

## 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 Friday, 22nd September, 2017.

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

OTHER MEMBERS: Peter Oakford

OFFICERS: Andrew Scott-Clark (Director of Public Health), Dr Allison Duggal (Deputy Director of Public Health), Mark Gilbert (Interim Head of Public Health Commissioning), Jessica Mookherjee (Consultant in Public Health), Penny Spence (Public Health Head of Quality and Safeguarding), David Whittle (Director of Strategy, Policy, Relationships and Corporate Assurance), Theresa Grayell (Democratic Services Officer) and Georgina Little (Democratic Services Officer)

#### UNRESTRICTED ITEMS

**16. Apologies and Substitutes.**  
(Item. 2)

Apologies for absence had been received from Mr P B Carter and Mr K Pugh.

Mr K Gregory was present as a substitute for Mr K Pugh.

***As the Chairman was unable to attend for the first part of the meeting, the Vice-Chairman took the chair.***

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

Mrs L Game declared an association to one of the interested parties listed in the exempt appendix to agenda item 6, as the Chairman of the Queen Elizabeth the Queen Mother Hospital advisory group working on the Sustainability Transformation Plan and as a member of a patient participation group.

Ms D Marsh declared that she was a Registered Mental Health Nurse.

**18. Minutes of the meeting held on 30 June 2017.**  
(Item. 4)

It was RESOLVED that the minutes of the meeting held on 30 June 2017 are correctly recorded and they be signed by the Chairman. There were no matters arising.

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

1. The Cabinet Member for Strategic Commissioning and Public Health, Mr P J Oakford, gave a verbal update on the following issues:-

**Infant feeding consultation** – this had previously been delayed to ensure that the consultation covered fully the contribution of the Health Visiting service to community infant feeding programmes and to reflect the input of focus groups of mothers, with whom Mr Oakford and Mr Scott-Clark, the Director of Public Health, had met recently. Once these groups were happy with the consultation document it would be re-issued and the public consultation would go ahead.

**Kent Health and Wellbeing Board** – this Board had a role to play in the delivery of the Sustainability Transformation Plan and to ensure that sufficient emphasis was placed on preventative and local care. The establishment of a combined Kent and Medway Health and Wellbeing Board would support this aim and discussion with Medway Council was ongoing.

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

- a) the importance of good public consultation was emphasised, as starting, suspending and then re-starting a consultation would not help build public confidence in the County Council's processes. Consultation material should be checked very carefully before being issued.

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

**Sustainability Transformation Plan Prevention Work** – as Director of Public Health for Kent, he formally chaired, jointly with a representative of NHS England, the partnership which oversaw the emergency planning and assurance role.

**NHS Emergency Response Assurance Process** – this process ensured that all NHS organisations were ready and able to respond to a public health emergency situation, for example, an epidemic, and would provide public assurance of their ability to do this. *A report on these two subjects would be made to a future meeting of the Cabinet Committee.*

**Foreign Mosquitoes** – a mosquito larva and egg had been identified in Kent and had been dealt with promptly by working with NHS England and using a drone operated by the Kent Fire and Rescue Service, the first such recorded use by a local authority. Mr Scott-Clark advised the committee that, although mosquitoes which were not native to the UK could transfer disease between people, they did not carry disease from other countries.

4. Mr Scott-Clark then responded to comments and questions from the committee, including the following:-

- b) diseases which could be transferred by non-native mosquitoes were dengue fever and chikungunya, which were endemic in other parts of the world, and albopictus, which was not native to Europe but was now endemic there; and

- c) due to the effects of global warming, it was possible that a broader range of diseases could now be carried and transferred to countries in which they had not previously been seen, and this was a concern for public health authorities. Mr Scott-Clark advised the committee that mosquitoes were not able to fly further than about 300 metres but instead had been brought into the UK in luggage and in vehicles.

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

**20. Agenda Item 6 - considering information which is exempt from publication.**

The Vice-Chairman asked Members if, in debating this item, they wished to refer to the exempt appendix which accompanied agenda item 6, and if they wished to pass a motion to exclude the press and public from the meeting. Members confirmed that they did not wish to refer to the exempt information and discussion of the item was thus able to take place in open session.

