

**HEALTH REFORM AND PUBLIC HEALTH CABINET  
COMMITTEE**

**Friday, 30th June, 2017**

**9.30 am\***

**Darent Room, Sessions House, County Hall,  
Maidstone**

***\*please note the earlier start time***





## AGENDA

### HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

**Friday, 30 June 2017 at 9.30 am**  
**Darent Room, Sessions House, County Hall,**  
**Maidstone**

Ask for: **Theresa Grayell**  
Telephone: **03000 416172**

*Tea/Coffee will be available 15 minutes before the start of the meeting*

#### **Membership (13)**

Conservative (10): Mr G Lymer (Chairman), Mr A Cook, Miss E Dawson, Mrs L Game, Ms S Hamilton, Ms D Marsh, Mr K Pugh, Miss C Rankin, Mrs P A V Stockell and Mr I Thomas

Liberal Democrat (2): Mr D S Daley and Mr S J G Koowaree

Labour (1) Dr L Sullivan

#### **Webcasting Notice**

Please note: this meeting may be filmed for the live or subsequent broadcast via the Council's internet site or by any member of the public or press present. The Chairman will confirm if all or part of the meeting is to be filmed by the Council.

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#### **UNRESTRICTED ITEMS**

*(During these items the meeting is likely to be open to the public)*

- 1 Introduction/Webcast announcement
- 2 Apologies and Substitutes  
To receive apologies for absence and notification of any substitutes present
- 3 Election of Vice-Chairman
- 4 Declarations of Interest by Members in items on the Agenda  
To receive any declarations of interest made by Members in relation to any matter on the agenda. Members are reminded to specify the agenda item number to which it refers and the nature of the interest being declared
- 5 Minutes of the meeting held on 25 May 2017 (Pages 7 - 8)

To consider and approve the minutes as a correct record.

6 Verbal updates by Cabinet Members and Director

7 Introduction to Public Health - presentation by the Director of Public Health (Pages 9 - 22)

To note a presentation (published in the agenda pack) which gives an overview of the role and responsibilities of the County Council as a Public Health Authority.

8 17/00065 - Public Health Transformation Programmes (Pages 23 - 38)

To receive a report from the Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health and the Director of Public Health, and to consider and endorse or make recommendations to the Cabinet Member on the proposed decision to enter into new contractual arrangements to deliver a range of public health services.

9 Health Visiting Service Transformation (Pages 39 - 44)

To receive a report from the Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health and the Director of Public Health on the transformation of the Health Visiting Service, on which Members are invited to comment.

10 17/00057 - Kent Drug and Alcohol Strategy 2017-2022 (Pages 45 - 58)

To receive a report from the Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health and the Director of Public Health, and to consider and endorse or make recommendations to the Cabinet Member on the proposed decision to approve the Kent Drug and Alcohol Strategy.

11 Public Health Communications and Campaigns Update (Pages 59 - 84)

To receive a report from the Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health and the Director of Public Health on recent and current Public Health campaigns and planned future work, on which Members are invited to comment.

12 Performance of Public Health Commissioned Services (Pages 85 - 92)

To receive a report from the Deputy Leader and Cabinet Member for Adult Social Care and Public Health and the Director of Public Health, outlining current performance against key performance indicators for services commissioned by Public Health and plans for future reporting, on which Members are invited to comment.

13 The Kent Integrated Dataset (Pages 93 - 96)

To receive a report from the Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health, the Director of Public Health, the Strategic Commissioner and the Director of Strategy, Policy, Relationships and Corporate Assurance on an integrated data tool which will support future strategic commissioning decisions. Members are asked to note progress and support the

proposed development and use of the Kent Integrated Dataset.

14 Work Programme 2017/18 (Pages 97 - 100)

To receive a report from the Head of Democratic Services on the Committee's work programme.

**MOTION TO EXCLUDE THE PRESS AND PUBLIC FOR EXEMPT ITEM**

That, under Section 100A of the Local Government Act 1972, the press and public be excluded from the meeting for the following business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act.

**EXEMPT ITEMS**

*(At the time of preparing this agenda there was an exempt appendix relating to item 8. During this or any other such items which may arise, the meeting is likely NOT to be open to the press and public)*

John Lynch,  
Head of Democratic Services  
03000 410466

**Thursday, 22 June 2017**

*Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.*

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**KENT COUNTY COUNCIL**

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**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 Thursday, 25th May, 2017.

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

OFFICERS: Mr J Lynch (Head of Democratic Services)

**UNRESTRICTED ITEMS**

**1. Election of Chairman.**  
*(Item 3)*

1. It was proposed and seconded that Mr Lymer be elected Chairman of the Cabinet Committee.
2. Resolved that Mr Lymer be elected Chairman of the Cabinet Committee.

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# Introduction to Public Health

Andrew Scott-Clark  
Director of Public Health  
June 2017

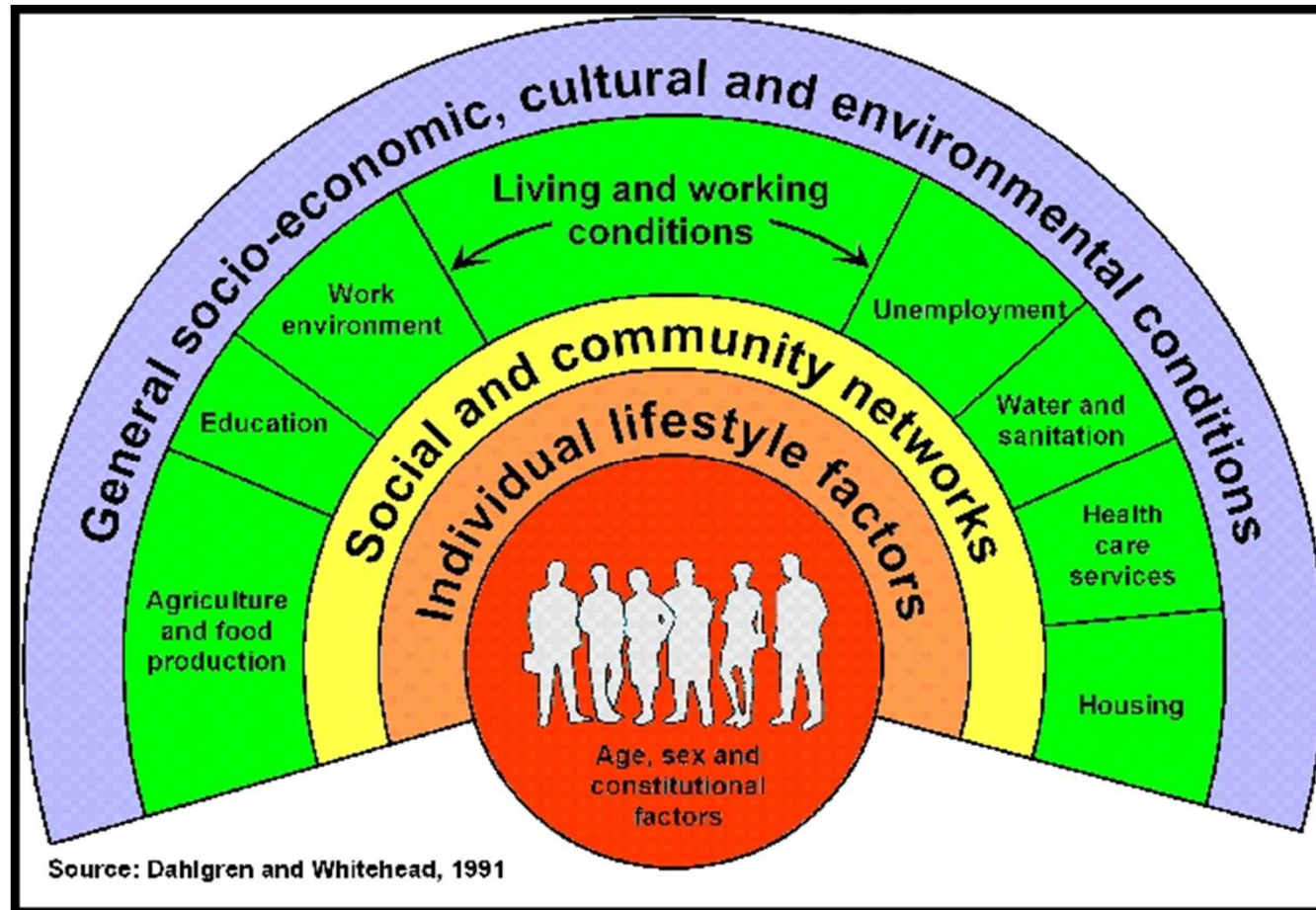


# Agenda

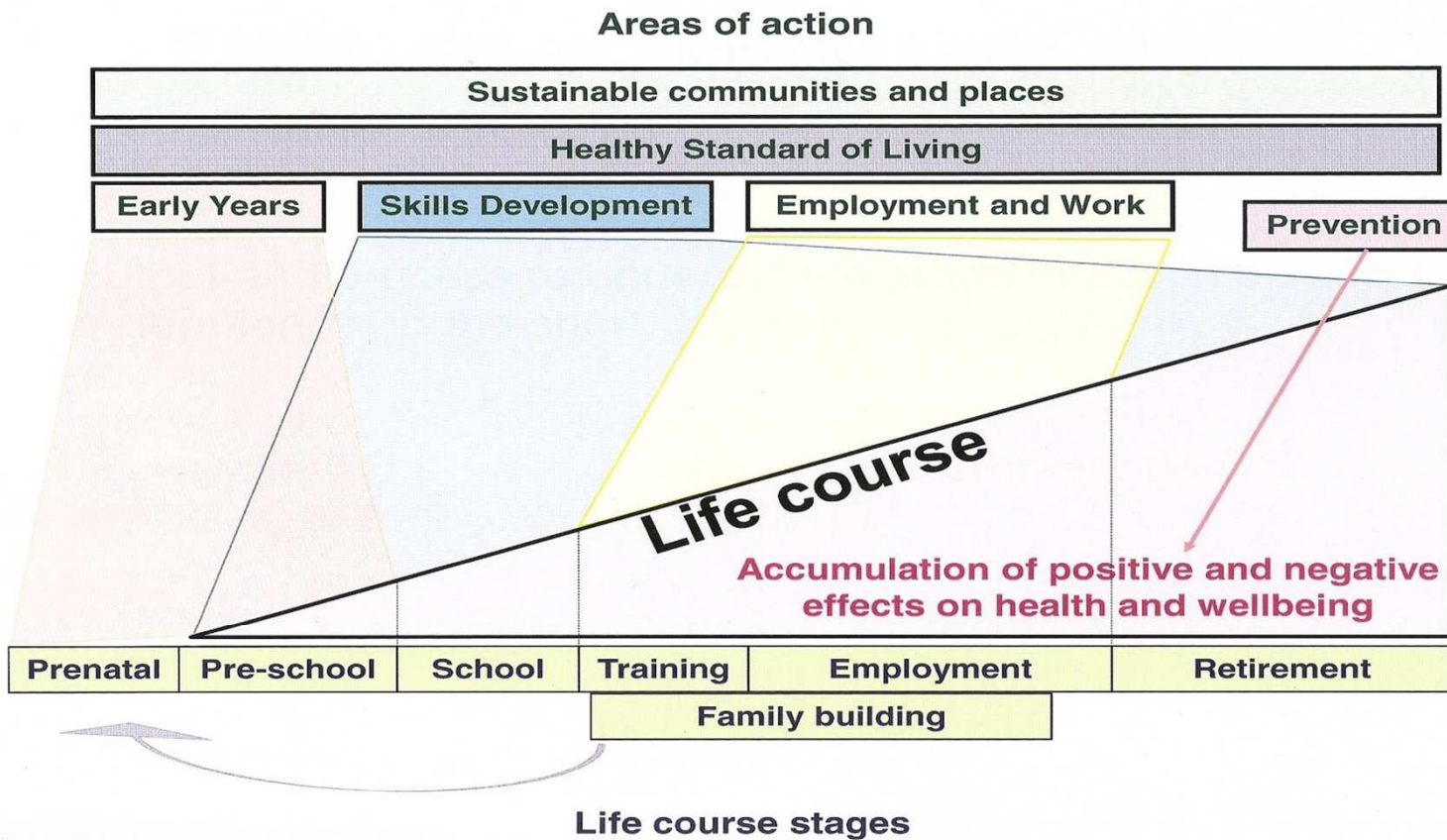
- Health and determinants of the public's health
- The practice of Public Health
- Statutory and wider responsibilities
- The PH Outcomes framework
- Kent PH Observatory and Kent Integrated dataset
- NHS Sustainability Transformation plans
- PH Budget
- Governance

# What is Health and what determines the Public's health?

“Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”



# What is Health and what determines the public's health?

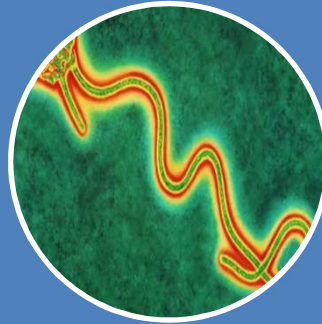


# Public Health Practice

Public Health Specialists are the only **clinical profession** that work at the population level



Commissioning  
of Health  
Improvement



Supporting  
Health  
Protection



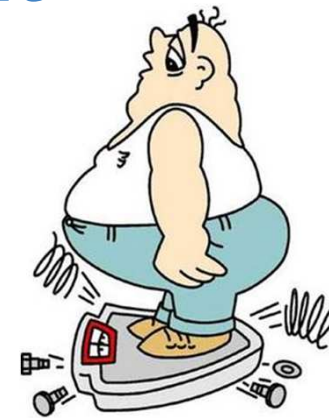
Improving and  
Planning of  
services

Surveillance, monitoring and analysis of data and information  
Disease and Risk Factors



# Roles and Responsibilities of KCC as a Public Health Authority: non-Statutory but important for the health of the Kent population

Page 15



# Overall context of LAs in improving the public's health

- The PH Outcomes Framework:
  - increased healthy life expectancy.
  - reduced differences in life expectancy.
  - healthy life expectancy between communities.
    - improving the wider determinants of health
    - health improvement
    - health protection
    - healthcare public health and preventing premature mortality.
- Public Health England have developed tools to allow:
  - Benchmark local authorities against the England average
  - Compare local authorities against other authorities in the region
  - Download a summary report for a local authority
  - Download data for further local analysis



# Kent Public Health: publication www.kpho.org.uk

**KENT PUBLIC HEALTH OBSERVATORY**

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“  
We provide public health intelligence through data collection, analysis and interpretation. Our library gives access to knowledge resources and evidence to support public health and social care. Our work underpins health improvement across Kent.

**Public health and social care e-bulletin**  
Weekly round-up of the latest news stories

**Workforce development**  
Training and development opportunities and information for those working in public health.

**Annual public health report 2016**  
Better Housing for Better Health

**Kent Mental Health & Wellbeing Index**  
Investigate ward-level wellbeing with our new Local Wellbeing Tool

**Drivers of excess weight in childhood in Kent**  
In-depth analysis with a focus on indicators relating to the living environment

Supported also  
by Public Health  
England



Public Health  
England

# Kent Integrated Dataset



**KID minimum dataset:** data on activity, cost, service/treatment received, staffing, commissioning and providing organisation, patient diagnosis, demographics and location.



{ Datasets linked on a common patient identifier (NHS number) and pseudonymised }



**KENT INTEGRATED DATASET**  
Kent County Council Public Health and (HISBI) MTW data warehouse

And Patient Master Index



**Arrangements are in progress to link to data covering other services, including:**  
Health and social care services: Children’s social care, child and adolescent mental health, improving access to psychological therapies, and non-SUS-reported acute care.  
Non-health and social care services: District council, HM Prisons, Fire and Rescue, Probation, and Education.

