HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Friday, 22nd September, 2017

10.00 am

Darent Room, Sessions House, County Hall, Maidstone

Kent County Council
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AGENDA

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Friday, 22 September 2017 at 10.00 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), Mrs P A V Stockell (Vice-Chairman), Mr A Cook, Miss E Dawson, Mrs L Game, Ms S Hamilton, Ms D Marsh, Mr K Pugh, Miss C Rankin 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.

By entering into this room you are consenting to being filmed. If you do not wish to have your image captured please let the Clerk know immediately

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 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

4 Minutes of the meeting held on 30 June 2017 (Pages 7 - 16)

To consider and approve the minutes as a correct record.

5 Verbal updates by Cabinet Members and Director

To receive a verbal update from the Leader and Cabinet Member for Traded Services and Health Reform, Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health and the Director of Public Health.

6 16/00144 - Young Persons' Substance Misuse Service (Pages 17 - 24)

To receive a report from the Cabinet Member for Strategic Commissioning and Pubic Health and the Director of Public Health on a proposed contract award (for which, those expressing an interest are listed in an exempt appendix), on which the committee is asked to comment and either endorse or make an alternative recommendation.

7 Time to Change: KCC Mental Health Pledge and World Mental Health Day 10 October 2017 (Pages 25 - 40)

To receive a report from the Cabinet Member for Strategic Commissioning and Public Health and the Director of Public Health, which the Committee is asked to comment on and endorse.

8 Public Health Quality Annual Report 2016 - 2017 (Pages 41 - 54)

To receive a report from the Cabinet Member for Strategic Commissioning and Pubic Health and the Director of Public Health, which the committee is asked to comment on and endorse.

9 Performance of Public Health Commissioned Services (Pages 55 - 60)

To receive a report from the Cabinet Member for Strategic Commissioning and Pubic Health and the Director of Public Health, outlining Quarter 1 performance, on which the committee is invited to comment.

10 STP update and national policy developments (Pages 61 - 70)

To receive a report from the Leader and Cabinet Member for Traded Services and Health Reform and the Director of Strategy, Policy, Relationships and Corporate Assurance, to note progress and identify work streams about which the committee would like further information.

11 Work Programme 2017/18 (Pages 71 - 74)

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 the agenda there was an exempt appendix for item 6. During this or any such items which may arise the meeting is likely NOT to be open to the public)

John Lynch,
Head of Democratic Services
03000 410466

Thursday, 14 September 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

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of A meeting of the Health Reform and Public Health Cabinet Committee held at Darent Room, Sessions House, County Hall, Maidstone on Friday, 30th June, 2017.

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

OTHER MEMBERS: Paul Carter, CBE and Peter Oakford

OFFICERS: Andrew Scott-Clark (Director of Public Health) and Theresa Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

2. Apologies and Substitutes.
(Item. 2)

Apologies for absence had been received from Ms D Marsh and Miss C Rankin.

Mrs P T Cole was present as a substitute for Ms Marsh and Mrs C Bell as a substitute for Miss Rankin.

3. Election of Vice-Chairman.
(Item. 3)

Mrs P T Cole proposed and Mr K Pugh seconded that Mrs P A V Stockell be elected Vice-Chairman of the Cabinet Committee. There being no other nominations, this was *agreed without a vote.*

4. Declarations of Interest by Members in items on the Agenda.
(Item. 4)

1. Mrs L Game declared an interest as the Chairman of a Thanet District Council advisory group working on the Queen Elizabeth the Queen Mother Hospital Sustainable Transformation Plan programme and the East Kent Hospital Trust programme.

2. Mrs P T Cole declared an interest as a Director of a Healthy Living Centre in Dartford.

5. Minutes of the meeting held on 25 May 2017.
(Item. 5)

RESOLVED that the minutes of the inaugural meeting of the Cabinet Committee on 25 May are correctly recorded and they be signed by the Chairman. There were no matters arising.

6. Introduction to Public Health - presentation by the Director of Public Health.
(Item. 7)

1. The Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health, Mr P J Oakford, welcomed the establishment of a Cabinet Committee dedicated to Public Health and the Health Reform agenda, as both areas were very important to the work of the County Council.

2. The Director of Public Health, Mr A Scott-Clark, presented a series of slides *(included in the agenda pack)* which outlined the County Council's statutory role as a public health authority, the breadth of the public health role and the variety of campaign activity undertaken each year to tackle such issues as health improvement, health inequalities and life expectancy across Kent.

3. Concern was expressed that the Sustainability Transformation Plan (STP) may prove not to be sustainable, being a 'wish list' which could not be resourced or staffed, given long-standing resource pressures in primary care and across the NHS. The Health Reform and Public Health Cabinet Committee could perhaps look to see what help it could give to implement the STP, but there was concern was that it might prove to be too late.

4. RESOLVED that the presentation be noted.

7. Verbal Update by the Leader and Cabinet Member for Traded Services and Health Reform.

1. Mr P B Carter also welcomed the establishment of the new Cabinet Committee and expressed the view that this was long overdue, after several years of struggle to build good governance around health issues via the Health and Wellbeing Board, the Health Overview and Scrutiny Committee and work with Clinical Commissioning Groups (CCGs) to deliver better health outcomes for the people of Kent. It was important to raise the profile of the vital work the County Council was doing with its NHS and district council partners.

2. He gave a verbal update on the progress of the STP's work streams and its role in integrating social care and hospital care. STPs had evolved from the NHS Five Year Forward Plan published in 2014 as a necessary way of driving forward change. There were 44 STPs across England.

3. The quality of Kent's STP had been praised by the CEO and Board of NHS England as being a vehicle to achieve good local care (previously called 'out of hospital care') and primary care. Approximately one third of hospital beds were occupied by people who should be able to move elsewhere, but lack of suitable placements for them to move into was an historic problem. Health services in Kent and Medway were known to overspend by some £120m per year.

4. The STP had been drafted and agreed and was now being implemented via a Programme Board, with a 2 – 4 year action plan. Work streams of the STP had been built on pioneering work on commissioning done by the Whitstable Medical Practice. Progress was currently good, and he and Peter Oakford, Andrew Scott-Clark and Andrew Ireland all served on the STP Programme Board, which undertook a monthly deep-dive exercise. Additional funding had been secured from NHS England and Mr Carter was determined that this be used to support

recruitment, reduce hospital admissions and cut delays in discharging patients to step-down services or to their own homes.

5. He said he hoped the work streams emerging from this STP work could be explored in detail at future meetings of the Cabinet Committee.

RESOLVED that the verbal updates be noted, with thanks.

8. Agenda item 8 - considering exempt information.

The Chairman asked Members if, in debating this item, they wished to refer to the exempt appendix which accompanied agenda item 8, 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.

9. 17/00065 - Public Health Transformation Programmes.
(Item. 8)

Ms K Sharp, Head of Commissioning Transformation, Mr V Godfrey, Strategic Commissioner, and Mr G Singh, County Council Barrister, were in attendance for this item.

1. Mr Godfrey introduced the report and explained the rationale for the way forward which was being proposed and for which the committee's support was being sought. He assured the committee of the past and ongoing excellent performance across a range of services of the key strategic partner, Kent Community Health NHS Foundation Trust (KCHFT), with whom the County Council was proposing to enter into contractual arrangements prior to reviewing its commissioning plans in 2020.

2. Ms Sharp added detail of the transformation programme and reiterated the good relationship KCHFT had with the County Council and the confidence with which the proposals were being put to Members for their support. Previous contracting activity with KCHFT had been reported to and supported by the former Adult Social Care and Health Cabinet Committee. Ms Sharp emphasised that the new organisational arrangements would allow flexibility through a period in which the market would be changing in response to the STP and would allow the County Council to focus on implementing the STP. She assured Members that the County Council would retain the ability to give notice to the provider, if performance were to fail to reach the required standard, and to re-trigger the procurement process if necessary.

3. Ms Sharp responded to comments and questions from Members, including the following:

a) performance measures, required outcomes and the method used to monitor these would all be clearly set out in the contractual arrangements and would be rigorously enforced;

b) the provider's performance would be measured against a series of five developmental checks, with performance targets being linked to

payment. Any underperformance by a provider would attract a financial penalty, as part of the conditions built into the contract;

c) in response to a concern that performance indicators measured the number of checks made rather than the quality of those checks, Ms Sharp explained that the County Council had a statutory duty to measure and report the number of checks made in each quarter but would also monitor the quality of those checks and, in addition, would seek to find out the reasons for any parent not taking up the opportunity to have checks done. Developmental checks were a vital way by which a health visitor could make contact with and get to know a family and this relationship could be a way of identifying other issues with which new parents or the wider family might need support. The health visitor service had capacity to undertake more than the 60,000 visits per year currently being made; and

d) current work to closer integrate health and social care services was welcomed, and the significant role of GPs in this process was emphasised. However, surgeries were under much pressure and it was vital that they receive support to maintain their role.

4. Mr Carter thanked Members for their comments and agreed with the need to invest in and support good local care and support GPs' surgeries. Workforce issues in the NHS presented a major challenge, and more doctors needed to be encouraged to become GPs. In an era characterised by austerity, investment in the health visitor service had in fact doubled.

5. RESOLVED that the decision proposed to be taken by the Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health, 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 (i) NHS Health Checks, (ii) the National Childhood Measurement Programme, (iii) open access sexual health services, (iv) Public Health advice to NHS clinical commissioning groups, (v) provision of health protection advice and information and (vi) universal health visitor reviews at five key developmental stages, be endorsed.

10. Health Visiting Service Transformation.
(Item. 9)

Mr M Gilbert, Interim Head of Public Health Commissioning, and Ms C Winslade, Acting Consultant on Public Health, were in attendance for this item.

1. Mr Gilbert introduced the report and corrected a reference made in the report to the community infant feeding service, advising the committee that this service was not yet integrated into the health visitor service and could not be so until the proposed move had been the subject of public consultation. Ms Winslade added that the aims of the programme were to fully integrate services and deliver savings and Mr Gilbert emphasised that the public health transformation programme, discussed in the previous agenda item, underpinned the proposed changes in all individual services. Mr Scott-Clark added that, in the STP, work planned for children's services had yet to start. He emphasised the importance of the health

visitor service as a vital link between the County Council's public health role and GPs.

2. Mr Gilbert, Ms Winslade and Mr Scott-Clark responded to comments and questions from Members, including the following:-

a) the quality of the health visitor service was measured using a number of indicators, including the high satisfaction rates reported by service users. Public consultation in 2015 had asked people what they most valued in such a service;

b) a Member of the committee who had recently used the health visitor service reported the good experience she had had of it and supported its further development and growth;

c) a detailed time study undertaken of the health visitor service as part of a piece of work to identify the capacity of the service could be supplied to Members outside the meeting or could be brought back to a future meeting of the committee;

d) the quality of housing was known to be a major factor in determining a person's health, and work with district councils was being planned to improve the quality of housing by using a selective licensing scheme;

e) concern was expressed that some troubled families may not be willing to admit a health visitor to their home and thus may slip through the net, missing out on vital support that they much needed. Work with vulnerable families was starting in some areas of the county, and, it was hoped, would be extended to cover the whole county;

f) concern was expressed that the development of the health visitor service would need to be sustainable. The service was already good, but in the face of any future reductions in funding, it would need to be able to sustain its performance; and

g) the move to place health visitors in children's centres was welcomed and the roll-out of this model across the whole county was supported. Mr Gilbert explained that the project had started at the Ashford Children's Centre as the premises leant itself most easily to adaptation, and it was hoped that the joint arrangements there would be up and running by September 2017. The timescale and capacity to roll this out to all children's centres had been difficult to identify, and it might be that not all centres had space to accommodate the health visitor service, although it was hoped this could be achieved, where possible, in the next twelve months or so.

3. Mr Oakford commented that, in his previous role as the Cabinet Member for Specialist Children's Services, he had visited children's centres across the county and met mothers and health visitors, so knew what an excellent service they delivered in supporting new mothers. From these visits he had learned that children's centres staff went door-to-door and distributed leaflets to encourage young parents to come to their local centre.

4. RESOLVED that the progress on the Health Visiting Transformation Programme be noted.

11. 17/00057 - Kent Drug and Alcohol Strategy 2017-2022.
(Item. 10)

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

1. Mr Scott-Clark and Ms Mookherjee introduced the item and explained that the presentation of the Strategy to the new Cabinet Committee was the culmination of much work, previously reported to the Adult Social Care and Health Cabinet Committee, and successful projects. As the complexity and pattern of drug and alcohol use had changed - for example, regular users of drugs were now in an older age bracket, and health conditions arising from long-term drug use were starting to appear, making treatment more complex - joint working with partners to develop the strategy had increased. Ms Mookherjee responded to comments and questions from Members, including the following:-

a) the reduction in drug and alcohol use by children and young people was welcomed, but concern expressed that the temptation of 'legal highs' was still a danger among young people. Ms Mookherjee explained that service providers working with young people reported that the general quality of drug education needed to be improved, and that young people knew more about the subject than the adult trying to advise them. It was hoped that a scheme of peer mentors could be established, in which young people could advise other young people about the dangers of substance misuse;

b) in response to a concern that the price of drugs had reduced, Ms Mookherjee explained that police efforts were focussed on catching suppliers of drugs and disrupting supply;

c) a view was expressed that users may move away from illegal to legal drugs, which were hopefully better controlled; and

d) concern was expressed about people starting to use drugs while in prison, how such drugs were being obtained within the prison service and the realistic scope to control this use.

2. RESOLVED that the decision proposed to be taken by the Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health, to approve the Kent Drug and Alcohol Strategy 2017 – 2022, be endorsed, noting that a full delivery plan will be available in August 2017.

