

**HEALTH REFORM AND PUBLIC HEALTH
CABINET COMMITTEE**

Tuesday, 24 September, 2019

10.00 am

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



AGENDA

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Tuesday, 24 September 2019 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), Ms D Marsh (Vice-Chairman), Mr D Butler, Mr A Cook, Miss E Dawson, Mrs L Game, Ms S Hamilton, Mr K Pugh, Mr I Thomas and Vacancy
- Liberal Democrat (2): Mr D S Daley and Mr S J G Koowaree
- Labour (1) Mr B H Lewis
- Independent (1) Mr P Messenger

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 the meeting 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 Membership - to note that Mr P Messenger has joined the Committee as an Independent Member
- 3 Apologies and Substitutes
To receive apologies for absence and notification of any substitutes present
- 4 Declarations of Interest by Members in items on the agenda
To receive any declarations of interest made by Members in relation to any matter on the agenda. Members are reminded to specify the agenda item number to which their interest refers and the nature of the interest being

declared

- 5 Minutes of the meeting held on 20 June 2019 (Pages 7 - 12)
To consider and approve the minutes as a correct record.
- 6 Verbal updates by Cabinet Members and Director (Pages 13 - 14)
- 7 Establishment of a single Clinical Commissioning Group for Kent and Medway - oral item
- 8 19/00064 - Delivery and Transformation of Public Health Services (Pages 15 - 28)
- 9 Update on Kent County Council Approach to Gambling Addiction: Follow up from November 2018 paper on Gambling Addiction and Public Mental Health (Pages 29 - 34)
- 10 Performance of Public Health Commissioned Services (Pages 35 - 40)
- 11 Work Programme 2019/20 (Pages 41 - 44)

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 paragraphs 3 and 5 of Part 1 of Schedule 12A of the Act.

Paragraph 3 – Information relating to the financial or business affairs of any particular person (including the authority holding that information)

Paragraph 5 – Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings

- 12 19/00064 - Delivery and Transformation of Public Health Services (Pages 45 - 50)

EXEMPT ITEMS

(At the time of preparing the agenda, the only exempt item was item 12. During this and any such items which may arise the meeting is likely NOT to be open to the public)

Benjamin Watts
General Counsel
03000 416814

Monday, 16 September 2019

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.

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 Sessions House on Thursday, 20th June, 2019.

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

OTHER MEMBERS: Paul Carter, CBE and Clair Bell

OFFICERS: Andrew Scott-Clark (Director of Public Health), Penny Southern (Corporate Director, Adult Social Care and Health), Karen Cook (Commissioning Manager, SCHW) and Theresa Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

51. Membership.

(Item. 2)

The committee noted that it had a vacancy in its membership, following Mrs C Bell becoming Cabinet Member for Adult Social Care and Public Health.

52. Apologies and Substitutes.

(Item. 3)

Apologies for absence had been received from Miss E Dawson and Mrs L Game.

Mr D L Brazier was present as a substitute for Miss Dawson and Mrs P A V Stockell as a substitute for Mrs Game.

53. Declarations of Interest by Members in items on the agenda.

(Item. 4)

Mr B H Lewis declared that his wife was employed by the County Council as a care worker.

Mr I Thomas declared that, in relation to any mention of plans for a new hospital site at Canterbury, he was a Member of Canterbury City Council's Planning Committee.

54. Minutes of the meeting held on 10 May 2019.

(Item. 5)

It was RESOLVED that the minutes of the meeting held on 10 May 2019 are correctly recorded and they be signed by the Chairman. There were no matters arising.

55. Kent and Medway Integrated Care System.

(Item. 6)

Michael Ridgwell (Deputy Chief Executive of the Kent and Medway Sustainability and Transformation Partnership), Dr Fiona Armstrong (Chairman of the Primary Care Board, STP), Dr Gaurav Gupta (Chairman of the Kent Local Medical Committee), Dr Bob Bowes (Chairman of the System Commissioner Steering Group, STP) and Cathy Bellman (Local Care Lead, STP) were present for this item at the request of the committee, with Ms P Southern, Corporate Director, Adult Social Care and Health.

1. The Leader, Mr P B Carter, introduced and thanked the guest speakers for attending. He explained that he had asked for this special meeting to give the committee time to listen to the invited speakers and explore where the significant structure change to the health economy was leading to within Kent and Medway, with a hope and aspiration that it would lead to better health care in Kent communities and better health outcomes for the Kent population.