# Sustainability Transformation Plans (STP)

- Nationally driven by NHS
- Move to integrate health and social care
- Therefore LAs are key partners
  - Social care commissioners and providers
  - Public health, prevention, and health service planning
- Developed on the basis of Five Year Forward View which has recently been updated
- DPH of KCC and DPH of Medway Council are Joint SROs of the Prevention work stream
- Published to date case for change for both the East Kent health and care economy and Kent and Medway case for change

# Budget

- Ring fenced NHS budget provided to Upper Tier Local Authorities through Public Health England
- Guidance on prescribed and non-prescribed functions (published by DH in Local Authority Circulars)
- CEO of PHE is accountable to Parliament for this ring fenced grant
- Section 51 Officer and DPH jointly sign off that the grant is spent on gaining Public health outcomes
- Grant for 16/17 is £71.1m; indicative allocation for 17/18 is £69.4m which reflects the cuts in England PH LA allocations. By 19/20 allocation will be £65.8m (indicative)

# Governance

- Health Reform and Public Health Cabinet
  - Key decisions on commissioning Public Health improvement programmes
  - Agreement of Strategies that relate to public health improvement
  - Monitoring of public health improvement performance
  - Monitoring of public health outcomes for the Kent population
- Kent Health and Wellbeing Board
  - Integrated Commissioning between PH, Social Care and the NHS
- Health Overview and Scrutiny
  - Scrutiny of NHS Bodies or providers is a function of the Kent HOSC or Joint HOSC with Medway Council

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**From:** Peter Oakford, Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health

Andrew Scott-Clark, Director of Public Health

**To:** Health Reform and Public Health Cabinet Committee - 30 June 2017

**Subject:** Public Health Transformation Programmes

**Classification:** Unrestricted

**Future Pathway of Paper:** Cabinet Member decision – 17/00065

**Past Pathway of Paper:** Adult Social Care and Health Cabinet Committee:

1 May 2015, 10 July 2015, 14 January 2016, 10 March 2016, 12 July 2016, 6 December 2016

**Summary:**

Improving the health and wellbeing of the population of Kent is a key challenge for Kent County Council (KCC). KCC has a legal duty to improve and protect the health of people in Kent. It does this by working with a range of partners including the NHS, District and Borough Councils to develop a healthy environment and to prevent ill-health. KCC also receives a Public Health grant which it uses to commission a range of services across the county which provide valuable support and contribute to improvements in public health.

The health and social care system in Kent is undergoing a significant period of change, particularly with the development of the Kent and Medway Sustainability and Transformation Plan (STP). Prevention of ill-health is a central part of the STP and as such, KCC has an important role to play in its development. Many of the public health services commissioned will have a critical role in the health and social care provider landscape that emerges from the STP.

Previous Cabinet Committees have endorsed a series of proposals to transform the public health services that KCC commissions. These transformations have included re-tendering or re-shaping services in order to improve outcomes, deliver efficiency savings and deliver better value for money. However, the planned changes in the health and care provider landscape mean that competitive tendering is not, at this point, conducive to the collaboration and co-operation presented that is necessary to develop the STP.

This report outlines a proposal for taking the public health transformation programmes through continued collaboration between KCC, District or Borough Councils and Kent Community Health NHS Foundation Trust (KCHFT) as key strategic partners. This collaborative arrangement will be key to maximising the impact of the STP's prevention strategy. Procurement rules allow for this type of co-operation between public sector bodies.

The report concludes that KCHFT and the District and Borough Councils in Kent are uniquely placed to work closer together to deliver a range of improved public health services and therefore recommends a contractual partnership with KCHFT and to continue the funding agreements with District and Borough Councils.

**Recommendations:** The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER and ENDORSE or make a recommendation to the Cabinet Member on the proposed decision to** authorise the County Council to enter into contractual arrangements with Kent Community Health NHS Foundation Trust, pursuant to the relevant exemptions in the Public Contract Regulations 2015, for the services listed in this paper.

## 1. Introduction

1.1. This paper provides an overview on KCC's work to transform our approach to commissioning public health services.

1.2. Since 2013, all top-tier Local Authorities, including County Councils have had a statutory duty to take steps to improve and protect the health of people in their area<sup>1</sup>. KCC does this by working with a range of partners including the NHS and District Councils to develop a healthy environment and to prevent ill-health. As well as this wide-ranging responsibility, KCC receives a public health grant (£69million in 2017/18) and is legally required to ensure provision of the following programmes or services in Kent:

- NHS Health Checks
- National Childhood Measurement Programme
- Open access sexual health services
- Public Health advice to NHS clinical commissioning groups (CCGs)
- Provision of health protection advice and information
- Universal health visitor reviews at five key developmental stages (KCC have held commissioning responsibility since October 2015 when it transferred from NHS England).

1.3. The main provider of the mandated services is the Kent Community Health Foundation NHS Trust (KCHFT). The contracts for the services above statutorily novated to KCC in April 2013 and KCC assumed these new responsibilities that were previously largely provided by the NHS in some form or other.

1.4. Since taking on its public health responsibilities, KCC has made substantial progress in transforming the services it commissions to improve the health of the population in Kent. Relevant Cabinet Committees have endorsed a number of decisions to reshape or re-procure a range of commissioned services. This has included:

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<sup>1</sup> Section 12, Health and Social Care Act 2012



- re-procurements of drug and alcohol services, sexual health services and school public health nursing services
  - transformation of the health visiting service
  - Integration of adult healthy lifestyle services to include stop smoking, weight management, and health trainers and to move to a new “One You Kent” brand.
- 1.5. Previous papers shared with relevant committees have explained the financial context, the outcomes of consultation and customer insight work and market engagement which have all informed the various changes to services. KCHFT have responded well to these challenges. All required efficiencies have been delivered in sexual health, health visiting, school nursing and adult health improvement services. Activity based contracts are now in place across services. Performance has improved in all services since the transfer of commissioning responsibilities and comparators with national service provision are good.
- 1.6. This paper outlines a proposal to change and transform the approach by working with the lead provider KCHFT to ensure the collective public services that we have to deliver are provided with a view to achieving objectives we have in common.

## **2. Strategic context**

- 2.1. Since the transformation programme for public health began, there have been a number of important strategic changes, most notably the development of the Kent and Medway Sustainability and Transformation Plan (STP)<sup>2</sup>. The leaders of all of the NHS organisations in Kent and Medway have worked with KCC and Medway Council to develop the STP, which sets out a whole-system vision for transformation which will enable delivery of health and social care outcomes in Kent and Medway.
- 2.2. The STP sets out the prevention agenda as being one of three core objectives to deliver better health and wellbeing through a prevention work stream. This prevention work stream will deliver prevention interventions at scale, improve the health of our population and reduce reliance on institutional care.
- 2.3. There are 4 key areas of the plan to deliver its objectives. One is the Local Care programme, which is focused on preventing ill health and intervening earlier, alongside bringing care closer to home. The key driver is to tackle the future burden of cardiovascular disease (CVD) and diabetes, which, as a highly prevalent clinical condition for the population, presents a significant part of the financial challenge for the NHS.
- 2.4. The central role of prevention within the STP and the critical preventative role of the KCC-commissioned public health services means that there is a significant degree of overlap and dependencies between the STP priorities and KCC’s commissioning plans for the next two to three years.

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<sup>2</sup> More information on the STP can be found at <http://kentandmedway.nhs.uk/stp/>

- 2.5. For example, KCC commissions the NHS Health Check programme in Kent. This is a CVD risk assessment programme designed to identify people aged 40-74 at increased risk of CVD and intervene early through referral for clinical intervention or lifestyle behaviour changes.
- 2.6. The proposed One You Kent healthy lifestyles service will therefore have a crucial role in motivating and supporting people to stop smoking, lose weight, reduce alcohol intake and take more exercise, all of which will make a substantial contribution to the STP's prevention objectives.
- 2.7. A second priority of the STP is the delivery of local care: to enable services to operate at a scale where it will be possible to bring together primary, community, mental health and social care to develop truly integrated services in the home and in the community. For example, Health Visitors are a crucial part of the healthcare workforce and work closely with GPs and other health and social care professionals. These services have been highlighted by all CCGs as an integral part of evolving local arrangements.
- 2.8. KCC will therefore need to ensure that the commissioned services, such as the health visiting service, respond effectively to the STP priorities work-streams. Significant efficiency as well as improvements in care must be delivered through the transformation.
- 2.9. Also, at the heart of the Kent and Medway STP, is the development of Multi-specialty Community Providers (MCPs), otherwise known as Accountable Care Organisations (ACOs). ACOs are at different stages of development across Kent, but will be the basis of care across the County and will provide pro-active, co-ordinated and responsive person-centred care on a clear geographical footprint.
- 2.10. The development of MCPs was first identified as vanguard programmes in the NHS 5 year Forward View and is a core part of the delivery strategy for the STP, both in Kent and Medway, and nationally. One of the programmes originally identified as a national vanguard programme is in Kent – the Encompass Vanguard programme at Estuary View Practice in Whitstable.
- 2.11. All public health services that KCC commissions will need to effectively align to emerging MCP structures. The approach to commissioning and delivering services must therefore align with these changes and offer enough flexibility to implement the new models and deliver the efficiencies required.
- 2.12. KCC is fully engaged with the evolving structures as a key partner, both as a commissioner and a provider. KCC meets regularly with all 7 NHS Clinical Commissioning Groups in Kent, and is represented throughout the local and senior governance structures of the STP. It also meets regularly with the Local Medical Council (LMC). LMCs are local representative committees of NHS GPs.

- 2.13. The LMCs have recently worked with KCC to organise sessions with the federations to engage with their views on the opportunities that procurement could bring. Whilst the federations anticipate that they will bid for opportunities in the future, their governance and infrastructure at present limits the opportunity for most federations to bid until they have further developed. Federations have therefore expressed a preference for a pause in procurement. Notable challenges have occurred in procurements elsewhere, for example in programmes based around the patient list, such as the Health checks programme.
- 2.14. Most of the CCGs (5 out of 7) have extended their contracts with KCHFT without competitive procurement, whilst working through how KCHFT services fit into the evolving federations.

### **3. Partnership approach**

- 3.1. The development of the STP and MCPs therefore represents an opportunity for the delivery of radical change for the health and social care system in Kent. It presents KCC and its partners in the NHS and local councils with significant new opportunities for co-operation and collaboration in the public interest that will deliver substantial improvements in health and care services and significant health gains for the population as well as better value for money.
- 3.2. It builds on the duty that already exists to exercise functions with a view to integrating the provision of care and support provision, under the Care Act 2014 (“CA 2014”), with health provision (section 3, CA 2014). The parties are also under a duty, under s.82 of the NHS Act 2006, to co-operate with one another in order to secure and advance the health and welfare of the people of England and Wales.
- 3.3. Prior to their transfer to KCC the public health services had not been competitively tendered. KCC embarked on a programme of competitive tendering and is part way through this, as shown in Appendix A. KCHFT has won all of the competitions to date either on their own or with partners such as CXK or Maidstone and Tunbridge Wells NHS Trust (MTW).
- 3.4. KCHFT currently has a key strategic role in the STP as well as in the health system in Kent as the largest provider of community health services. KCHFT delivers most of the prevention services across the whole of Kent, including the Health Visiting, Health trainer and Health checks service for all CCG areas. A programme of competitive procurement for adult healthy lifestyle services or health visiting would be likely to destabilise the local health and care system at a crucial period and may not achieve some of the key priorities that both KCHFT and KCC must achieve as part of discharging their statutory duties or as part of the STP programme, as efficiently and effectively as possible.
- 3.5. In addition to the development of MCPs, the enabling work streams in the STP require a co-ordinated approach between KCC and the NHS. These work streams include workforce, premises and digital infrastructure. Enablers will deliver both the necessary efficiency required by the STP as well as

improvements in care for patients across Kent, through an integration of public services.

- 3.6. As an example of how the integrated partnerships are developing to deliver these work-streams, although the NHS lead many of the work streams, KCC lead the Infrastructure work stream. It is already driving forward the One Public Estate programme. In May 2014, KCC made an application to be a part of Round 2 of the One Public Estate (OPE) Programme. It was confirmed on 5th August 2014 that KCC were successful and in September 2014 the second round of the programme was launched to help promote cross public sector land and property rationalisation. The OPE Programme is an initiative funded by the Cabinet Office Government Property Unit and delivered on their behalf by the Local Government Association. The programme is designed to facilitate and enable local authorities to work successfully with central government and local agencies, including NHS bodies and trusts on public property and land issues through sharing and collaboration.
- 3.7. Opening up the market of provision at this time would further complicate the delivery of these work-streams as there would most likely be an increase in the number of systems to be integrated. Examples directly related to these work-streams include operating systems: new providers usually bring new operating software systems, or need to develop new premises solutions (due to incumbent organisations being unable to release existing premises due to connectivity with their other service provision).

#### *Legal basis of partnership*

- 3.8. The rules that govern public sector procurement<sup>3</sup> allow for contracts which establish or implement co-operation between public sector bodies such as KCC and KCHFT and do not require them to be concluded through competition. The relevant extract from the legal regulations is as follows:

*"12(7) A contract concluded exclusively between two or more contracting authorities falls outside the scope of this Part where all of the following conditions are fulfilled:—*

- (a) the contract establishes or implements a co-operation between the participating contracting authorities with the aim of ensuring that public services they have to perform are provided with a view to achieving objectives they have in common;*  
*(b) the implementation of that co-operation is governed solely by considerations relating to the public interest; and*  
*(c) the participating contracting authorities perform on the open market less than 20% of the activities concerned by the co-operation."*

- 3.9. KCC considers that these conditions are all fulfilled in the case of the KCC contracts for public health services, not least because of the STP and the proposals to pursue common objectives of improving the health of the population in Kent. The parties are both under a duty under s.82 of the NHS Act

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<sup>3</sup> The Public Contracts Regulations 2015 (PCRs)

2006 to co-operate with one another in order to secure and advance the health and welfare of the people of England and Wales.

3.10. KCC also has a duty, under section 2B of the NHS Act 2006, to take such steps as it considers appropriate for improving the health of the people in its area.

3.11. KCHFT are already working closely with KCC and are key partners to deliver whole-systems change through the STP and it is anticipated that there will be further benefits to working in a more collaborative approach, rather than opting for competition. These include:

- Greater flexibility and accelerated opportunity to fit with the evolving structures MCP / Accountable Care Organisations (ACOs) and therefore meet local needs
- Accelerated STP implementation - especially in relation to workforce and infrastructure work streams
- Minimising disruption to users of services
- Managing workforce transition to new models
- Avoidance of procurement cost and implementation of new model to deliver efficiencies
- Opportunity for federations of General Practice to become market-ready.

3.12. Competitive tendering would require KCC and KCHFT to commit significant resources. In addition, competitively tendering the services now would not synchronise with the CCG commissioning of ACOs. For these reasons, and all of the above reasons set out in this paper, this would not be conducive to KCC and the NHS co-designing an inclusive approach across health and social care with KCHFT and is not considered to be in the public interest. This is a key principle of the STP. A competitive tendering programme could also significantly reduce the pace of STP implementation and the key enablers.

3.13. In this alternative approach, a new set of governance arrangements and partnership agreements with KCHFT will be agreed. A joint statement of the intended partnership, key objectives and governance will also be agreed, alongside new contractual arrangements, where needed. The key objectives of the partnership and a co-operation strategy will be clearly defined and jointly agreed between KCC and KCHFT.

#### **4. Financial implications**

4.1. The current spend with KCHFT public health services is approximately £38.3million per year (full breakdown of spend at Appendix A). KCHFT have already delivered efficiency savings totalling more than £4million over the last 3 years and have committed to delivering further efficiencies over the next 3 years through the partnership arrangement.

## 5. Conclusions and next steps

- 5.1. KCHFT are fundamental partners for KCC and are uniquely placed to deliver new arrangements for the prevention services outlined in the STP. KCHFT have already delivered significant transformation whilst working with KCC. As a result, KCC is confident that they can deliver improved outcomes for local people and can offer the flexibility needed to align to the strategic landscape and meet future needs.
- 5.2. In line with the STP requirements KCC is committed to integrated provision and to integrated commissioning arrangements, working with partners in the NHS.
- 5.3. It is therefore recommended to put the programme of competitive tendering for all of the services performed by KCHFT into abeyance until March 2020. Officers will ensure that there are sufficient protections built into any arrangements with KCHFT that minimise the impact of any challenge or change in approach (for example, a requirement that KCC may dissolve the partnership and start the programme of competitive tendering by giving KCHFT six months' written notice and without incurring breakage costs).
- 5.4. A new set of governance arrangements and partnership agreements with KCHFT will be agreed. A joint statement of the intended partnership, key objectives and governance will also be agreed, alongside new contractual arrangements, where needed.

## 6. Recommendation(s)

### Recommendations:

The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER and ENDORSE or make a recommendation to the Cabinet Member on the proposed decision to** authorise the County Council to enter into contractual arrangements with Kent Community Health NHS Foundation Trust, pursuant to the relevant exemptions in the Public Contract Regulations 2015, for the services listed in this paper.