12. Public Health Communications and Campaigns Update.
(Item. 11)

Mr W Gough, Business and Policy Manager, was in attendance for this item.

1. Mr Gough introduced the report and emphasised the value of campaigns as a key part of the preventative agenda, using a range of media and a flexible approach. Displayed in the meeting room was a selection of materials from current campaigns, including 'Change 4 Life' and 'Release the Pressure'. These

campaigns, targeting various aspects of health and wellbeing, were all part of the overall approach to public health. Campaign activity in 2016/17 and 2017/18 so far had been very successful, with the 'Release the Pressure' campaign having won an award and attracted the attention of other local authorities, including the City of London, who viewed it as an example of best practice which they could use and adapt. The County Council worked closely with its health and district council partners to spread its campaigns across the county, using a range of media to reach people in their everyday lives.

2. Mr Gough responded to comments and questions from Members, including the following:-

a) the extent of the work put into campaigns, and the success of them, was praised. It was a challenge to identify and keep pace with changing patterns of behaviour among age groups and sections of society, for example, consumption of alcohol among teenagers had reduced but other issues such as smoking and obesity had replaced alcohol as a concern among this age group. Accordingly, it was important to address this and establish healthy habits with young people as early as possible, liaising with schools and being frank about the resultant risks in later life. Young people had fed back that they appreciated a frank and clear message. Mr Scott-Clark explained that the school nursing service and the 'healthy schools' initiative had recently been re-commissioned and the model for these services was evolving. In addition, PHSE lessons had been reinstated in the school curriculum. However, the biggest risk to young people's health was unhealthy behaviours learnt from parents, and this could be addressed by the Headstart service;

b) asked about how the need for a campaign would be identified, and how its effectiveness would be monitored, Mr Gough explained that 'Release the Pressure' and 'Know Your Score' had emerged from work on the County Council's Suicide Prevention Strategy and Alcohol Strategy, respectively, the Kent Health and Wellbeing Board Plan had identified the need for interventions on smoking in pregnancy, which had led to the 'What the Bump?' campaign, while 'One You' and 'Change 4 Life' were national campaigns which had been adapted for use in Kent;

c) asked how the 'Change 4 Life' campaign, which seemed to have lapsed, could be reactivated, Mr Gough explained that work was going on to support children's centres to promote the Change 4 Life messages in Kent. Mr Scott-Clark added that campaigns would naturally have peaks and troughs of activity as they appeared as fresh new campaigns and then became more familiar, and keeping up interest levels over a longer period of time was a challenge. Taking advantage of key days and events in the year, for example National No Smoking Day and Stoptober, gave an opportunity to remind people of a campaign;

d) the 'House' project which ran 8 – 9 years ago across Kent had been effective in relating to young people and could be resurrected. The County Council could attract marketing and public relations companies to help with rejuvenating the project, perhaps by running a competition. A similar project was still running on the Isle of Sheppey and was much used by young people, as was a similar project in Sevenoaks;

e) the value of PHSE lessons in tackling health and lifestyle issues with young people was supported. Research by behavioural scientists and psychologists had shown the value of establishing and reinforcing good habits early in life. *Members could be given a briefing on this subject at a future meeting*;

f) the upbeat, positive tone of the report was welcomed, and the development of further campaigns supported. However, surely it was important to emphasise that the long-term use of e.cigarettes was just as addictive as the use of traditional tobacco products. Mr Scott-Clark clarified that, although e.cigarettes contained no cancerous chemicals or carcinogens, the public health message was that their use should be short-term only, as part of the process of quitting smoking altogether. E.cigarettes had been shown to be a better aid to quitting than prescribed nicotine-reduction therapy, and vaping shops operated within an ethical code of practice, refusing to sell nicotine-containing products to anyone not already a smoker. Smoking had historically had a huge impact on the NHS but had seen a large reduction recently as a result of the popularity of e.cigarettes; and

g) much use was made of social media to reach young people, and the campaigns website had recorded 100,000 visits during 2016. Usage figures included the time of day at which the site had been accessed, allowing campaigners to build up a detailed picture of patterns of use.

3. RESOLVED that the progress and impact of the public health campaigns in 2016/17 be noted and welcomed and the key developments planned for 2017/18 be endorsed.

13. Performance of Public Health Commissioned Services.
(Item. 12)

Mr M Gilbert, Interim Head of Public Health Commissioning, was in attendance for this item.

1. Mr Scott-Clark and Mr Gilbert introduced the report and explained that future reports would show separately two areas of monitoring activity – monthly performance and action relating to the annual Public Health Observatory Framework (PHOF). Performance had been generally good, and providers had a requirement built into their contract that they optimise performance.

2. Mr Carter added that future reports would include the impact of the STP and suggested that the next meeting of the Cabinet Committee could discuss which issues Members wanted to monitor, to make the performance monitoring function meaningful.

3. RESOLVED that the Quarter Four performance of public health-commissioned services be noted, and the proposed selection of key performance indicators (KPIs) to be included in future performance reports for the committee, and the split in reporting between performance of the public health-commissioned services and public health outcomes, as described in the Public Health Outcomes Framework, be agreed.

14. The Kent Integrated Dataset.
(Item. 13)

Mr G Abi-Aad, Head of Health Intelligence, was in attendance for this item.

1. Mr Abi-Aad presented a series of slides (not included in the agenda pack) which set out the work and structure of the Public Health Observatory (PHO) and the data it generated. The Kent Integrated Dataset (KID) was part of the PHO's work and allowed data from different sources to be brought together and used for a range of strategic purposes, including monitoring of services, for example NHS health checks. Most of the data in the KID was generated by the NHS. The PHO also undertook deep-dive studies, for example on childhood obesity.

2. Mr Scott-Clark explained how the KID related to the Dahlgren and Whitehead model used to explain the role of public health, as set out in item 7 of the agenda (Minute 6, above). Kent's Integrated Dataset had been identified as an example of best practice and many other local authorities sought to copy it. STP consultants had also praised Kent's ability to analyse data once collated.

3. Mr Scott-Clark and Mr Abi-Aad responded to comments and questions from Members, including the following:-

a) asked who held children's health data, and how well protected this was, Mr Scott-Clark explained that the County Council was the data holder for Specialist Children's Services and Adult Social Care data;

b) asked what would happen if people did not want to 'opt in' to have their data included in the KID, Mr Abi-Aad explained that every patient had the right to request that their data be segregated and not used, but this provision was to be reviewed. Mr Scott-Clark assured Members that data used was always anonymised and would be related to local areas but not to a level at which an individual's address could be identified. Providers already shared some data on a regular basis, for example for safeguarding purposes;

c) concern was expressed that, although data was pseudonymised before sharing, the full data was lodged somewhere on an IT system and could be vulnerable to cyber attack. Mr Scott-Clark reassured Members that the County Council would always mitigate against cyber attack and its data handling procedures complied with Information Governance Standards and NHS Digital guidelines for data security. Mr Abi-Aad explained that the County Council did not have the scope to re-identify any pseudonymised data collated by the NHS and would only ever have access to the pseudonymised version; and

d) concern was expressed that, the more people chose to opt out of having their data added to the KID, the less accurate the data would be, overall, but Mr Abi-Aad explained that only a small number of people chose to opt out and that these numbers were monitored and could be 'adjusted' for.

4. RESOLVED that:-

a) the progress to date on the development of the KID and the opportunities this provides for the County Council and Kent public service partners be noted;

b) the KID become the underpinning dataset upon which County Council strategic commissioning decisions and planning are based;

c) the need to speed up progress on ensuring County Council datasets flow into the KID, and that the Strategic Commissioner will co-ordinate this be noted; and

d) that the County Council support the system-level governance of the KID through the NHS Sustainability Transformation Plan/Partnership governance arrangements.

15. Work Programme 2017/18.
(Item. 14)

RESOLVED that the Cabinet Committee's work programme for 1027/18 be noted.

Mr Oakford advised Members that an agenda setting session for the committee's next meeting would usually take place on the rising of the main meeting but that this had not proved possible on this occasion. A date for an agenda setting would be set and announced to Members later. *POST MEETING NOTE: An agenda setting subsequently took place on 25 July.*

From:	Peter Oakford Cabinet Member, Strategic Commissioning and Public Health Andrew Scott-Clark, Director of Public Health
To:	Health Reform and Public Health Cabinet Committee
Date:	22 September 2017
Subject:	Young Persons' Substance Misuse Service
Classification:	Unrestricted
Past Pathway:	Children's Social Care and Health Cabinet Committee – 11 January 2017
Future Pathway:	Cabinet Member Decision – 16/00144
Electoral Division:	All

Summary

The former Children's Social Care and Health Cabinet Committee previously endorsed plans to commission the Kent Young Persons' Substance Misuse Service through a competitive tender process. The procurement of the new service started in August and is due to conclude early in October.

The annual budget for the service is approximately £820,000 although the exact contract value will be determined through the procurement process. The new service is due to start operating on 1st January 2018 with an initial term of 5 years.

Recommendations

Members of the Health Reform and Public Health Cabinet Committee are asked to:

COMMENT on the progress of the procurement of the Young Persons' Substance Misuse Service and either **ENDORSE** or make a recommendation to the Cabinet Member for Strategic Commissioning and Public Health on the proposed decision to award to the successful bidder (from those listed in the exempt appendix to this report)

1. Introduction

1.1. The former Children's Social Care and Health Cabinet Committee previously endorsed plans to commission a new Young Persons' Substance Misuse Service across Kent through a competitive tender process.

1.2. This paper aims to provide an update on the progress of the procurement process and seeks the committee's endorsement of a proposed key decision to award the new contract.

2. Background

2.1. As part of its responsibilities for public health, KCC commissions a specialist Young Persons' Substance Misuse Service to reduce the harm caused by drugs and alcohol and to improve the health and wellbeing of children and young people in Kent. Commissioning these services is a condition of the Public Health grant.

2.2. The service was competitively tendered in 2012 and is currently delivered by the health and substance misuse charity, Addaction (previously known as KCA). In January 2017, the Children's Social Care and Health Cabinet Committee endorsed the proposed commissioning approach for the service which involved extending the existing contract until 31st December 2017 whilst a new the contract for a new service was competitively tendered.

3. Progress

3.1. KCC Strategic Procurement Team and Public Health undertook a 'virtual market engagement' event on 4th August 2017 to generate interest among potential service providers. This innovative approach to market engagement allowed commissioners to test out the commissioning intentions and the commercial model for the new contract. The full service specification was circulated before the event to allow prospective bidders to get a detailed understanding of the service requirements and prepare questions for the event.

3.2. Invitations to tender for the service were issued later in August via the Kent Business Portal. The exempt Appendix 2 to this report lists the bidders which have expressed an interest in bidding for the contract. The timetable below sets out the rest of the procurement process:

Procurement Timetable	
Providers send back responses	18th September 2017
Evaluation and moderation (including service user evaluation)	19th to 22nd September 2017
Pre-award meeting (TBC)	w/c 25th September 2017
Draft award report	w/e 29th September 2017
Cabinet Member Award Report sign-off	5th October 2017
Contract Award/preparation and standstill	5th – 15th October
Issue contracts	w/c 23rd October
Pre contract mobilisation	16th October – 31st December 2017
New service start date	1st January 2018

4. Financial Implications

4.1. The Young Persons' Substance Misuse Service is funded from the KCC Public Health grant with a contribution from the Kent Police and Crime Commissioner.

4.2. The maximum available budget is £4.1m over the initial five year term of the contract although the exact contract value will be determined through the competitive tendering process. The ongoing commissioning and contract management process will ensure that County Council maximises the return on this investment and realises the benefits of improved alignment with other services for children and young people.

4.3. The initial five year contract term will also enable the selected provider to implement efficiency plans and to expand the scope of the service to offer support for 18-24 year olds where necessary.

4.4. The overall contract price will be evaluated through the tender process and will take account of the value and quality of each proposal as well as the cost. This will enable the Council to secure best value through the commissioning process. As the contract value is expected to exceed £1m, the contract award will require a key decision by the Cabinet Member for Strategic Commissioning and Public Health.

5. Risks

5.1. The key risks for this new contract are that the allocated budget will not be sufficient to meet demand and that there is not sufficient provider capability to meet the changing needs of young people and families in Kent. These risks have been managed by carefully shaping and costing the specification for the updated service and feeding this in to the Public Health business planning and budgeting process.

5.2. The risk of lack of market interest or capability has been managed by engaging with and consulting potential service providers to stimulate the market and seek views on how the service should be specified and designed to reduce substance misuse and deliver better outcomes for young people in the most cost-effective way.

5.3. Bidders have been asked to submit detailed mobilisation plans as part of their tender. The risks associated with mobilising the new contract have been mitigated by building in a mobilisation period of just under three months.

6. Conclusion

6.1. KCC Procurement and the Public Health team have initiated the re-tendering of the Kent Young Persons' Substance Misuse Service following the Children's Social Care and Health Cabinet Committee's endorsement of the overall commissioning approach. The procurement process is now underway and is expected to conclude early in October. The new service is due to start on 1st January 2017, with an annual contract value of approximately £4.1m over 4 years (£820,000 p.a.).

6.2. The recommendation of the successful bidder will be presented to the Cabinet Member for Strategic Commissioning and Public Health and the contract award will require a key decision. A proposed Record of Decision has been included as Appendix 1 to this report.