2. His hope was that Kent and Medway was introducing the changes set out in the NHS forward view, recently published, at a faster rate than in other areas, bearing in mind that Kent had one of the most complex health geographies in the UK, with multiple clinical commissioning groups (CCGs), multiple hospital trusts, etc, and this brought an enormous challenge. He hoped that, with the changes being made around empowered GP practices, the investment in multi-disciplinary teams (MDTs) to support primary care networks (PCNs), and an ability to solve challenging workforce issues alongside technology and funding, Kent could deliver the aspirations in the forward view. If Kent invested in local care and got it right, many hospital admissions, particularly of the elderly and frail, could be saved, with good health care being delivered in the community.

3. He thanked Karen Cook for writing the paper at short notice and setting out as clearly and simply as possible some very complex changes in the way in which health services would be reconfigured in Kent and Medway. He hoped that the committee would be able to have a high-level discussion focussed on outcomes.

4. The Director of Public Health, Mr A Scott-Clark, gave a brief introduction and summarised the aim of current work to integrate all aspects of the health economy, public health and social care to make one joined-up system with a shared vision and outcomes.

5. Each of the guest speakers presented a series of slides about the subjects listed below:

Mr Ridgwell - Strategic and Policy Overview

Dr Gupta and Dr Armstrong - Primary Care and Primary Care Networks

Dr Bowes - System Commissioning

Ms Bellman – Local Care

Ms Southern – Social Care

and responded to a range of comments and questions, including the following:-

- a) asked about the aim to attract additional funding, Mr Ridgwell replied that, although additional funding would always be welcomed, it was important to be realistic and make the best use of the funding currently available. Integration would reduce duplication, but it was important to distinguish between integration and merger;
- b) Mr Ridgwell explained that the MDT model brought together the health service and other partners to tackle the wider needs of the population, including their health needs, and to direct those needing treatment to other than hospital services, wherever possible. Investment in MDTs would include social prescribers and increased mental health service provision;
- c) the importance was emphasised of maintaining good communication and engagement with the public. Dr Bowes explained that the journey towards the current arrangements had started some 2 ½ – 3 years ago with the case for change being made. Public engagement had started by emphasising the need to integrate primary and social care and mental and physical health services, and public understanding of these aims had been good;
- d) Kent and Medway was the largest health administrative area in the UK not to be served by a medical school. Mr Ridgwell explained that the school would enrol its first students in 2020, and supporting revenue from the Department of Health and Social Care would accompany each student enrolled; there would be no pump-priming of funding;
- e) Dr Gupta explained that the accountable clinical directors of the primary care networks were required to be clinicians, including possibly pharmacists, but did not necessarily need to be GPs;
- f) Dr Gupta explained that the integration of services would not necessarily lead to a reduction in the cost of care; integration may highlight hitherto-unmet needs, and meeting those needs could attract increased costs;
- g) the concept of placing GPs within hospital premises was frustrated by boundaries, but Dr Gupta advised that urgent treatment centres would be led by GPs;
- h) asked about the effect of the cap on bursaries on the number of nurses entering training, Mr Ridgwell undertook to look into the number of training places taken up and supply this information outside the meeting. He advised, however, that there were insufficient nurses being trained to produce the nursing workforce required. Mr Carter cited the Kent Community Health Foundation Trust (KCHFT) workplace nursing apprenticeships as a good model which could be duplicated elsewhere;
- i) Dr Gupta clarified that primary care networks in Kent were expected to be in place by 30 June 2019. Dr Armstrong added that MDTs across the county would align to the PCNs;

