

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 Darent Room, Sessions House, County Hall, Maidstone on Friday, 1 November 2019.

PRESENT: Mr G Lymer (Chairman), Ms D Marsh (Vice-Chairman), Mr P Bartlett (Substitute for Mr D Butler), Mr R H Bird (Substitute for Mr D S Daley), Mr D L Brazier (Substitute for Mr A Cook), Mr I S Chittenden (Substitute for Mr S J G Koowaree), Miss E Dawson, Mrs L Game, Ms S Hamilton, Mr P J Messenger, Mr K Pugh and Mr I Thomas

ALSO PRESENT: Mrs C Bell

IN ATTENDANCE: Mr A Scott-Clark (Director of Public Health), Dr A Duggal (Deputy Director of Public Health) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

69. Welcome
(Item 1)

The Chairman introduced and welcomed to the meeting Sian Connelly and Pete Healey, who had recently started work in the Democratic Services team as Information Governance Graduates.

70. Apologies and Substitutes
(Item 2)

Apologies for absence had been received from Mr D Butler, Mr A Cook, Mr D Daley, Mr S J G Koowaree and Mr B H Lewis.

Mr P J Bartlett was present as a substitute for Mr D Butler, Mr D Brazier as a substitute for Mr A Cook, Mr R H Bird as a substitute for Mr D Daley and Mr I Chittenden as a substitute for Mr S J G Koowaree.

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

There were no declarations of interest.

72. Minutes of the meeting held on 24 September 2019
(Item 4)

It was RESOLVED that the minutes of the meeting held on 24 September 2019 are correctly recorded and they be signed by the Chairman. There were no matters arising.

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

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

10 October 2019 – World Mental Health Day and Every Mind Matters – Every Mind Matters was the first national mental health campaign, with an online tool and a website set up by the NHS. The theme of the day had been suicide prevention and there were case studies and other information online. Sessions House had hosted a range of events and stalls for the day, including a community chef, who had demonstrated easy, healthy recipes using fresh produce. Kent's mental health campaign, Live Well Kent, was a local version of a national campaign and included Six Ways to Wellbeing on KNet and an online tool kit aimed at supporting early intervention for children and young people with mental health difficulties.

30 October 2019 – Visit to Addaction (Young Person's Drug & Alcohol service) – this visit had been enlightening and included an opportunity to meet front-line staff working with vulnerable young people. The service worked with schools and families and also offered one-to-one counselling. Mrs Bell said she had been impressed by the awareness of and sensitivity shown to individuals' circumstances.

Deputy Cabinet Member's 'Flu Jab – this had been featured on social media as a reminder to others to book their 'flu jab before winter set in.

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

National Award for Suicide Prevention Work – he thanked Public Health colleagues - Jess Mookherjee, Tim Woodhouse, Hollie Brennan and Megan Abbott - who had put so much work into suicide prevention initiatives. The liaison between this team and NHS partners had shown an excellent example of joint working.

Clinical Commissioning Group (CCG) merger approval – since the committee's last meeting, the application for a single CCG had been submitted to and approved by NHS England. The next step would be to appoint an accountable officer in time for the new CCG to start on 2 April 2020. Dealing with one CCG rather than seven would make liaison and joint working much easier.

Gambling update – he had highlighted the impact of problem gambling at a recent meeting of the Association of Directors of Public Health, which had in turn included it in its response to the Government green paper on Prevention. Work by Public Health England was ongoing to highlight and acknowledge gambling addiction as a mental health concern.

30 October – London and South East Conference on Smoking in Pregnancy - at this event, Debbie Smith from the Public Health team and the Kent Community Health NHS Foundation Trust (KCHFT) colleagues had spoken about

the campaign work going on in Kent to reduce smoking in pregnancy, and he recorded his thanks to both of them.