7. Recommendations

Members of the Health Reform and Public Health Cabinet Committee are asked to: **COMMENT** on the progress of the procurement of the Young Persons' Substance Misuse Service and either **ENDORSE** or make a recommendation to the Cabinet Member for Strategic Commissioning and Public Health on the proposed decision to award to the successful bidder (from those listed in the exempt appendix to this report)

Background documents: none

Report Authors:

Mark Gilbert, Interim Head of Public Health Commissioning
03000 416668
Mark.Gilbert@kent.gov.uk

Relevant Director

Andrew Scott-Clark, Director of Public Health
03000 416659
Andrew.scott-clark@kent.gov.uk

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Peter Oakford, Cabinet Member for Strategic Commissioning and Public Health	16/00144

For publication

Key decision: YES

Young Persons' Substance Misuse Service – Contracts awards

Decision:

As Cabinet Member for Strategic Commissioning and Public Health, I propose to agree to award a contract to the successful bidder (from those listed in the exempt appendix to the accompanying report).

Reason(s) for decision:

The Children's Social Care and Health Cabinet Committee endorsed plans to commission a new Young Persons' Substance Misuse Service across Kent through a competitive tender process. This procurement process started in August 2017.

The total contract value is anticipated to be around £4.1m over the five year contract and is funded from the Public Health Grant and a contribution from the Police and Crime Commissioner.

The contract award will require a key decision by the Cabinet Member, with the new service due to start operating on 1st January 2018.

Cabinet Committee recommendations and other consultation:

The Children's Social Care and Health Cabinet Committee considered this matter at its meeting on 11th January 2017. Endorsement was given to extend the current contract until 31st December 2017 whilst a new service was competitively tendered.

Strategic Commissioning Board approved the commissioning and procurement approach on 21st July 2017 and an update on the procurement process will be provided to the Board on 5th October 2017.

The award of new contracts for the Young Persons' Substance Misuse Service will be discussed by the Health Reform and Public Health Cabinet Committee on 22nd September 2017 and the outcome of that discussion will be included in the paperwork the Cabinet Member will be asked to sign when taking the decision.

Any alternatives considered and rejected:

A competitive tendering exercise is underway.

Any interest declared when the decision was taken and any dispensation granted by the

Proper Officer:

....

signed date

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, Cabinet Member for Strategic Commissioning and Public Health Graham Gibbens, Cabinet Member for Adult Social Care Andrew Scott-Clark, Director of Public Health Anu Singh, Corporate Director of Adult Social Care and Health
To:	Health Reform and Public Health Cabinet Committee – 22 September 2017
Subject:	Time to Change: KCC Mental Health Pledge and World Mental Health Day – 10 October 17
Classification:	Unrestricted
Previous Pathway:	This is the first committee to consider this report
Future Pathway:	Adult Social Care Cabinet Committee
Electoral Division:	All

Summary: This report provides an update to the Health Reform and Public Health Cabinet Committee to highlight the Time to Change initiative and to publicise the work taking place for World Mental Health Day on 10 October 2017.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to COMMENT and ENDORSE the Action Plan for Time to Change and comment on how to strengthen the plan in subsequent years in commitment to the Time to Change campaign.

1. Introduction

1.1 This report provides an update to the Health Reform and Public Health Cabinet Committee on the Time to Change initiative and the work taking place for World Mental Health Day on 10 October 2017.

2. Time to Change

2.1 Time to change is a national mental health campaign (supported by the Department of Health and leading charities such as Rethink and Mind) and growing movement of people, changing how we all think and act about mental health. They want everyone with a mental health problem to be free of fear and to have equal opportunities in all areas of life. Since the launch in 2007, they have reached millions of people across England and begun to improve attitudes and behaviour towards those of us with mental health problems.

Mental illness affects one in four adults at some time in their lives yet there is still an enormous amount of stigma and discrimination in the UK relating to mental health and mental illness. Improving public attitudes and behaviour towards people with mental health problems is important to ensure that people are confident to seek help and that people with mental health problems are not discriminated against - both by health and social care services and by employers. The aims of the campaign are to:

- Reduce the amount of discrimination that people with mental health problems report in their personal relationships, their social lives and at work.
- Make sure even more people with mental health problems can take action to challenge stigma and discrimination in their communities, in workplaces, in schools and online.
- Create a sustainable campaign that will continue long into the future.

2.2 Since Time to Change began in 2007, around 4.1 million adults in England have improved attitudes towards mental health problems – an improvement of 9.6% between 2008 and 2016. This paper outlines Kent County Council's action plan (alongside local organisations) to honour the pledge made to Time to Change.

3. The Action Plan for 2017 World Mental Health Day 10th October

3.1 Led by Public Health and Social Care, the action plan aims to have a mental health champion in each KCC directorate. There are a number of actions from each directorate e.g. Release the Pressure, Live it Library, Six Ways to Wellbeing.

4. Recommendations

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to COMMENT and ENDORSE the Action Plan for Time to Change and comment on how to strengthen the plan in subsequent years in commitment to the Time to Change campaign.

5. Background Documents

A briefing on current programme of Public Mental Health for Kent County Council 2017.

6. Appendices

Time to change Organisational Pledge 2017.

7. Contact Details

Report Author:

- Jessica Mookherjee: Consultant in Public Health
- 03000 416493
- jessica.mookherjee@kent.gov.uk

Relevant Director:

- Andrew Scott-Clark: Director of Public Health
- 03000 416659
- Andrew.scott-clark@kent.gov.uk

Brief: Public Mental Health and Wellbeing in Kent County Council.

By: Jessica Mookherjee, Consultant in Public Health, Kent

Date: September 2017.

1. Introduction:

This briefing contains work currently ongoing via Kent Public Health to support and Facilitate good population wide mental health and well being. Kent's pioneering work has had national recognition both for it's suicide prevention strategy and it's programme for public health and has contributed to the development of the national mental health prevention concordat. This briefing outlines Kent's programme and outlines future areas for development in 2018/19. The work outlined is in this breif is primarily focused on adults and further briefs will be produced to outline the considerable prevention work taking place for adolcesents and children in Kent.

2. Update on Release the Pressure Suicide Awareness Campaign.

The 2015-2020 Suicide Prevention Strategy highlighted that middle-aged men, not known to secondary mental health services are a high risk group in Kent. To address this, KCC Public Health developed and launched the Release the Pressure social marketing campaign.

2.1 The campaign deliberately avoided using the words 'mental health' as most stressed men don't believe that what they are suffering is a mental illness. In addition, the campaign used the experiences of real men to make other men aware of a 24/7 charity helpline (already commissioned by KCC) and actually make a call.

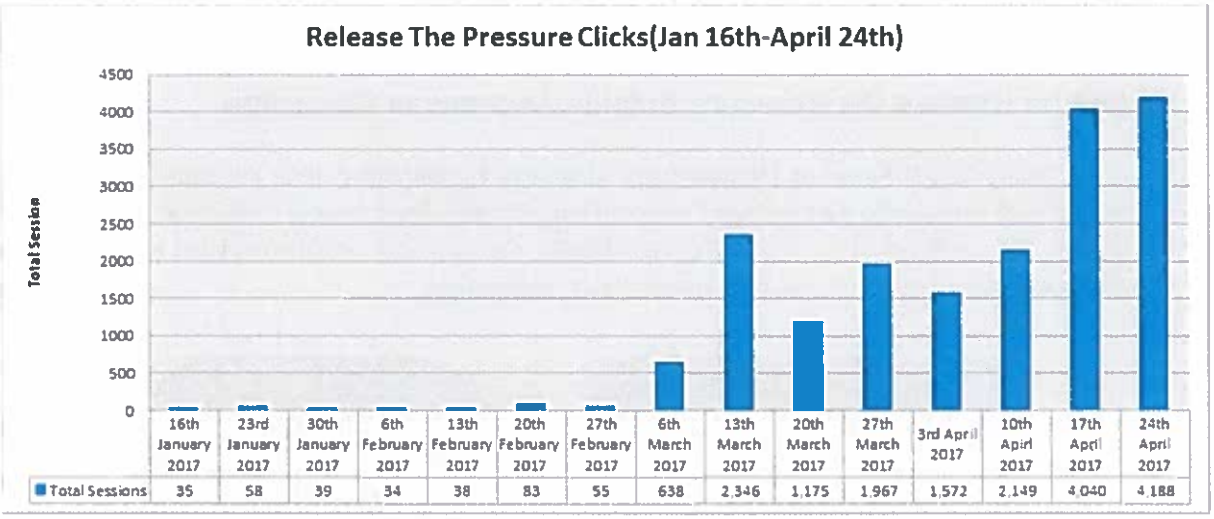
2.2 The impact has been strong, in the first seven months of the campaign:

- a total of 10,583 people called the helpline
- of which 3,385 were men
- the helpline received nearly 500 male callers a month which is a 56% increase on before the campaign launched (this is nearly 200 extra calls from men every month)
- total number of calls per month (including men and women) are up 30%.

2.3 Six month update since January 2017: Release the Pressure

In March 2017, Public Health launched Phase 2 of the Release the Pressure social marketing campaign with a mix of radio, online, outdoor and (new for 2017) digital TV adverts . It has already had a big impact on calls to the helpline (over 1,700 a month) and visits to the campaign website. The chart figure 3 shows that there were over 4,000 calls a week to the helpline.

Figure 1.



2.4 The impact 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

I'm so glad I called, I had no idea it would leave me feeling so positive just by talking to you

2.5 KCC Public Health has identified the following actions as priorities for 2017:

i. In-depth analysis of coroner verdicts
Public Health and the Kent Coroner Service have agreed to work together on a more in-depth analysis of coroner verdicts than not has previously been possible. The purpose will be to identify any common patterns or trends that are not possible to spot through analysis of top level statistics. This aspect of the strategy was tested in December 2016 when there was a suspected 'cluster' of suicides in Kent and the partnership was mobilised quickly and to good effect e.g intelligence was shared appropriately and judgement was used regarding mitigation, support and training provided to key stakeholders.

ii. Release the Pressure – phase two
Another wave of publicity has been launched, starting in spring 2017 to reinforce the awareness created by the 2016 social marketing campaign. Training monies have also been secured via Health Education England to support the campaign and to work closely with the Kent and Medway Partnership Trust (KMPT).

iii. Better support for bereaved families
This is currently a priority within Kent and Medway Suicide Prevention Strategy but it is an area that could be developed. Public Health will work with charities, CCGs and the Kent Coroner Service to strengthen the support available

3.0 Wider Public Mental Health Programme in KCC to support the Reduction in Suicides and Promote Good Mental Wellbeing

3.1 Kent Public Health:

- **High Quality Data and Needs Assessments** that serve the whole Kent health and social care system have been developed. These include recent needs assessments on children's mental health, perinatal mental health, personality disorder, eating disorders, self-harm and depression. All of these needs assessments have clear recommendations and data to assist local commissioners in service development and improvement.
- **Kent Data Integration and Linked Data**: This programme of work has been used to advance the provision of equitable bed use in Mental Health Acute Hospitals and in understanding and supporting the police and NHS in tackling those vulnerable people picked up on the police section 136 (Crisis Care Concordat).
- **Kent Wellbeing Index**: Kent public health have developed an innovative wellbeing index which can describe local strengths, assets and challenges for each ward in Kent and compare local wellbeing index with the Kent average. This assists in local community shaping and planning and can assist local partnership groups and voluntary sector groups.
- **Drugs and Alcohol Strategies and Commissioning**: Kent public health leads the commissioning of services for drugs and alcohol with a budget of approximately £13 million. Approximately 70 to 80% of sufferers of addictions to drugs and alcohol have co-current mental health and addiction problems. Ensuring that the services treat the most vulnerable and complex patients and link with NHS services is a vital aspect of

commissioning. At the same time taking a proactive and preventative approach in delivering messages, community action and campaigns is also embedded in the public health business plan.

- **Parity of Esteem**: People with mental health problems die – on average - 25 years earlier than those with good mental health. The deaths occur from COPD, cancer and other long-term physical health conditions. Therefore it is vital that all public health services are trained in delivering services to people with mental illness. The Kent public health "One You" service is equipped and targeted to deliver public health outcomes for people with mental health problems.
- **Headstart & Children's Emotional Wellbeing and Starting Well**: Kent public health budget directly supports provision of school nurses, health visitors, children's centres and the preventative programme Headstart.
- **Sexual Health**: There are many links between sex, relationships and good mental health. The public health budget supports 'Positive Relationships' – a service for young vulnerable women. The sexual health commissioners in public health are also ensuring high quality psychosexual counselling is available and supporting sexual assault and referral work commissioned by NHS England.
- **Domestic Violence:** The public health budget contributes to the provision of IDVA (Independent domestic violence advisors) and trained health visitors to provide support. The IDVA service is being redesigned to equip a variety of front line workers skills in tackling and signposting issues of domestic violence.
- **Health Inequalities**: The large gap in health and social outcomes between those who are wealthy and those who are the poorest in Kent is likely to lead to greater feelings of stress and shame in those who are struggling. Creating equity and equality and developing and empowering communities has a mitigating impact on consequences of poverty. The public health inequalities strategy contains practical steps for the most deprived communities in Kent. The principle of developing and empowering deprived communities and reducing the disparities in health outcomes as well as enhancing the local assets in communities where there are high levels of deprivation is called 'Social Capital'. The Health Inequalities Strategy points to improvements in local social capital may have good impact on local well being and increase social cohesion which can lead to increased social and emotional wellbeing.
- **Mental Wellbeing Promotion/ Kent Sheds**: This is a programme of empowerment and support that vulnerable men provide for each other. The Kent Men's Sheds are small scale community development projects running across the whole of Kent that provide safe spaces, opportunities for skills sharing, volunteering and returning to employment while providing mutual support and care. Kent has recently recieved a considerable research grant as contributor to a large scale International Men's Shed's programme which will start in 2018 and will enhance and strengthen the work for men's mental wellbeing in Kent.
- **Mental Wellbeing Promotion/ Mental Health Awareness Training**: Kent Public Health have received £150,000 from Health Education England to work alongside KMPT (mental health trust) to commission and provide mental health awareness/ suicide prevention training to key workforce groups in Kent.