- j) Dr Gupta explained that social prescribing would form part of the primary care system and would be placed in GPs' surgeries as a regular offer, perhaps weekly. Social prescribing in Kent was being provided by Red Zebra;
- k) new investment in primary care and the development of PCNs was heartily welcomed. Mr Carter agreed that new investment in primary care was needed urgently as the primary share of the NHS budget had been reduced in the past. He emphasised the importance of the third sector in providing vital services such as social prescribing. Dr Gupta added that Mr Carter had long been a very strong advocate for increased support for primary care. Mr Ridgwell advised that the Sustainability Transformation Plan (STP) would set out the identified demand for, and increased investment in, local care, and that the County Council's Health Overview and Scrutiny Committee would monitor the additional investment in this and in primary care. Mr Carter added that the Local Care Implementation Board, which he chaired, would be watching keenly to see where additional funding was spent, to boost MDTs and the third sector;
- l) one speaker expressed the hope that he might be able to see some of the planned changes come to fruition within his lifetime, being currently 87!;
- m) the need to increase the NHS workforce was already established as a major issue, with the related challenges of attracting medical staff to Kent to study and work and ensuring that Kent could compete with other areas to attract NHS staff;
- n) asked what CCGs could do to guard against additional funding destined for primary care being diverted to the acute sector, Dr Bowes advised that, whereas this might have happened in the past, he was optimistic that this was less likely to happen now. Acute trusts relied on there being a strong primary care network, as the two were jointly accountable for improving the health of the population of Kent;
- o) asked about the costs of the digitally-enabled care system, and the timespan for its introduction, Mr Ridgwell advised that there was more than one possible model for this and, as the system was currently subject to the procurement process, it was not yet possible to determine the costs of it;
- p) asked how professionals' varying opinions on a patient's needs and treatment would be managed, Dr Bowes advised that this would depend partly on the level of experience of the doctors and clinicians concerned. Care planning and assessment would need to be more focussed and make better use of information sharing and advocacy;
- q) asked if the system could become over-reliant on the third sector, Dr Bowes expressed the opinion that the third sector was under-used and could be used more; he did not foresee a time when this sector would no longer be available as a partner. Mr Ridgwell added that the County Council and the NHS had a joint duty to support the third sector and allow

it to play the fullest role possible. They had not focussed sufficiently on it in the past and needed now to raise its profile;

- r) it was possible to integrate both hospice care and care in the community into the NHS and Mr Ridgwell confirmed that this was a supported aim. Ms Bellman explained that references to supporting the patient 'in a community setting' meant the patient's own home, a residential care home or a community hospital. Mr Carter added that the County Council's new Accommodation Strategy would be published soon and would set out all options, including extra care sheltered housing, nursing care, etc. In this way, the Council sought to future-proof its accommodation options;
- s) asked if patients might one day be able to consult their GP via Skype, Dr Armstrong advised that the digital strategy would vary across the county, but in some places it could be possible to use email or skype to consult a GP. Dr Bowes added that about one-third of consultations were achieved by telephone, with the remaining needing to be face-to-face, due to the nature of the symptoms being discussed; some issues simply could not be tackled effectively using technology. The digital strategy piloted in Manchester had saved an estimated 2,000 GP appointments a year, which was an exciting prospect;
- t) Mr Ridgwell advised that take-up rates for the 5-yearly NHS Health Check, offered to everyone over the aged of 50, were not always good; and
- u) Ms Cook advised that social prescribing would be funded directly from the Government, and it was important to make the best use of the available funding.

6. It was RESOLVED that:-

- a) the information set out in the presentations and given in response to comments and questions be noted, with thanks;
- b) Members' comments on this and the progress being made in Health and Social Care integration across the county, in line with the long-term plan, be noted; and
- c) further updates on the development of the integrated care system be made to future meetings of the committee, with the panel of speakers being invited to attend again.

7. The Chairman thanked sincerely Mr Ridgwell, Dr Gupta, Dr Armstrong, Dr Bowes and Ms Bellman for giving their time to prepare presentations and attend the meeting and help the committee to understand the integrated care system, and they confirmed that they would be willing to attend again. He advised that a copy of the slides used in the presentations would be sent to the committee.

8. The Chairman also thanked Penny Southern for attending to set out the Social Care element of the system and Karen Cook for producing, at short notice, the excellent covering report.

56. Work Programme 2019/20.
(Item. 7)

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

By: Mr P B Carter, CBE, Leader and Cabinet Member for Health Reform
Mrs C Bell, Cabinet Member for Adult Social Care and Public Health
Mr A Scott-Clark, Director of Public Health

To: Health Reform and Public Health Cabinet Committee –
24 September 2019

Subject: **Verbal updates by the Cabinet Members and Director**

Classification: Unrestricted

The committee is invited to note verbal updates on the following issues:-

HEALTH REFORM

Leader and Cabinet Member for Health Reform – Mr P B Carter, CBE:

1. Sustainability Transformation Programme

PUBLIC HEALTH

Cabinet Member for Adult Social Care and Public Health – Mrs C Bell:

1. 20 August - Visited Kent Community Health Foundation Trust Services
2. 17 September - Kent and Medway Joint Health and Wellbeing Board Workshop
3. World Mental Health Day on 10 October

