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, 13th March, 2019.

PRESENT: Mr G Lymer (Chairman), Mrs C Bell, Mr R H Bird (Substitute for Mr S J G Koowaree), Mr D L Brazier (Substitute for Ms D Marsh), Mr M A C Balfour (Substitute for Mr K Pugh), Mr D Butler, Mr A Cook, Mr D S Daley, Miss E Dawson, Ms S Hamilton, Mr B H Lewis and Mr I Thomas

OTHER MEMBERS: Graham Gibbens

OFFICERS: Dr Allison Duggal (Deputy Director of Public Health) and Theresa Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

28. Apologies and Substitutes.
(Item. 2)

Apologies for absence had been received from Mrs L Game, Mr S J G Koowaree, Ms D Marsh and Mr K Pugh.

Mr R H Bird was present as a substitute for Mr Koowaree, Mr D Brazier for Ms Marsh and Mr M A C Balfour for Mr Pugh.

Apologies for absence had also been received from the Leader and Cabinet Member for Health Reform, Mr P B Carter, CBE.

The Director of Public Health, Mr A Scott-Clark, was also unable to attend and was represented by the Deputy Director, Dr A Duggal.

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

Mr I Thomas declared that his Rotary Club's fund raising project for this year was the Porchlight charity, which was mentioned in the report for agenda item 6 as one of the hosts of the Live Well project, and that he was a Member of Canterbury City Council's Planning Committee, in relation to plans for a new hospital site at Canterbury.

Mr R H Bird declared that he was a member of the Maidstone Citizens Advice Bureau.

The Chairman, Mr G Lymer, declared that he was a member of the Dover Citizens Advice Bureau, a member of the Macmillan Cancer Backup Committee and a member of a cancer charity based in Canterbury.

30. Minutes of the meeting held on 15 January 2019.
(Item. 4)

1. The Democratic Service Officer advised the committee that a correction to Minute 19 had been requested after the minutes had been published in the agenda pack. Paragraph 2 b) of minute 19 had subsequently been corrected to read '...the health visiting service *dealt with all families with a child under the age of five...'* instead of *'... was concerned only with new parents...'*. This change had been made to the minutes published online and in the copy which would be signed by the Chairman.

2. It was RESOLVED that, subject to the above, the minutes of the meeting held on 15 January 2019 are correctly recorded and they be signed by the Chairman. There were no matters arising.

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

1. On behalf of the Leader and Cabinet Member for Health Reform. Mr P B Carter, CBE, The Cabinet Member for Adult Social Care and Public Health, Mr G K Gibbens, gave a verbal update on the following health reform issues:-

Sustainability and Transformation Partnership (STP) – Mr Carter, Mr Gibbens and Mr Scott-Clark were all members of the STP partnership board, which held monthly meetings and was moving ahead on local care implementation. The board was looking at the model of health care used in Canterbury, New Zealand, and he suggested that Cabinet Committee Members might find it helpful to look at this model. The board was also continuing to pursue work to reduce attendance at Accident and Emergency departments by establishing alternative methods of accessing services. The Whitstable practice model offered a good example of these alternative methods.
Delayed Transfers of Care (DTOCs) continued to be a concern. A report on this subject would be considered by the Cabinet on 25 March 2019, and all Cabinet Committee Members were welcome to attend that meeting.
Multi-Disciplinary Teams (MDTs) – Mr Carter had been involved in much work to establish these teams across Kent, and these currently numbered between 34 and 37. Mr Gibbens had visited and seen their work at first hand.
Visit to Manchester – with Mr Carter and Mrs Tidmarsh, Director of Adult Social Care and Health Partnerships, he had recently visited Greater Manchester, a combined authority with the broadest range of devolved services among such authorities, to look at the model of health and social care used there. He said there was much information available online about Manchester's work in this field.