- **Making Every Contact Count (MECC)**: The public health budget is enhanced via Health Education England to co-ordinate the key workforces across Kent to feel equipped to ask 'difficult' questions and provide basic health and support and signposting on a range of public health issues including issues about poor wellbeing.

3.2 Kent County Council – examples of delivery of Mental Wellbeing across KCC Directorates

- **Adult Social Care**: Works directly with domestic violence, LGBT mental health, offenders, learning disabilities and currently piloting social work in primary care.
- **Children/ Children in Care and leaving Care**: Links to Emotional Wellbeing Strategy for Kent.
- **Older People's Services**: tackling social isolation via commissioning of community and voluntary sector infrastructure, grants, dementia cafes, supported housing and workforce.
- **Adult Social Care and Public Health**: **Live Well Service**: Innovative commissioning alongside CCGs of community mental wellbeing wraparound services including Time to Change Campaign, employment, social prescribing, advice and signposting, befriending and community support via voluntary sector.
- **Growth, Environment and Transport**: Countryside Management Partnerships are part of the Live Well network with Porchlight and Shaw Trust, using parks and greenspaces to deliver mental health interventions.
- **Community Wardens** play an important role supporting vulnerable people and reducing social isolation.
- **The Heritage team** are working on strategies to use engagement with heritage projects to improve wellbeing of volunteers and participants.
- **Kent Libraries** have wellbeing hubs where wellbeing books are kept and people supported via 'Books on Prescription'.

3.3 The Strategic Transformation Plan (STP) for Mental Health in Kent.

Kent Public Health, alongside Kent Social Care, are actively involved in shaping the STP for Kent and Medway. This involves high quality data and modelling, taking a co-ordinated preventative approach that builds on Live Well Kent, working with other local care systems to integrate mental health and well being into the heart of local health care systems and integrating Drugs and Alcohol services into the core of mental health services. This work is ongoing and also involves building a ressilliant and sustainable workforce.

3.4 Within the PHE Guidance, there are three main areas of responsibility for local authorities:

i. <u>Building a partnership approach</u>
KCC Public Health facilitate and chair the Kent and Medway Suicide Prevention Steering Group with extensive membership from statutory agencies, public sector partners, voluntary sector groups, mental health charities, academics and individuals. The Steering Group meets quarterly.

ii. Making sense of national and local data
The Kent Public Health Observatory produces an annual audit of suicide statistics using data from the Primary Care Mortality Dataset. Local media monitoring is undertaken on an ongoing basis and all partners regularly share information between meetings if unusual suicide activity is identified.

iii. Developing a suicide prevention strategy and action plan
With strong input from the Steering Group, KCC Members and the public, Public Health published the 2015-2020 Kent and Medway Suicide Prevention Strategy and Action Plan in Sept 2015. The Action Plan is monitored and updated at every quarterly Steering Group meeting. In addition the action plan covers wider public mental health prevention including the Live Well service and initiatives such as Kent Sheds, Six Ways to Wellbeing and workplace wellbeing.

4.0 Recommendation

Corporate Management Team is asked to note the contents of the report and make comments and suggestions on the progress update.

5.0 Attached documents

Letter from the Secretary of State for Health Nov 2016

Sec of State Letter
Suicide Prevention Pl

6.0 Contact details

Report Author

- Jess Mookherjee, Public Health Consultant
  jessica.mookherjee@kent.gov.uk

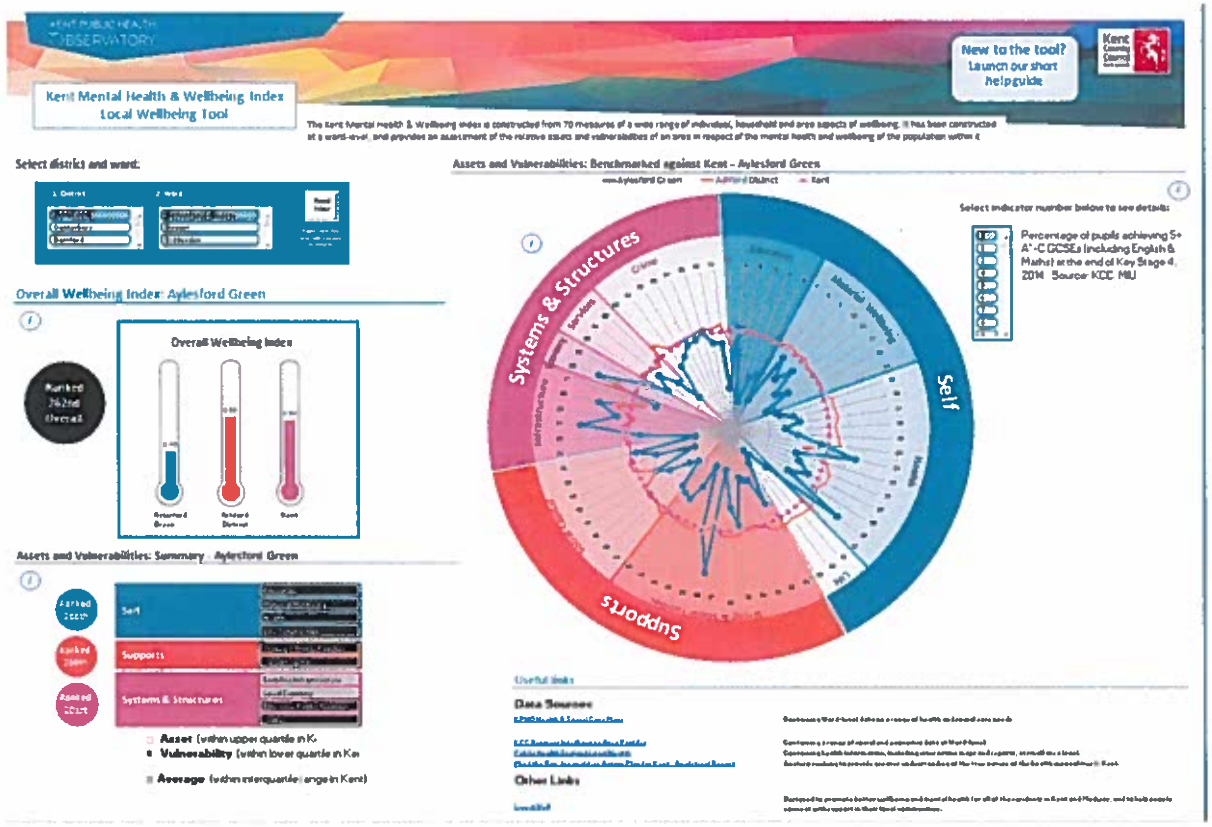
Relevant Director

- Andrew Scott-Clark, Director of Public Health
  Andrew.scott-clark@kent.gov.uk

Appendix 1

Mental Well Being Index Tool

http://www.kpho.org.uk/health-intelligence/disease-groups/mental-health/kent-mental-health-and-wellbeing-index



time to change
let's end mental health discrimination

The Time to Change Organisational Pledge . . . the next steps

About the Time to Change Pledge

To drive long term change, Time to Change are working with organisations to deliver campaign activity in our networks and communities. KCC Graham Gibbens signed the Time to Change pledge on the 10th October 2013 with Kent and Medway NHS and Social Care Partnership Trust. (KMPT). Both organisations need to participate in a major national movement for change. Pledging to support Time to Change is a display of our drive to be active in tackling mental health stigma and discrimination in our workplace. Importantly, it shows that this commitment has support from the top - helping to inspire the culture of our organisations.

Kent County Councils Pledge action plan

The Pledge is purely an aspiration. It is a statement of our intent to work towards improvement , what we are aiming to do to, to support these aspirations. The Pledge action plan will also help us to transform our aspirations into tangible activity, helping to make them a reality.

KCC is serious about being active in the campaign to ensure the Time to Change Organisational Pledge maintains its value.

Diane Marsh Member
Mental Health Champion
Tel 03000 411973
diane.marsh@kent.gov.uk

Pledge Action Plan 2017

Activity description	Internal lead (include contact details)	Timescale
Public Health Cabinet Committee to comment and consider the Action Plan Adult Social Care Cabinet Committee to comment and consider the Action Plan Identify Mental Health Champions in each Directorate, and KCC workplaces	Diane Marsh Diane.marsh@kent.gov.uk Jessica Mookherjee Jessica.Mookherjee@kent.gov.uk Sue Scamell Sue.scamell@kent.gov.uk Diane Marsh	22nd September 2017 29th September 2017 Ongoing

Live It Library - The **Live It Library** is an online resource of, and for, people who have experienced or are experiencing mental health issues so they can tell their stories. This can be the individual themselves, carers, friends and relatives and even mental health professionals. The aim of the library is to share stories, challenge stigma, promote understanding, to offer hope and to enable people to speak honestly about their experiences and their recovery stories. http: https://www.kmpt.nhs.uk/live-it-library/live-it-library.htm Run by a multi-agency group and carers	Pam.Wooding@kmpt.nhs.uk	¼ ly events to be held across Kent and Medway Positive employment stories to be used as part of the anti-stigma campaign.
Release the Pressure Campaign to run again during world MH week	Tim.woodhouse@kent.gov.uk	October 8th – 14th 2017
Live Well Kent – promoting the Six Ways To Wellbeing, linking in with internal health promotion to promote website and Ways to Wellbeing across organisations, Lead Porchlight and Shaw Trust (Strategic Partners) Delivery Partners to sign the Time to Change Pledge	ChrisCoffey@porchlight.org.uk Liz.Bailey@shaw-trust.org.uk	October 10th 2017
Social Media Event to celebrate World Mental Health Day 10th October 2017. Themes: 1 in 4 of us will have a MH issue Tackling stigma in the workplace In conjunction with KMPT, Porchlight, Shaw Trust, Health Watch, CCG's	Internal and External Communication Teams	September 2017- 10th October 2017

Outstanding CCG's to sign the Time to Change pledge, Personal stories to be shared from September, Short films, statements picture campaigns Districts and Boroughs to sign Time to Pledge at Sessions House on World Mental Health Day 2017 Stone Hall Event	Diane Marsh	October 10th 2017 September 2017- 10th October 2017

From:	Peter Oakford, Cabinet Member for Strategic Commissioning and Public Health Andrew Scott-Clark, Director of Public Health
To:	Health Reform and Public Health Cabinet Committee
Date:	22 September 2017
Subject:	Public Health Quality Annual Report 2016-2017
Classification	Unrestricted
Past Pathway/ Future Pathway	Annual item to committee
Electoral Division	All

Summary: This Public Health Quality Annual Report provides a review of the Quality activity and programmes between April 2016 and March 2017. It provides assurance that quality activity within all commissioned services meets national standards and demonstrates a model of continuous improvement. This is reflected in local policy and procedure and reflected in the Public Health governance framework, quality dashboard and indicators delivery and performance plans.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **COMMENT** on and **ENDORSE** the Public Health Quality Annual Report 2016-2017

1. Introduction

1.1 This Public Health Quality Annual Report 2016-2017 provides an overview of the Quality and Governance Strategy as well as the processes and controls that have been developed to deliver quality assurance for the providers of our commissioned services and the Public Health Directorate. Quality requires providers of health and social care services to deliver safe quality services and for all commissioners to drive improvement in quality and safety.

1.2 The Health and Social Care Act (2012) defines quality in terms of three elements:

Clinical effectiveness - care is delivered to the best evidence of what works. Most interventions, support services and treatments will be provided at the right time to those patients/clients who will benefit. Our providers will have service / care outcomes which achieve those described in the Public Health Outcomes Framework and NICE Clinical, Public Health and Quality Standards.

Safety - care is delivered so as to avoid all avoidable harm and risks to the individual. This means ensuring that the environment is clean and safe at all times and that harmful events never happen.

Patient experience - care is delivered to give as positive an experience as possible for the individual. Patients will experience compassionate and caring communication from those who work in partnership with patients, relatives and their carers to achieve the best possible health outcomes.

High quality services require all three dimensions to be present.

1.3 Clinical governance and quality requires organisations to develop a culture where staff are supported to work safely and can utilise the best available evidence to guide and reflect on practice. It is reliant on strong leadership, effective partnership, continuous learning, and innovation to deliver safe and effective care and ensures that the essential standards of quality and safety are maintained and there is a drive for continuous improvement in quality and outcomes.

2. Quality and Governance Strategy

2.1 All KCC Public Health provider contracts have quality and safeguarding clauses that they are required to comply with, these include policies, risk registers, complaints and governance processes.

2.2 KCC Public Health has quality and safeguarding indicators that include NICE quality guidance as part of the quality dashboard. All providers from July 2016 provided their evidence using a digital reporting system. All quality and safeguarding issues are assured through the Quality Committee.

2.3 The KCC Public Health provider assurance process is managed through the provider's quarterly indicator reports and performance and quality meetings.

3. Quality & Governance Accountability and Assurance

3.1 The overall responsibility for delivery of the Governance, clinical governance and Quality agenda rests with the Director of Public Health. This responsibility is delegated to the Deputy Director of Public Health who has responsibility for ensuring that governance and clinical governance is delivered throughout the Public Health programmes, remains a priority, and is an integral part of Public Health's policies, procedures and commissioning.

3.2 The Quality Committee is the main committee responsible for the accountability and assurance for quality and governance. It is the responsibility of the Head of Quality and Safeguarding to coordinate the work of the committee and the safeguarding advisory group which met quarterly in 2016-2017.

3.3 The Head of Quality and Safeguarding provided quarterly quality assurance reports to the Quality Committee throughout 2016-17.