**21. 16/00144 (2) - Young Persons' Substance Misuse Service.**  
*(Item. 6)*

1. Mr Gilbert introduced the report and explained that, having previously extended the contract with the current provider, a new contract was being procured through a competitive tendering process. Although substance misuse among young people was declining, it was still a challenging issue in some areas of the county, especially among vulnerable families and young offenders. Re-tendering the contract offered opportunities to deliver services in new ways. Expressions of interest had been received from a number of organisations and these were listed in the exempt appendix to the report. These organisations had been invited to tender for the contract and tenders received were currently being evaluated. This evaluation included consultation with representatives of the Kent Youth County Council. The Cabinet Member for Strategic Commissioning and Public Health would then sign the formal decision paperwork to award the contract in October and the new service would start in January 2018. Mr Gilbert, Ms Mookherjee and Mr Scott-Clark responded to comments and questions from the committee, including the following:-

- a) in response to a question about the committee having a further opportunity to comment before the contract was awarded, the Democratic Services Officer advised that, in accordance with the County Council's decision making process, all Members would be sent notice of what the decision was proposed to be and would have an opportunity to comment on and ask questions about it. They would then be sent notice of the decision having been taken and would have an opportunity to call-in the decision if they felt it had not been properly taken or the process had not been properly followed. Only once these two stages had been completed, and once any call-in had been dealt with, could the decision be implemented;
- b) asked if spending on this service might have to increase to meet need, Mr Gilbert advised the committee that he was confident that the service required could be delivered to all those who needed it within the allocated budget;

- c) organisations tendering for the contract would not be required to use an information technology system imposed by the County Council to deliver the service and would be allowed to use methods they had developed and used successfully before, however, the County Council would monitor closely to see that services were being delivered to its satisfaction. Particular attention would be paid to the efficient transfer of data from the current service to the new. It was expected that staff delivering the current service would transfer to the new;
- d) asked how young people accessed drugs and alcohol, Ms Mookherjee explained that, although the national trend was for fewer young people to use them, and drug-related hospital admissions of young people under 18 had fallen, those who did use were indulging in increasingly risky behaviours, and the young people most at risk were taking the most risks. Most young people experimented to some extent, for example, with steroids at the gym. Patterns of use varied across the county but rates of usage were generally falling;
- e) asked about the reasons for re-tendering the contract, Mr Gilbert reassured Members that it was not because the current provider was failing to perform; it was simply time to re-tender so service could continue without interruption at the end of the current contract. The current provider was achieving a completion rate of 89 – 91%, above national average, and was meeting the required targets;
- f) key performance indicators and the method of monitoring were set on a nationally-prescribed framework. The transfer of service provision from the NHS to local authorities in 2013 had been accompanied by a requirement to provide performance data for use in national benchmarking;
- g) re-tendering of contracts was part of the daily business of the public health team, and the cost to the County Council of the tendering process was not a separate, identifiable cost. The procurement team was in-house to the County Council;
- h) the national decline in young people's use of drugs and alcohol, and the possibility that this may be reversed in the future, would surely make it difficult to price a contract which was to run over several years, if future need was difficult to predict. Ms Mookherjee advised that use of opiates had reduced over the last 15 years and that, over a longer period, usage patterns were not difficult to predict. Mr Gilbert added that the contract would include alternative routes to treatment and would include a requirement that services be provided to respond to changing needs. If service needs exceeded the budget allocated, this would be a challenge to be addressed. Mr Scott-Clark added that the County Council's financial situation was such that, if one service were to need additional funding, this funding would need to be taken from another service; and
- i) the emphasis placed on the importance of the family when treating young people was welcomed.

2. It was RESOLVED that progress of the procurement of the Young Persons' Substance Misuse Service be noted and the decision proposed to be taken by the Cabinet Member for Strategic Commissioning and Public Health, to award a contract to the successful bidder, from those listed in the exempt appendix to the report, be endorsed.

***The Chairman took the chair at this point, for the remainder of the meeting.***

**22. Time to Change: Kent County Council Mental Health Pledge and World Mental Health Day 10 October 2017.**

*(Item. 7)*

1. Ms D Marsh, Deputy Cabinet Member for Adult Social Care, introduced the report as the Member champion for mental health issues and emphasised the need to achieve parity of esteem for mental and physical health. She explained that the Time to Change initiative had been in place since 2007 and said that mental health was something that no employer could afford to ignore, as one in four British workers would suffer from anxiety or depression at some time in their career, and many working days were lost to this every year, although it was known that many people calling in sick did not give this as the reason for their absence from work. She invited all Members to attend the vents taking place at County Hall on 10 October to celebrate World Mental Health Day.