2. Mr Gibbens then gave an update on the following public health issues:-

5 February – attended Public Health Champions celebration event. Public Health Champions worked in partner organisations and sought to raise the profile and awareness of public health issues within those organisations.
7 February – Kent Health and Wellbeing Board meeting. This new board was just completing its first year and had tackled a number of important issues. Its work was being observed nationally. The Board had recently discussed the health profiles which were available for each district and for the whole of Kent. Mr Gibbens suggested that these be sent to all Members of the Health Reform and

Public Health and Adult Social Care Cabinet Committees. He advised that Kent had retained its own Health and Wellbeing Board which was statutorily required to meet once a year to consider organisational matters.
27 February – attended the Local Government Association annual summit for political leaders in health and clinical care. This summit had focused on making Health and Wellbeing Boards s as effective as possible by encouraging clinicians and politicians to work together.

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

a) it was emphasised that good signposting was important in helping the public to understand where to go, apart from Accident & Emergency, to seek urgent medical help. The locations and opening hours of sites would need to be more widely advertised than at present, and the 'Waitless' app which gave waiting time and real-time traffic information for East Kent sites was a good first step towards this. Opening hours could be shown on hospital signage and at highways information points; and

b) asked to which Cabinet Committees Delayed Transfers of Care would be reported, Mr Gibbens explained that the issue had been discussed by the Adult Social Care Cabinet Committee and that the Health Overview and Scrutiny Committee might also consider it. Cabinet had requested a report for its 25 March meeting as it had shown an interest in the issue and wanted to look at the originators of, and reasons for, delayed transfers.

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

Illicit tobacco – a new joint committee, led by Trading Standards colleagues, had recently been established to look into tackling the supply chain of illicit tobacco. Directors of Public Health across the south east were also working on tackling this issue.
Air quality – the County Council's Energy and Low Emissions Strategy, to which the public health team had contributed, would be considered by the Environment and Transport Cabinet Committee on 24 May 2019. A quality standard for air quality had recently been published by the National Institute of Health and Care Excellence.
STP prevention – prevention work streams were starting to be woven into the NHS's long-term plan, starting with maternity work and microbial control.
Health in Europe – to build on the success of past initiatives which had looked at diabetes and mental health, new funding had now been secured for work on sexual health services. It was hoped that additional funding could be secured to support work on obesity.

5. Dr Duggal responded to comments and questions from the committee, including the following:-

a) asked if the use of illicit tobacco was linked in any way to the use of cannabis, Dr Duggal *undertook to look into the data available and advise the questioner outside the meeting;* and

b) it was hoped that work currently going on to 'look into' various issues would soon start to lead to action to 'deal with' the problems. Dr Duggal agreed that the language used in reporting progress was important and *offered to share with the committee the detailed Prevention work plan to reassure Members that progress was indeed being achieved.*

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

32. Contract Monitoring Report - Live Well Kent Contract.
(Item. 6)

Mrs V Tovey, Senior Commissioning Manager, and Ms J Mookherjee, Consultant in Public Health, were in attendance for this item.

1. Mrs Tovey and Ms Mookherjee introduced the report and responded to comments and questions from the committee. Mrs Tovey explained that although the service was part funded by Public Health, the contract was managed by Adults Commissioning, including the following:-

a) there was a range of ways in which an individual could access the service; via a helpline or GP referral or by walking in to one of the locations in the delivery network listed in Appendix A to the report. Anyone whose mental state made it difficult to search for service delivery points online or to walk into a service and seek help on their own could seek the help of their GP, who should be familiar with the most appropriate services to support them. It was important to note that this was not a crisis service. It was important, therefore, that GPs had full and up-to-date information about the named link person for each service and how to access the service and that signposting in surgeries was as clear as possible. Once someone had made initial contact with the Live Well service, they would be supported and helped to move forward with the most appropriate support, the aim being that there would be 'no wrong door';

b) a speaker who had accessed the Live Well service in their professional capacity as a carer said how good it was. Both the signposting and the helpline had been very helpful, with the latter allowing callers as much time as they needed to talk through their problems;

