centres but this scheme was not well taken up and so had been discontinued. To prescribe health was better than to prescribe medicine;

d) two suggestions of partners which could work with the County Council on preventative work were volunteer bureaux and housing associations. Another speaker added that the seven million carers in the UK could also be a useful resource to spread the message. Mr Gough undertook to look into involving these, as well as Kent and Medway Fire and Rescue Authority and leisure centres. He explained that all such potential partners would be invited to a stakeholder event on 14 March;

e) GPs in west Kent had identified that 25% of patients coming to the surgery did not need to be there but were seeking social contact to assuage feelings of loneliness;

f) concern was expressed that the One You Kent campaign would be hard for some people to understand, although One You made more sense. Mr Gough explained that the One You campaign was a national one, with the by-line 'because there is only one you' – i.e. as there is only one of you, you should look after yourself, with each area adopting the national model and adding its name to make it a local project. Guidance on local branding was given by Public Health England;

g) the budget for this launch year of the campaign, to cover set-up costs, had been £200,000 from the public health grant campaign budget, but next year this sum would be lower. This funding had supported delivery of the campaign at 1,000 locations around Kent and development of tools which partners could use; and

h) the need to support long-term and sustainable habit change was emphasised. The complexity of implementing such a broad campaign meant that the involvement of behavioural scientists was necessary. Although the expense of the campaign may seem high, the cost of it not being successful would be higher in the long term as people with unaddressed damaging behaviours would develop long-term conditions which would be more expensive to treat.

2. It was RESOLVED that the progress and impact of the One You Kent campaign to date be noted, and Members' comments and suggestions of additional local organisations who could support the One You Kent campaign be noted.

42. Draft 2018-19 Budget and 2018-20 Medium Term Financial Plan.
(Item. 8)

1. Miss Goldsmith and Mr Gilbert introduced the report and explained that the public health budget differed from others in that it consisted entirely of grants and would always make full use of all grants available, leaving a zero balance. They added that briefing sessions had been held with party groups to answer questions about the content of the budget and the medium term financial plan.

2. It was RESOLVED that the draft 2018-19 Budget and 2018-20 Medium Term Financial Plan be noted. There were no suggestions to the Cabinet Member for Strategic Commissioning and Public Health on any other issues relating to Public Health which should be reflected in the draft budget and Medium Term Financial Plan.

43. Schedule of contract monitoring reviews.
(Item. 9)

1. Ms Sharp and Mr Gilbert presented a proposed two-year schedule of contract reviews, which had been requested by the committee to support its contract monitoring role. They explained that contracts had been listed for review based on their strategic importance, any areas of concern arising and the date on which they would be due for renewal. Ms Sharp and Mr Gilbert then responded to comments and questions from Members, including the following:-

a) overlaps between areas of contracting would be addressed when reports on each area were submitted to the committee; and

b) clarification was given of the role of the committee in monitoring contracts against key performance indicators (KPIs), and the importance of this role was emphasised. Contract management was a separate issue and was the responsibility of a separate Member group.

2. It was RESOLVED that the schedule of contract monitoring reviews to be presented to the Cabinet Committee over the next two years be agreed.

44. Considering information exempt from publication (agenda item 10).

The Chairman asked Members if, in discussing agenda item 10, they wished to refer to the information set out in the exempt appendix to the report, and hence if they wished to pass a motion to exclude the press and public from the meeting and discuss that item in closed session. Members confirmed that they did not wish to refer to the exempt information and, accordingly, discussion of the item took place in open session.

