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 Darent Room - Sessions House on Wednesday, 27th June, 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: Andrew Scott-Clark (Director of Public Health), Dr Allison Duggal (Deputy Director of Public Health), Issie Ferris (Intern, Democratic Services) and Theresa Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

76. Introduction and Chairman's Announcements.

The Chairman opened the meeting and announced that Ms Issie Ferris was in attendance as an observer. Issie was studying at the University of Exeter and was working at County Hall for a week as an intern with Democratic Services.

The Chairman advised the committee that he would need to leave the meeting at about 12.00 noon and that the Vice-Chairman would preside over any remaining business.

77. Apologies and Substitutes.
(Item. 2)

Apologies for absence had been received from the Leader, Mr P B Carter.

There were no substitutes.

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

Mrs L Game declared that she was the Chairman of Thanet District Council's Cabinet Health Advisory Group, working on the Sustainability and Transformation Programme.

Mr I Thomas declared that he was a Member of Canterbury City Council's Planning Committee, which may prove relevant if discussion of the potential new Kent and Canterbury Hospital and or new Medical school were to arise during the meeting.

79. Minutes of the meeting held on 1 May 2018.
(Item. 4)

It was RESOLVED that the minutes of the meeting held on 1 May 2018 are correctly recorded and they be signed by the Chairman. There were no matters arising.

80. 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 the following issues:-

Update on new Infant Feeding Service – the new service had started on 1 June 2018 and provision was moving forward well. The Kent Community Health Foundation Trust (KCHFT) had won a national award for the way in which it supported its volunteers.
Joint Kent and Medway Health and Wellbeing Board – the first meeting of the new joint board would take place on 28 June in Medway. Wiltshire's Health and Wellbeing Board had recently been criticised by the Care Quality Commission (CQC) for not working sufficiently closely with the Sustainability and Transformation Programme (STP) and the NHS. The comments made by the CQC showed that Kent was ahead of some other Health and Wellbeing Boards. *Mr Oakford undertook to share an article and the CQC report with the committee and these are attached below:*

Article:
http://www.salisburyjournal.co.uk/news/16306679.Concerns_raised_over_council__39_s_management_of_health_and_social_care/

CQC report (in which, the main section about the Health and Wellbeing Board is on page 11):
https://www.cqc.org.uk/sites/default/files/20180611_local_system_review_wiltshire.pdf

2. The Director of Public Health, Mr A Scott-Clark, then gave a verbal update on the following issues:-

Sustainability and Transformation Programme (STP) Prevention workstream – a report about this would be considered at the first meeting of the new joint Health and Wellbeing Board.
Measles – sporadic outbreaks had now occurred in Surrey and Sussex as well as in Italy and Eastern Europe. Public Health England had advised teenagers to be immunised to avoid passing on the virus when gathering in large numbers, for example, at festivals, and this message appeared to have been noted.
Air Quality – the development of the County Council's Energy and Low Emissions Strategy was being led by consultants and the public health team was working with the Growth, Environment and Transport Directorate. Workshops for Members would take place in August and September and a public consultation on the Strategy was expected in Spring and Summer 2019.

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

81. Workforce planning update.
(Item. 6)

Ms G Walton, Executive Support Manager Older People and Physical Disability and Design and Learning Centre Programme Manager, was in attendance for this item.

1. Dr Duggal introduced the report and emphasised that there were two aspects to workforce planning; work undertaken by NHS and social care partners, over which the Council Council had no direct control or influence, and work undertaken by the Council Council. Dr Duggal advised the committee that she served on the STP workforce workstream group. Ms Walton added that she was involved in the STP group, looking at the social care agenda. The STP had a development plan to focus on six areas and identify work for the future. The Local Workforce Action Board (LWAB) was co-chaired by Anne Tidmarsh and an NHS lead, and included Dr Duggal, so this supported good health and social care links. Mrs Tidmarsh had also been confirmed as the Senior Responsible Officer for the STP workforce work stream. Dr Duggal and Ms Walton responded to comments and questions from the committee, including the following:

a) the importance of liaising between health and social care to upskill the whole care workforce was emphasised. Ms Walton confirmed that she was working with Clare Maynard in the County Council's Adult Social Care Directorate to implement the strategy which already existed to ensure that this happened effectively;