### Contact details

Report Authors:

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**Relevant Director**

Andrew Scott-Clark, Director of Public Health

03000 416659

[Andrew.scott-clark@kent.gov.uk](mailto:Andrew.scott-clark@kent.gov.uk)

## Appendix A – Commissioned Services Spend

<b>Programme</b>	<b>2017/18 (£)</b>
Health Visiting	22,362,602
School Public Health Nursing	5,516,294*
Sexual Health	4,617,868*
Adult Health Improvement	4,111,724
NHS Health Checks	1,724,814
Postural Stability	16,221*
<b>Total</b>	<b>38,349,523</b>

\*denotes services that have already been competitively tendered



## KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

**DECISION TO BE TAKEN BY:**

Deputy Leader and Cabinet Member for Strategic  
Commissioning & Public Health

**DECISION NO:**

**17/00065**

**For publication**

**Subject:** Public Health Transformation Programmes: Entering into contractual arrangements with Kent Community Health NHS Foundation Trust pursuant to the relevant exemptions in the Public Contract Regulations 2015

**Decision:**

As Deputy Leader and Cabinet Member for Strategic Commissioning & Public Health, I propose to agree to authorise KCC to enter into contractual arrangements with Kent Community Health NHS Foundation Trust pursuant to the relevant exemptions in the Public Contract Regulations 2015, for the services listed in the accompanying recommendation report.

**Reason(s) for decision:**

Decision exceeds key decision financial criteria

**Cabinet Committee recommendations and other consultation:**

The Health Reform and Public Health Cabinet Committee will discuss the matter at its meeting on 30 June 2017 and the outcome of that meeting will be included in the decision paperwork which the Cabinet Member will be asked to sign.

**Any alternatives considered:**

A competitive tendering process was considered, but, for the reasons outlined in the accompanying recommendation report, this was not followed.

**Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:**

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signed

.....  
date

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

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**From:** Peter Oakford, Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health

Andrew Scott-Clark, Director of Public Health

**To:** Health Reform and Public Health Cabinet Committee

**Date:** 30<sup>th</sup> June 2017

**Subject:** Health Visiting Service Transformation

**Classification:** Unrestricted

**Previous Pathway:** This is the first committee to consider this report

**Future Pathway:** None

**Electoral Division:** All

### **Summary:**

This report outlines the progress on transformation of the Health Visiting Service in Kent. The Health Visiting Service is funded by the KCC Public Health grant and provides vital support for families with children under the age of 5. Since 2015, following feedback from families in Kent, KCC has been working with the service provider to integrate more closely with children's centres and other services.

Kent's Public Health grant has been reduced in recent years and is expected to continue to fall until at least 2020/21. The Health Visiting service has delivered efficiency savings and improved performance over the past year. The emerging changes in the health and care system in Kent are likely to provide an important opportunity for the service to be commissioned to align with these changes and provide the right level of support for children and families in the county.

**Recommendation:** The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the progress on the Health Visiting Transformation Programme

## **1. Introduction**

- 1.1. This report presents an overview of the Kent Health Visiting Transformation Programme and outlines the commissioning options for the future.
- 1.2. The former Children's Social Care and Health Cabinet Committee considered and endorsed proposals for the transformation and improvement of public health services for Children and Young People. In July 2016, the Cabinet Committee endorsed a proposed decision to extend the existing contract for the Health Visiting and Family Nurse Partnership service until 31<sup>st</sup> May 2018.

## **2. Context**

- 2.1. Kent County Council (KCC) has responsibility for commissioning a range of Public Health services for children and young people in Kent. Since October 2015, KCC has had a statutory obligation to secure provision of five mandated developmental checks: an antenatal visit, a new birth visit, a 6-8 week check, a 1 year check and a 2-2½ year check.
- 2.2. There are approximately 17,500 live births per year in Kent and the health visiting service undertakes more than 64,000 of the mandated developmental checks each year.
- 2.3. Health Visitors provide a key opportunity for contact with all children and families in Kent and therefore play a central role in identifying and addressing health and wellbeing needs and health inequalities across the county.
- 2.4. The service offers valuable advice, support and intervention to all Kent families with children under the age of 5. The universal nature of the service and the ability to link up with other services, including maternity, primary care and children's centres provides a unique opportunity for the health visiting service to improve outcomes and in helping children and young people to get the best start in life.

## **3. Transformation Programme**

- 3.1. KCC ran a public consultation and focus groups for young families in 2015 which indicated that:
  - significant support is given to Mums and families and there was a largely positive experience of the service in many areas
  - there was a need for a more consistent focus and more effective targeting of services in areas of greatest need
  - families needed the health visiting service to be flexible and easy to access (including home visits and clinics in children's centres)
- 3.2. The feedback from this and other consultation processes highlighted the importance of ensuring that the health visiting service works in a close and joined-up way with other maternity services, primary care and children's centres across the county.
- 3.3. The Children's Social Care and Health Cabinet Committee had previously considered the range of options for delivering improvements and supported a proposal for a Health Visiting Transformation Programme which will ensure better integration with Children's Centres across Kent to improve outcomes for children and families.
- 3.4. The Programme aims to explore and evaluate opportunities to redesign the service to work more closely with children's centres and the wider 0-5 provision

to improve outcomes for children and their families. More detailed information about the programme and progress to date is included at Appendix A.

#### **4. Financial Implications**

- 4.1. KCC funds the Health Visiting Service from the Public Health grant it receives from central government. This grant has been ring-fenced for public health services but has been reduced. Central government has indicated that the ring-fenced grant will not continue beyond 2020/21 so local public health services will need to be funded from business rates retention.
- 4.2. The reductions in the Public Health grant, combined with inflation and demographic pressures, have required a saving of £2.5m by 2018/19. At the same time, the service will be expected to improve performance and ensure that its preventative interventions are effective and holistic in nature.
- 4.3. Kent Community Health NHS Foundation Trust (KCHFT) (Health Visiting Service Provider) have been working closely with KCC to drive the efficiency savings needed for the contract whilst delivering the continuous improvement in the delivery of the mandated visits.
- 4.4. The current health visiting contract is due to end in March 2018. A proposal to extend the contract until March 2020 is set out in a separate paper to the Committee.

#### **5. Equalities Implications**

- 5.1. An Equalities Impact Assessment (EqIA) was undertaken in October 2015. It concluded that additional work was required to obtain more information on the service's client characteristics in order to assess the equality and equity of provision and subsequently to enable the targeting of resources at particular groups if required.
- 5.2. Systems are now in place to enable the Public Health Observatory to receive additional data from the provider on protected characteristics. Initial analysis has been undertaken to build a clearer picture of equality of access within the current service delivery model.
- 5.3. As more detailed analysis is undertaken and service redesign options are further developed, the impact of provision on equalities will be reviewed and the EqIA will be updated. It is not anticipated that proposed service changes will have a negative impact in terms of equalities. Instead, more integrated and coordinated 0-5 provision is expected to improve accessibility.

#### **6. Legal Implications**

The legal implications relating to this service are covered in the unrestricted report on the Public Health Transformation Programmes (item 8 on this agenda).

## 7. Conclusion

- 7.1. The Health Visiting Service is an important service which supports families in Kent and helps children and young people get the best start in life.
- 7.2. Since KCC took on commissioning responsibility for the service in 2015, KCC and KCHFT have delivered improved performance and substantial efficiency savings and have engaged in a transformation programme to integrate the service within children's centres across the county.
- 7.3. This transformation programme is continuing at pace and may have important implications with the emerging health and care landscape in Kent.

## 8. Recommendation

The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the progress on the Health Visiting Transformation Programme

## Background Documents

None

## Contact Details

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## **Appendix A: Health Visiting Transformation Programme Information**

In Kent, a partnership agreement between the two services has facilitated stronger links; however, practice varies across the county. Initial review work across health visiting and children's centres has included a programme of stakeholder engagement. This has emphasised the opportunities for greater joint working and integration, with an overwhelming positive response from both workforces to strengthen links and work with families in partnership or as one team. This work has also highlighted particular issues which could immediately support closer working, this includes clarifying information sharing agreements, investigating opportunities for co-location and supporting shared case working of vulnerable families.

A key issue identified through the review work is that over time, the organisational form and priorities of the two services have changed and this has led to both gaps and duplication in provision. This means that in some cases families are not having their needs met and in others there has been overprovision, or multiple services are working with families with no coordination of the offer. Greater integration between the services allows a clear, consistent offer to be made for families with 0-4 year olds across the County where outcomes could be clearly linked to the services provided. Families in greatest need could benefit from greater coordination and consistency in their care. An integrated unit would also be more resilient and flexible to future changes to funding and priorities rather than parts of organisations changing leading to gaps in offers and less positive outcomes for families.

A range of options were considered to enable the integration of health visiting and children's centres. The options were scored against a number of benefit and cost criteria informed by discussions with Early Help and Health Visiting workforces, mapping service pathways, analysis of the models being used elsewhere in the country, customer experience and the results of a public consultation. The preferred option at this point in time is to improve coordination between health visiting and children's centres. The reason for this is that due to interdependencies with wider change projects, pursuing structural or contractual change within this project would not make sense at this point in time. This option includes:

- Improved partnership working between health visiting and children's centres.
- Co-location of health visitors within children's centres.
- Developing clear referral pathways between services and enabling effective joint working and case management.
- Develop shared outcomes framework.

### Progress to date:

Facilitated by Public Health, work continues to revise and develop key pathways for the Health Visiting Service. It is anticipated that the majority of these pathways will be available for dissemination by July 2017. Going forwards, developing and reviewing pathways will be incorporated into a core rolling programme of work for the Health Visiting Service in liaison with Early Help and others.

An initial review of FNP was undertaken within the wider context of the service's offer to vulnerable families. The Health Visiting service is now leading on the development of a pathway to support vulnerable families, working alongside key partners such as Early Help.

Health Visiting and Early Years services are currently working on developing several parental education sessions. These will facilitate the provision of consistent content and a systematic approach to improve health and wellbeing outcomes for Kent families.

From October 2017, the health visiting service will be responsible for the provision of infant feeding support, including specialist level support, rather than this being provided by a separately commissioned specialist service. This means that provision of support for infant feeding will be part of the core role of all health visitors and that all families will have access to nutrition advice as part of a comprehensive infant health service that links to Children's Centres and maternity services. This is also consistent with Public Health England's identification of breastfeeding as one of the six high impact areas for health visiting.

Premises and IT specialists from KCC and KCHFT have made significant progress in exploring colocation opportunities in the Ashford area. Site visits have been completed to inform the draft floorplans and current IT infrastructure has been mapped.

An operational level partnership group has been established to scope both services' requirements and ensure that staff needs and practical implications are considered when developing colocation plans.

The project continues to work with KCC's Children and Young People's Service Integration Project (CYPSIP) leads to ensure that transformation activities work alongside one another.

As part of the efficiency work stream, the Health Visiting staff completed a time study which indicated how health visitors' time was allocated across the full range of tasks. The next steps for the efficiency work stream will be to use the time study data and other feedback from the workforce and stakeholders to develop a revised and more efficient operating model for the Health Visiting service. This will form the basis of the specification and value of the new contract from April 2018 onwards.

#### Transformation Programme Next Steps

- Ongoing development of integrated pathways, including the vulnerable families' pathway and the role of FNP within it.
- Ensuring a smooth transfer of responsibility for infant feeding support from PS Breastfeeding to KCHFT health visiting service.
- Plans are expected to be developed to enable colocation proposals for Ashford to be finalised and agreed within the next couple of months.
- Health Visiting led ongoing development of joint Health Visiting and Early Help parental education sessions.

From: **Peter Oakford, Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health**

**Andrew Scott-Clark, Director of Public Health**

To: **Health Reform and Public Health Cabinet Committee**

**30 June 2017**

Subject: **Kent Drug and Alcohol Strategy 2017-2022**

Classification: **Unrestricted**

Past pathway: Adult Social Care and Health Cabinet Committee – 12 July 2016

Future pathway: Cabinet Member Decision – 17/00057

Electoral Divisions: All

**Summary:**

A five-year combined drug and alcohol strategy for 2017-22 has been jointly produced by Kent Police and KCC Public Health on behalf of the Kent Drug and Alcohol Partnership (KDAP).

This strategy incorporates the current Police drug and alcohol strategy and the KCC led Kent alcohol strategy. This new Kent Drug and Alcohol Strategy has been developed on behalf of all KDAP partners. The decision to combine a strategy for both drugs and alcohol was taken in order to highlight the new complexities in both illegal and legal drug and alcohol use in Kent.

The five strategic themes in the new strategy are resilience, identification, early help & harm reduction, recovery and supply. The strategy went out for public consultation which was completed at the end of February 2017. This final version has now been completed and has taken into account comments from the consultation.

The strategy has been endorsed by the KDAP Board. The KDAP Board will receive a draft delivery plan in June/July 2017. Subject to endorsement by the Health Reform and Public Health Cabinet Committee and sign off from the Cabinet Member for Strategic Commissioning and Public Health, the new strategy and its delivery plan will be implemented from August 2017.

**Recommendation:**

Members of the Health Reform and Public Health Cabinet Committee are asked to: Comment on and either endorse or make a recommendation to the Cabinet Member for Strategic Commissioning and Public Health on the proposed decision to approve the Kent Drug and Alcohol Strategy 2017 – 2022, noting that a full delivery plan will be available in August 2017.

## **1. Introduction**

- 1.1 This report presents an overview of the new Kent Drug and Alcohol Strategy (2017-2022). The strategy has been jointly developed by Kent Police and Kent Public Health on behalf of the Kent Drug and Alcohol Partnership (KDAP), allied community groups and the public. The focus of the strategy is to ensure that the whole system supports each other in tackling drug and alcohol harms. This strategic focus will help to ensure that treatment services (mostly funded from KCC public health grant) are more focused on those with complex drug and alcohol issues. National data show that deaths related to drug and alcohol misuse are rising and the population affected is increasingly more complex. In addition there are new drugs available, a large co-morbidity with mental health problems and a large cost to prisons, health services and families across Kent. This strategy went out for public consultation which ended at the end of February. This final version has been approved by the Kent Drug and Alcohol Partnership. A delivery plan with outcomes and targets will be finalised in August 2017 and the strategy will go live pending sign off from the Cabinet Member for Strategic Commissioning and Public Health as a key decision, as set out in the attached proposed record of decision (Appendix 3)

## **2. Rationale**

- 2.1 Until recent years there was a clear picture of the type of drugs used in the UK, the challenges for individuals, and the main focus was the traditional use of opiates, crack and cocaine. More recently the drug and alcohol landscape has changed. There is a greater amount of cheap, high strength alcohol available, and there is a greater degree of illegal alcohol, there are new psychoactive substances as well as steroid misuse. Kent, along with the UK as a whole, also has the problem that its existing cohort of drug and alcohol addicts are now becoming older and suffering far greater severity of chronic conditions, resulting in higher drug and alcohol related deaths. Alongside this is the continued challenge of increasing alcohol harm in the general population. The consequences of alcohol and drug harm are seen by families, loved ones and in the workplace. The co-morbidity between drug and alcohol problems and mental illness continues to rise.

This challenging landscape requires a whole-system, systematic, integrated and coordinated approach to tackle the causes and consequences of drug and alcohol problems. We require workforces to become informed and proactive participants in prevention to facilitate cultural and behaviour change in attitudes towards alcohol and drug misuse.

There are early indications that young people are responding to this message with higher reported national rates of alcohol abstinence and fewer alcohol-related hospital admissions in Kent. The aim will be to see this type of change in the adult population. The combination of public spending austerity and increasingly complex drug and alcohol challenges mean that a new approach is needed that is shared with all partners – including the NHS and voluntary sector.

## 2.2 **Progress to date: Previous Kent Alcohol Strategy 2014-2017 (Appendix 2)**

The previous Kent Alcohol Strategy 2016 and Kent Police Drug and Alcohol Strategy (ending early 2017) had notable successes. For example, there has been an increase in the number of Alcohol Identification and Brief Advice (IBAs) interventions delivered and Kent Police have been involved proactively working with Kent Trading Standards on local enforcement, e.g. restricting the supply of illegal drugs and alcohol.

There have been notable successes of the alcohol strategy that we are keen to maintain. Each district in Kent has a collaborative local alcohol action plan. The progress on the current Alcohol Strategy for Kent is displayed in Appendix 2.