c) asked how offenders and ex-offenders living in the community would access the service, and if the service collected this information, Mrs Tovey *undertook to advise the questioner outside the meeting*. She explained that Live Well was an open-access service for people aged 17+ and the range of services offered would be adapted to accommodate the needs of those coming into it;

d) a request was made that the list of organisations within the delivery network be kept up-to-date as service providers changed, and Mrs Tovey explained that she would ask the contract management lead to undertake a review of the list;

e) concern was expressed that the expectations of the network should be realistic and deliverable, within the funding available. Mrs Tovey advised

that the cost quoted per head was for a service user's whole 'journey', from referral to exit, not an amount paid to one of the delivery network. She explained that someone would access a number of interventions and the service needed to treat the causes of mental ill health rather than just the symptoms. *She undertook to share more detailed and commercially-sensitive information about charges with Members outside the meeting;*

f) concern was expressed about the effectiveness of group sessions as a way of addressing mental health problems, and, in particular, debt issues. There was also no mention of those with gambling addiction. Mrs Tovey advised that Live Well was a general service for anyone experiencing mental ill health, regardless of the cause, and hence no data was collected by the service about the number of people coming into it due to gambling addiction or any other specific cause. Mrs Mookherjee advised that there were a number of national helplines. *She undertook to look into national data for gambling addiction and advise the questioner outside the meeting*;

g) concern was expressed about the ability of a non-NHS service provider to protect client data sufficiently. Mrs Tovey reassured the committee that staff in provider organisations would have been fully trained in the safe handling of client data and part of the strategic partner role was to ensure that the delivery network also adhered to the relevant standards, so the public could trust it as part of the familiar NHS 'brand';

h) reference was made to the ongoing need to address and reduce the stigma which still surrounded mental health issues, particularly in certain professions, such as teaching. Ms Mookherjee advised that this was being addressed by the 'Time to Change' campaign. The aim was always to achieve parity of esteem between physical and mental health;

i) the case studies included in the report helped to address stigma, and Mrs Tovey advised that there were many more case studies available to read on the Live Well Kent website;

j) a suggestion was made that signposting to the service could be placed at as many local community locations as possible, including community centres and food banks. Mrs Tovey advised that suggestions for additional locations would be welcomed and could become part of the main delivery network;

k) concern was expressed that funding for the service must be maintained so Kent could continue to uphold its quality of provision. Mrs Tovey reassured the committee that, despite the public health grant having been reduced in recent years, Kent's investment from all funders for the Live Well service had been maintained, demonstrating commitment to its mental health support services; and

l) the choice of partner organisations in the delivery network and the geographic spread and range of services were welcomed and commended.

2. The Cabinet Member, Mr G K Gibbens, thanked Members for their comments and said that he had always resisted budget reductions to mental health services.

3. It was RESOLVED that the commissioning and provision of a Live Well Kent mental health and wellbeing service in Kent, the contractual performance to date and work to deliver continuous improvement, be noted.

33. Summary of the Data, Key Findings and Recommendations of the Kent Adult Mental Health Needs Assessment 2019: Focus on Chapter on Mental Health and Multi-Morbidity.
(Item. 7)

Ms J Mookherjee, Consultant in Public Health, was in attendance for this item.

1. Ms Mookherjee introduced the report and emphasised that the physical and mental aspects of conditions would be treated together, and that no one condition would be looked at in isolation. Mental Health issues made any physical condition harder to treat. She thanked Gerrard Abi-Aad and the Public Health Observatory for the quality of the data provided, which would shortly be shared with both the STP and the Local Care Partnership. Ms Mookherjee then responded to comments and questions from the committee, including the following:-

a) asked why poor mental health was an issue of particular concern in Thanet, Ms Mookherjee explained that this was due to its status as an area of deprivation with a concentration of low-income families, low pay, unemployment and poor housing;

b) suggestions of areas for further investigation were as follows:
   i) the heightened risk of depression among carers; and
   ii) the heightened risk of poor mental and physical health following bereavement.