b) concern was expressed about the high turnover of health service staff, and a question asked about how pay levels and more prescriptive job descriptions might be used to help reduce this. Kent could lead the way in being an attractive employer where people wanted to stay. Dr Duggal acknowledged the importance of achieving a good range of work skills and work-life balance and explained that part of the LWAB's work aimed to attract and retain good staff in Kent. Ms Walton added that work was ongoing on modelling a social care career pathway, and a campaign to raise the profile of the career and recruit more care sector staff would be starting shortly, using Government funding gained through the LWAB. *She undertook to share the plan and strategy for this work with Members when these were ready;*

c) concern was expressed that the plan to attract new GPs from overseas might be made more difficult by the fact that many overseas workers no longer felt welcome in the UK, and a question was asked about how they would be housed. Dr Duggal agreed that this was an important practical point;

d) concern was expressed that the new medical school, if opened in 2020, would take until 2026 to produce its first graduates, and those people would then need to be retained in Kent. Dr Duggal explained that past experience had shown that graduates tended to stay on in the area in which they had studied, so having a medical school based in Kent should benefit staff retention rates for Kent;

e) asked why people left health and social care careers, and about the importance of being aware of these reasons when modelling career pathways, Dr Duggal explained that exit interviews were undertaken by the NHS, and *an approach could be made via human resources teams in*

the County Council and NHS to see if the reasons stated in these interviews could be accessed. She undertook to look into this;

f) the problem was highlighted of Kent competing with London pay rates to attract and retain staff. London weighting made it attractive to work in London and live in Kent to saving housing costs. London also had large, prestigious teaching hospitals and research facilities. Dr Duggal acknowledged this but said that Kent's medical school would add to research options in the south east. She confirmed that liaison with the County Council's Growth, Environment and Transport Directorate would form part of this work;

g) Ms Walton clarified that GP development plans would apply to new and existing GPs. She also confirmed that Kent was part of the multi-disciplinary teams which were supporting change management;

h) work was ongoing to raise awareness and understanding of the role and value of apprenticeships in the health and social care sector. The Apprenticeship levy would be used to support this development; and

i) a question was asked about the apparent disparity in the way in which apprenticeships and degree courses were funded, and costs accrued by students but not apprentices, to achieve the same qualification and possibly the same salary at the end. Apprenticeships would be funded from the Apprenticeship Levy, with nominal costs to the student, while students taking a degree course would have to bear the expense of servicing and repaying a student loan. Ms Walton commented that the issue was one of valuing, developing and retaining the current workforce, and the social care degree standard provided that opportunity.

2. The Cabinet Member, Mr Oakford, commented that the number of current GP vacancies was of great concern and would take a long time to address. Mr Scott-Clark added that the County Council, via its involvement in STP work, needed to make clear this ongoing challenge. However, the County Council would need to be clear that addressing health and social care workforce issues was not part of its role and that the Council had no formal role in addressing these, although the Council would need to broaden the public's understanding of its own public health role. He added that he hoped that the Kent Medical School would copy the successful model of the Brighton school, with which it was linked. A request was made that Anne Tidmarsh be asked to raise within the STP workforce group concerns expressed that the GP recruitment plans were not sufficiently ambitious.

3. It was RESOLVED that the work by the Local Workforce Action Board and Design and Learning Centre on the NHS and Social Care Workforce Challenge, and the work of Public Health to develop the Public Health workforce and contribute to the development of Public Health skills in the NHS and Social Care workforce, be noted and endorsed.

82. Contract Monitoring paper for Postural Stability Services.
(Item. 7)

Mrs V Tovey, Public Heath Senior Commissioning Manager, was in attendance for this item.

1. Mrs Tovey introduced the report and responded to comments and questions from the committee, including the following:-

a) asked if community venues, including adult education centres, would be used for classes, Mrs Tovey explained that this would certainly be possible. Mr Scott-Clark added that the aim was to deliver the service as close to GPs' practices as possible;

b) asked if, as useful feedback, the reasons for people dropping out of courses were recorded, and if this was followed up, Mrs Tovey explained that people dropped out for a variety of reasons. Some went into residential or nursing homes, others had to stop due to illness or poor health, while others passed away. Many participants gave a reason if the drop out was planned but providers could not always follow up people who dropped out;