The new Drug and Alcohol Strategy will build on this and also ensure treatment services become more focused on those with complex drug and alcohol issues. The recommissioning of the current treatment service in East Kent is to begin in autumn 2017.

The new strategy will tackle health inequalities and inequities. The recent needs assessments for drugs and alcohol have shown that there are higher alcohol related harm rates in East Kent, particularly Canterbury, Swale and Thanet. There are also higher rates of drug related deaths in Swale, Canterbury and Maidstone. The needs assessment highlights issues of the offender population, homeless and leaving care population as the most vulnerable. The strategic themes in the strategy will tackle these issues in partnership.

## 2.3. **Treatment services must become more focused on complex drug and alcohol use**

A 'whole system' response to the growing complexities is needed, e.g. housing and employment are crucial to maintaining recovery from addiction. Services need to move more towards helping individuals manage their drug and alcohol issues as long-term conditions, similar to diabetes and high blood pressure. This is because it typically takes a long time for people with complex problems to quit their addictions and if they disengage from services due to feelings of failure, they are in danger of urgent hospital care and/or death.

By taking a comprehensive and integrated approach to the development of the Kent Drug and Alcohol Strategy 2017-22 and prioritising particular themes for development, we aim to build upon the successes of the Kent Alcohol Strategy 2014-17 (Appendix 2).

## 2.4 The new strategy will enable greater commissioning focus and integration between the NHS, KCC and Police, Police and Crime Commissioner and the Crime Safety Partnerships. The Police have been responsible for tackling and disrupting 'supply' in their Drug and Alcohol Strategy which ends in 2017. The Police are key partners in the KDAP and are keen to maintain momentum on the prevention and disruption of the supply of illegal drugs and alcohol in Kent.

The partners that are represented on the KDAP board are district councils, CCG commissioners, clinical CCG leads, Trading Standards, Job Centre Plus,

Kent Adult Safeguarding, Social Care, Public Health, NHS Prison Commissioners, Police and Crime Commissioner’s Office, Kent Police, Kent Probation, Housing Support and Troubled Families leads.

### 3. Governance

The new Kent Drug and Alcohol Strategy will report to the Kent Drug and Alcohol Partnership, which will also monitor the delivery plan and its outcomes, and also to the Health and Wellbeing Board and Community Safety Partnerships.

### 4. Drug and Alcohol Strategy

The priority areas and key themes forming the basis of the strategy are displayed in Table 1. These are applicable to both adults and children and are aligned to national evidence and locally identified priorities.

**Table 1 Kent Drug and Alcohol Strategy 2017-22 Themes**

<b>Theme</b>	<b>Main tasks – <i>example activity</i></b>
<b>Resilience</b>	<ul style="list-style-type: none"> <li>• Maintain focus upon building resilience in individuals</li> </ul>
<b>Identification</b>	<ul style="list-style-type: none"> <li>• Increase workforce training and screening capacity in both statutory and non-statutory organisations</li> <li>• Public information and education</li> </ul>
<b>Early Help &amp; Harm Reduction</b>	<ul style="list-style-type: none"> <li>• Drug and alcohol pathways</li> <li>• Increasing and earlier referrals to treatment services especially for at-risk groups</li> <li>• Reduce preventable mortality and morbidity</li> </ul>
<b>Recovery</b>	<ul style="list-style-type: none"> <li>• Move from an acute (episodic) model of care to a sustained recovery model</li> <li>• Improve support for sustained recovery</li> </ul>
<b>Supply</b>	<ul style="list-style-type: none"> <li>• Disrupt related criminal activities</li> <li>• Public health data contributing to the alcohol licensing process</li> </ul>

### 5. Financial Implications

There are no financial implications to the development of this strategy other than to make best use of available commissioning resources across the health and social care economy.

However, there will be a strong case made to the current NHS Strategic Transformation Plan (STP) to ensure that better value of the NHS budgets for drugs, hospital treatment, prison health and mental health are made so that KCC commissioned services for drug and alcohol treatment are not provided in

isolation of other vital services e.g. paramedic services, acute inpatient detox, gastroenterology and mental health services. Better integrated investment from all partners will ensure that services are cost effective, preventative, joined up and have better outcomes for vulnerable patients.

## **6. Legal Implications**

The adoption of this Strategy has no Legal implications for the County Council.

## **7. Equalities Implications**

Inequalities and vulnerable groups were considered during development of the strategy, and this is detailed in the strategy, along with how this will be incorporated into implementation. An EQIA and action plan has been developed and a link to this is included at the end of this report.

## **8. Consultation Phase**

The consultation phase included a survey, a number of focus groups and one to one discussions with key individuals. Focus groups were conducted with offenders at HMP Elmley, service users from East Kent, West Kent and children and young people's services and mental health service users. The draft strategy was also presented at various partnership meetings including Community Safety Partnerships, Health and Wellbeing Boards (county and local), CCG clinical leadership teams and joint Kent chiefs.

Key suggestions from the consultation included:

- KCC as a commissioner needs to be clearer in their specification contract to ensure service users know who the provider is.
- Lack of appropriate support groups for people when they finish detox.
- Young people reported that they had a poor experience of drug and alcohol education at school. They stated that group situations do not work and alternative ways of giving individuals information would work better (i.e. apps).
- Young people also highlighted the importance of peer mentors. This is currently a gap in the service provided for young people.
- Develop a mandatory prison release group to support prisoners being released.
- Develop clearer referral mechanisms for professionals to make to drug and alcohol services.
- Continuation of care when leaving prison. Housing and homelessness is an issue, with many offenders not qualifying.
- Making Every Contact Count for alcohol advice can be strengthened, particularly with district councils and housing and homelessness teams.

## **9. Next Steps for Drug and Alcohol Strategy**

The public consultation ended at the end of February 2017. An analysis and update has been completed. The final strategy will be launched following sign off at the Health Reform and Public Health Cabinet Committee in June 2017.

A detailed action and delivery plan will be developed based on the highlighted objectives for each strategic theme. The Joint Commissioning Group for drugs and alcohol will oversee the implementation and monitor the objectives highlighted in the strategy.

## **10. Recommendation**

Members of the Health Reform and Public Health Cabinet Committee are asked to: Comment on and either endorse or make a recommendation to the Cabinet Member for Strategic Commissioning and Public Health on the proposed decision to approve the Kent Drug and Alcohol Strategy 2017 – 2022, noting that a full delivery plan will be available in August 2017.

## **11. Background Documents**

11.1 Kent Drug and Alcohol Strategy 2017-2022

[http://www.kpho.org.uk/data/assets/pdf\\_file/0006/71448/Kent\\_Drug\\_and\\_Alcohol\\_Draft\\_Strategy-v2.pdf](http://www.kpho.org.uk/data/assets/pdf_file/0006/71448/Kent_Drug_and_Alcohol_Draft_Strategy-v2.pdf)

11.2 Kent Director of Public Health Annual Report on Alcohol:

[https://www.kent.gov.uk/data/assets/pdf\\_file/0003/24483/Annual-public-health-report.pdf](https://www.kent.gov.uk/data/assets/pdf_file/0003/24483/Annual-public-health-report.pdf)

11.3 JSNA:

[http://www.kpho.org.uk/data/assets/pdf\\_file/0020/50753/Alcohol-JSNA-update-2015-final.pdf](http://www.kpho.org.uk/data/assets/pdf_file/0020/50753/Alcohol-JSNA-update-2015-final.pdf)

11.4 EQIA:

[http://consultations.kent.gov.uk/gf2.ti/f/773474/24284869.1/DOCX/-/EQIADrug\\_and\\_Alcohol\\_Strategy\\_20172022.docx](http://consultations.kent.gov.uk/gf2.ti/f/773474/24284869.1/DOCX/-/EQIADrug_and_Alcohol_Strategy_20172022.docx)

## **12. Contact Details**

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Relevant Director:

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## Key Facts from Adults Drug Misuse Needs Assessment by Kent Public Health Team

### 1. Drugs (Adults)

#### 1.1 National

- Drug use is decreasing: Drug use is at its lowest since measurement began in 1996 with the use of any drug in the last year among 16 to 59 year olds falling from 8.9% in 2011/12 to 8.2% in 2012/13. Among young people aged 11 to 15, 12% reported having taken any drug in the last year in 2012, the latest drop in a downward trend from 20% in 2001.
- Pattern of drug use is changing: Fewer opiate and crack and greater poly-drug use, NPS (Legal Highs), prescribed drug misuse and dependent drinking.
- Attitudes to drugs are negative: The majority of adults think that drug-taking is unsafe: 98% of adults thought heroin was very unsafe; 97% view cocaine and ecstasy as unsafe (very or a bit unsafe); 79% of adults thought taking cannabis was unsafe compared with 3% who thought it was very safe; and 75% of adults viewed getting drunk as unsafe.
- Supply may be decreasing: In 2012/13, over 109 tonnes of Class A drugs were seized at home and abroad as a result of Serious Organised Crime Agency (SOCA) activity. The police and the UK Border Force made 193,980 drug seizures in England and Wales in 2012/13, an 8% decrease from 2011/12.
- Treatment is getting more effective: Record numbers of people in England are completing their treatment free of dependence. The overall number of people who have successfully completed their treatment for any drug has gone up from around 11,000 in 2005/06 to just under 30,000 in 2011/12; and nearly one third of users in this period successfully completed their treatment and did not return, which compares favourably to international recovery rates.
- Fewer heroin and crack users. The number of heroin and crack cocaine users in England has fallen below 300,000 for the first time. The latest estimates show the number of heroin and crack users fell to 298,752 in 2010/11, from a peak of 332,090 in 2005/06.







#### 1.2 Local

- Treatment providers may not be treating the most needy or vulnerable people. Recent needs assessment on treatment data shows that, while services are getting good outcomes for lower level substance misusers, there are far fewer clients in the most vulnerable category and vulnerable people are less likely to be recovering.
- Estimated number of 4,616 heroin and crack users in Kent (Glasgow estimate).
- The data indicates that there is a significantly larger difference in treatment penetration between crack and opiate users in Kent. There are hypotheses

as to the reason for this difference. It has been noted that treatment has historically been overwhelmingly focused on opiate users, with little attention paid to the growing numbers of crack and poly-drug users (Audit Commission, 2002).

- Vulnerable groups: Prevalence statistics indicate that substance misuse among the LGB community is nearly four times greater than that of the overall population. Kent treatment data shows that LGB individuals were less likely to be in structured treatment in 2012/13 (0.1%) than the Kent population overall (0.3%).
- Drug treatment is value for money. Using the PHE Value for Money Tool it can be argued that in Kent, for every £1 spent on drug treatment, nearly £6 is gained in benefits.
- There are links between injecting drug use (including steroids) and HIV and Hep B & C.
- Lower rates in Kent for drug related deaths, but lots of variation. The 2012 figure was 2.5 in comparison to an average over the period of 2.7. There is notable variation between rates in districts. The highest rates are found in Thanet, Swale and Gravesham. The lowest rates are found in Ashford, Sevenoaks and Tonbridge & Malling. Dover has also had a very high rate over the period that has reduced in recent years.
- There has been an increase in mental health-related drug hospital admissions in England and Kent. There were a total of 1,157 admissions for drug-related mental health and behavioural disorders in Kent in 2012/13.
- Decrease in emergency detox in hospitals.
- Fewer people in structured treatment in Kent; a thirteen per cent decrease from 2009. Mainly people are accessing for opiate and crack and 24% decrease in 'other drug use'.

## 2. Progress on Kent Alcohol Strategy 2014-2017

Pledge area	Aim	Achievement (as of October 2016)	Status/DoT
1. Improve Prevention and Identification	Screen 9% of the Kent population (18+)  Target 106,389	11% of the target population;  128,542 (121%)	
2. Improve the Quality of Treatment	Increase number of referrals into treatment services by 15% by 2016 <sup>1</sup> .	Trend increasing.	
3 Co-ordinate Enforcement and Responsibility  <i>These elements of the plans are largely taken from the work of Kent Community Safety Partnerships.</i>	12 police operations per year will be completed e.g. CSP targeted activity within localities  Support the work the development of Kent CAPs	Achieved in 2015. Ongoing in 2016.  Achieved and ongoing	
4 Tailor the Plan to the Local Community	Each district will develop a local alcohol action plan.	Achieved	
5. Target Vulnerable Groups and Tackle Health Inequalities	Contained in district plans as locally identified priorities.	Ongoing. Evaluation at the end of the strategy	
6 Protect Children and Young People	Reduce alcohol related hospital admissions for those aged under 18 years	The number of admissions is decreasing. Kent is better than the national and South East region	

<sup>1</sup> Successful completions are a good indication of quality. Service Quality Assured by service monitoring of national reports on a range of service indicators and via quarterly KDAAP reports Service information available at: <https://www.ndtms.net/default.aspx>



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## KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

**DECISION TO BE TAKEN BY:**

Peter Oakford, Cabinet Member for Strategic Commissioning  
and Public Health

**DECISION NO:**

17/00057

**For publication**

**Subject: Kent Drug & Alcohol Strategy 2017-2022**

**Decision:**

As Cabinet Member for Strategic Commissioning and Public Health, I propose to approve the Kent Drug & Alcohol Strategy for 2017-22

**Reason(s) for decision:**

Adoption of a strategy

**Cabinet Committee recommendations and other consultation:**

The Health Reform and Public Health Cabinet Committee will consider the strategy at its meeting on 30 June 2017 and will have an opportunity to comment on it. The outcome of that meeting will be included in the decision paperwork which the Cabinet Member will be asked to sign.

**Other consultation:**

This strategy has been jointly produced with Kent Police and developed in partnership with the many stakeholders from across Kent and organisations directly involved with addressing the effects of drugs and alcohol across the County, including Public Health Kent, Trading Standards and the Kent Drug and Alcohol Partnership (KDAP).

An earlier draft of the strategy was open for formal consultation via the Kent County Council website from early January 2017 until late February 2017. A number of updates to the strategy have been made following feedback received. There were also a number of focus groups as part of the consultation process. These were conducted with offenders at HMP Elmley, Service users from East Kent, West Kent and Children and Young People's Services and Mental Health Service Users. The draft strategy was also presented at various partnership meetings including Community Safety Partnerships, Health and Wellbeing Boards (County and Local), CCG Clinical Leadership Teams and Joint Kent Chiefs.

**Any alternatives considered:**

The strategy has been adjusted to take account of comments received during the consultation

**Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:**

.....  
signed

.....  
date

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**By:** Peter Oakford, Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health

Andrew Scott-Clark, Director of Public Health

**To:** Health Reform and Public Health Cabinet Committee –  
30 June 2017

**Subject:** Public Health Communications & Campaigns Update

**Classification:** Unrestricted

**Past pathway:** This is the first committee by which this issue will be considered.

**Future pathway:** N/A

**Electoral Divisions:** All

### Summary

Marketing and communications is a key element in delivering successful public health interventions. This paper reports on the recent campaigns delivered through the KCC public health team and plans for the coming year.

Delivering effective campaigns and communication to the residents of Kent is one of the key priorities agreed for public health this year, with the core aim of driving behaviour change, particularly in the communities with the highest need.

The approach that Public Health is developing and embedding is to promote healthy lifestyles by delivering messages to the whole population, with the support of our partners, by ensuring that the call to action from these messages forms part of a simple customer journey, ensuring that people can find information, resources and, eventually, local services to help them if needed.

### Recommendation:

The Health Reform and Public Health Cabinet Committee is asked to:

- i) Comment on the progress and impact of Public Health campaigns in 2016/17
- ii) Comment on and endorse the key developments planned for 2017/18

## 1. Introduction

1.1 Marketing and Communications is a key element of the public health strategy to support Kent residents to improve both their physical and mental health.

1.2 Public Health Marketing and Communication has three key elements:

- Promoting healthier behaviours
- Giving information and advice
- Promoting local services

Two guiding principles direct the work in Kent:

- Marketing and communications should form a key part of the customer journey
- Where Public Health England have a relevant brand, this will be extended into Kent to take advantage of the national investment into social marketing, tools and resources, and to ensure that residents are not confused by competing brands.