Director of Public Health – Mr A Scott-Clark:

1. Suicide Rates recently published
2. Spending Review Settlement for Local Authority Public Health

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From: Clair Bell, Cabinet Member for Adult Social Care and Public Health

Andrew Scott-Clark, Director of Public Health

To: Health Reform and Public Health Cabinet Committee

24 September 2019

Subject: **Delivery and Transformation of Public Health Services**

Classification: Unrestricted

Future Pathway: Cabinet Member decision – 19/00064

Electoral Division: All

Summary:

In September 2017, Kent County Council (KCC) took the decision to create an innovative partnership with Kent Community Health NHS Foundation Trust (KCHFT) to maximise the opportunity to improve the health of Kent residents, deliver common objectives and accelerate delivery of the Sustainability and Transformation Plan (STP), which is now known as the Sustainability and Transformation Partnership.

A comprehensive review has been undertaken which has provided substantial evidence that the partnership approach has enabled rapid service transformation, delivery of agreed projects and supported the prevention strand of the STP. Services delivered by the Trust have demonstrated measurable improvements in health, delivered statutory requirements, provided and maintained excellent user satisfaction and given value for money.

The KCC Internal Audit's review of this partnership has given a rating of 'Substantial' and the Care Quality Commission (CQC) have reported significant strength in the organisational delivery, resulting in the Trust being awarded a rating of "Outstanding".

The health governance system continues to evolve in line with NHS Long Term Plan and transformation is needed at pace to deliver required changes. In line with this, it is recommended that the partnership arrangement with KCHFT is extended for at least five years (until March 2025) and improvements are both sustained and built upon. Officers would continue to closely monitor performance finances and quality of services thus continuing to hold KCHFT to account for delivery.

A detailed options appraisal has been developed to inform the proposal shared with the committee today for discussion and endorsement. The arrangement is aligned to the vision set out in the Kent County Council paper (Kent and Medway Integrated Care System update, May 2019) and provides the ability to function as an integrated public health system which supports local care. Health Partners have both been supportive of this approach.

The Public Contract Regulations enable this type of co-operation between contracting authorities such as KCC and KCHFT.

Recommendations:

The Health Reform and Public Health Cabinet Committee is asked to **COMMENT** and **ENDORSE** or make a recommendation to the Cabinet Member on the proposed decision to authorise the County Council to extend the collaborative arrangement with Kent Community Health NHS Foundation Trust, for the services listed in this paper until March 2025

1. Introduction

- 1.1 Kent County Council (KCC) has a legal duty to improve and protect the health of people in Kent. They receive a ring-fenced grant which is to be used to commission a range of Public Health services delivered in line with NHS principles.
- 1.2 A number of these services funded by the grant have been delivered by Kent Community Health NHS Foundation Trust (KCHFT) for many years, a number have been competitively tendered. KCHFT is a key delivery partner within the Kent and Medway STP and delivers a range of other community-based services across Kent on behalf of KCC and the NHS. The Care Quality Commission (CQC) has recently awarded the Trust with a rating of Outstanding. KCHFT is the only south east community trust and one of only three Trusts in England to have this rating¹.
- 1.3 Kent County Council took the decision to enter into an innovative partnership with Kent Community Health Foundation Trust (KCHFT) in September 2017, with the aim to maximise the opportunity to improve the health of Kent residents, deliver common objectives and accelerate delivery of the Sustainability Transformation Plan (STP), now known as the Sustainability Transformation Partnership. This arrangement was also designed to offer the flexibility to align to new, local care arrangements.
- 1.4 This decision recognised that KCHFT was integral to the delivery of the STP and recognised that both KCC and KCHFT faced significant challenges which could be better managed through a joint open and transparent approach.
- 1.5 The original decision put procurement in “abeyance” until at least March 2020 and a further decision is required on how best to deliver these services in the future. This paper presents the committee with a summary of the findings from a comprehensive review conducted to inform future recommendations and decisions.