c) an aim of the postural stability service was to increase confidence, balance and posture and prevent falls, allow people to live independently for as long as possible and avoid needing a residential or nursing home placement. Dr Duggal explained that the service would prioritise frail elderly clients. Mr Scott-Clark highlighted the financial savings available to social care and public health budgets by avoiding home placements and further falls but emphasised that the greatest savings would be to service users and their families in terms of distress and poor health;

d) the cost of classes varied as block purchasing attracted discounts, so prices quoted in the report were average. Transport could be provided to assist people to attend, for instance, from rural areas, and costs fluctuated based on course locations;

e) it was reported that, in some areas, equipment delivered to a client sometimes failed to be collected once it was no longer needed, and to tighten up on collections of old equipment would help to eliminate waste in the service. Mrs Tovey advised that this service was not funded via public health;

f) the longer a client could manage to attend a class, the more benefit they would gain from it. The aim was for people to join in as close to the start of the 36-week programme as possible. Figures showed that, on average, 68% of participants were still attending at the end of the 36 weeks; and

g) Mrs Tovey explained that there were options about where to place the service to optimise access to it and streamline referrals as far as possible. To have it placed in-house with public health would allow optimum flexibility and support the alignment of related services, for example for older people, giving one point of contact.

2. It was RESOLVED that the commissioning and provision of postural stability services in Kent and the work to improve the patient experience and service efficiency be noted and welcomed.

83. Suicide Prevention update.
(Item. 8)

Mr T Woodhouse, Suicide Prevention Specialist, was in attendance for this item.

1. Mr Woodhouse introduced the report and received the committee's thanks for the work he and his team had put into developing the excellent suicide prevention strategy and the 'Release the Pressure' campaign work. He then responded to comments and questions from the committee, including the following:-

a) asked about police involvement and the justice system in terms of suicide awareness, Mr Woodhouse reassured the committee that services were very aware of the suicide risk of those in custody and confirmed that they would have access to mental health support. The police were looking at how to increase awareness through their staff training programmes;

b) concern was expressed that success in preventing suicide was difficult to identify and measure;

c) the need for quick access to qualified therapists was emphasised. Mr Woodhouse agreed that this was an important part of the service and explained that trained counsellors were available via helpline services, with callers being signposted to them. This was more than the Samaritans were permitted to do via their helpline. *He undertook to find out what work was being done on workforce development in relation to therapists, their caseloads and waiting lists and advise Members outside the meeting;*

d) concern was expressed about the difficulty of reaching men, who were most at risk from suicide but who were still traditionally not encouraged to talk about their feelings or seek help for mental health worries. Mr Woodhouse explained that the aim was to seek to raise awareness of non-traditional ways for men to talk about their mental health, for example by using online apps or webchats which could be accessed discreetly without having a conversation which could be overheard. Kent's 'Release the Pressure' campaign, aimed at men, had been taken up by the City of London Corporation, and posters displayed at London stations, so they would be seen by thousands of daily commuters as well as London residents. Previous campaign work had involved football clubs. Pubs would also be a place where men traditionally could go to unwind but the increase of drinking at home had led to many pubs closing and this networking opportunity being lost;

e) several speakers related personal examples of people who had committed suicide. From these experiences, some Members had become involved in various mental health and suicide prevention work;

f) the Suicide Prevention Steering Group was liaising with highways colleagues to address concerns about people using bridges and other structure as points from which to jump. Mr Woodhouse said arrangements were being made to display Samaritans contact details prominently at points which were known to be popular with those seeking to take their own life, for example, the Dartford Crossing. He added that Network Rail staff were also trained to identify and offer help to people loitering on platforms who may be intending to jump onto tracks;

g) people working in some occupations, for example, farming and construction, were known to be particularly at risk of suicide. Another group was train drivers and tube drivers as they were sometimes involved in incidents of people committing suicide on railway lines. Mr Woodhouse advised that it was notoriously difficult to access employees in the construction industry as many firms were small. However, some contact could be made via trade associations, of which most were members. The NFU would offer a means of contacting farmers, and Mr Woodhouse undertook to find out what work was being done by the NFU in this field;

h) innovation funding given by the Government to support suicide prevention work could be used to try to identify and reach small local projects. Mr Woodhouse emphasised that it was important to keep trying all sorts of projects, even very small ones, to see what was most effective;

i) asked if encouraging boys via school projects to express their feelings could start to address the traditional teaching that 'boys don't cry', Mr Woodhouse explained that work with CAMHS aimed to increase young people's emotional resilience. It was good that mental health was being spoken about by celebrities and sports personalities as this would help to reduce stigma among young people around talking about mental health. Feedback from callers to the helpline had shown that advice given was having a positive effect;