1.3 During 2016/17, the KCC Public Health department delivered a series of campaigns aimed at increasing awareness of public health issues, and directing people to sources of support

1.4 The Public Health department have recognised that there is a great opportunity for further development in this area, particularly through working with local partners, and have identified the following as one of the Division's strategic priorities for action in 2017/18:-

“Ensuring a coordinated and effective programme of Health Improvement Campaigns across the health and care sector, delivering consistent health improvement messages to the public. Raising awareness of key public health challenges, both through proactive public relations and through a series of campaigns, with the aim of educating and supporting people to take more responsibility for their own health and wellbeing.”

1.5 This paper will cover some of the recent campaigns, the coverage received and the evidence of impact, before looking at the key developments planned in the coming year.

## 2 Campaigns in 2016/17

2.1 When developing campaigns it is key to identify the problem, understand the behaviour change needed, the core audience to be reached and what drives their behaviour, and the best messages and channels that can be used to get the message across most effectively.

2.2 Wherever possible, national campaigns are supported, and their reach extended where needed, rather than trying to create something new, and therefore competing against national campaigns and brands such as Change 4 Life. The Public Health

team works with partners and our suppliers, wherever possible, to ensure a co-ordinated approach to communicating messages to the public.

- 2.3 During the previous year, Public Health England launched a new brand, 'One You', which is aimed at getting adults to think about their health and the changes that could help improve their long term health. KCC decided to adopt the One You brand as the branding for the integrated adults' healthy lifestyle service, which is now called One You Kent.
- 2.4 During 2016/17, a series of campaigns was delivered, alongside targeted press releases, that resulted in increased awareness of the role of KCC in delivering public health interventions and the options available to improve their healthy behaviours.
- 2.5 The key campaigns delivered during the year were:
  - Know Your Score – Alcohol Awareness
  - One You Kent
  - Change 4 Life
  - Release the Pressure – Suicide Prevention
  - What the Bump - smoking in pregnancy pilot on Sheppey

These campaigns are covered in more detail in appendices 1-5 of this document.

- 2.6 KCC Public Health campaign team have developed a strong reputation over the past year, and this success has been recognised in a number of ways, including:
  - a Chartered Institute of Public Relations award for the Release the Pressure campaign
  - Change 4 Life work being selected by PHE as a case study for other local authorities to learn from
  - Being asked to present to the whole PHE Marketing department on our work
  - Being approached by other local authorities about licensing our campaigns in their areas

### **3 Key Developments for 2017/18**

- 3.1 The One You Kent campaign will be continuing, and work will be taking place with stakeholders to understand the resources and messages that they need in order to have a consistent approach across the health and social care system. The aim is to ensure that every opportunity is taken to promote healthier lifestyles, and that customer-facing people across the public sector know how to signpost people to advice, resources and services, and that, wherever possible, they are aware of the best times (according to behavioural science research) to have those conversations .
- 3.2 The Public Health web pages (including [www.oneyoukent.org.uk](http://www.oneyoukent.org.uk)) will continue to be developed to ensure that there is a smooth customer journey that is able to provide support to Kent residents to enable them to develop healthier lifestyle behaviours.

- 3.3 There will be further investment in promoting the Release the Pressure campaign, including developing support materials for stakeholders to be able to promote the campaign.
- 3.4 The Change 4 Life work will continue with the twin focus on consumer promotion, and develop of materials to support partners, particularly Children's Centres.
- 3.5 Know Your Score will be promoted at various times of the year, building on our learning from the first two phases of the campaign
- 3.5 A campaign to promote condom use is planned for later in the year, and will be built upon the results of research that is currently being undertaken by the Health Protection team.

#### **4. Legal Implications**

There are no legal implications to this campaign work.

#### **5. Financial Implications**

- 5.1 Kent County Council has received £32,500 in income from external partners due to licensing of KCC developed campaigns.
- 5.2 The budget for campaigns and communication is funded from the Public Health grant and is £500,000 for the 2017/18 financial year.
- 5.3 Campaign support is procured on a campaign by campaign basis through the council's Creative Services Framework.

#### **6. Equalities Implications**

- 6.1 The campaigns are developed after taking account of behavioural insights and designed to ensure they can respond to the needs of the target group.
- 6.2 Securing a decline in male suicide is one of the Public Health division's equality objectives for this year. The Release the Pressure campaign is designed to reach men under the age of 60, and the campaign was developed based on insights into how men in this group view mental health.
- 6.3 The campaigns usually point the public towards the Public Health pages of the Kent County Council website. The website meets the required Web Content Accessibility Guidelines version 2 (WCAG 2.0)

#### **7. Conclusion**

- 7.1 Well planned, targeted campaigns can have a positive impact on people's behaviour. The campaigns that KCC Public Health have undertaken during 2016/17, as well as delivering strong results, have also provided excellent learning on the best methods to target groups, and on the benefits of utilising social media.
- 7.2 However, it is important to recognise that long term change requires long term, consistent messaging, and it will be important to work ever closer with local partners and to provide them with the leadership and resources to support strong social marketing in their area.

## **8. Recommendation**

8.1 The Health Reform and Public Health Cabinet Committee are asked to:

- i) Comment on the progress and impact of Public Health campaigns in 2016/17
- ii) Comment on and endorse the key developments planned for 2017/18

### **Background Documents**

None

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## **Know Your Score – Alcohol Awareness Campaign**

### **1. Introduction**

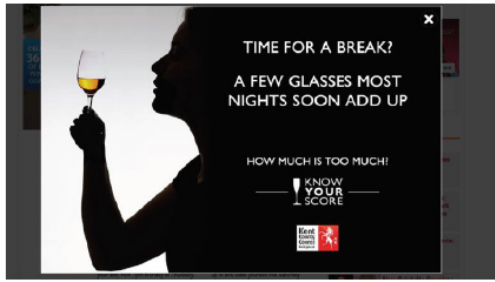
- 1.1. After publication of the KCC Director of Public Health's Annual report in 2015, on the challenges Kent faces around alcohol, KCC and partners across health, social care and supporting services, set themselves the challenge of offering Identification and Brief Advice (IBA) to nine percent of the Kent population.
- 1.2. To support this effort the Public Health team created an online "Know Your Score" quiz, based on the Audit – C test. This was created on the KCC website, with a unique addition to make it more engaging, of experts providing video messages to people who complete the test, with the message varying depending on the level of drinking.

### **2. Early Implementation**

- 2.1. The online test was launched in November 2015 as part of Alcohol Awareness Week.
- 2.2. An online campaign was developed featuring a series of images, with the strapline – "How much is too much, Know Your Score" and run in March 2016. The results from this were:
  - the adverts were shown to Kent people 7,658,988 times
  - 31,743 people clicking through to [www.Kent.gov.uk/knowyourscore](http://www.Kent.gov.uk/knowyourscore) to find out more about their drinking levels,
  - 3,862 people completing the online test and receiving their video briefing from an expert.

### **3. 2016/17 Campaign**

- 3.1 For the 2017 Campaign, new creative was proposed by Zest, who were the successful agency selected by procurement.
- 3.2 In order to test whether this would be more successful than the existing creative, both designs were tested simultaneously, with the new creative being more successful.



Global – Overlay – 2.05% CTR

Do you know your score?  
 Alcohol could be a problem  
[kent.gov.uk/knowyourscore](http://kent.gov.uk/knowyourscore)  
 Take our quiz to see how much your alcohol consumption could be affecting you.

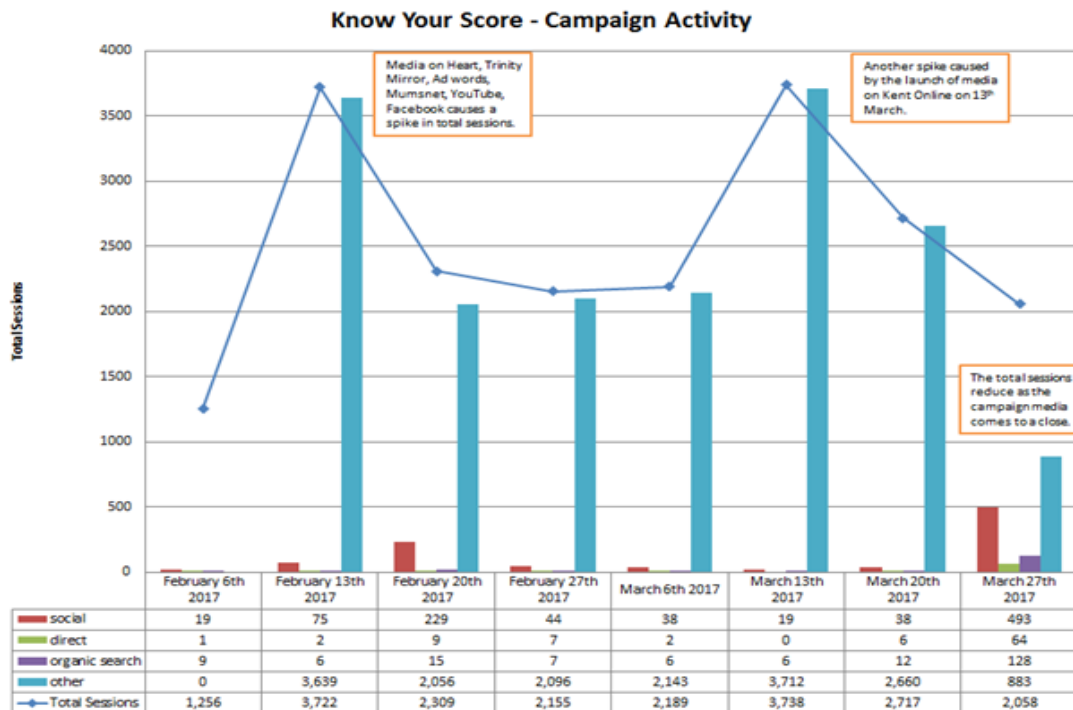
Google Search – 2.87% CTR



Google Display – Prosecco – 1.05% CTR

### 3.3 The results for this burst

- the adverts were shown to Kent people 2,790,627 times,
- 24,566 people clicking through to [www.Kent.gov.uk/knowyourscore](http://www.Kent.gov.uk/knowyourscore) to find out more about their drinking levels,
- 9,131 people completing the online test and receiving their video briefing from an expert.

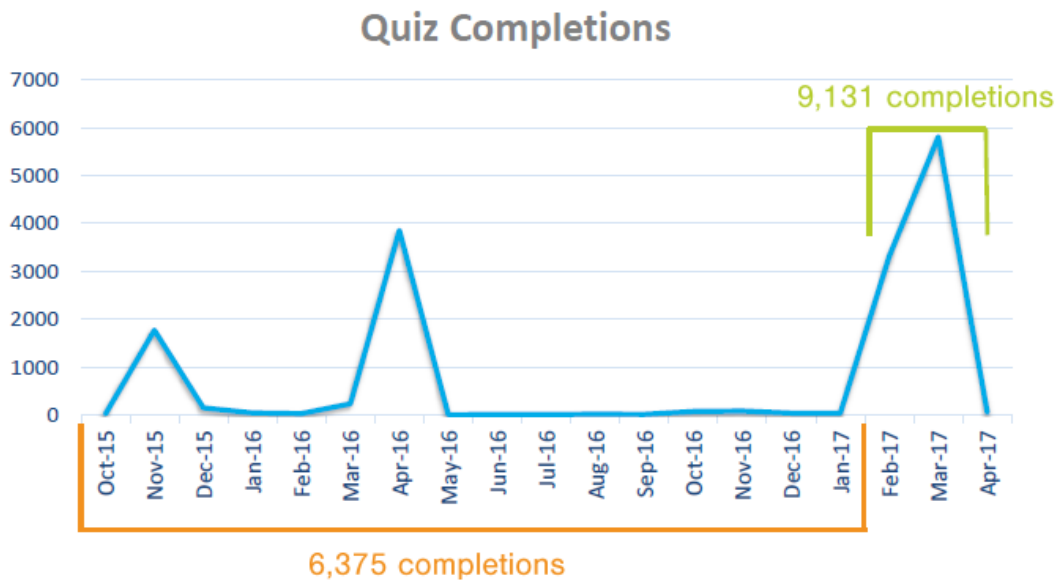




#### 4. Evaluation

4.1 The graph below shows the total usage of the Know Your Score tool since launch in November 2015, and the necessity of effective promotion.

### QUIZ COMPLETIONS OVERVIEW



4.2 The learning from the initial campaign in 2016 have allowed us to deliver a much stronger campaign in 2017, which although was seen on fewer occasions, elicited a much higher number of people taking the Audit C test.

4.3 National evaluation of the Audit-C test show that 1 in 8 people will reduce their drinking to safe levels after completing a test.

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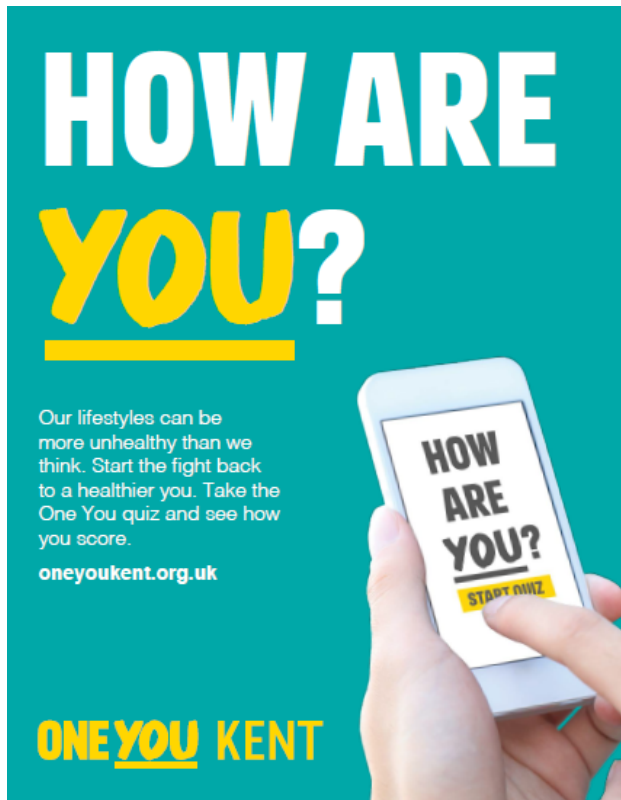
## One You Kent Campaign

### 1. Introduction

- 1.1 During the consultation period for the re-design of healthy lifestyle services in Kent the public commented that they were not aware of the services that were available, and were unsure of where to go if they wanted further support.
- 1.2 Whilst the re-design work was underway, Public Health England (PHE) launched the One You brand to promote healthier lifestyles with the intention to create a brand awareness as strong as that of Change 4 Life (over 90% brand recognition). The One You brand is supported by a series of PHE apps to support people , including apps to support giving up smoking, to encourage activity, and healthy meal planners.
- 1.3 The KCC Cabinet Member for Social Care and Public Health took a key decision for lifestyle services to be integrated and for the resulting service to be called One You Kent in order to take advantage of the national investment in the One You brand, and associated behavioural research.

### 2 The One You Campaign in Kent

- 2.1 As a part of a planned programme of campaign work, KCC commissioned two agencies to work on ensuring that the One You message is promoted across Kent. in line with the findings from the behavioural insights report. These two agencies have specific remits:
  - Zest have been engaged to deliver a programme of consumer led work
- 2.2 iFour have been engaged to work with partners, providers, stakeholders and channels across Kent to understand how the One You message can be effectively spread, and what materials could be developed to support each of these groups to promote healthier lifestyles in a consistent way (using standardised wording and messaging).
- 2.3 To complement all elements of the campaign, a hub has been created at [www.oneyoukent.org.uk](http://www.oneyoukent.org.uk) which can be used as the unique call to action in the marketing messages.
- 2.4 The consumer marketing campaign elements launched with a burst during March and April. (with the intention of priming, and of creating a greater brand awareness of One You). This promotion will continue but with a reduced programme from June to December when the contract will come to an end.