2.0 National Context

- 2.1 Since the partnership commenced in October 2017, there have been a number of significant national developments including the launch of the NHS Long Term Plan² (LTP) and Green Paper on prevention, Prevention is Better than Cure³.
- 2.2 These policy documents build on aspirations set out in the Five Year Forward view which aimed to respond to pressures in the Health and Social Care system driven by changing demographics, reducing budgets and a system of commissioning that resulted in too many people ending up in hospital rather than being seen in primary care or the community.
- 2.3 They emphasise the importance of prevention and the need for system wide collaboration to enable a sustainable Health and Social Care system. The industrialisation of digital services and new technologies is clearly articulated. To date, good progress has been made in Kent services including online Sexually

¹ <https://www.kentcht.nhs.uk/2019/07/24/care-quality-commission-says-we-are-outstanding/>

² <https://www.longtermplan.nhs.uk/>

³ <https://www.gov.uk/government/publications/prevention-is-better-than-cure-our-vision-to-help-you-live-well-for-longer>

Transmitted Infection (STI) testing, improved websites and targeted social media campaigns.

- 2.4 The NHS LTP sets out ambitious targets for the NHS including preventing over 150,000 heart attacks, strokes and dementia cases over the next 10 years. These aspirations will result in a need to increase uptake of programmes such as NHS Health Checks in the future.
- 2.5 A review of Public Health commissioning arrangements took place following the publication of the Long Term Plan and concluded that Local Authorities should continue to commission services such as sexual health and Health Visiting. Mr Hancock, Secretary of State for Health and Social Care praised collaborative models that make the best use of shared resources between Local Authorities and the NHS. This type of model is being adapted for delivery of sexual health services in Kent.

3.0 Local Context

- 3.1 The Kent and Medway Sustainability and Transformation structures are more advanced than in 2017 and local leaders are working to deliver the local plan, Case for Change⁴. This includes a series of commitments which have been supported by KCHFT such as the implementation of a Kent wide smoking in pregnancy service as part of the prevention strategy.
- 3.2 Kent and Medway STP is developing a five-year plan in response to the NHS LTP and is required to become an Integrated Care System (ICS) in the coming months. This change will see a move away from the seven Clinical Commissioning Groups to the proposed four Integrated Care Partnerships (ICPs), 42 Primary Care Networks (PCNs) and one CCG across Kent and Medway. Services and health providers will need to align to these changes and work with commissioners to determine how they can best integrate and support acceleration of local care.
- 3.3 The County Council paper⁵ endorsed by Cabinet Members in May 2019, describes KCC's relationship with the emerging Integrated Care System. The paper asked County Council to agree that:
 - a) KCC describes its relationship with the emerging Integrated Care System (ICS) as being partners to the ICS supporting the vision and direction of travel and not partners in the ICS.
 - b) KCC is not bound to any system wide decisions made through STP/ICS Governance but continues to influence, support and align to the vision for the ICS where it makes sense for the County Council to do so."
- 3.4 The partnership approach taken with KCHFT aligned to this vision set out in the Council paper supports the ability to function as an integrated Public Health system which supports local care.
- 3.5 Kent continues to face a series of significant demographic pressures alongside budget constraints. Kent's population is forecast to increase by a further 19.2%

⁴ <https://kentandmedway.nhs.uk/stp/caseforchange/>

⁵ <https://democracy.kent.gov.uk/documents/s90388/Item%209%20-%20Kent%20and%20Medway%20Integrated%20Care%20System%20update.pdf>

between 2017 and 2037⁶ and data illustrates that despite best efforts, deprivation differences in life expectancy and premature mortality have remained broadly similar over the last five years (health inequalities).

- 3.6 The Public Health grant (65.8M) which funds the majority of the spend on Public Health, has been subject to annual reductions totalling £11.0M (or 14.3% of the total grant in 2015/16) since 2015/16. In addition to the nationally applied cuts, the grant continues to face a series of additional pressures including a lack of long-term clarity on national NHS pay and how pension increases will be met, review of mandation of Public Health Services and uncertainty on future funding arrangements for the Public Health grant.

4.0 KCC and KCHFT Partnership

- 4.1 Public Health is due to invest around £37.5M into services delivered by the Trust in 2019/20 which includes mandated programmes (e.g. NHS Health Checks, National Childhood Measurement Programme) or clinical elements delivered by specialist staff (e.g. smoking or sexual health). The majority of services have been provided by the Trust for many years. School Public Health and Sexual Health services were procured through competitive processes and awarded to KCHFT. Others were novated to KCC when Public Health transferred to the Local Authority in 2013.
- 4.2 Delivery is supported by enablers such as IT systems, payroll services and premises. KCC and KCHFT have collaborated on these to support best value. It is worth noting that KCC funds other services with KCHFT which are not currently incorporated into the partnership. Appendix 1 provides a summary of services currently delivered by the Trust which are funded by KCC.
- 4.3 The rules that govern public sector procurements allow for contracts which establish or implement co-operation between contracting authorities such as KCC and KCHFT to ensure certain conditions are met. Independent legal advice has supported the legality of the approach in relation to the public health functions which are the subject of the partnership.