2. Ms Mookherjee advised that there was a 25-year gap in life expectancy between those with poor mental health and those with good mental health. Time to Change had set out to address mental ill health and mental distress. She added that mental health should not be celebrated just on one day but every day. She and Mr Scott-Clark responded to comments and questions from the committee, including the following:-

- a) the close link between this and the substance misuse item preceding was emphasised, and surprise expressed at the revelation that those with poor mental health had 25 years' less life expectancy. Mr Scott-Clark added that those with poor mental health were also known to be four times more likely to smoke and hence were at risk of developing all the conditions which were caused by smoking;
- b) the stigma faced by people with poor mental health was likened to that experienced 100 years ago by those with leprosy;
- c) the Shed project, run in several locations across Kent, was commended as an excellent social support mechanism for adults with mental health issues and Members were encouraged to support their local Shed schemes. Ms Mookherjee added that Kent had the highest concentration of Shed projects in the UK;
- d) frontline Kent County Council staff had challenging workloads, and would need to be given as much support as possible to cope with heavy workloads and to avoid stress and anxiety arising from this. The work going on within the County Council to promote good mental health among staff was welcomed by the committee, and officers were congratulated on that work;

- e) a speaker asked where the most hits on the Release the Pressure website had come from and if these were from areas of greatest deprivation. *Ms Mookherjee undertook to evaluate the figures and advise the speaker outside the meeting;*
- f) understanding and treatment of mental health conditions had progressed much since the 1980s, and people would hopefully soon be able to go to their GP and talk about being depressed without embarrassment or fear of being stigmatised. However, sufficient and appropriate resources would need to be available to follow up a diagnosis of depression. Waiting times for an appointment with a psychiatrist were still long. Ms Mookherjee explained that improvement of mental health treatment was one of the work streams in the Sustainability Transformation Plan, with the aim of seeing that this was properly resourced in the future; and
- g) summing up, the Chairman commented that this issue deserved the attention it was now receiving and commented that a good place to start was with people looking after each other.

3. It was RESOLVED that:

- a) the action plan for Time to Change be endorsed; and
- b) comments made by Members on strengthening the plan in subsequent years, in commitment to the Time to Change campaign, be noted.

**23. Public Health Quality Annual Report 2016 - 2017.**  
(Item. 8)

1. Dr Duggal, Ms Spence and Mr Scott-Clark introduced the report and responded to comments and questions from the committee, including the following:-

- a) the public health services which the County Council had inherited in April 2013 had been of good quality, and Kent was the only authority to measure the performance of its public health services by using a dashboard model;
- b) alongside the percentages for performance, it would be useful for Members to be able to see actual figures and the size of the sample from which these had been calculated. Dr Duggal advised that this information could be obtained from providers and included in future reports;
- c) disappointment was expressed that smoking rates were still high and that the habit seemed still to be resilient to campaign work. Mr Scott-Clark advised that he served on the Tobacco Control Alliance, the work of which fed into the Sustainability Transformation Plan. Part of the Alliance's work was to discourage young people from starting to smoke and hence remove the need for them to access support services to help them stop smoking in later life;
- d) the reporting of incidents as 'minor' or 'serious' was based on historic NHS classifications and used NHS definitions; and

- e) the value of the school nursing service was emphasised as this had a vital role to play in addressing childhood obesity.
2. It was RESOLVED that the Public Health Quality Annual Report 2016-2017 be endorsed.