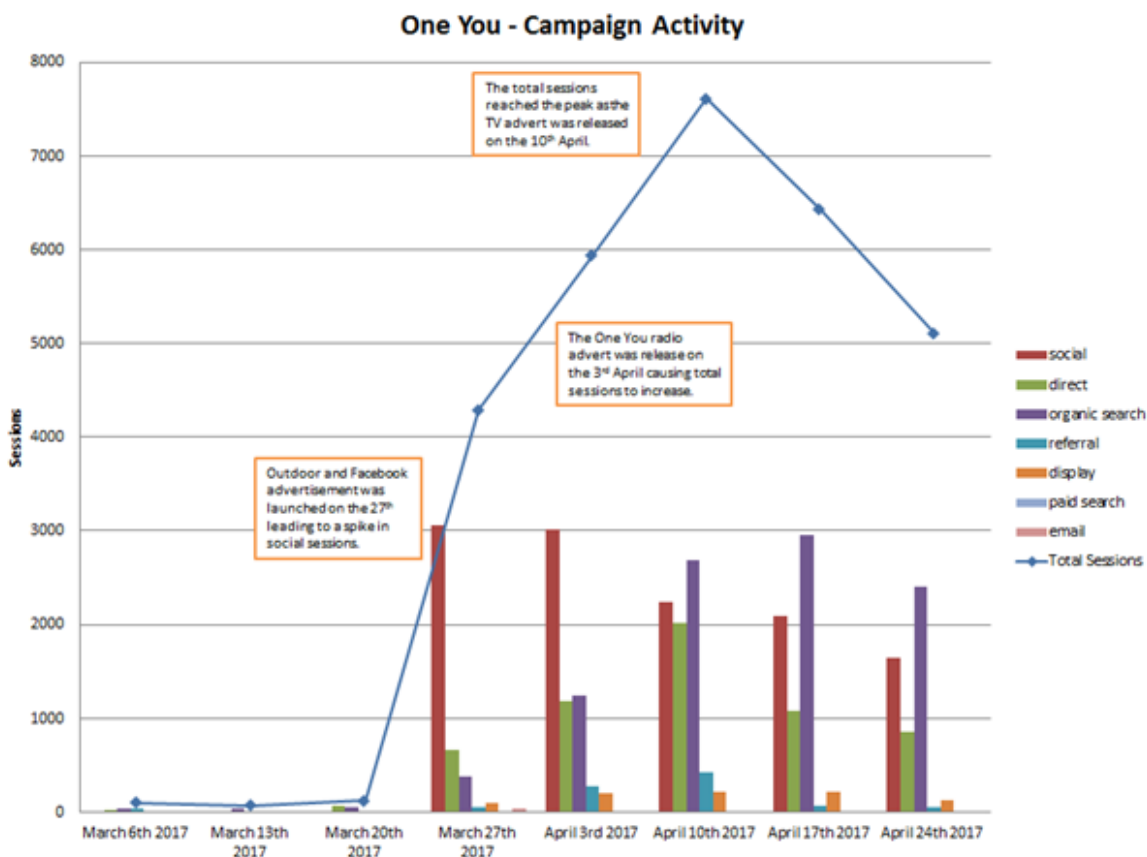


2.5 The initial burst of activity consists of:

- Out of home advertising (six sheet adshels, passenger bus panels, pharmacy bags)
- Radio – advertising on Heart/KMFM
- TV (Sky Adsmart/ITV on demand) – this element was phased to coordinate with national TV advertising
- Print – hospital magazines
- Social media (Facebook)
- Digital (Network, PPC, Kentonline)
- Experiential events in Dover, Margate and Maidstone

The call to action of all of this advertising has been for people to either search One You Kent (radio/tv), to visit [www.oneyoukent.org.uk](http://www.oneyoukent.org.uk) or to click on the digital/social media ad to come through to the website.

In the first phase of the campaign over 30,000 Kent residents have visited the [www.oneyoukent.org.uk](http://www.oneyoukent.org.uk) site, with more than 12,000 people taking the How Are You (HAY) quiz.



### 3 One You services in Kent

- 3.1 The rationale for driving people to the One You Kent website rather than the national site is to ensure that there is a simple customer journey that will support the resident to access the level of support they need. They may take the HAY test and be reassured they are on the right track, or alternatively they may like to download one of the PHE apps to help them begin their journey.
- 3.2 Alternatively, if a resident feels that they are in need of more intensive support the central website, has a search facility to find services, or a co-designed form a resident can complete that is then directed to the right provider based on location.
- 3.3 During the next few months the KCHFT website [www.kenthealthandwellbeing.org.uk](http://www.kenthealthandwellbeing.org.uk) will be de-commissioned. Any visitors to this site at the moment are redirected to [www.oneyoukent.org.uk](http://www.oneyoukent.org.uk) , this ensures that residents do not get confused by competing websites.
- 3.4 The intention is to keep improving the features of [www.oneyoukent.org.uk](http://www.oneyoukent.org.uk) as the integrated service develops and matures

#### Examples of further localising content in Kent

- 4.1 Within the PHE brand guidelines there are conventions for further localising content, for example by using the How Are You tag line, e.g. Sevenoaks, How Are You.
- 4.2 In Ashford, Ashford Borough Council (ABC) are keen to support healthier lifestyle interventions and arranged for a shop in one of their precincts to be used for a four month period as the One You Shop in Ashford. This has been staffed by services

commissioned by KCC, and promoted jointly by ABC and KCC. An insert was placed in the Council Tax mail-out with the message Ashford, How Are You, with details of the shop, and [www.oneyoukent.org.uk](http://www.oneyoukent.org.uk) on the reverse.



- 4.6 In the experiential events in Margate, Dover and Maidstone there was a pull up with the name of the town and How Are You, with the rest of the material and the staff branded One You Kent, with the overriding CTA to visit [www.oneyoukent.org.uk](http://www.oneyoukent.org.uk)

## 5. Conclusion

- 5.1 The One You brand presents us with a unique opportunity to promote healthier lifestyles to our residents.
- 5.2 It is important that we present a coherent brand and core messages to people, and ensure that they enjoy a straightforward customer journey.
- 5.3 The initial consumer burst shows that people in Kent are receptive to these messages, with a click through rate on online advertising of nearly 4%, 40 times greater than the communications industry standard of 0.09%

### Change 4 Life

#### 1. Introduction

- 1.1 Change4Life has become one of the most instantly recognisable brands in health improvement. It enjoys high levels of trust and involvement from both the public and private sectors.
- 1.2 In line with our key principle of utilising strong PHE brands if they exist, KCC Public Health have invested in a programme to promote the Change 4 Life messages and resources to the families of Kent with children under the age of 11.

#### 2. Kent County Council Campaign Extension

- 2.1 The Campaign has three elements:
  1. Traditional promotion to the public through various key locations (GPs, Children's centres, pharmacists) as well as online advertising (predominantly Facebook) and on radio. In conjunction with a redeveloped website that contains resources for parents and simple tips and tools – then onward referral to national resources (apps etc)
  2. Support for frontline workers through amending resources, developing tools to aid good conversations, simple materials that help with onward referral, tools that can be used in Children's Centres
  3. Support for wider system to ensure consistent messaging – campaign guides, standard articles, tweets, empty belly posters.

#### 3. Promotion to the public

3.1 To deliver the first element of the campaign calendar-relevant digital advertising campaigns were developed. These campaigns were low budget, each delivering simple, single messages about nutrition or activity on Facebook, local websites such as Kent Online and other websites where ads could be tailored to local traffic, such as Take a Break and Mother and Baby.

3.2 Each campaign was designed to nudge the audience towards a specific positive behaviour and to help keep Kent County Council and Change4Life top of mind as a source of support.

3.3 Sticking to a formula of 'supportive, fun and one small change' the key message in each campaign has been adapted to be relevant to the specific time of year and to suggest a behaviour that might be likely and easy to adopt.

3.4 Campaigns have directed viewers either to ideas for physical activity and healthy eating at the Council's Change4Life homepage or to a specific resource or webpage linking directly with the campaign.

- Autumn/Back to School:
  - 'Get going every day this term' to promote the Change4Life physical activity planner
  - 'Pick a healthier packed lunch' to promote Change4Life healthy lunchbox ideas



- December and New Year:
  - 'Enjoy a healthy Christmas'
  - 'Eat well, move more and stay healthy this Winter' including a competition to collect participants data and create a consumer database
  - 'Top tips for a fitter 2017'
- February
  - 'Be Food Smart' as a follow on from national activity
  - 'Love healthier living this valentine's day'
- Spring:
  - 'Put some steps in your spring/small changes can make a big difference'

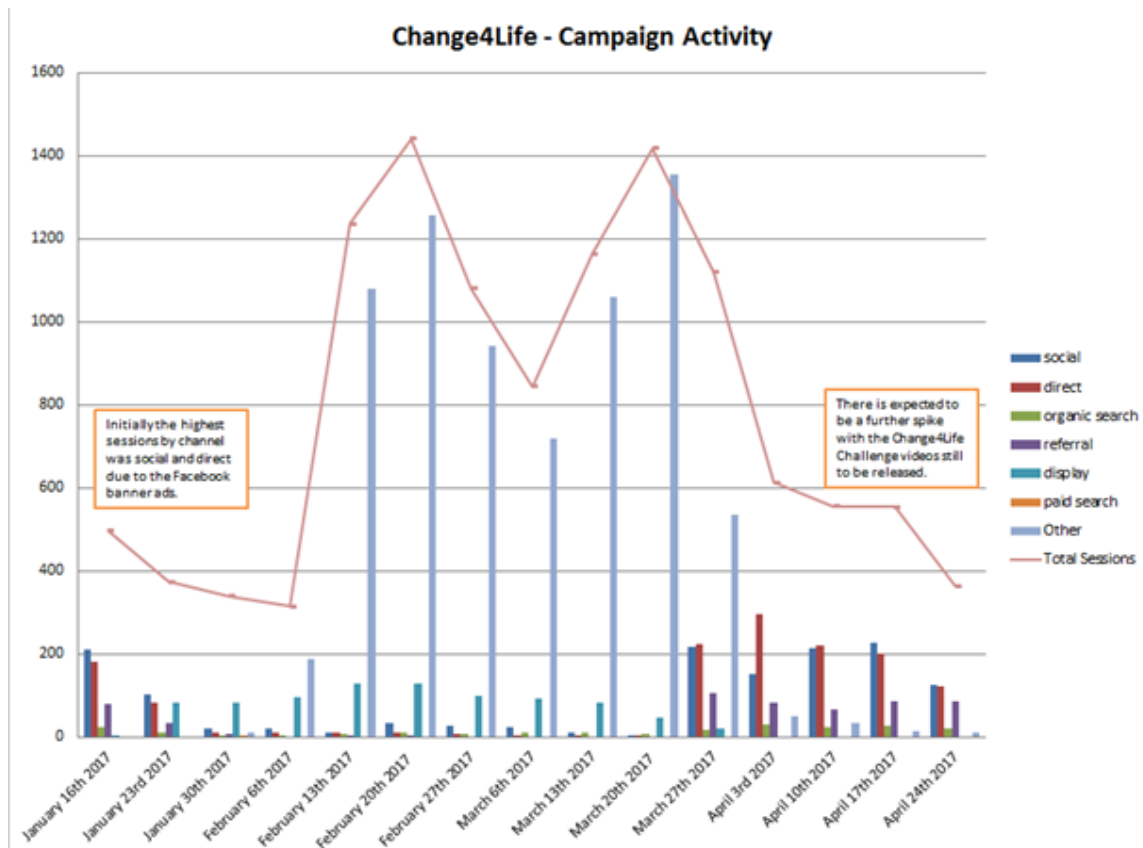


## Results

A three month snapshot of data capturing response to the campaigns has shown some 3,978,106 advert impressions were created which has generated:

- 13,101 media clicks
- 9795 visits to the Kent Change4Life web page





3.5 This campaign of short burst digital activity will continue until August, and will next feature a series of short videos that feature three Kent families trying out some of the resources to help them move more, or eat more healthily. The videos are narrated by a Dr Sahota a Gravesend GP who describes the benefits that small changes can make.

#### 4. Supporting stakeholders

4.1 Whilst we can reach many of the target audience through traditional advertising, we also have the opportunity to utilise the wider system to reinforce those messages, and there are many partners and stakeholders who work with target audience families on nutrition and physical activity and see them from neonatal through early years and primary school.

4.2 By harmonising material used by these different stakeholders and making messages and offers for help sound and look the same:

- **Messages have been amplified** as the target audience hear the same messaging more often, increasing the likelihood of it landing and helping with ongoing recognition and reinforcement
- **Consistent endorsement and advocacy** of the Kent Change4Life campaign and its tools and services has given the campaign more authority and encouraged target families to turn to Kent Change4Life for further guidance and support on changing their behaviour

4.3 As frontline services are often time poor, Kent County a bank of materials have been developed that stakeholders could use immediately. A survey of stakeholders was conducted to understand both what type of conversations they were having with the target audience and what sort of materials they wanted. This insight was used to tailor resources that are provided free from Public Health England.

4.4 Materials now available through a dedicated stakeholder resources page ([www.kent.gov.uk/change4liferesources](http://www.kent.gov.uk/change4liferesources)) on Kent's Change4Life website include:

- **Change4Life campaign guide:** Written and presented in the style of Change4Life, this gives the rationale for the campaign and provides top tips on content and tone, and specific ways to use the materials.
- **Materials to print** (self or professionally): Ready to use or customisable posters, booklets, planner and banners
- **Prominent links to Public Health England smartphone and website applications:** Be Food Smart, Smart Recipes, 10 Minute Shake Up Games and the Fun Generator
- **Resources for social media:** A range of ready to use Facebook and Twitter images

4.5 Children's Centres are one of the primary locations that have been supported with tailored materials. The 97 Children's Centres have been provided with 2,500 "Get started kits" containing the tools needed for families to start their C4L journey. Including a - Top Tips booklet, Small Changes leaflet and a Weekly Wall Planner.

4.6 The next development will be an events toolkit that partners will be able to use at their events to encourage families to think about what they are eating, and how they can increase their physical activity.



## Change4Life resources for professionals



We've created resources to help you and your organisation to support our [Change4Life](#) campaign.

Read our [Change4Life campaign guide \(PDF, 5.0 MB\)](#) for tips and ideas on how you can support Change4Life using the resources below.

If you have a question or would like to request additional resources please email [phcampaigns@kent.gov.uk](mailto:phcampaigns@kent.gov.uk).

Materials to print



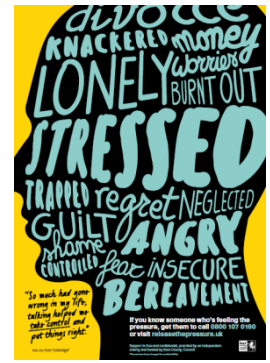
Mobile apps



Resources for social media and email



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## Release the Pressure - suicide prevention campaign

### 1. Background

1.1 The 2015-2020 Kent and Medway Suicide Prevention Strategy identified that middle aged men are a high risk group for suicide, and that suicide is the leading killer of men under 45 in Kent. Suicide in Kent is higher than the national average (12 per 100,000 compared to 10.1 per 100,000 nationally). The research for the strategy showed that the industries with the highest rates of suicide are construction, transport, and building trades.

1.2 In 2015 there were 152 suicides in Kent of which 116 were men (36 women). 80% of men who commit suicide have not been in contact with any service prior to taking to taking their own lives. The campaign launched in March 2016. In 2016 there was a reduction in suicide in Kent, with 140 suicides, with the reduction coming all from men (104 men, 36 women).

1.3 Research shows that men do not like to talk about their feelings, and that they do not like the term mental health, however talking through problems and seeking help, is also identified as the key to reducing suicide

### 2. Campaign development

2.1 Focus groups showed that many men who attempted suicide didn't feel they had a mental illness, they just couldn't cope with the pressures of life (e.g. divorce, money worries, fear, bereavement etc.) anymore. The campaign aims to reduce the number of suicides in Kent by encouraging men who are feeling under pressure to phone a free-phone helpline (trained staff available 24 hours a day 7 days a week)

2.2 The helpline is provided by Mental Health Matters (MHM) who are commissioned to provide this 24/7 service MHM are fully aware of the support available across a range of issues and will signpost for more detailed support where needed

2.3 The campaign did not use the name of the service provider (as had been previously promoted), but responded to the insights from men, and promoted instead Release the Pressure. It uses two images of heads filled with words, and the quotes of real men in Kent to communicate that different life events can cause tremendous pressure, but that talking can help.