In 2017 it was felt that both KCC and KCHFT operate in the public interest and share common objectives in relation to:

- Improvement and protection of the public's health
 - Prevention of ill-health among the population of Kent
 - Sustainability and transformation of local care and health services in Kent
 - Provision of integrated, cost effective and high-quality services to the residents of Kent
 - Prevention and reduction of unnecessary or avoidable demand on the health and social care system in Kent.
- 4.4 This type of approach differs from a traditional commissioner provider relationship by empowering both organisations to work in a solution focused way to tackle key challenges. It fosters innovation, efficiency, a drive for continuous improvement and sharing of skills and expertise to provide greater public benefit. It still enables the Council to hold the Trust to account for delivery of services through close monitoring against KPIs, service specifications and regular

⁶ KCC Housing Led Forecast

meetings.

- 4.5 Key reasons for taking this approach was flexibility to fit with the evolving health structures, accelerated STP implementation - especially in relation to workforce and infrastructure work streams. This will minimise disruption to users of services, the workforce and implementation of a new model to deliver efficiencies.

5.0 The Review – Progress to Date

- 5.1 Despite only being in place for a short period of time (two years) the partnership has made significant progress. The pioneering arrangement has facilitated collaborative discussions in a way that differs from a traditional commissioner/provider split and enabled continuous improvement and wider opportunities to be taken forward.

- 5.2 Since 2017, a number of significant programme changes have been successfully delivered or are on track for delivery including:

- A new model for delivering infant feeding services
- A Kent wide targeted family service which works with identified parents for up to a year and replaces a more rigid programme of support which was only offered previously in five areas of Kent to teenage mums
- Remodelling of sexual health services to embrace digital technologies and support the management of demand pressures
- Implementation of an integrated lifestyle model and a Kent wide Smoking in Pregnancy Home Visit service. (The latter forms part of the STP prevention plan).

- 5.3 Services have delivered statutory requirements, perform within expected levels and made good progress in areas where improvement was required. For example, waiting times have been significantly reduced for children and young people accessing mental health support through the School Health service. Services can also demonstrate a positive impact on health inequalities and good reach to those most in need.

- 5.4 The arrangement has successfully managed shared challenges described earlier in this paper, maintaining high user and staff satisfaction. Delivery of over £5.8M worth of savings and management of growing service pressures through service transformation e.g. increased use of digital technology? in sexual health services. The Trust has worked proactively to address these pressures for example, KCHFT has in place a bespoke training academy through Canterbury Christ Church University to grow the future workforce of nursing staff and also offers retention payments, and relocation fees for those attracted to work in Kent.

- 5.5 External perspectives considered as part of the review include:

- The Care Quality Commission (CQC) who rated the Trust as Outstanding⁷ overall and praised the way it delivers safe and effective care for its patients and service users. A particular focus of the inspection was sexual health services which achieved a rated of Outstanding across

⁷ <https://www.kentcht.nhs.uk/wp-content/uploads/2019/07/Kent-Community-Provider-FINAL.pdf>

- four domains and good in the fifth domain.
- KCC Internal Audit who highlighted many benefits to the collaboration giving a rating of “Substantial with Good Prospects for Improvement”.
- Feedback from the Special Educational Needs and Disability (SEND) inspection which highlighted significant strength and only a few areas for development
- Feedback from health partners who were very supportive of the approach and benefits it has and could continue to bring to health transformation.