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

74. Contract Monitoring Report - Young Persons' Drug and Alcohol Service
(Item 6)

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

1. Mrs Tovey introduced the report and referred to the recent visit to the Addaction service by the Cabinet Member, which had shown the commitment of staff to helping young people struggling with drug and alcohol issues. The performance of Kent's service had exceeded all targets and compared very well with the national average treatment rates. Mrs Tovey and Mr Scott-Clark responded to comments and questions from the committee, including the following:-

- a) asked about the low number of young people who reportedly 'had used' drugs, and what was meant by this term, Mrs Tovey advised that the relatively low figure quoted was taken from responses to a survey, so it was important to consider how honest young people may have been when responding. Mr Scott-Clark added that it was more helpful to look at trends rather than spot figures, and trends showed that use of all addictive substances was reducing;
- b) asked if a larger number of 'moderate' users could be concealing a core of heavy users, and if use of 'legal highs' was covered by the service, Mrs Tovey advised that the service covered use of all addictive substances, including legal highs;
- c) asked about the work of the Probation and Youth Justice services in identifying and addressing use of drugs and alcohol, Mrs Tovey advised that, at the time of arrest, the Youth Justice service, would assess a young person's usage of drugs and alcohol in order to best support them during custody. This approach achieved good outcomes, partly because young people entering the Youth Justice system were given no option but to engage with treatment programmes as part of their sentence. Mrs Tovey advised that the service did not operate in prisons;
- d) asked about the value for money represented by the County Council's investment in the service, Mrs Tovey explained that many of the young people who engaged with the service needed only minimal, short-term support rather than anything longer term. The service reached young people very effectively via schools, using the 'Risk It' programme, which offered good engagement. Addaction also sent staff to festivals and other events to strengthen their front-line engagement. This range of measures ensured that the service achieved the best value for money from the funding available;

- e) asked about the training available to professionals delivering the service, Mrs Tovey explained that the team was made up of professionals with mental health and social work backgrounds as well as students and volunteers, offering a good mix of skills;
- f) asked about the detail of the referral process for young people, Mrs Tovey explained that a young person would be contacted and invited to meet a worker for one-to-one support, including the use of a workbook, 'my journey', and a plan for a safe exit from their current usage;
- g) asked how the service would engage with young people who definitely did not want to engage and had no interest in using a workbook or the other methods on offer, Mrs Tovey said these young people could be contacted via schools to take part initially in group sessions to build up trust and confidence in the service before trying any more personalised approach, with the ultimate aim of engaging successfully with the young person, however long that might take. Mr Scott-Clark added that the support offered aimed at changing behaviours. *He offered to arrange a visit to the service for any Members who wished it, and this was subsequently arranged;*
- h) the Chairman pointed out the range and complexities of behaviour which could go on in the background of, and could support, the use of drugs and alcohol, including petty crime to raise money;
- i) the case studies included in the report were welcomed, and Mrs Tovey was asked how the service linked to the Children and Young People's Mental Health Service (formerly CAMHS). Mrs Tovey explained that the latter could be accessed via an multi-disciplinary team case conference or via a referral from a School Health team. Addaction could help a young person to access cognitive behavioural therapy (CBT);
- j) asked about the geographical reach of the service, Mrs Tovey explained that it was county-wide and could also be accessed via text and online. Meetings with a worker could take place wherever a young person most felt comfortable to meet, for example, at a youth club or school, and the service aimed to be as accessible and responsive as possible to a young person's wishes and needs. The approach and materials used could be adapted to suit the age of the young person;
- k) asked about the reliability of statistics for rates of re-offending, Mrs Tovey explained that statistics should be reliable. Low rates of re-offending were due to the planned and managed way in which young people moved out of being supported by the service, with realistic goals being set for their future behaviour;
- l) asked how prisons could build on the work of the Youth Justice system and Young Offending Institutions, Mrs Tovey advised that this could

include work on adverse childhood experiences (ACEs) *and undertook to look into this and advise the speaker outside the meeting;* and

m) asked how young people could come into the service if they were addicted to substances but were not apprehended through any involvement in crime, Mrs Tovey advised that they could self-refer, be referred by their parents or a guardian or by a GP. The service was well advertised in schools and youth clubs but advertising would be monitored to make sure it was robust. Training of a wider workforce would help social workers, teachers, etc, to understand the service and make referrals into it.

2. It was RESOLVED that the commissioning and provision of a Young Persons' Drug and Alcohol Service in Kent, the contractual performance to date and work to deliver continuous improvement be noted and welcomed.