   Investigation of these could make use of research on the correlation between certain personality types and patterns of physical disease;

c) data in the report referring to the risk of depression among carers had been published in 2002. It was important that data used was as up-to-date as possible; and

d) asked about the respite care available to carers, Ms Mookherjee *undertook to look into this and advise Members outside the meeting.*

2. It was RESOLVED that the information set out in the report be noted, and Members' suggestions of areas for further investigation and focus, set out above, be taken into account in future work.

34. Health Inequalities.
(Item. 8)

1. Dr Duggal introduced the report and advised the committee that guidance was expected to be published shortly by the Local Government Association and Public Health England. Work to address health inequalities was going on as part of the Sustainable Transformation Plan (STP) prevention work stream and to ensure

that action included in the NHS long-term plan was reflected in the STP prevention plan. A pilot project on place-based public health was being run across a selection of coastal, urban and rural areas and was also being undertaken by district councils. She then responded to comments and questions from the committee, including the following:-

a) a view was expressed that the County Council should be more proactive in addressing issues relating to air pollution and smoking. Dr Duggal reminded the committee that air quality was a district council responsibility but that the County Council would have input into this work;

b) the importance of cross-directory working in addressing health inequalities was emphasised. Dr Duggal agreed and added that the cross-directorate work going on in Kent was not being undertaken anywhere else in the UK. *She undertook to share the prevention work plan with Members outside the committee*. Physical activity would be promoted as a way of both decreasing car usage and boosting mental health;

c) asked if there was any clinical support to help people with gambling addiction, Dr Duggal *undertook to look into this and advise the questioner outside the meeting;* and

d) the importance of open space was emphasised and the point made that the perception of there being open space was as important as the space itself in supporting mental wellbeing. Dr Duggal advised that 'garden city' developments at Ebbsfleet, Chilmington and Otterpool were building in green space and were striving to achieve a kitemark accreditation.

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments and for the support expressed for the work being undertaken to address health inequalities in Kent. He advised the committee that the 'Mind the Gap' strategy document was currently being re-written and, once ready, would form the basis of new work. He said how shocked he had been to realise that health inequalities in Kent had worsened and explained that this was his reason for urging this committee to look at the issue at the earliest opportunity. This early consultation was welcomed by the committee.

3. It was RESOLVED that the information set out in the report be noted and the approach outlined in the report be endorsed.

35. Childhood Obesity - report on joint working between agencies to tackle obesity.
(Item. 9)

Ms S Bennett, Consultant in Public Health, was in attendance for this and following item.

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

a) asked if there was any correlation between early weaning and a higher risk of a child becoming obese in later life, Ms Bennett advised that there

was indeed evidence to support this. The World Health Organisation recommended delaying weaning until six months, and breast-feeding up to six months to give a child the best start in life;

b) the Summer Kitchen initiative being delivered in children's centres was welcomed and praised as a way of encouraging children to eat healthy food in the long summer holidays;

c) asked about stages in a child's life which might trigger weight gain, and if there were any recognised patterns of change, Ms Bennett explained that there were key points of intervention at which professionals in the Early Years, Health Visiting and School Public Health Services would seek to encourage families to take up a healthy diet. These were: 6 – 12 months, at the time of weaning, 2 – 2 1/2 years, and in Reception year and Year 6 at school, between which the level of childhood obesity was known to double. Obesity rates tended to rise thereafter, continuing into adulthood;

d) asked for a view on the availability of fast food, and what the County Council could do to influence the Government and district council colleagues, for instance in granting planning permission for such outlets, Ms Bennett agreed that both the demand for, and ready availability of, cheap, energy-dense snacks were key challenges to be addressed. This could be done by liaison with district council colleagues, to seek to address the location of fast food outlets, particularly near schools;

e) the limited range and poor nutritional value of food available on children's menus in many restaurants made it difficult to take children out to eat with any confidence that they would be able to eat healthily. Ms Bennett agreed that, although some outlets now strove to offer a healthier choice for children, this was an issue to look at in future work;

f) concern was expressed that children could use comfort eating as a way of dealing with emotional distress, and Ms Bennett assured Members that this subject was acknowledged in the Government's Childhood Obesity Action Plan, published in August 2016 and updated in January 2017; and

g) concern was expressed about the advertising industry targeting children with unhealthy foods. Ms Bennett agreed that advertising was a key element of a child's relationship with food. Many parents also used their children's favourite foods to treat and reward them but could be educated and encouraged to find other ways of rewarding their children.