3.4 All providers have systems and processes that ensure that they are able to meet the quality and governance requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Regulations 4 to 20A), which are reflected in the Public Health quality dashboard and quality Indicators underpinning quality and continuous improvement. It exists to safeguard high standards of service, and provide an environment in which excellence can flourish. The main components of governance are:

1. Risk Management and Safety
2. Effectiveness and Evidence based service
3. Client, Staff and carer experience and involvement
4. Audit and due diligence
5. Education Training and Continued Professional Development
6. Staffing and staff management
7. Serious incident management
8. Complaints and Compliments
9. Human Resources including DBS checks and staff welfare
10. Informatics and Information governance
11. Policies and Procedures
12. Equality and diversity
13. Inclusive culture

3.5 Providers have responsibility for effective governance, including assurance and auditing systems or processes. They must assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service.

3.6 The systems and processes must also assess, monitor and mitigate any risks relating to the health, safety and welfare of people using services and others. Providers must continually evaluate and seek to improve their governance and auditing practice.

3.7 Providers must securely maintain accurate, complete and detailed records in respect of each person using the service and records relating to the employment of staff and the overall management of the regulated activity.

3.8 As a part of their governance assurance, providers must seek and act on feedback from people using the service, those acting on their behalf, staff and other stakeholders, so that they can continually evaluate the service and drive improvement.

3.9 During 2016-17 all providers, and the Public Health department in general, have evidenced a person–centred, accountable, safe and high quality service in an open and questioning environment

4. Public Health Quality & Safeguarding 2016-17 successes

Quality

4.1 Generic Quality & Safeguarding assurance clauses have been agreed and included for all PH contracts and specifications.

4.2 All Quality and Safeguarding information and evidence including data is now accessible on the PH G drive and aligned to the performance data.

4.3 Quality and Governance Audits have been completed for the core group of providers who have experienced external budgetary and contractual changes in 2016/17 and have potentially been affected due to increased staff turnover at a time when services are embedding new structures and responsibilities. Action plans are in place and are being closely monitored to ensure quality and safety is maintained and any risks are mitigated appropriately.

4.4 Quality and Governance for newly commissioned contracts are being closely monitored during the transformation process.

4.5 Quality dashboard, digital indicators and quality reporting and evidence systems are embedded for Public Health and providers. The key success is that we do not have to ask providers repeatedly for the same evidence.

4.6 All Public Health directorate staff have completed bespoke quality and safeguarding mandatory training, and are complaint for 2016/17.

Safeguarding

4.7 Public Health Safeguarding Toxic Trio audit (the Toxic Trio refers to a combination of mental health problems, substance misuse and domestic violence) **–** Public Health providers completed a toxic trio audit during Quarter 3. All providers had policies and processes in place. Assurance with adherence to the details of the processes was not complaint in all providers. Audit plans with robust time frames are in place to address the issues through the performance meetings.

Inspections

4.8 **JTAI** – Joint Targeted Area Inspections - Children living with Domestic Abuse September 2016- April 2017 has now been completed without a Kent JTAI. KCC conducted its own audit programme to examine partnership working with a focus on Children Living with Domestic Abuse. All our providers have robust policies and procedures in place. Work is ongoing to ensure that there is adequate response for the children, victims and perpetrators.

JTAI – Between May and December 2017 there is a JTAI regarding Children Living with Neglect. The inspection will be evaluating the multi- agency response to all forms of child abuse, neglect and exploitation at the point of identification and the quality and impact of assessment, planning and decision-making in response to notifications and referrals.

Ofsted and the Care Quality Commission (CQC) SEND (Special Educational Needs and Disability) joint inspection of the local area of in implementing the special educational needs and disability reforms as set out in the Children and Families Act 2014. Public Health quality has lead on ensuring that all our relevant providers are prepared for the Inspection.

4.9 Public Health Safeguarding Group minutes are reported to the Quality Committee.

A key quality and governance change in quarter 4 is that the Kent Safeguarding Children's Board (KSCB) have an electronic (ECR) system for Serious Case Reviews which Public Health, as a commissioner, has access to and will hold strategic assurance that all PH providers report and action all lessons learnt. This is a key assurance improvement as Public Health now be involved in the process whereas previously we were excluded as commissioners.

All providers have a ratified children`s and adult safeguarding policy and an assurance framework.

5 Serious Incidents Learning Partnership (SILP)

5.1 The membership and remit of the Serious Incident Learning Partnership for drug deaths was refreshed, and new terms of reference developed, with a strong focus on sharing and embedding learning within organisations. The availability of a thematic report which now includes data from the police of deaths in Kent involving any substance, facilitates open and productive group discussions and two important changes which are;

- Knowledge on every substance misuse death in Kent which facilities the partnership learning and with reducing resources evidence for how the partners can make significant changes to make a difference from the learning.

- Evidence is emerging of how substance misuse is changing. There has been a decrease in young male heroin users but an increase in heroin users with long term medical conditions (LTCs)/ chronic illness. We are reviewing the types of LTCs involved from both local events and the national evidence base for possible correlations. For example, we know that many long-term substance misusers have respiratory diseases and we will look for assurance that primary and community NHS care support links are in place or improved.

Suicide - KCC Public Health lead and coordinated the Kent and Medway suicide prevention group for Kent which during 2016/17 have achieved

- All partners signing up to the dual diagnosis policy and processes.
- Partnership working to understand and put measures in place to raise awareness of suicide prevention
- Prevent the suicide clusters linked to railway lines and prison deaths.

6 Provider Summaries

6.1 Kent Community Health NHS Foundation Trust (KCHFT)

Public Health commission the following programmes from KCHFT:

6.1.1 HEALTH TRAINERS SERVICES

Introduction to the programme - The Health Trainer Programme is a national programme specifically designed to tackle health inequalities. It is a targeted service focusing on areas of deprivation. Health Trainers work with people at greater risk of poor health. They work with clients on a one to one basis to assess their health and lifestyle risks and facilitate behaviour change. Part of their role also includes signposting individuals to other services and activities that might be suitable to their needs.

Clinical effectiveness - The Health Trainer service over achieved on their targets in 2016-17 and the team has increased in size and continues to grow. There has been some good progress made within Job Centre Plus and Probation where the service is seeing a sizable number of clients. The service is experiencing an increase in the number of clients with mental health conditions, and as result is working more closely with Kent and Medway Partnership Trust (KMPT), Porchlight, Change Grow Live (GCL) and Turning Point. Number of clients seen from deprived areas was 61%. All Health Trainers have been trained and deliver Health Checks and have moved to an electronic record system.

Patient safety - There has been no reported complaints or incidents in the service from April 2016 to March 2017.
There has been a high staff turnover rate of 15.2 %. This is due to promotion within KCHFT and the internal KCHFT Health Improvement restructure of the service. There were 3.6 whole time equivalent (WTE) vacancies in month 12.

KCHFT Health Trainer staff have completed 98% mandatory training and 95% have completed their appraisals.

Patient experience - 99.3% of the patients who used the service said they would recommend the service to friends or family. 99.1% of the patients accessing the services were satisfied with the service. 100% of the patients surveyed in the Health Trainer service felt that they had been involved in decision making about their health, had been given the right information and had been listened to.

6.1.2 HEALTHY WEIGHT SERVICE

Introduction to the programme - KCHFT Health Weight Team is commissioned to deliver services in East Kent. The team deliver seven distinct schemes of work across all three tiers of the healthy weight pathway (Health Walks, Exercise Referral Scheme, Food Champions, Fresh Start, Specialist Weight Management Service, Change for Life and Ready Steady Go).

Clinical Effectiveness - KCHFT provides a number of programmes that support healthy weight. A specialist weight management service is provided in Swale for people who have severe and complex problems. KCC is currently reviewing the obesity pathway including tier 3 services and is in discussions

with Clinical Commissioning Groups (CCG's) around the future of these services to ensure there are sufficient services in place to meet local need.

A Community Weight Management Programme called Fresh Start is delivered by KCHFT health Trainers and is subcontracted by KCHFT to 34 pharmacies across Kent. 80% of people who engage in the programme complete it, which is in line with national guidance. The average weight loss is above 3% which is expected for an effective Tier 2 programme.

KCHFT also provide a Family Weight Management programme which is targeted at families where there is one or more child who is overweight or very overweight. These programmes are proving hard to recruit to. The families who do participate show good outcomes with regard to behaviour change. The Healthy Weight Team has provided training for all Kent school nurses on a nationally designed programme. The training aims at increasing the confidence of school nurses in raising the issue of weight and to be able to support families, schools and the wider community. KCHFT has also trained 36 Food Champions who are based in a number of settings, including Children's Centres.

Patient safety - There has been no reported complaints or serious incidents in the service during this period. The vacancy rate in the service is 14.8%. KCHFT is achieving more than the year to date target for mandatory training. 99.3% of the staff completed the mandatory training. The appraisal rate is 95.2%. 100% of the staff working in the healthy weight service completed children safeguarding training.

Patient experience - 98.1% of the patients who attended the service said they would recommend the service to friends or family. 96.2% of the patients accessing the services were satisfied with the service. 100% of the patients surveyed in the Healthy Weight service felt that they had been involved in decision making about their health, had been given the right information and had been listened to and talked about life.

6.1.3 STOP SMOKING SERVICE (SSS)

Introduction to the programme - The service is commissioned to provide a universal service to smokers who want to quit. The service has a particular focus towards reducing smoking prevalence in people with mental health problems, pregnant women and people from routine and manual class. The service is also commissioned to provide training, support, and resources for its own in house staff as well as for approximately 400 Advisors who are based within community settings. These vary from GPs, pharmacies, mental health workers, libraries, supermarkets, hospitals, Children Centres, prisons, and workplaces.

Clinical Effectiveness - 2016-2017 has seen a decline in the number of smokers accessing the smoking cessation services. This is a national trend and despite fewer people accessing the service, the success rate of those quitting was 54%.

The service is e-cigarette friendly. Skype and telephone support are now widely available.

Patient safety - There have been no reported complaint or serious incident in the service during this period. There has been a high staff turnover rate because of restructuring. The vacancy rate in the service is 14.7%. with a 3.5 WTE vacancies in the service. 99.5% of staff in the stop smoking service have completed their mandatory training and 96.6% of staff have completed the children safeguarding training. The appraisal rate is 100%.

Patient experience - 99.6% of the patients who attended the service would recommend the service to friends or family. 94.8% of the patients accessing the services were satisfied with the service. 94.7% of the patients surveyed in the Stop Smoking service felt that they had been involved in decision making about their health, 96.1% felt they had been given the right information and 94.7 % had been listened to and talked about life.

6.1.4 SEXUAL HEALTH SERVICES

Introduction to the programme - The sexual health service provides a range of services delivered through clinical and non-clinical settings across Kent. The services provided are contraception, genitourinary medicine (GUM), HIV treatment and support, psychosexual therapy service, pharmacy sexual health services and the National Chlamydia Screening Programme. In addition services are available on line such as chlamydia screening and HIV home sampling tests

Clinical Effectiveness - There have been major improvements in the delivery of sexual health services after the roll out of the integrated sexual health model. The establishment of a clinical service lead for psychosexual therapy has enabled the provider to make improvements in recording service outcomes and expanding the service across Kent.

The delivery of training to pharmacists to provide a sexual health service has recently been improved and the availability of Emergency Hormonal Contraception (EHC) via pharmacies has improved. There is coverage of this service across all districts, but there is a special focus on areas with the highest teenage pregnancies rates. Alcohol screening is undertaken with all clients.

Lower than target diagnosed Chlamydia positivity remains a challenge. The changes to the contract have impacted upon the volume of chlamydia screens undertaken amongst 15-24 year olds as the activity is more targeted and embedded into all components of sexual health services.

Patient safety - There has been no serious incidents, 1incidents and 0 near misses in the service. Following the tender of the sexual health service and subsequent restructuring process within KCHFT turnover rates have been higher than the Trust average. There are 9.9 WTE vacancies in the sexual health services. The vacancy rate in the service is 10.9%. The staff turnover rate is 16.0%. 96.6% of staff have completed their mandatory training against an agreed trajectory of 85% with 85.3% of the staff have completing the adult

safeguarding training and 95.9% of staff have completed the children safeguarding training. No frontline staff in sexual health services can practice without completion of mandated CSE training. 98.9% of staff working in the sexual health services have completed their CSE training, 1.1% shortfall accounts for vacancies and absent staff. The appraisal rate is 91.3%.

Patient experience - 98.3% of the patients who attended the service said they would recommend the service to friends or family. 98.3% of the patients accessing the services were satisfied with the service. 98.5% of the patients surveyed in the Sexual Health service felt that they had been involved in decision making about their health, 97.5% felt they had been given the right information and 98.6% had been listened to and talked about life.

6.1.5 SCHOOL NURSING SERVICE

Introduction to the programme - The 5-19 element of the Healthy Child Programme is led by the school nursing service. The universal reach of the Healthy Child Programme provides an invaluable opportunity from early in a child's life to identify families that are in need of additional support and children who are at risk of poor outcomes. School nurses have a crucial leadership, co-ordination and delivery role within the Healthy Child Programme. Following holistic assessment, interventions are planned in partnership with both the child/young person and other agencies, in order to achieve outcomes.

Clinical Effectiveness - Safeguarding assurance has been achieved following an internal review of its operational responses to safeguarding requests and some poor documentation. The outcomes for children and young people subject to safeguarding interventions are now robust.

Patient safety - There have been no serious incidents, or near misses but there was 1 incident in this time period which has been fully addressed.
The vacancy rate remains above the trust target and is reflected nationally due to shortage of qualified school nurses but is managed locally and the service remains safe.
Mandatory training at 96.8% as a whole with 96.1% have completed the children safeguarding training is excellent.
85.1% of the school nurses have completed the adult safeguarding training which is within trajectory.