45. Contract Monitoring Report - Sexual Health Services.
(Item. 10)

1. Ms Sharp and Mr Gilbert introduced the report and emphasised that performance management of the contract was robust and that adjustments would be made to payments to the provider for any shortfall in performance. The service had delivered and was delivering very good value for money and had introduced innovative use of technology, including online testing kits. Ms Sharp and Mr Gilbert responded to comments and questions from Members, including the following:-

a) asked if young people were intimidated about attending a sexual health clinic, and if better engagement might be made if testing were to be done at a venue already familiar to young people, for example, a youth centre or gym, Mr Gilbert confirmed that young people's clinics were well attended and there was no data evidence of them staying away. Holding clinics which were just for young people meant that they would not be intimidated by attending a general clinic with older people. A pilot project to test the idea of taking clinics to other venues would run for 3 – 6 months and the feedback from this analysed. In response to concerns expressed, Mr Gilbert undertook to look into a specific example of local practice and liaise with the local provider if necessary;

b) the number of outreach sessions available reflected the staff capacity. Most outreach work took the form of drop-ins and opportunistic contacts rather than bookable sessions. Attendance varied but it was very rare to have a session at which there was no attendance;

c) usage levels of all services were monitored, with a guide level of 80% reflecting a sustainable level of provision. Trends would be identified and responded to, for example, sessions at one venue had been set up on Saturday mornings in response to local demand;

d) concern was expressed that service supply might not be able to meet demand. Mr Gilbert explained that, as the commissioner and provider were separate bodies, demand could be identified honestly, and commissioners were practised at doing this. Dr Duggal added that, as best practice, the public health team would also consult youth groups

such as Youth Advisory Groups to gain first-hand feedback from service users;

e) the 'condom distribution' programme had proved to be cost-effective and presented good value for money. Ms Sharp explained that the budget for this project had covered both the equipment and promotion work and clarified that the current project, which had replaced the previous 'condom card' programme, cost less. She added that it was unusual for the County Council to have statutory responsibility for this sort of provision, however, it sought to reduce costs where it could, for example, by optimising the use of online testing, to achieve best value for money. The current provision model had proved most successful and had expanded capacity in Maidstone and Canterbury. The ability to pioneer this sort of provision was a benefit of the flexible contracting arrangements which the County Council had negotiated with providers;

f) Mr Gilbert clarified that the contract values set out in Appendix A to the report, including for the condom programme, were the maximum possible value of each contract, assuming maximum activity; the actual amount paid for each would be lower than the price listed;

g) the target that sexual health support services aimed to meet was that every client requiring support urgently should be able to access it within 48 hours. The County Council strove not to be complacent and would always look for unmet demand and changing patterns of demand;

h) data gathered would contribute to the preparation of the Joint Strategic Needs Assessment (JSNA). Concern was expressed that some of the data in the JSNA was from 2013 and would need to be updated. Dr Duggal explained that public health data took a while to collate and evaluate but was of excellent clarity and value once it became available for use;

i) concern was expressed that Gravesend might need a campaign targeted particularly to that area, and Dr Duggal undertook to look into this and advise the questioner outside the meeting; and

j) clarification was sought of the total number of clients accessing psychosexual counselling sessions, and questions asked about the qualification of the counsellors delivering these sessions and what the sessions would cover. Mr Gilbert assured Members that counsellors delivering sessions were fully trained specialists in that field, and so their number was necessarily finite. The provider was paid per session for the provision of psychosexual counselling, and each client would attend 6 – 8 sessions, so the approximate number of clients could be calculated by dividing the total. Client satisfaction rates for this part of the service were high.

2. It was RESOLVED that the performance of the County Council-commissioned sexual health services, and the processes in place to manage the contract effectively, be noted and welcomed.

46. Performance of public health-commissioned services.
(Item. 11)

1. Ms Sharp and Mr Gilbert introduced the report and highlighted the fact that no indicators were rated red and those few rated amber were falling short in just one area of the county and hence were very close to meeting their target and achieving a green rating. In cases where performance was below the national level, an action plan was in place to support improvement.

2. It was RESOLVED that the Quarter 2 performance of public health-commissioned services be noted.

47. Work Programme 2018/19.
(Item. 12)

1. The Democratic Services Officer introduced the report and explained that, since publishing the agenda pack, the work programme had been updated to include the suggested schedule of contract monitoring discussed in agenda item 9.

2. It was RESOLVED that the committee's work programme for 2018/19 be agreed.