2. It was RESOLVED that the joint work being undertaken by agencies to tackle childhood obesity be noted, and Members' comments, set out above, be taken into account.

36. Oral Health.
(Item. 10)

1. Ms Bennett introduce the report and advised the committee that, since publishing the report, data for the number of children in Kent aged 5-9 years old who had had teeth extracted had become available. Gravesham had the second highest rate of such extractions in the south east, while Thanet children enjoyed

some of the best oral health. Work was ongoing with children's centres to address these rates, by introducing regular visits from a dentist. Good oral health was important as it had far-reaching effects on a person's mental and physical health and wellbeing.

2. Ms Bennett then responded to comments and questions from the committee, including the following:-

a) it was pointed out that there was a large gap between measuring rates of dental decay in 5-year-olds and the oral health of adults, and a question asked about what could be done to encourage better dental health among teens. Ms Bennett advised that 5 years was a set point at which national data was collected, and that there tended to be less data available on older age groups. She emphasised the importance of establishing good dental habits at an early age, which the current measures were intended to support;

b) asked if the County Council had any leverage to improve the provision of NHS dentistry, Ms Bennett advised that there were no levers except to continue to highlight the public health outcomes of not being able to access NHS dentistry. Increasing numbers of dentists were moving from NHS to private-only practice, and hence had no incentive to open their lists to NHS patients;

c) asked about the origin of the data used in the report, Ms Bennett explained that this had been gleaned direct from contracts in the 2017/18 financial year. Some of the data had been surprising so would be analysed very carefully to investigate the reasons behind it;

d) asked if there was any correlation between poor dental health and the liking of some ethnic minority groups for very sweet foods, Ms Bennett commented that this could indeed be part of the picture; and

e) asked about the role of fluoride in drinking water in safeguarding dental health, Ms Bennett said there was evidence to support its usefulness. Kent, however, did not have fluoride in its drinking water.

3. It was RESOLVED that:-

a) the profile of oral health in Kent be noted;

b) the approach being taken by the County Council's public health team be welcomed and endorsed; and

c) a report providing a further analysis of the dental health of Thanet children be considered by the committee in due course

37. Development of the Strategic Delivery Plan.
(Item. 11)

Mr D Whittle, Director, Strategy, Policy, Relationships and Corporate Assurance, and Ms E Sanderson, Strategic Business Advisor (Corporate), Strategy, Policy, Relationships and Corporate Assurance, were in attendance for this item.

1. Mr Whittle and Ms Sanderson introduced the report and explained that the new whole-Council Strategic Delivery Plan process had replaced individual Directorate Business Plans.

2. The new process was welcomed as a way forward, but concern was expressed that part of the role for Members in business planning described in the report was not yet happening.

3. It was RESOLVED that the content of the draft Strategic Delivery Plan summary be noted and welcomed.

38. Risk Management: Health Reform and Public Health.
(Item. 12)

1. Dr Duggal introduced the report and emphasised the importance of ensuring that the public health grant was being used appropriately. All risks relating to public health work were currently rated 'medium'.

2. Concern was expressed that the public health grant, although previously ring-fenced, had reduced year on year, and it was vital that the County Council be proactive in planning ahead how future work would be funded, for example from business rates. Dr Duggal reassured the committee that an officer from the public health team was part of the consultation on the use of business rates.

3. It was RESOLVED that the risks set out in Appendices 1 and 2 to the report be noted.

39. Work Programme 2019/20.
(Item. 13)

It was RESOLVED that the Cabinet Committee's planned work programme for 2019/20 be agreed.