Patient experience - 97.3 % of the (patients) children and their parents /guardians who used the service said they would recommend the service to friends or family. 88.8% of the patients accessing the services were satisfied with the service. 100% of the patients surveyed in the School Nursing service felt that they had been involved in decision making about their health, 96.3% felt they had been given the right information and 100% had been listened to and talked about life.

6.1.6 HEALTH VISITING SERVICE

Introduction to the programme - The 0-5 element of the Healthy Child Programme is led by Health Visiting services. The Health Visiting service is a

workforce of specialist community public health nurses who provide expert advice, support, and interventions to families with children in the first years of life, and help empower parents to make decisions that affect their family's future health and wellbeing. The service is central to delivering public health outcomes for children. There are five mandated checks carried out by the Health Visiting service in the programme.

Clinical effectiveness - The Health Visiting service during 2016/17 developed a more systematic approach to partnership working with Children's Centres, 100% of Children Centres have partnership agreements in place now.

Patient safety - In this time period there have been two serious incidents, 29 incidents, and three near misses in the service. Eight complaints were received about the service.

Staff turnover rate is improving. Health visiting resources will be allocated based on need and will be reviewed regularly to ensure equity of provision based on changing demographics and deprivation weightings. Workforce strategy development work is ongoing which will be completed and embedded in quarter 2 of 2017/18. Benson Wintere workforce modelling is being used to inform future provision.

91.7% of staff completed their mandatory training. 98.4% completed children`s safeguarding training with an end of year adult safeguarding training of 80%.

Patient experience - 98.2 % of the patients who used the service and responded to questionnaires said they would recommend the service to friends or family**.** 99% of the patients accessing the services and that responded to questionnaires were satisfied with the service and 100% felt they had been given the right information from the service.

6.1.7 NHS HEALTH CHECKS

Introduction to the programme - This programme is for adults aged 40-74 without a pre-existing condition; it checks the circulatory and vascular health and assesses the risk of getting a disabling vascular disease.

Clinical effectiveness - Health Checks service met its invitation target however the service had some early uptake challenges in 2016/17 with some of its GP providers.

Patient safety - No serious incidents or incidents have been reported in the service. 98.9% of the staff have completed their mandatory training and 100% have completed their appraisals.

Patient experience - 97.9 % of the patients who used the service said they would recommend the service to friends or family. 98.0% of the patients accessing the services were satisfied with the service. 100% of the patients surveyed in the NHS Health Check service felt that they had been involved in

decision making about their health, 100% felt they had been given the right information and 100% had been listened to and talked about life.

6.1.8 METRO C-Card Scheme

Introduction to the programme - Metro delivers the C card condom and sexual health awareness programmes across Kent. This is a free condom programme for under 19's.

Clinical effectiveness - During 16/17 the provider has evaluated the C Card programme. Through this the provider has been able to identify improvements to support the delivery, promotion and monitoring of this programme. The work done by the provider has led to an increase in usage of the C card programme amongst 17-19 year old. This was achieved through targeted and focused activity in specific geographical populations such as Swale and with other population groups.

Patient safety - No serious incidents or incidents or complaints were reported. There have been no reported shortages in staffing levels in the service. All practitioners have completed their mandatory training including safeguarding and are assessed as being competent to deliver the service. Metro has a CSE champion and have completed the KSCB CSE tool kit.

Patient experience - 98% of the patients who used the service said they would recommend the service to friends or family. 98.0% of the patients accessing the services were satisfied with the service. 100% of the patients surveyed felt that they had been involved in decision making about their health, 100% felt they had been given the right information and 100% had been listened to and talked about life.

6.1.9 MAIDSTONE AND TUNBRIDGE WELLS HOSPITAL NHS TRUST

Introduction to the programme - MTW provides sexual health services in West and North Kent. The services provided by the trust include specialist HIV care and treatment, integrated sexual health service and sexual health outreach service.

Clinical effectiveness - Assurance was achieved in 16/17 despite the provider having to successfully manage a premise issue which was mitigated by being flexible in its approach to the delivery of maintaining safe services.

Patient safety - All staff have completed their safeguarding and mandatory training. 98.6% of staff working in the sexual health services have completed their children`s and CSE training, 1.4% shortfall accounts for vacancies and absent staff March 2016. No serious incidents, incidents, or near misses were reported by the service.

Patient experience - 98.1 % of the patients who used the service said they would recommend the service to friends or family. 98.0% of the patients accessing the services were satisfied with the service. 96.7% of the patients surveyed felt that they had been involved in decision making about their

health, 100% felt they had been given the right information and 100% had been listened to and talked about life.

7. TURNING POINT & CHANGE, GROW, LIVE (FORMERLY KNOWN AS CRI)

Introduction to the programme - CRI now known as CGL (Change Grow and Live) deliver substance misuse treatment services in West Kent (covering districts of Maidstone, Tonbridge and Malling, Tunbridge Wells, Sevenoaks, Dartford and Gravesham). Turning Point delivers substance misuse treatment services in East Kent (covering districts of Swale, Ashford, Canterbury, Thanet, Shepway and Dover).

Clinical effectiveness - CGL had an internal reorganisation which provided them with challenges in ensuring strategic management although patient and staff safety and a competent service was maintained by the end of 2016/17 significant improvement had been achieved and going forward into 17/18 full quality assurance will be achieved.

The East Kent contract which Turning point provided at the start of 2016/17 was retendered during 2016/17 and RAPt were awarded the contract due to commenced in May 2017. Turning Point maintained professionalism throughout the transformation. All the clients received a very safe competent service and the majority of staff tuped over to RAPt.

Patient safety - The providers have a very robust and active safety process within the organisation. All the staff are fully involved in the governance process and lessons learnt are actively embedded into the service improvement. CGL & Turning Point are involved in Operation Willow, have a CSE champion and have completed their Kent Safeguarding Children's Board (KSCB) CSE toolkit.

Turning Point have reported no serious incidents, incidents in the time period. The learning from root cause analysis is shared with wider partners to ensure there is a continuous programme of service improvement. Turning Point has robust safeguarding and safety policies which they audit and review regularly.

Patient satisfaction - CRI and Turning Point have a very active service user involvement programme.

CRI - 98.1% of the patients who used the service said they would recommend the service to friends or family. 98.0% of the patients accessing the services were satisfied with the service. 96.7% of the patients surveyed felt that they had been involved in decision making about their health, 100% felt they had been given the right information and 100% had been listened to and talked about life.
Turning Point - 96.1 % of the patients who used the service said they would recommend the service to friends or family. 95.0% of the patients accessing the services were satisfied with the service. 98.7% of the patients surveyed felt that they had been involved in decision making about their health, 92% felt they had been given the right information and 100% had been listened to and talked about life.

8. ADDACTION

Introduction to the programme - Addaction provide advice on drugs and alcohol for young people aged 10 to 17. Addaction, support young people to understand the effects of their substance misuse and the harm it can cause to them and the people around them. As well as one-to-one work, Addaction also offer a range of early intervention programmes in schools, youth clubs and other settings, helping young people reach their full potential.

Clinical effectiveness - Service continues to deliver early intervention services across Kent and continues to target vulnerable young people and those at risk. Performance data shows the provider is achieving effective results in engaging young people who are at risk of reoffending, at risk of exclusion and are children of substance misusing parents. The service is less effective in engaging young asylum seekers or refugees and looked after children. Work is continuing to ensure needs are being met for other vulnerable groups particularly Children in Care**.** The provider delivers more structured treatment for those young people who have very complex needs around their substance misuse. Compared to national figures Addaction is engaged with more complex client groups, especially those with two or more vulnerabilities and those with early onset.

Addaction is achieving a high proportion of planned exits from structured treatment, overall achieving over 90%. Work is going on with the provider to ensure that information about other Public Health services and GP registration is provided to clients before they exit the service.

Patient safety - Addaction has not reported any serious incidents or complaints in the service in this time period.

Patient satisfaction - Addaction conducts a young people's survey each quarter. A questionnaire is given to all young people engaged in the treatment service and feedback from the survey is used to inform development and reflect on the current offer. In the previous survey 94% of young people stated they would recommend the service to their friends and would be happy using the service in the future.

9. Discussion & Risk

There has been a high level of engagement with the process from all providers. The majority of providers have been able to provide high level of quality assurance of their services.

The quality indicators have identified areas of good performance and those that need improvement. A core group of providers (who have experienced external budgetary and contractual changes which has led them to reorganise and restructure their services) have action plans in place to ensure that their essential standards of quality, safety and governance are maintained and there is a drive for continuous improvement in quality and outcomes.

10. Conclusions

This report provides assurance that the quality of Public Health and commissioned services meet national standards and demonstrates that a model of continuous improvement has been achieved.

11. Recommendations

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **COMMENT** on and **ENDORSE** the Public Health Quality Annual Report 2016-2017

12. Background Documents

None

13. Appendices

None

14. Contact details

Report Author
- Penny Spence, Public Health Head of Quality & Safeguarding
- 03000 419555
- Penny.spence@kent.gov.uk

Relevant Director
- Andrew Scott-Clark, Director of Public Health
- 03000 416659
- Andrew.scott-clark@kent.gov.uk

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

Andrew Scott-Clark, Director of Public Health

To: Health Reform and Public Health Cabinet Committee

22 September 2017

Subject: Performance of Public Health commissioned services

Classification: Unrestricted

Past/Future Pathway: Regular item to committee

Electoral Division: All

Summary: This report provides an overview of key performance indicators (KPIs) for Public Health commissioned services. Most KPIs were rated as green against the annual targets and there were improvements in performance from the previous quarter for most services.

Public Health are working on a number of service improvements which aim to sustain improvements in performance whilst responding to ongoing budget challenges.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the Quarter 1 performance of Public Health commissioned services.

1. Introduction

1.1. This report provides an overview of the performance of the 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).

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 in Kent. The Red, Amber, Green (RAG) status reflects performance against the targets in the Public Health business plan.

Table 1: Commissioned services quarterly or annual performance

Indicator Description	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Target 17/18	Q1 17/18
No. of mandated universal checks delivered by the health visiting service (12 month rolling)	-	63,016	65,088	64,633	65,000	**66,902 (g)**
% of mothers receiving an antenatal visit/contact with the health visiting service	32%	34%	37%	36%	30%	**44% (g)**
% of new birth visits delivered by the health visitor service within 30 days of birth	92%	99%	95%	97%	95%	**97% (g)**
% of infants due a 6-8 week who received one by the health visiting service	79%	84%	88%	88%	80%	**89% (g)**
% Total or partial breastfeeding status at 6-8 weeks (health visiting service)	47%*	45%*	48%*	49%*	95% coverage	**51%***
Percentage of infants receiving their 1 year review at 15 months by the health visiting service	78%	81%	81%	83%	80%	**86% (g)**
% of children who received a 2-2½ year review with the health visiting service	76%	78%	74%	81%	80%	**82% (g)**
% of young people exiting specialist substance misuse services with a planned exit	89% (a)	94% (g)	89% (g)	93% (g)	85%	**97% (g)**
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)	42,071 (g)	41,600	**42,568 (g)**
% of people quitting at 4 weeks, having set a quit date with smoking cessation services	55% (g)	53% (g)	55% (g)	53% (g)	52%	**nca**
% of clients accessing GUM services offered an appointment to be seen within 48 hours	100% (g)	100% (g)	100% (g)	100% (g)	90%	**100% (g)**
No. of new clients accessing the health trainer service being from the 2 most deprived quintiles & NFA	64% (g)	59% (a)	61% (a)	59% (a)	62%	**65% (g)**
% Successful completion of drug and/or alcohol treatment of all those in treatment	31% (g)	29% (a)	28% (a)	27% (a)	28%	**27% (a)**
% of sign-ups to the Live Well Kent service from the most deprived quintiles	69% (g)	69% (g)	70% (g)	71% (g)	50%	**62% (g)**

	13/14	14/15	15/16	16/17
Participation rate of Year R (4-5 year old) pupils in the National Child Measurement Programme	96% (g)	96% (g)	**97% (g)**	nca
Participation rate of Year 6 (10-11 year old) pupils in the National Child Measurement Programme	94% (a)	95% (g)	**96% (g)**	nca
No. receiving an NHS Health Check over the 5 year programme (cumulative from 2013/14)	32,924	78,547	115,232	**157,303**
No. of adults accessing structured treatment substance misuse services	4,652	5,324	5,462	**4,616**
No. of people accessing KCC commissioned sexual health services	-	-	77,158	**77,791**

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

Health Visiting

2.2. The Health Visiting Service achieved all of the expected targets in Q1 with the greatest improvement in delivery against the antenatal visit. Nearly 2,000 visits were delivered in Q1 compared to fewer than 900 in the first quarter following transfer to KCC. KCC is working with the Health Visiting service provider, Kent

Community Health NHS Foundation Trust (KCHFT) to continue to improve uptake of the antenatal check, working closely with maternity services across the county.

2.3. Performance on delivery of the 6-8 week assessment also continues to improve, along with the collection of breastfeeding data.

Adult Health Improvement

2.4. The NHS Health Check Programme met its Q1 target and delivered more than 9,500 checks in Q1. The improvements over the past year have successfully expanded coverage of the health checks programme so that Kent had a better uptake of checks in 2016/17 than the overall national average. Most NHS health checks are delivered in GP practices or pharmacies although some are delivered by a 'Health MOT roadshow' which targets the areas of greatest deprivation, who also have the greatest risk of cardiovascular disease.