### 3. 2016 Campaign Delivery

3.1 In 2016, the campaign was promoted across Kent, focusing on the high risk groups (i.e. construction and transport trades), using a range of media to target at locations and situations where the men from these industries would have would have the greatest opportunity to see them;

- 
- Online advertising
- Bar mats in pubs across Kent
- Petrol nozzles
- Hospital TV screens
- Radio
- Billboards

3.2 A web page [releasethepressure.uk](http://releasethepressure.uk) was set up providing more details and case studies of men whose lives have been turned around after they decided to talk about their problems

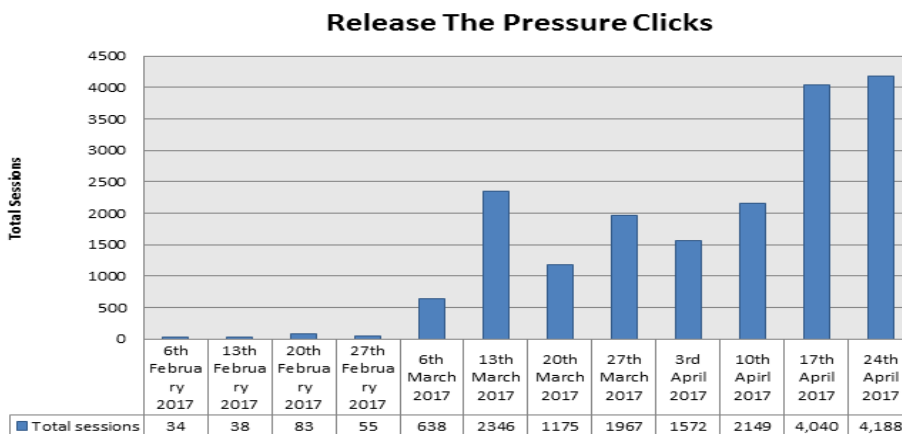
3.3 There was a sustained 76% increase in male callers to the helpline (currently there are on average 550 male callers a month)  
 The campaign was recognised as best practice and featured in national publications by the Local Government Association, Public Health England and the Faculty of Public Health. It won a Chartered Institute for Public Relations *Best Public Sector Campaign* award.

The City of London are in talks with Public Health to license the campaign

#### 4. 2017 Campaign details

4.1 A second wave of advertising started in March 2017. This included the most successful elements from the campaign in 2016 as well as a 30 second video which is being targeted at men through digital TV and online advertising.

4.2 The impact of the 2017 campaign (which started in March) can be seen by this graph which shows the increase in weekly visits to the campaign website



The value that the helpline can have is demonstrated by quotes from two recent callers;

- *“Your service has kept me alive, I would have killed myself otherwise if it wasn't for you people on the phone”*
- *“If I didn't have you to bitch and moan at, I would probably have gone insane”*

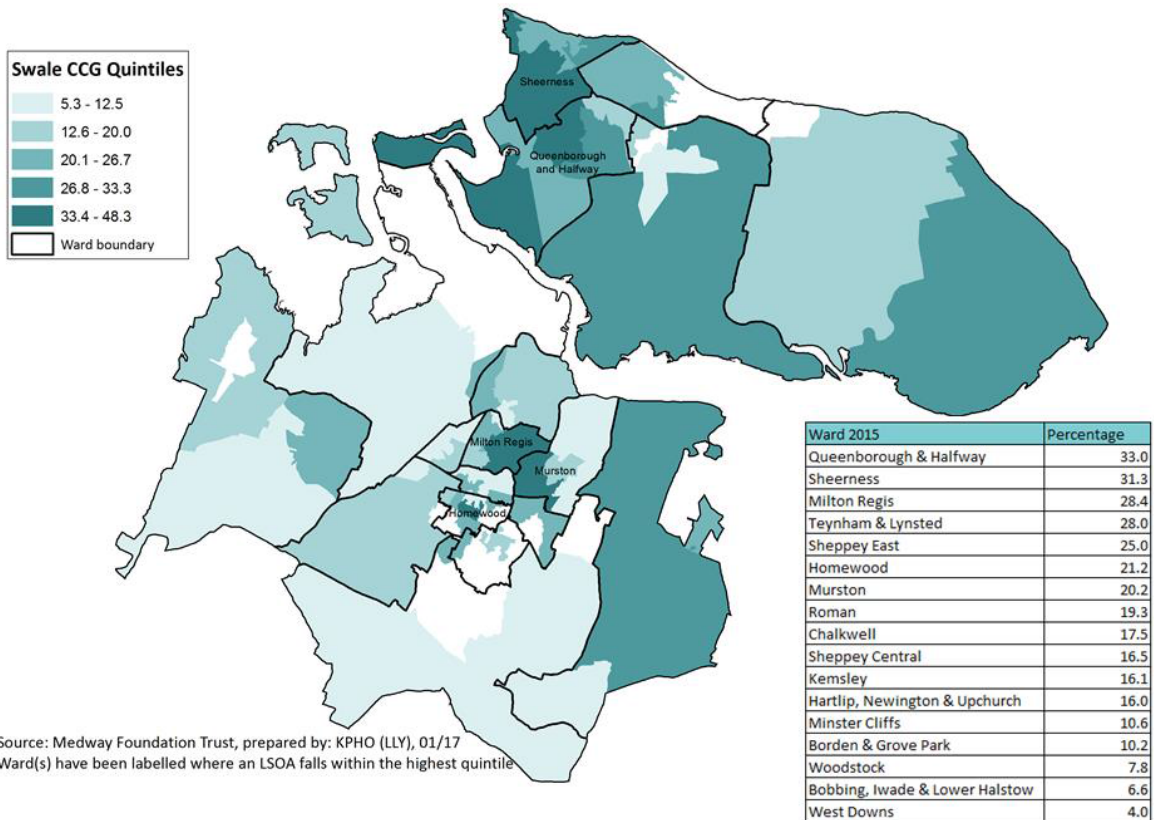
The MHM helpline number is **0800 107 0160**, the Release the Pressure web address is [releasethepressure.uk](http://releasethepressure.uk)

## What the Bump – Smoking in Pregnancy Campaign

### 1. Introduction

1.1 Swale has the highest rates of Smoking at Time of Delivery in Kent, at it was therefore chosen as the best place to trial a campaign aimed at reducing these rates. The map below shows the concentration across Swale.

Percentage smoking at time of delivery, Swale CCG by LSOA, Jan-Nov 2016



1.2 In some of the Lower Super Output Areas the concentrations are even greater, with approaching one in two pregnant women being a smoker at the time of delivery.

LSOA	Smoke at time of delivery		Ward (2015)	Amongst most deprived LSOAs in Kent?
	Prevalence	Number		
E01024597	48%	14	Queenborough & Halfway	Yes
E01024615	42%	11	Sheerness	Yes
E01024590	41%	11	Murston	Yes
E01024584	40%	8	Milton Regis	Yes
E01024560	39%	7	Homewood	No
E01024616	39%	7	Sheerness	Yes
E01024614	38%	11	Sheerness	Yes
E01024594	36%	4	Queenborough & Halfway	No

1.3 Public Health have developed a campaign to encourage pregnant smokers to seek help to quit, based on a behavioural insights study conducted by the National Social Marketing Centre on the island of Sheppey.

The key insights from the research were:

- Limited perception of risk.
- Difficulty developing an emotional bond with their 'bump'.
- Only positive associations.
- Optimism.
- Me time and social aspect of smoking.
- E-cigarettes
- Habit vs. addiction
- Wanted to be a good mother.

1.4 This campaign is currently being piloted in Sheppey (and is being funded by Swale CCG to be further rolled out across the rest of Swale). Medway CCG and Medway Council are licensing the campaign to be rolled out in Medway as well.

## 2. The Campaign

2.1 The campaign focuses on the entire pregnancy journey; from women finding out they're pregnant, through to birth and the first weeks and months of being a mum. Particular emphasis is placed on the beginning of the pregnancy and making new health changes in preparation for the birth of their baby.

2.2 At the heart of the 'What the Bump?' campaign is strong messaging that is honest, clear and factual. Any messaging that is delivered to women should follow a similar tone, get right to the point, provide clear and consistent messaging, be supportive in tone and highlight that being the best mum starts during pregnancy.





2.3 The campaign resources include, Posters, Flyers, Magnets and stickers a fact deck and a Pregnancy Journal, each to be used in different settings in the community to give pregnant smokers clear facts around the effects of smoking in pregnancy and to encourage them to seek help to quit.

2.4 A project worker based in Seashells Children's Centre has been working in the community to ensure that the campaign is visible in the places where pregnant smokers may be. The community has been very receptive to the work, and the campaign is now visible across the key communities identified in the mapping work, and in locations such as GPs surgeries, Children's Centres, Newsagents, Hairdressers, Nail bars, Pharmacists etc. The project worker has been invited to present at schools and the college, and to attend a number of community events.

2.5 The pilot will be evaluated by the Business and Intelligence function to measure its reach, and effectiveness.



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**From:** Peter Oakford, Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health

Andrew Scott-Clark, Director of Public Health

**To:** Health Reform and Public Health Cabinet Committee

30<sup>th</sup> June 2017

**Subject:** Performance of Public Health commissioned services

**Classification:** Unrestricted

**Previous Pathway:** This is the first committee to consider this report

**Future Pathway:** None

**Electoral Division:** All

**Summary:** This report provides an overview of key performance indicators (KPIs) for Public Health commissioned services. All KPIs were green or amber and there were improvements in performance in Q4 2016/17 across most services. There were increases in delivery of the mandated universal Health Visiting checks and the number of NHS Health Checks provided.

Public Health campaigns have been targeted at key priorities with the 'Release the Pressure' campaign aimed at helping to reduce male suicides in Kent and the 'What the Bump' campaign aimed at working with mothers smoking whilst pregnant, specifically in Swale.

**Recommendation:** The Health Reform and Public Health Cabinet Committee is asked to:

- i) **NOTE** the Q4 performance of Public Health commissioned services;
- ii) **AGREE** the proposed selection of KPIs to be included in future performance reports for the committee; and
- iii) **AGREE** a split in reporting between performance of the Public Health commissioned services and Public Health outcomes, as described in the Public Health Outcomes Framework.

## 1. Introduction

1.1. This report provides an overview of the performance of the key public health services that are commissioned by KCC. It focuses on the key performance indicators (KPIs) that are included in the Public Health Business Plan and presented to Cabinet via the KCC Quarterly Performance Report (QPR).

1.2. The report also includes a summary of some key population health measures; Public Health are proposing that in future these measures are presented in a separate report to the Cabinet Committee.

## 2. Key Performance Indicators

2.1. The KPIs presented in the table below provide an overview of quarterly and annual performance of public health commissioned services for children and adults in Kent. The Red, Amber, Green (RAG) status reflects performance against the targets in the Public Health business plan.

Table 1: Commissioned services quarterly performance

Indicator Description – Commissioned Services	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Target 17/18
No. of mandated universal checks delivered by the health visiting service (12 month rolling)	-	63,016	65,088	<b>64,633</b>	65,000
% of mothers receiving an antenatal visit/contact with the health visiting service	32%	34%	37%	<b>36%</b>	30%
% of new birth visits delivered by the health visitor service within 30 days of birth	92%	99%	95%	<b>97%</b>	95%
% of infants due a 6-8 week who received one by the health visiting service	79%	84%	88%	<b>88%</b>	80%
% Total or partial breastfeeding status at 6-8 weeks (health visiting service)	47%*	45%*	48%*	<b>49%*</b>	95% coverage
Percentage of infants receiving their 1 year review at 15 months by the health visiting service	78%	81%	81%	<b>83%</b>	80%
% of children who received a 2-2½ year review with the health visiting service	76%	78%	74%	<b>81%</b>	80%
% of young people exiting specialist substance misuse services with a planned exit	89% (a)	94% (g)	89% (g)	<b>93% (g)</b>	85%
No. of the eligible population aged 40-74 years old receiving an NHS Health Check (12 month rolling)	37,078 (a)	39,039 (a)	41,057 (a)	<b>42,071 (g)</b>	41,600
% of people quitting at 4 weeks, having set a quit date with smoking cessation services	54% (g)	52% (g)	<b>52% (g)</b>	nca	52%
% of clients accessing GUM services offered an appointment to be seen within 48 hours	100% (g)	100% (g)	100% (g)	<b>100% (g)</b>	90%
No. of new clients accessing the health trainer service being from the 2 most deprived quintiles & NFA	64% (g)	59% (a)	61% (a)	<b>59% (a)</b>	62%
% Successful completion of drug and/or alcohol treatment of all those in treatment	31% (g)	29% (a)	28% (a)	<b>27% (a)</b>	28%
		<b>13/14</b>	<b>14/15</b>	<b>15/16</b>	<b>16/17</b>
Participation rate of Year R (4-5 year old) pupils in the National Child Measurement Programme		96% (g)	96% (g)	<b>97% (g)</b>	nca
Participation rate of Year 6 (10-11 year old) pupils in the National Child Measurement Programme		94% (a)	95% (g)	<b>96% (g)</b>	nca
No. receiving an NHS Health Check over the 5 year programme (cumulative from 2013/14)		32,924	78,547	115,232	<b>157,303</b>
No. of adults accessing structured treatment substance misuse services		4,652	5,324	5,462	<b>4,616</b>
No. of people accessing KCC commissioned sexual health services		-	-	77,158	<b>77,791</b>

\*Coverage above 85% however no quarter met 95% for robustness

### Health Visiting

- 2.2. The KPIs show that performance of the health visiting service has steadily improved since commissioning responsibility for the service transferred from NHS England to KCC in 2015. The percentage of checks delivered has risen across all of the mandated visits.
- 2.3. The greatest improvements were seen in the delivery of the 6-8 week visit and 1 year review. KCC is working with the provider to continue to improve uptake of these visits to ensure better recording of breastfeeding status at the 6-8 week check and to attain 95% coverage.

### Adult Health Improvement

- 2.4. There was an increase in the number of people receiving an NHS Health Check in the twelve months to March 2017 compared to the previous year. This meant that the programme met its overall target for 2016/17. Most NHS Health Checks are delivered in GP practices, pharmacies or community clinics although some are delivered through targeted outreach in areas of greatest need and poorest health outcomes.
- 2.5. KCC, Kent Community Health NHS Foundation Trust (KCHFT) and district councils will be supporting the roll out of the *One You Kent* brand which will improve visibility and awareness of the range of adult health improvement services. The One You website will continue to develop and will help people to navigate a range of resources or local services which will help people to live healthy lives.
- 2.6. The health trainer service continues to target areas of deprivation and greatest need. The service provides motivational support and healthy lifestyles advice and works closely with other lifestyle services to enable a smooth pathway for clients who have increased their motivation and are ready to engage in these services. Examples of this can be seen with the One You Shop in Ashford which is supported by stop smoking, health trainers and healthy weight teams, or through the Dover hub model which offers a flexible drop in service offering health checks, lifestyle support and weight loss groups.

### Sexual Health

- 2.7. KCC commissions sexual health services which provide clinic sessions and outreach services across the county. There are approximately 6,500 clinic attendances each month which provide testing and treatment of sexually transmitted infections (STIs) and provision of contraception as well as outpatient treatment for people with HIV. The services have continued to ensure rapid access for urgent cases in recent months. All patients requiring an urgent genito-urinary medicine (GUM) appointment have been offered a clinic appointment within 48 hours. A number of important developments over the past two years have prompted some reconfiguration of sexual health services. This has included commissioning services that enable Kent residents to order tests for some STIs online.

- 2.8. Public Health are planning to expand this offer in order to improve online access to sexual health screening, testing and results management and deliver better value for money.

### Drug and Alcohol Services

- 2.9. In the 12 months to the end of March 2017, there were 4,616 adults accessing structured drug and alcohol treatment, a decrease on the previous year. 27% of those in treatment successfully completed treatment free from dependence on drugs or alcohol. This was below the target of 30% although performance in Kent is higher than the national average. Achieving sustained recovery from drug and alcohol dependence is a significant challenge for individuals and service providers are continually working to develop ways to provide effective treatment and follow-up support.
- 2.10. Performance on successful completion of treatment has been falling across the country and presents an on-going challenge as services are working with people with increasingly complex needs. KCC has re-commissioned adult drug and alcohol services across the county over the past 18 months and will be working with providers to find innovative ways to meet these needs and to improve rates of successful completion as much as possible.
- 2.11. A separate paper on the Kent Drug and Alcohol Strategy is being presented to the Committee. The strategy includes a clear focus on prevention of problematic drug or alcohol misuse. An example of this prevention work is the *Know Your Score* quiz, an online self-assessment Identification and Brief Advice (IBA) tool, available at [kent.gov.uk/knowyourscore](http://kent.gov.uk/knowyourscore). On completion of the quiz an advisory video is shown which is appropriate to the individual's score.
- 2.12. The second wave of campaign activity launched in February 2017 and a number of digital media channels were used, including social media and YouTube. The 8 week activity resulted in 2,790,627 impressions, with 24,566 visits to the webpage, and over 9,000 people completing the quiz. Since the launch of the Know Your Score tool in October 2015, over 15,000 have completed the online quiz.
- 2.13. During 2016/17, 419 young people (under 18) accessed structured drug and alcohol treatment. At the end of Quarter 4, 93% of young people exited treatment in a planned way, having completed treatment free from dependence; where a young person exits treatment in an unplanned way, for example dropping out, the provider has robust actions in place, with appropriate partners, to try and re-engage them back into treatment.