j) a major contributor to suicidal feelings was loneliness; having no-one to talk to, or talking and having no-one to listen. Physical pain was easier than mental health problems to identify and treat. Mr Woodhouse added that training in identifying and tackling mental health problems would make identification easier. The belief that asking someone about their suicidal thoughts would cause them to act on them was a myth; starting to talk about issues would always be a good start to dealing with them;

k) although many of those committing suicide were reported to have had no contact with secondary mental health services, many of them would have had contact with the health service. A good GP should be able to identify that a patient presenting at a surgery to talk about a physical ailment really wanted to talk about thoughts of suicide and could lead the conversation that way. Mr Woodhouse advised that statistics sought to identify age and geographical spread of cases of suicide;

l) the loss of much public open space in recent years had reduced opportunities for people to enjoy time outside to kick a ball or take a healthy walk. The perception of having space was as important as the space itself. Mr Woodhouse agreed that access to the environment was crucial to wellbeing. *It was suggested that an item on open space and what public health professionals could do to influence planning and development issues be included on a future agenda;*

m) concern was expressed that access to suicide prevention training was not equitable across the county. Mr Woodhouse explained that such training had been oversubscribed in every district; and

n) the Chairman referred to media coverage in 2002 of a link identified between the use of a prescribed anti-depressant drug and an increase in suicides. Mr Woodhouse explained that, following a suicide, a Coroner's inquiry would include an investigation of the drugs being taken by the victim. *He undertook to look into what data could be drawn from this to help with public health work.* Mr Scott-Clark added that Public Health England was working on identifying patients diagnosed with life-changing and life-limiting conditions such as cancer and the increase in risk of them committing suicide to avoid prolonged suffering.

2. It was RESOLVED that recent progress on suicide prevention work be noted and welcomed, and Members' comments on this work, set out above, be used to strengthen future service delivery.

The Chairman left the meeting at this point and the Vice-Chairman preside over the remaining two items of business.

84. Childhood Immunisations.
(Item. 9)

1. Dr Duggal introduced the report and added that she served on the panel which looked at improving the childhood immunisation programme and the measures being tried as part of this, including using health visitors to help encourage parents to have their children immunised and closer working with GPs. She responded to comments and questions from the committee, including the following:-

a) the aim was to immunise 95% of children, a rate which was achievable and should be sufficient to protect all children in the county. Immunisation relied on the principal of informed parental choice, and had never been compulsory in the UK. Some religious groups resisted immunisation as they believed that enduring childhood infections would strengthen a child. Past misinformation that the Measles, Mumps and Rubella (MMR) vaccine could cause autism was still remembered and had not helped improve immunisation rates. Mr Scott-Clark added that many studies had been undertaken in the USA and by the World Health Organisation to establish any link between the MMR vaccination and autism. He assured the committee that there was no such link;

b) asked if the rate of immunisation take-up was affected by the economic prosperity of an area, Dr Duggal said *this data should be possible to find and supply to Members outside the meeting;*

c) asked if parents were able to choose which immunisations their child received, and if some accepted some vaccines but not others, Dr Duggal *undertook to check the availability of data and advise Members outside the meeting.* Refusal to have children immunised would be recorded by a family's GP, who would speak to the parents about their reasons for refusing and tackle the issue of an individual child's need for the vaccines in question;

d) asked how many children developed illnesses despite receiving immunisations, Dr Duggal *undertook to look at national data held by Pubic Health England and advise Members outside the meeting.* She explained that one reason for developing an illness could be that a child did not receive both instalments of a two-stage immunisation; and

e) asked how the spread of misinformation on social media could be addressed, Dr Duggal advised that Public Health England was responsible for issuing official health advice and authorised campaign work. She had personally countered misinformation when she had seen it on social media but not in an official capacity as a County Council representative. Mr Scott-Clark added that a national committee of health professionals advised the Government on health issues and national policy setting and theirs was the most expert advice available.

2. It was RESOLVED that progress made be noted and welcomed and the approach being taken to improve childhood immunisation in Kent be endorsed.

85. Work Programme 2018/19.
(Item. 10)

It was RESOLVED that Cabinet Committee's work programme for 2018/19 be agreed.