6.0 Resulting Recommendations

- 6.1 The comprehensive review provides strong evidence to underpin the extension of the partnership for five years. Continuation of the arrangement is within the public interest and will provide the right mechanism to maximise resources, opportunities and improve the health of the local population.
- 6.2 The benefits and drivers for first entering into this partnership are still relevant today and there is clear evidence that both organisations continue to share common aims. For example, the values and aims articulated in KCHFT’s annual statement make reference to delivering sustainable services, close to the home, in an integrated way that prevent ill health. Both organisations are also committed to delivery of the NHS 10-year and local STP plan.
- 6.3 It is felt that continuation of this approach will enable KCC to implement fully the findings from the review which includes those listed below:
- A refinement of service models for Start Well and One You Kent so as to support integration and delivery of strategic objectives including alignment to Primary Care Networks and multi-disciplinary teams
 - Explore opportunities to outsource or insource services which cannot be delivered within the current capacity of the children’s workforce and do not need to be delivered by specialist nursing staff
 - Develop a coordinated offer to schools for School Public Health and related services
 - Explore how the model can support improvements with partners in relation to SEND
 - Continued transformation at pace of services for smoking and sexual health to respond to the needs assessments, improve outcomes and meet demand pressures.
- 6.4 An options appraisal has been developed and presented through internal governance. This considered a range of options including procurement. This analysis set out a strong case that the continuation of the collaborative working would support the vision set out in the NHS Long Term Plan, enable the findings of the partnership review to be fully realised and support delivery of the STP. It would continue work to remodel services to manage demand pressures or target services more effectively to those in need and maintain the ability to manage financial risk through use of an open book approach.

7.0 Financial Implications and Extension Terms

- 7.1 The investment of the Public Health grant will continue to be in the region of £37.5M. Open book accounting and activity-based contracting will support value for money. Both parties will remain committed to delivering an efficiency

programme which will see a further reduction in corporate overheads across the five years. These saving could be found by reducing costs associated with functions such as HR, premises or employment services.

- 7.2 It is recommended that all Public Health funded services are included within the partnership and as such School Public Health will move into the arrangement by April 2020.
- 7.3 The review highlighted a number of service priorities and opportunities to learn from other areas such as Hertfordshire or Essex who are more advanced in the integration of children models. The partnership will oversee a delivery plan that drives forward this work to benefit local residents. There will be a principle of co-production which underpins this work and a collaboration with the workforce to minimise any disruption to services.
- 7.4 As part of the extension there will be regular review points to ensure the arrangement still provides the expected benefits. This will include review of service performance including quality, financial benchmarking, user feedback and analysis of offer compared to need. Commissioners will continue to monitor the arrangements and expect performance and statutory obligations to be maintained. Termination of the arrangement is an option for both sides.
- 7.5 There is the potential to expand the scope of the partnership during the lifetime of this extension, if deemed beneficial to local residents. Work in relation to this will be developed by the relevant Corporate Director(s) and subject to appropriate Cabinet Committee endorsement. KCC currently invests in other services of the Trust including Paediatric Therapy Services to Schools, Community based services for Adults, Short Breaks and Learning Disabilities.

8. Conclusions and Next Steps

- 8.1 KCHFT are fundamental partners for KCC and are uniquely placed to continue to deliver these services. KCHFT have already delivered significant transformation whilst working with KCC and as a result, KCC is confident that they can deliver improved outcomes for local people and can offer the flexibility needed to align to the strategic landscape and meet future needs.
- 8.2 The Trust's recent CQC rating of Outstanding gives increased confidence that service quality will remain high and support recruitment and retention of skilled workforce despite national shortages in nursing staff.
- 8.3 There is clear evidence that KCHFT have supported the Public Health agenda through the whole work of the Trust and both organisations have worked towards shared aims such as delivery of the STP. There is also clear evidence that local residents have benefitted from the approach which has seen millions of pounds reinvested to improve services.
- 8.4 The effective investment of the funding provides a significant opportunity to improve outcomes for local residents, support our ambitions for integration with health and help realise the vision set out in the NHS Long Term Plan and KCC Strategic Statement. It also builds on the NHS investment through the STP prevention workstream led by Public Health.
- 8.5 It is therefore recommended that the partnership is extended for five years until

March 2025 and improvements are both sustained and built upon. This timeframe will align with the local five-year plan which is currently in development in response to the NHS Long Term Plan.

9.0 Recommendations

The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make a recommendation to the Cabinet Member on the proposed decision to authorise the County Council to extend the collaborative arrangement with Kent Community Health NHS Foundation Trust, for the services listed in this paper until March 2025.

10.0 Contact Details

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11.0 Background documents

Kent and Medway Sustainability Transformation plan:
<https://kentandmedway.nhs.uk/stp/>

The NHS Long Term Plan - <https://www.longtermplan.nhs.uk/>

Public Health Green Paper – Prevention is Better than Cure:
<https://www.gov.uk/government/publications/prevention-is-better-than-cure-our-vision-to-help-you-live-well-for-longer>

Kent and Medway Integrated Care System update presented to County Council, 23 May 2019
<https://democracy.kent.gov.uk/documents/s90388/Item%209%20-%20Kent%20and%20Medway%20Integrated%20Care%20System%20update.pdf>

Appendix 1: KCC spend with KCHFT

The below values are assumed levels of contracted spend and will be depend on activity delivered within services and presenting demand for open access services.