### **3. Public Health population indicators**

- 3.1. The Public Health Outcomes Framework (PHOF) sets out the vision for Public Health nationally and provides a range of measures that can be used to assess public health.

3.2. The table below highlights a number of these measures which relate to current mandated services or key priorities identified in the Public Health business plan.

Table 2: Population measures related to Public Health, RAG against national where published on PHOF

Indicator Description – Population Measures	National	Previous time frame	Recent time frame	DoT
% of pregnant women with a smoking status at time of delivery	11%	14% Q3 15/16	13% Q3 16/17	↑
% excess weight (overweight or obese) in 4-5 year olds	22.1%	22.5% (a) 2014/15	23.0% (r) 2015/16	↔
% excess weight (overweight or obese) in 10-11 year olds	34.2%	32.8% (a) 2014/15	32.9% (g) 2015/16	↔
Rate of conceptions per 1,000 females aged 15-17 years	20.8	22.2 (a) 2014	20.6 (a) 2015	↑
% of adults classified as overweight or obese	64.8%	65.1% (a) 2012-14	65.5% (r) 2013-15	↔
% of smoking amongst persons aged 18 years and over. Current smokers	16.9%	18.6% (a) 2014	17.0% (a) 2015	↑
Suicide Rate, per 100,000	10.1	11.4 (r) 2013-15	12.0 (r) 2013-15	↔

Source: Public Health Outcomes Framework & NCMP Local Authority profiles

3.3. As part of KCC's approach to reducing the number of women who smoke during their pregnancy, a pilot of the maternal smoking campaign called '*What the Bump*' was launched in Swale in February 2017. The campaign will run to August 2017 and will be evaluated by the Strategic Business Development and Intelligence team. The campaign will be implemented across a number of community settings with the support of the Swale CCG and midwifery team.

3.4. *Release the Pressure* is a Public Health campaign which aims to reduce the number of suicides in Kent, targeting males between 20 and 65 years of age. The campaign encourages men who are feeling under pressure to phone a free, confidential helpline, which has trained staff available 24 hours a day 7 days a week. Since the campaign launched initially in March 2016, the Mental Health Matters helpline report a 76% increase in the number of male callers, and a 37% increase in the total number of calls.

3.5. The second phase of the Release the Pressure campaign launched in March 2017. The campaign included a mix of media channels, including those which performed well in the previous campaign, and TV advertising. The campaign activity continued into 2016/17 and the initial 4 weeks of campaign activity resulted in over 6,100 views.

#### 4. Quality Issues

4.1. Quality assurance for KCC Public Health commissioned and provided services is fundamental to delivering safe, high quality services and all commissioners are driving improvements in the quality and safety of commissioned services. The majority of providers are now achieving this.

4.2. There are no exception reports to report this quarter. An Annual Quality Report will be brought to a future meeting.

## 5. Conclusions

- 5.1. There were improvements in performance across the majority of KCC's commissioned public health services in Q4 2016/17 and performance on all service KPIs was green or amber during the quarter.
- 5.2. Current campaign work is targeting priority areas with the 'Release the Pressure' campaign aimed at reducing male suicides and the 'What the Bump' campaign aimed at working with Women in Swale who smoke during pregnancy.

## 6. Recommendations

**Recommendation:** The Health Reform and Public Health Cabinet Committee is asked to:

- i) **NOTE** the Q4 performance of Public Health commissioned services;
- ii) **AGREE** the proposed selection of KPIs to be included in future performance reports for the committee; and
- iii) **AGREE** a split in reporting between performance of the Public Health commissioned services and Public Health outcomes as described in the Public Health Outcomes Framework.

## Background Documents

None

## Contact Details

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## Appendix 1

Key to KPI Ratings used:

<b>(g) GREEN</b>	Target has been achieved or exceeded; or is better than national
<b>(a) AMBER</b>	Performance at acceptable level, below Target but above Floor; or similar to national
<b>(r) RED</b>	Performance is below a pre-defined floor standard; or lower than national
	Performance has improved (by more than 1 point)
	Performance has worsened (by more than 1 point)
	Performance has remained the same (within 1 point either direction)
<b>nca</b>	Not currently available

### Data quality note

All data included in this report for the current financial year is provisional unaudited data and is categorised as management information. All current in-year results may therefore be subject to later revision.

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**From:** Mr Peter Oakford, Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health  
 Andrew Scott-Clark, Director of Public Health  
 Vincent Godfrey, Strategic Commissioner  
 David Whittle, Director of Strategy, Policy, Relationships and Corporate Assurance

**To:** Health Reform and Public Health Cabinet Committee – 30 June 2017

**Subject:** **The Kent Integrated Dataset (KID)**

**Classification:** Unrestricted

**Summary:**

The Kent Integrated Dataset (KID) integrates data held by public services to provide a holistic picture of the Kent population at the individual level. The KID is an emerging, and potentially transformational, tool delivering better commissioning and integrated service planning, allowing more targeted and effective use of public resources. To fully benefit from the KID, it is proposed that KCC adopts it as its primary dataset upon which strategic commissioning decisions should be based. This requires KCC to incorporate all appropriate KCC data into the KID and support the governance of the KID through the Kent & Medway Sustainability and Transformation Plan (STP).

**Recommendations:**

That the Health Reform and Public Health Cabinet Committee:

1. NOTE the progress to date on the development of the KID and the opportunities this provides for KCC and Kent public service partners;
2. AGREE that the KID becomes the underpinning dataset upon which KCC strategic commissioning decisions and planning are based;
3. NOTE the need to speed up progress on ensuring KCC datasets flow into the KID, and that the Strategic Commissioner will co-ordinate this; and
4. AGREE that KCC supports the system-level governance of the KID through the NHS Sustainability and Transformation Plan/Partnership governance arrangements.

**1. Introduction and Background**

- 1.1 Successful commissioning and service design/transformation are grounded in the structured analysis of demographic, user, system, cost and spend data. The public sector collates a huge amount of this data but has traditionally been poor at using it to support strategic commissioning decisions, and even poorer at linking different datasets across services to create single views (sometimes labelled 'big data') that allows for complex statistical analysis, including predictive analysis and forecasting, to take place.
- 1.2 The Kent Integrated Dataset (KID) is an attempt to overcome the traditional silo-based approach and provide a single dataset across all Kent public services. It is the product of more than four years of work by the Kent & Medway Clinical

Commissioning Groups (CCGs) and KCC Public Health. It currently brings together a wide range of data from 250 local health and social care provider organisations to support effective planning and commissioning decisions, particularly the commissioning of healthcare services.. The data included in the KID is warehoused by the Kent and Medway Health Informatics Service (HISbi) which is hosted by the Maidstone and Tunbridge Wells NHS Trust. The data is anonymised before any analysis can take place, and it is fully compliant with all necessary Information Governance compliance frameworks.

- 1.3 The KID is one of the early implementers of the linked dataset initiative in England and is possibly the largest linked dataset of its kind, and is one of the very few programmes beginning to link data across the wider public sector. In recent months, significant progress has been made on including non-NHS data in the KID from Kent Fire and Rescue Service and agreements in place to flow data from Kent Police and Kent district councils.
- 1.4 To date, the KID has been developed with limited resources and lacks a committed robust system-level governance structure. It is broadly a pilot brought together through an Memorandum of Understanding partnership between CCGs, KCC Public Health and Maidstone and Tunbridge Wells NHS Trust (MTW) as well as individual data processing agreements between MTW and local public services., brokered by Public Health (given Public Health have statutory powers to require information for Public Health advice and protection). However, if the KID is to be further developed and exploited to its maximum potential then it is widely accepted there needs to be a step-change in how the KID is both governed and developed.

## **2. KCC approach to KID**

- 2.1 In moving to becoming a strategic commissioning authority KCC has already committed to ensuring that commissioning and service planning is based on a strong analysis of all available data. The decision of County Council in January 2017 to create a new senior Strategic Commissioner post and to integrate many of its separate commissioning, information and analytical functions into a new single Strategic Commissioning Division will strengthen the Council's ability to commission and plan services to deliver its strategic outcomes.
- 2.2 The KID can underpin and support KCC's vision for strategic commissioning. Firstly, it makes available a wide range of non-KCC data to KCC analysts which will improve our understanding of individual and community need. This can feed through directly into better commissioning and service design decisions. Secondly, through utilising the same core-dataset across Kent public services, it makes the possibility of integrating commissioning and service design with other public service partners far easier.
- 2.3 Given the above, it is proposed by the Strategic Commissioner that the KID should become the underpinning dataset upon which strategic commissioning and planning decisions for relevant services commissioned or provided by KCC are based. Such a decision has a consequential impact (and duty) on the authority to fully support the KIDs immediate development in two important ways: governance and data flow.

### **3. KCC Data Flow**

- 3.1 Very simply, the more data that is included in the KID the more robust the KID will be, and the more confidence there will be in the conclusions drawn from KID data. To show support for the KID, and fully benefit from it, KCC needs to ensure that all possible KCC datasets that can flow into the KID do flow into the KID as soon as possible.
- 3.2 Currently, only Adult Social Care data is flowing into the KID on a regular basis, with systems and processes established for automatic data upload and refresh. It has been agreed 'in principle' that data from the Specialist Children's Services (SCS) dataset should flow into the KID, however, there is no current timetable for this work to be completed. There is also an 'in principle' agreement for data flow into the KID from KCC education data, but again there has been limited progress on finalising arrangements.
- 3.3 Given the need to comply with all necessary data standards, there is a lag between arrangements for data flow into the KID being agreed, and that data being able to be used by KCC commissioners and analysts as part of the KID. Therefore, any further delay in establishing KCC data flows to the KID, is unacceptable and counter-productive. Given the Strategic Commissioners cross-directorate role in KCC, it is proposed that he will now co-ordinate across the necessary departments and teams to ensure this issue is resolved at pace.

### **4. KID Governance**

- 4.1 As noted earlier, to date there is a lack of committed robust system-level governance around the KID, with each participating authority flowing their data into the KID through data processing agreements brokered by Public Health. However, as the KID becomes more complex, with more data being included from an increasingly wider variety of public service partners, it is widely acknowledged that this is not acceptable. The KID needs active management, with broader ownership across Kent and Medway public services, considering the future strategy for the development of the KID, how it is administered, the contractual relationship with HISbi and user engagement and feedback.
- 4.2 Given that most of the data flowing into the KID (and will likely always be most data in the KID) is NHS data, there is a natural alignment to the strategic governance of the KID being through the Kent and Medway NHS. The emerging governance arrangements for the Kent and Medway Sustainability and Transformation Plan/Partnership seem an ideal route as these are still in development, and the KID is likely to play a crucial role in the future strategic commissioning and design of NHS integration, and move towards an Accountable Care System (ACS) and the development of Accountable Care Organisation (ACO).
- 4.3 It is therefore proposed to establish a KID Strategy and Oversight Board, with membership from CCGs, NHS providers, local authority commissioners and public health, which will be accountable to the STP Programme Board as well as the respective Health and Wellbeing Boards in Kent and Medway.

### **5. Recommendations**

- 5.1 That the Health Reform and Public Health Cabinet Committee:

1. NOTE the progress to date on the development of the KID and the opportunities this provides for KCC and Kent public service partners;
2. AGREE that the KID becomes the underpinning dataset upon which KCC strategic commissioning decisions and planning are based;
3. NOTE the need to speed up progress on ensuring KCC datasets flow into the KID, and that the Strategic Commissioner will co-ordinate this; and
4. AGREE that KCC supports the system-level governance of the KID through the NHS Sustainability and Transformation Plan governance arrangements.

**Background Documents:**

None

**Report Author:**

David Whittle

Director of Strategy, Policy, Relationships and Corporate Assurance

[david.whittle@kent.gov.uk](mailto:david.whittle@kent.gov.uk)

From: John Lynch, Head of Democratic Services

To: Health Reform and Public Health Cabinet Committee – 30 June 2017

Subject: **Work Programme 2017/18**

Classification: Unrestricted

**Past Pathway of Paper:** None

**Future Pathway of Paper:** Standard item

**Summary:** This report gives details of the proposed work programme for the Health Reform and Public Health Cabinet Committee.

**Recommendation:** The Health Reform and Public Health Cabinet Committee is asked to consider and agree its work programme for 2017/18.

- 1.1 The proposed Work Programme has been compiled from items on the Forthcoming Executive Decisions List, from actions arising from previous meetings and from topics identified at agenda setting meetings, held six weeks before each Cabinet Committee meeting, in accordance with the Constitution, and attended by the Chairman, Vice-Chairman and the Group Spokesmen. Whilst the Chairman, in consultation with the Cabinet Members, is responsible for the final selection of items for the agenda, this report gives all Members of the Cabinet Committee the opportunity to suggest amendments and additional agenda items where appropriate.
- 2. Work Programme 2017/18**
  - 2.1 Most of the agenda items for this first full meeting of the new Cabinet Committee were drawn from the work programmes for the former Adults and Children's Social Care and Health Cabinet Committees, whose responsibility it was to consider Public Health items. The Cabinet Committee is requested to consider and note the items within the proposed Work Programme, set out in the appendix to this report, and to suggest any additional topics that they wish to be considered for inclusion to the agenda of future meetings.
  - 2.2 The schedule of commissioning activity which falls within the remit of this Cabinet Committee will be included in the Work Programme and considered at future agenda setting meetings. This will support more effective forward agenda planning and allow Members to have oversight of significant service delivery decisions in advance.
  - 2.3 When selecting future items, the Cabinet Committee should give consideration to the contents of performance monitoring reports. Any 'for information' or briefing items will be sent to Members of the Cabinet Committee separately to the agenda, or separate Member briefings will be arranged, where appropriate.

### **3. Conclusion**

- 3.1 It is vital for the Cabinet Committee process that the Committee takes ownership of its work programme, to help the Cabinet Members to deliver informed and considered decisions. A regular report will be submitted to each meeting of the Cabinet Committee to give updates of requested topics and to seek suggestions of future items to be considered. This does not preclude Members making requests to the Chairman or the Democratic Services Officer between meetings, for consideration.

**4. Recommendation:** The Health Reform and Public Health Cabinet Committee is asked to consider and agree its work programme for 2017/18.

### **5. Background Documents**

None.

### **6. Contact details**

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## HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE WORK PROGRAMME 2017/18

Agenda Section	Items
<b>30 JUNE 2017</b>	
	<ul style="list-style-type: none"><li>• 17/00057 – Kent Drug and Alcohol Strategy</li><li>• 16/00046 (4) - One You Kent update</li><li>• Health Visiting update</li><li>• Public Health campaigns and communications</li><li>• Kent Integrated Dataset</li><li>• Work Programme</li><li>• Public Health Performance Dashboard</li></ul>
<b>22 SEPTEMBER 2017</b>	
	<ul style="list-style-type: none"><li>• 16/00144 - Young People's Drug and Alcohol Service – contract award</li><li>• 17/00041 – Kent Drug and Alcohol Service – contract award</li><li>• Annual Report on Quality in Public Health</li><li>• Annual Equality and Diversity Report</li><li>• Annual Complaints Report</li><li>• Work Programme</li><li>• Public Health Performance Dashboard</li></ul>
<b>1 DECEMBER 2017</b>	
	<ul style="list-style-type: none"><li>• New School Public Health Services update</li><li>• Work Programme</li><li>• Public Health Performance Dashboard</li></ul>
<b>24 JANUARY 2018</b>	
	<ul style="list-style-type: none"><li>• Work Programme</li><li>• Public Health Performance Dashboard</li></ul>
<b>13 MARCH 2018</b>	
	<ul style="list-style-type: none"><li>• Draft Directorate Business Plan</li><li>• Risk Management report (with RAG ratings)</li><li>• Work Programme</li><li>• Public Health Performance Dashboard</li></ul>

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