2.5. Stop Smoking Services and KCC have been working to improve and streamline access to a broader range of licensed medication for people aiming to give up smoking. This will enable people to gain access to Varenicline (stop smoking medication, NICE recommended) from a specialist stop smoking advisor without having to visit the GP. This will result in quicker and easier access to the medication and should reduce the need and burden of unnecessary GP appointments. The Patient Group Direction (PGD) will begin to be rolled out in October 2017 and will operate across the county from January 2018; a PGD is for healthcare professionals to supply specified medicines to a pre-defined group of patients without the need of a prescription.

Sexual Health

2.6. KCC-commissioned sexual health services provide clinic-based sessions and outreach services across the county as well as access to some home testing kits for STIs. Services have maintained rapid access for cases requiring an urgent genito-urinary medicine (GUM) appointment.

2.7. Attendances at sexual health clinics have remained relatively stable over the past 2 years. Rates of new infections show there is a continuing need for STI testing as part of sexual health services.

2.8. Public Health are in the process of expanding the range of home testing kits that can be ordered online in order to improve access, support to those at greatest risk and reduce unnecessary demand on clinic sessions. The online chlamydia testing service issued more than 1,000 home testing kits in Q1 and had a return rate of over 70%. On average 10% of tests returned resulted in a positive diagnosis which is a better than average uptake.

Drug and Alcohol Services

2.9. The numbers of adults accessing structured treatment for substance misuse has been steadily decreasing over the past 2 years; this can be attributed to the

decreasing number of alcohol-only clients. The number of opiate clients has remained relatively stable and this remains the largest population accessing structured treatment, with over 2,000 people receiving treatment. This pattern is reflected in the reduced number of successful treatment completions.

2.10. Recovery from substance misuse, particularly of opiates such as heroin is known to be a long-term process and for many people it may take many attempts lasting more than a year. Kent's treatment population has been changing with increases in the proportion of new clients from the older age groups, from 2009/10 to 2015/16. This group are often in ill health and are less likely to have the sorts of personal and social resources that we know can aid recovery, such as employment (26% of alcohol clients and 30% of drug clients in 2015/16 were long-term sick or disabled) and stable housing. Alcohol clients in particular are also not getting into structured treatment early enough and have other related problems such as smoking/mental health problems and poor nutrition and immune systems.

2.11. In East Kent, the Forward Trust (previously known as RAPt) are now four months into the contract and are in the process of co-designing and implementing a new service model in collaboration with service users and other key stakeholders. In West Kent, the Drug and Alcohol Service (delivered by CGL) have expanded service capacity by appointing new 'Recovery Co-ordinators'. These roles will support frontline staff and help enable service users to achieve successful and lasting recovery. Both providers in Kent are developing a range of solutions to aid recovery and are linking up with community assets and improving pathways with other health services.

Mental Wellbeing Service

2.12. As requested at the June meeting of the Committee, this report now includes a performance indicator for the community mental wellbeing service, Live Well Kent that is jointly commissioned by Public Health, Adult Social Care and CCGs. Live Well Kent is an integrated service that helps Kent residents to improve their mental and physical health and wellbeing by giving them the support, information and skills they need to build a healthy, independent life. This includes; help to find employment, maintain tenancies or find suitable housing, support on debt issues or support to find local activities that help keep them healthy and well.

2.13. The service is free for anyone living in Kent who is aged over 17. The new service replaced a number of historically funded services and funding has been redistributed to ensure greater equity across Kent.

2.14. One important objective for the service is to ensure new clients are coming from the more deprived areas of the county, as mental health need is correlated to deprivation. In Q1, 62% of clients accessing the service lived in the two most deprived quintiles (two fifths) of the county. This exceeded the target of 50%.

3. Conclusions

3.1. Performance of commissioned services against the Key Performance Indicators met or exceeded targets, with improvements across the majority of the indicators.

3.2. Public Health is working with service providers to ensure further and continuous improvement in performance and service delivery.

4. Recommendations

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the Quarter 1 performance of Public Health commissioned services.

5. Background Documents

None

6. Appendices

Appendix 1 – Key to KPI rating used

7. Contact Details

Report Author
- Mark Gilbert: Interim Head of Public Health Commissioning
- 03000 416148
- Mark.gilbert@kent.gov.uk

Relevant Director:
- Andrew Scott-Clark: Director of Public Health
- 03000 416659
- Andrew.scott-clark@kent.gov.uk

Appendix 1

Key to KPI Ratings used:

(g) GREEN	Target has been achieved or exceeded; or is better than national
(a) AMBER	Performance at acceptable level, below Target but above Floor; or similar to national
(r) RED	Performance is below a pre-defined floor standard; or lower than national
nca	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: Paul Carter, Leader and Cabinet Member for Traded Services and Health Reform

David Whittle, Director of Strategy, Policy, Relationships and Corporate Assurance

To: Health Reform and Public Health Cabinet Committee, 22 September 2017

Subject: STP update and national policy developments

Classification: Unrestricted

Summary: The report provides the Committee with background on the requirement for Sustainability and Transformation Plans (STPs), the level of engagement from across KCC with the Kent and Medway STP and reports the baseline assessment of the Kent and Medway STP as published by NHS England in late July. An oral update on latest STP developments will also be provided to the Committee.

Recommendation:

The Committee is asked to:

a) Note and comment on the report;
b) Identify STP work streams about which this Committee would like further information.

1. Introduction

1.1 NHS England published the Five Year Forward View in October 2014. The Five Year Forward View welcomed the fact that more people were living longer but recognised that the current type and pattern of care offered by the NHS and social care is no longer able to meet the needs of many older people suffering from long-term conditions, for which there is no cure but which can be supported within the community. It also sets out how the NHS and social care need to change in order to meet these challenges and improve the health of the population and the care they receive whilst resolving the financial pressures the current system places on NHS and local authority budgets.

1.2 In December 2015, the NHS planning guidance set out how every health and care system in England was to produce a multi-year Sustainability and Transformation Plan (STP) to show how local services will evolve and become financially and clinically sustainable, ultimately delivering the Five Year Forward View vision of better health, better care and improved NHS efficiency. Critically this requires a radical movement away from treatment being concentrated in large acute hospitals to be replaced by 'New Models of Care' that greatly extend the capacity to treat people in the community through Primary Care. Hospitals will then be able to concentrate on the smaller number of patients that have very complex conditions and/or require more intensive treatments whilst providing the quality of patient experience and outcomes that people need.

1.3 The first stage of the STP was for areas to come together in planning 'footprints'. Across England, there are 44 such footprints. These vary in size and operate in different contexts. Kent and Medway comprise one footprint, one of the largest in the country. The

STP involves all NHS and upper tier local authority organisations and was produced under the leadership of Glenn Douglas, CEO of Maidstone and Tunbridge Wells NHS Trust, who was nominated by NHS England as the Senior Responsible Officer (SRO) for the Kent and Medway STP.

1.4 STPs have been through an iterative development process with various stages of formal submission to NHS England and NHS Improvement. 15 April and 30 June 2016 were the main 'checkpoints' prior to final STP submissions on 21 October. At each stage NHS England scrutinised the plans in detail, evaluated their quality and made recommendations for improvement.

1.5 The STP is the framework through which areas are eligible for funding through the Sustainability and Transformation Fund (STF). This originally had two elements with the bulk of the money initially earmarked to promote financial sustainability (in other words supporting major providers that incurred budget deficits) with the intention that as financial stability was achieved more money would be available to invest in the transformation of services over time.

1.6 STPs contain reference to System Control Totals. Up until now each individual organisation within the local NHS system has been responsible for its own budgetary controls. System Control Totals allow for the commissioner and provider budgets to be discussed in the aggregate with the intention that these develop into mechanisms to flex how resources are spent across the health economy whilst ensuring the system as a whole remains in balance.

1.7 To try and inject more predictability into financial planning, starting with 2017/18, the NHS planning cycle has moved to covering two-years (from the previous one year). The NHS operational plans for each organisation for 2017/19 have to align with the local STP.

2. STP Governance

2.1 STPs have since become Sustainability and Transformation Partnerships as activity has shifted from producing the plan to implementation. This has been accompanied with developing governance arrangements.

2.2 Appendix 1 shows the governance structure as it was originally set out in the Sustainability and Transformation Plan submitted in October 2016. This contains a reference to the subsequent decision to replace the Management Group with the leadership team, which is currently being developed. The Programme Board remains the body that brings the relevant and accountable executives together for STP decision making.

2.3 Recent activity has focused on the consolidation of STP structures:

- Appointment of Glenn Douglas as STP Chief Executive;
- Recruitment of Director of System Transformation continues;
- Recruitment of a substantive Programme Management Office continues, with the aim of most roles being filed by September. Six roles in the core PMO and three in the finance PMO;
- Interim office space has been made available at Magnitude House, New Hythe Lane, Aylesford.

2.4 As can be seen from Appendix 1, the scope of the STP is both broad across a wide range of health and social care services and systems. Whilst some workstreams are more developed than others, the time and effort required to engage on each work stream for KCC is significant. However, there is senior level KCC engagement across many of the key work streams as set out in the table 1 below:

Table 1: KCC engagement across STP

Board / Workstream	KCC Engagement
Programme Board	- Paul Carter, Leader of the Council - Peter Oakford, Deputy Leader and Cabinet Member for Strategic Commissioning & Public Health - Andrew Ireland, Corporate Director, Adult Social Care and Health - Andrew Scott-Clark, Director of Public Health
Clinical Board	- Andrew Ireland, Corporate Director of Adult Social Care & Health - Anne Tidmarsh, Director of Older People & Physical Disability - Andrew Scott-Clark, Director of Public Health
Finance Group	- Jane Blenkinsop, Project Manager - Rebecca Spore, Director of Finance
Prevention	- Andrew Scott-Clark, Director of Public Health - Faiza Khan, Public Health Consultant - Abraham George, Public Health Consultant
Local Care	- Michael Thomas-Sam, Head of Strategy and Business Support
Mental Health	- Penny Southern, Director Leaning Disability & Mental Health
Workforce	- Anne Tidmarsh, Director of Older People & Physical Disability - Jess Mookherjee, Public Health Consultant - Karen Ray, EODD Business Partner, Adult Social Care & Health
Digital	- Alan Day, Technology and Strategy Commissioning - Linda Harris, Infrastructure Business Partner
Estates	- Rebecca Spore, Director of Infrastructure - Victoria Seal, Head of Property Strategy & Commissioning
System Transformation (previously titled Commissioning)	- Vincent Godfrey, Strategic Commissioner

3. STP Progress Dashboard and National Policy Developments

3.1 In *Next Steps on the Five Year Forward View* NHS England undertook to publish an assessment of the performance of Sustainability and Transformation Partnerships. On 21 July 2017, the baseline assessment was published. Performance has been captured across nine domains under three broad headings. These then resulted in one of the following overall ratings:

- Outstanding. (5/44 STPs were rated as Outstanding)
- Advanced. (20/44)
- Making Progress. (14/44)
- Needs Most Improvement. (5/44)

3.2 Kent and Medway was rated Category 3, Making Progress. The table in Appendix 2 sets out the detailed assessment for the Kent and Medway STP, along with selected neighbouring/South-East STPs for comparison.

3.3 There are several reasons why these performance measures warrant attention. Many of them relate directly to standards of patient care so are good indicators as to the quality and levels of access to local services, aggregated up to the STP level.

3.4 A £1.8 billion Sustainability and Transformation Fund has been made available to Trusts for both 2017/18 and 2018/19. While indicative allocations have been made, final allocation is based on four principles:

- to primarily support provision of emergency services, and address the financial and operational challenges of trusts in connection with providing those services;
- to support the objectives set out in the planning guidance, including the requirement that in both 2017/18 and 2018/19 the trust sector, in aggregate, must at least break even;
- to support the overall sustainability of the trust sector by incentivising greater efficiency savings in future without rewarding past poor- or underperformance; and
- to be explained to stakeholders as clearly and transparently as practicable.[1]

3.5 A minimum of 70% of the allocation is tied to achievement of the financial control totals. Up to 30% depend on maintaining delivery of core access standards (referral to treatment incomplete pathways and A&E four-hour waits accounting for 12.5% each, and 62-day cancer waits 5% of the total)[2].

3.6 In addition, *Next Steps on the Five Year Forward View* set out that additional support would be available for areas meeting the criteria to become Accountable Care Systems (ACS). One of the requirements is to:

- "Agree an accountable performance contract with NHS England and NHS Improvement that can credibly commit to make faster improvements in the key deliverables set out in this Plan for 2017/18 and 2018/19."[3] Production of the baseline allows improvements to be measured.

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[1] P.6, https://improvement.nhs.uk/uploads/documents/STF_and_Financial_CT_1718_1819_Guidance_Indicative.pdf

[2] P.12-13, Ibid.

[3] P.36, https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf

3.7 The first eight areas which have been designated as ACSs were announced on 15 June 2017[4]. The footprints are based on all or part of an existing STP footprint. They are:

- Frimley Health including Slough, Surrey Heath and Aldershot
- South Yorkshire & Bassetlaw, covering Barnsley, Bassetlew, Doncaster, Rotherham, and Sheffield
- Nottinghamshire, with an early focus on Greater Nottingham and Rushcliffe
- Blackpool & Fylde Coast with the potential to spread to other parts of the Lancashire and South Cumbria at a later stage
- Dorset
- Luton, with Milton Keynes and Bedfordshire
- Berkshire West, covering Reading, Newbury and Wokingham
- Buckinghamshire

3.8 While not formally designated an ACS, the announcement that the Surrey Heartlands STP area was working on a devolution deal was made at the same time.