**24. Performance of Public Health Commissioned Services.**  
*(Item. 9)*

1. Mr Gilbert introduced the report and emphasised that only one of the services – the number of adults successfully completing drug and alcohol treatment - was performing below target. He and Mr Scott-Clark responded to comments and questions from the committee, including the following:-
- a) the work of health visitors was praised and their vital contribution to helping to avoid social isolation was commended. They were delivering an excellent service under much pressure. Mr Gilbert undertook to pass on these comments to health visitors;
  - b) asked how performance targets were set, Mr Gilbert advised that these were set by the County Council as part of the Public Health Business Plan. However, targets tended to focus on trends rather than on specific numeric values;
  - c) it would be most helpful to see the actual figures represented by the percentages listed, and Mr Gilbert undertook to do this in future reports. *He offered also to supply this information to Members outside the meeting;*
  - d) take-up rates of breastfeeding would only be recorded once reporting for 95% of the cohort was possible. Rates reported would then be expressed as percentages of the 95%;
  - e) the 'health check MOT' roadshow targeted areas of deprivation and offered check-ups for anyone who wished one, even if they did not meet the age criterion of 50+. Face to face health checks were also offered to all County Council staff, and interactive health check kiosks were also available at County Council premises;
  - f) work in youth hubs aimed to dissuade young people from starting to smoke but most services were targeted at existing smokers. *A report on tobacco control was requested and would be made to a future meeting of the Cabinet Committee;*
  - g) one speaker said he had been surprised to learn that smoking was still permitted in young offenders' institutions and suggested that enrolment on a stop-smoking programme could perhaps be made part a young person's sentence. Mr Scott-Clark said this was a good idea and added that a project to establish smoke-free prisons had started in the South West of the UK and was spreading, although it was not known when this would arrive in Kent. It had proved easier than expected to achieve smoke-free prisons as the use of tobacco as a stress reliever was well

known. Concern was expressed that any reduction in tobacco use might be replaced by the use of other substances; and

h) the cost of tobacco was hopefully a disincentive to smoke, and the tobacco counters of supermarkets now featured covered shelving which kept products out of view.

2. It was RESOLVED that the Quarter 1 performance of public health commissioned services be noted.

## **25. Sustainability Transformation Plan (STP) update and national policy developments.**

*(Item. 10)*

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

a) in response to a concern that, as work to implement the STP continued, sufficient and suitable back-up services would need to be in place, Mr Whittle agreed with the importance of such services being in place and assured the committee that much work was going on to ensure that they were in place by the time they were needed;

b) Mr Scott-Clark explained that the STP for South East London was further advanced in its development than Kent's because work on it had been going on for a longer time. Mr Whittle added that public bodies in London had had to work more closely together from an earlier stage to develop their STPs, and hence had longer to build relationships;

c) The rating of Dartford, Gravesham and Swanley Clinical Commissioning Group as 'inadequate' had recently been addressed by the Health Overview and Scrutiny Committee. Disappointment was expressed that only five of the eight clinical commissioning group areas in Kent had been rated 'good';

d) in response to a question about the complexity of the STP make-up and the hierarchy of systems, Mr Whittle explained that, although previous reforms of the NHS had separated the commissioner and provider roles, the STP was now seeking to join these back together and reduce fragmentation. To this arrangement had now been added the social care aspects of service provision and the requirement for clinical commissioning groups to balance their budgets across the whole breadth of health and social care provision. A number of accountable care organisations were involved in the delivery of the STP, and a further complexity was that the policy frameworks of NHS England and Kent County Council were quite different;

e) one speaker commented that the original commissioner and provider split may prove in the long run to have not been worthwhile;

f) the challenge of integrating legislation and practice was acknowledged;



- g) asked about the projects and work streams listed in appendix 2 to the report to address hospital performance, patient-focused change and transformation, Mr Scott-Clark explained that the chart shown belonged to the NHS and that the set of measures and services put in place by the Kent and Medway STP would look different. Music, art, singing and exercise were all known to be beneficial to patients with dementia and those recovering from cancer, and could reduce the need for other forms of treatment and hence save resources. Mr Whittle added that the STP had been built on structures and work streams, but these would generate practices and pathways which would aid frontline service delivery to patients; and
- h) report authors were thanked for the clarity of the information presented, which had helped new Members to start to understand the complex issues involved in the development and delivery of the STP. It was hoped that future reports would continue this clarity.

- 2. It was RESOLVED that the information set out in the report be noted. No work streams for future scrutiny had yet been identified but these would become clearer as further update reports were considered at future meetings.

**26. Work Programme 2017/18.**  
(Item. 11)

- 1. Members requested a report on **air quality**, to include pollution from traffic and petro-chemical industries in northern France as well as local campaigns to encourage motorists to switch off their engines when waiting in traffic near schools. Mr Scott-Clark advised that, although air quality was a concern for the County Council as a public health authority, and representations or suggestions could be made on the impact of this upon public health, pollution from traffic and industry was the responsibility of district councils. The public health team would also need to liaise with the Growth, Environment and Transport Directorate to tackle issues of air quality. Members who served as district councillors supported moves to address this and said that, if the County Council put forward solutions to address air quality, they would press their local councils to support these.
- 2. It was RESOLVED that, with the addition of the item outlined above, the Cabinet Committee's work programme for 2017/18 be agreed.