75. Public Health Quality Annual Report 2018 - 2019
(Item 7)

1. Dr Duggal introduced the report and Mr Scott-Clark emphasised the importance of achieving quality in service commissioning. He reminded the committee that the Kent Community Health NHS Foundation Trust were among the few providers in the UK who had won an award for the outstanding services they delivered, particularly in the field of sexual health. The monitoring carried out by the committee supported and prepared the county's services for the Care Quality Commission process.
2. It was RESOLVED that the Public Health Quality Annual Report 2018-2019 be welcomed and endorsed.

76. Strategic Delivery Plan monitoring: Quarter 2, 2019/20
(Item 8)

Mr D Whittle, Director of Strategy, Policy, Relationships and Corporate Assurance, and Ms S Ryan, Business Planning Officer, were in attendance for this item

1. Mr Whittle introduced the report, which was the first such to be submitted to a Cabinet Committee for consideration and comment and reminded Members that the Strategic Delivery Plan had replaced the Business Plan model in 2018. Members were being asked to give feedback on the style and content of the report so these could be adjusted for future occasions. It was envisaged also that the content of the Strategic Delivery Plan would help to inform Cabinet Committees' future work planning. Mr Whittle responded to comments and questions from the committee, including the following:-

- a) the co-ordination of voluntary sector grants was being reviewed, and adult social care and public health grants would form part of the new Wellbeing offer;

- b) asked what feedback had been received from voluntary organisations about the impact of this upon them, Mr Whittle *undertook to look into this and advise the speaker outside the meeting, and this was subsequently done;*
 - c) the Cabinet Member for Adult Social Care and Health, Mrs C Bell, emphasised the importance of helping voluntary organisations to understand the situation around grant funding; and
 - d) asked if the County Council was able to recover the financial costs of caring for unaccompanied asylum seeking children (UASC), or if this had to be written off, Mr Whittle advised that this was an issue for the Leader of the Council and the S151 Officer to negotiate with the Home Office. The County Council had long been in negotiations with the Home Office about securing sufficient funding for its UASC population, which was the second largest of any local authority in the country.
2. It was RESOLVED that the Strategic Delivery Plan monitoring arrangements and the analysis from Quarter 2 2019/20 Public Health-related activity submissions be noted.

77. Update on Kent County Council Approach to Making Every Contact Count and a report on the outcomes of MECC training
(Item 9)

1. Dr Duggal introduced the report and, with Mr Scott-Clark, responded to comments and questions from the committee, including the following:-
- a) asked about training available on Making Every Contact Count (MECC), and who could access it, including elected Members, Dr Duggal advised that training was advertised widely and included Country Council staff groups;
 - b) asked about the background to the training and if it used similar methods to those use to training salespeople, *Dr Duggal undertook to look into this and advise the questioner outside the meeting.* She added that using sales training was a good idea as it increased confidence. Training for Tier 1 professionals was available online and was used to train Public Health Champions, while that for Tiers 2 and 3 would build on and extend this. Funding for Tiers 2 and 3 was provided using money from Health Education England;
 - c) asked how local Members should handle information given to them by local people requesting help, and how best to direct such a request, Mr Scott-Clark pointed out that research had shown that having even a brief conversation with a local person whom they trust, for example, their local elected Member, could be a help to some people in distress. The aim was to ensure that people seeking support were able to start conversations and seek support as easily as possible. Health and

social care professionals across a number of disciplines received MECC training, which meant that the approach taken once a person had been referred would be consistent. Dr Duggal added that, in this sense, MECC was a useful adjunct to existing pathways; and

- d) concern was expressed that services for people with mental health issues might not be able to cope with an increased volume of referrals arising from joint working. Mr Scott-Clark advised that no evaluation of the impact had yet been possible but would be undertaken in the near future as part of a broad evaluation of a range of services.
2. It was RESOLVED that the information set out in the report and given in response to comments and questions be noted, with thanks, and the work being undertaken be welcomed.

78. Work Programme 2020
(Item 10)

1. It was suggested that the planned update on the development of the Kent Medical School include an invitation to other Members, for example the Health Overview and Scrutiny Committee, to avoid duplication. The invitation was subsequently extended to all elected Members.
2. It was RESOLVED that:-
 - a) the Cabinet Committee's planned work programme for 2020 onwards be agreed; and
 - b) all elected Members be invited to a briefing about the Kent Medical School. *This was subsequently arranged for the afternoon of 14 January 2020, following the Cabinet Committee's next meeting, and all elected Members invited.*