3.9 Referring again to the STP performance dashboard in Appendix 2, the reasons for the performance of Kent and Medway STP area against any given metric is complex. Nor is the connection between a single measure and the overall rating simple or direct – the Kent and Medway STP area has a better performance on the 4-hour A&E target than the South East London STP area, but a lower overall STP progress rating; the opposite is the case when compared to Sussex and East Surrey STP. The full methodology is available online[5].

3.10 On the same day as the STP performance dashboard, NHS England published the results of its annual assessment of CCGs (for 2016/17). This is carried out under the CCG Improvement and Assessment Framework that was published in March 2016.The Framework is built around 60 indicators which are tracked across 29 policy areas. CCGs are given an Ofsted-style rating:

- Outstanding. (21/209 CCG were rated as Outstanding)
- Good. (99/209).
- Requires Improvement. (66/209).
- Inadequate. (23/209)

3.11 The results for the CCGs in the Kent and Medway STP are as follows:

CCG	**Rating**
Ashford	Requires Improvement
Canterbury and Coastal	Good
Dartford, Gravesham and Swanley	Inadequate
Medway	Good
South Kent Coast	Good
Swale	Requires Improvement
Thanet	Good
West Kent	Good

3.12 All CCGs assessed as inadequate at the year-end have been placed in NHS England's special measures regime. This allows the closer involvement of NHS England's regional team to support CCGs and encompasses the application of national NHS England support programmes.

[4] https://www.england.nhs.uk/2017/06/nhs-moves-to-end-fractured-care-system/
[5] https://www.england.nhs.uk/wp-content/uploads/2017/07/stp-progress-dashboard-methods-2017.pdf

3.13 At the same time as these assessments on STPs and CCGs were published, NHS England produced its annual report and account. The Secretary of State for Health's annual assessment of NHS England was likewise published. The Government sets out an annual mandate to NHS England and this assessment looks at progress against key deliverables under 7 objectives. The assessment found that the majority had been met. However:

- "Continued growth in demand has put pressure on patient access and the NHS is not meeting core standards set out in the NHS Constitution. This remains a key priority for the Government, which is why it is essential that the actions set out in the mandate for 2017-18 on referral to treatment and A&E waiting times are implemented in full, as well as achieving the 62-day cancer waiting times standard. Safety, access, and quality of care must be at the heart of all that the NHS does and I expect this to be addressed in the year ahead, including further action to moderate demand growth."[6]

3.14 Specifically on urgent and emergency care, "Trusts and CCGs will be required to meet the Government's 2017/18 mandate to the NHS that: 1) in or before September 2017 over 90% of emergency patients are treated, admitted or transferred within 4 hours – up from 85% currently; 2) the majority of trusts meet the 95% standard in March 2018; and 3) the NHS overall returns to the 95% standard within the course of 2018."[7]

3.15 In line with current Better Care Fund guidance, another key focus for NHS England, as set out by the Department of health, is "to ensure patients are transferred to more appropriate care when they are fit to leave hospital."[8] Delayed transfer of care is one of the indicators on the STP progress dashboard.

3.16 The STP is an NHS policy, with the extent of local authority involvement being dependent on the local context. For this reason, the majority of performance standards are related to NHS activity. Because of KCC's involvement in the governance of the STP, it is useful to have the full indicator description for the system-wide leadership rating. Kent and Medway was rated as 'Established.'

- "System leadership assessments indicate the extent to which areas are working effectively to deliver system-level integration. They provide a holistic view of STP leadership performance and capacity, system-level planning, and engagement with communities, service users and staff.
    - **Advanced** systems have the strongest system leadership, with organisations working well together at the system level and aligned behind a clear vision and plan.
    - **Established** systems are working together at the system level, with organisations aware of the importance of effective system level working and taking action to drive integration.
    - **Developing** systems still work largely at the organisational level, but co-operate to achieve shared system level goals.

[6] P.6, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/629881/Annual_Assessment_of_NHS_England_2016-17.pdf

[7] https://www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/urgent-and-emergency-care/

[8] P.6, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/629881/Annual_Assessment_of_NHS_England_2016-17.pdf

- **Early** systems may have a history of challenged relationships between organisations, and it may be too early to determine the impact of recent leadership changes.[9]

4. Recommendation

4.1 The Committee is asked to:

a) Note and comment on the report;
b) Identify STP work streams about which this Committee would like further information.

Background Papers

None

Report Authors

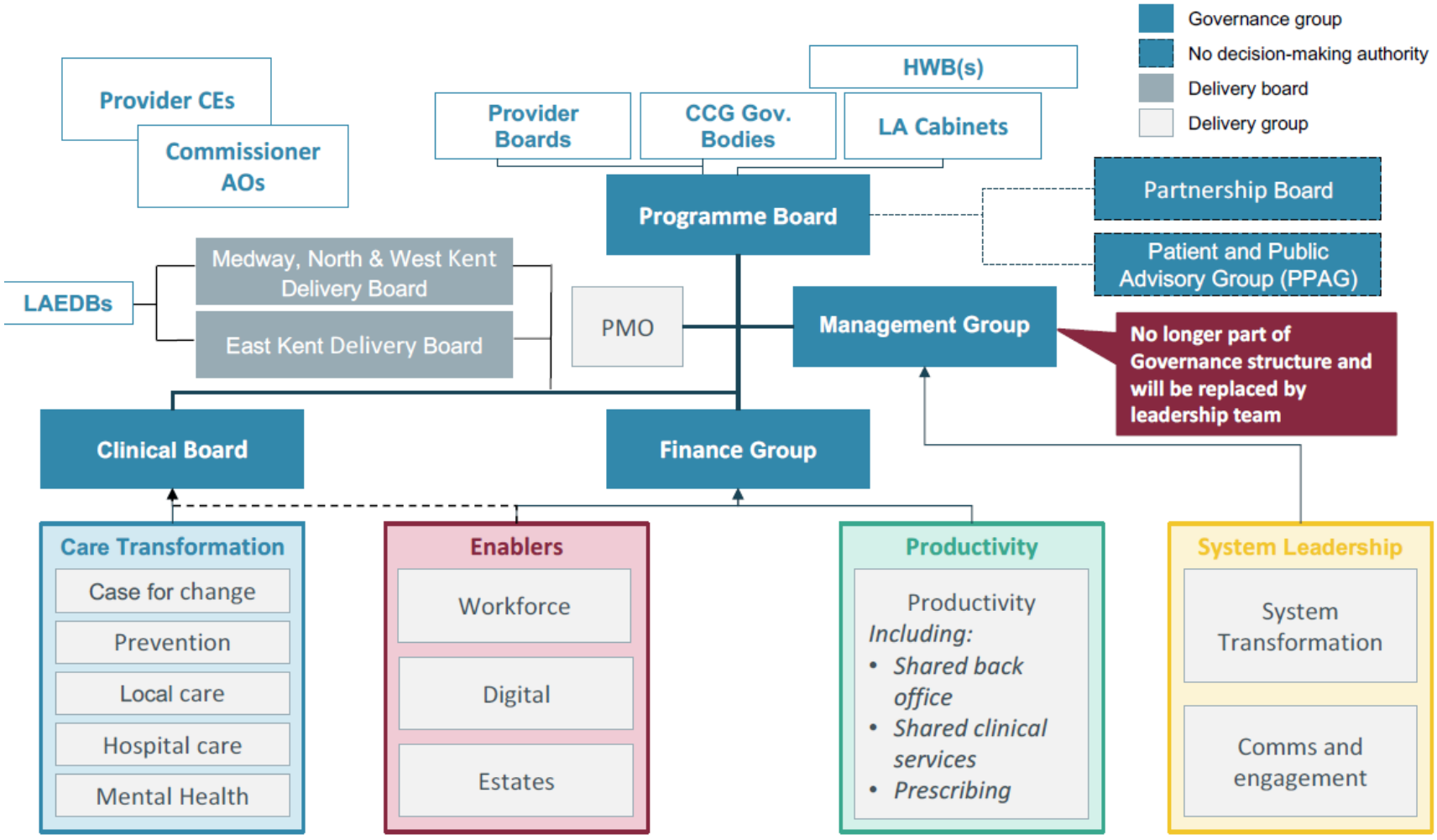
Karen Cook
Policy and Relationships Adviser (Health)
03000 415281
Karen.cook@kent.gov.uk

Tristan Godfrey
Policy and Relationships Adviser (Health)
03000 416157
tristan.godfrey@kent.gov.uk

[9] P.42, Ibid.

Appendix 1 – STP Governance Structure

The STP established a governance structure in October 2016 (1/2)



SOURCE: Kent & Medway STP PMO

				Kent & Medway	Sussex and East Surrey	Surrey Heartlands	South East London
		STP Area					
		Overall Progress		Category 3 - making progress	Category 4 - needs most improvement	Category 2 - advanced	Category 2 - advanced
Hospital Performance	Emergency	A&E waiting time performance[1]	Mar-17	86.7%	90.0%	91.6%	86.1%
	Elective	Referral to Treatment waiting time performance[2]	Mar-17	85.2%	89.6%	92.3%	83.7%
	Safety	Providers in special measures[3]	May-17	No	Yes	No	No
		Healthcare associated infections - MRSA[4]	2016/17	1.7	0.9	0.9	1.1
		Healthcare associated infections - c. difficile[5]	2016/17	12.8	15.4	11.8	11.6
Patient Focused Change	General practice	Extended access[6]	Mar-17	5.0%	13.0%	14.7%	46.0%
		Patient satisfaction with opening times[7]	Jul-17	73.4%	76.4%	72.2%	74.9%
	Mental health	Improving Access to Psychological Therapies recovery rate[8]	Q4 2016/17	51.2%	50.7%	51.2%	50.8%
		Early Intervention in Psychosis 2-week waits[9]	2016/17	75.6%	80.3%	76.3%	63.9%
	Cancer	% of cancers diagnosed at stage 1 or 2[10]	2015	52.5%	50.6%	48.5%	51.0%
		62-day waits[11]	Q4 2016/17	72.3%	79.6%	85.9%	78.2%
		Cancer patient experience score[12]	2015	8.6	8.7	8.7	8.6
Transformation	Prevention	Emergency admissions rate[13]	2016/17	95	87	83	91
		Emergency bed days rate[14]	2016/17	449	461	412	577
		Delayed Transfers of Care rate[15]	2016/17	5,038	6,431	3,451	2,565
	Leadership	System-wide leadership[16]	Jun-17	2 - Established	4 - Early	2 - Established	1 - Advanced
	Finance	CCG/Trust performance vs. financial control total[17]	2016/17	-1.5%	-4.5%	0.8%	0.3%

Notes

1. Percentage of patients admitted, transferred or discharged from A&E within 4 hours
2. Patients waiting 18 weeks or less from referral to hospital treatment
3. NHS providers in special measures within the STP boundaries
4. Cases of MRSA per 100,000 acute trust bed days
5. Cases of c-difficile per 100,000 acute trust bed days
6. Percentage of general practices meeting minimum access requirements
7. Number of respondents satisfied with their GP practice opening times
8. Percentage of IAPT patients recovering following at least two treatment contacts
9. People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral
10. Percentage of cancers diagnosed at early stage
11. People with urgent GP referral having first definitive treatment for cancer within 62 days of referral
12. Average cancer patient experience, case-mix adjusted
13. Total emergency spells per 1,000 population, age-sex standardised
14. Emergency bed days per 1,000 population, age-sex standardised
15. Delayed transfers of care (delayed days) for all reasons per 100,000 population
16. System leadership status
17. CCG/Trust combined surplus or deficit vs. total resource available (control total)

From: John Lynch, Head of Democratic Services

To: Health Reform and Public Health Cabinet Committee – 22 September 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 An agenda setting meeting was held on 25 July 2017, at which items for this meeting were agreed and future agenda items planned. 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

Report Author:
Theresa Grayell
Democratic Services Officer
03000 416172
theresa.grayell@kent.gov.uk

Lead Officer:
John Lynch
Head of Democratic Services
03000 410466
john.lynch@kent.gov.uk

Last updated on: 12 September 2017

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

Items to every meeting are in italics. Annual items are listed at the end.

1 DECEMBER 2017

- **New School Public Health Services update**
- **Presentation on Kent Integrated Dataset (KID)**
- **Adolescent Health**
- **17/00000 - Consultation on Community Infant Feeding Service**
- **Value of PHSE lessons in tackling health and lifestyle issues** *(minute 12, 30 June mtg)*
- ***Verbal Updates – could include STP update***
- ***Contract Monitoring*** *– regular item*
- ***Budget Monitoring report*** *(request from Leader's Group 12 6 17 that all Cabinet Cttees have regular item)*
- ***Public Health Performance Dashboard – incl impact of STP***
- ***Work Programme 2017/18***

24 JANUARY 2018

- **2018/19 Budget and Medium Term Financial Plan**
- ***Verbal Updates – could include STP update***
- ***Contract Monitoring*** *– regular item*
- ***Budget Monitoring report*** *(request from Leader's Group 12 6 17 that all Cabinet Cttees have regular item)*
- ***Public Health Performance Dashboard – incl impact of STP***
- ***Work Programme 2017/18***

13 MARCH 2018

- **Draft Directorate Business Plan**
- **Risk Management report** (with RAG ratings)
- ***Verbal Updates – could include STP update***
- ***Contract Monitoring*** *– regular item*
- ***Budget Monitoring report*** *(request from Leader's Group 12 6 17 that all Cabinet Cttees have regular item)*
- ***Public Health Performance Dashboard – incl impact of STP***
- ***Work Programme 2017/18***

Pattern of items appearing annually

Meeting	Item
January	Budget and Medium Term Financial Plan
March	Draft Directorate Business Plan Risk Management report (with RAG ratings)
June / July	
September	Annual Report on Quality in Public Health, incl Annual Complaints Report Annual Equality and Diversity Report
November / December	

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