A. Public Health Services

Contract Title	Contract Values 2019/20
Health Visiting Service	£22,120,202
School Public Health Services	£4,858,259
Lifestyle services including NHS Health Checks	£5,177,435
Sexual Health Services (GUM)	£5,062,287
Postural Stability services	£63,724
Kent Dental Epidemiology Survey and Oral Health Promotion	£140,000
Total spend	£37,421,907

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Clair Bell

Cabinet Member for Adult Social Care & Public Health

DECISION NO:

19/00064

Unrestricted

Key decision: YES

Extension of a contracting arrangement for the delivery of Public Health services with an annual expenditure of around £37.5M. This decision is required as the value is over £1m and affects more than two Electoral Divisions.

Subject: Kent County Council and Kent Community Health NHS Foundation Trust collaborative partnership

Decision:

As Cabinet Member for Adult Social Care and Public Health, I propose to agree to the extension of the collaborative partnership arrangement with Kent Community Health NHS Foundation Trust, until at least March 2025, and ongoing delivery of Public Health services through this approach.

Public Health services included are listed below:

- Health Visiting
- School Health Services
- Sexual Health Services
- Lifestyle Services and NHS Health Checks
- Oral Health Services
- Postural Stability Services

Reason(s) for decision:

Kent County Council took the decision to enter into an innovative partnership with Kent Community Health Foundation Trust (KCHFT) in September 2017, with the aim to maximise the opportunity to improve the health of Kent residents, deliver common objectives and accelerate delivery of the Sustainability Transformation Plan (STP), known as the Sustainability Transformation Partnership. This arrangement was also designed to offer the flexibility to align to new local care arrangements.

This decision recognised that KCHFT was integral to the delivery of the STP and recognised that both KCC and KCHFT faced significant challenges which could be better managed through a joint open and transparent approach. The original decision put procurement in “abeyance” until at least March 2020 and a further decision is required on how best to deliver these services in the future. Legal advice taken at this time confirmed that the approach was permitted within the Procurement Regulations.

KCC has considered a full options appraisal, which was informed by a comprehensive review. This provided substantial evidence that the partnership approach has enabled rapid service transformation and delivery of agreed projects and supported the prevention strand of the STP. Services delivered by the Trust have demonstrated measurable improvements in health, delivered statutory requirements, provided and maintained excellent user satisfaction and given value for money. The views of Internal Audit and the Care

Quality Commission (CQC) were considered as part of the review and they have reported significant strength in the organisational delivery, resulting in the Trust being awarded a rating by CQC of “Outstanding”.

An extension of five years is recommended to align to local plans being developed in response to the NHS Long Term Plan. It was felt that this arrangement would enable delivery of the recommendations from the review so to benefit local residents and support acceleration of local care.

Outcomes: Both the Partnership and services within it support delivery of the objectives set out in ‘Increasing Opportunities, Improving Outcomes: Kent County Council’s Strategic Statement (2015-2020)’. They support KCC to fulfil its statutory duty as a Public Health Authority, to deliver services which are mandated as part of the Public Health Grant and contribute to the Public Health Outcomes Framework.

Financial Implications: The spend of Public Health services across the 5 years will be in the region of £187,109,535. However, values will be subject to annual review and will fluctuate based on demand and any external investment e.g. through Health partners.

Additional income through Health Partners enables delivery of HIV treatment services and targeted work for NHS Health Checks as set out as part of the STP.

The estimated value for 2019/20 is £37,421,907 with anticipated income of £860K from NHS England and the Kent and Medway STP. Services included are Health Visiting, School Nursing, Postural Stability, Sexual Health, Lifestyle services including Smoking and NHS Health Checks and Oral health. A number of services are open access and, as such, the actual spend will be dependent on demand.

Legal Implications: Regulation 12(7) of the Public Contracts Regulations 2015 enable this type of co-operation between public sector bodies where certain conditions are met. Independent legal advice has supported the legality of the approach.

This form of arrangement builds on duties that already existed to exercise functions with a view to integrating the provision of care and supporting provision, under the Care Act 2014 (“CA 2014”), with health provision (section 3, CA 2014). Both parties are also under a duty, under s.82 of the NHS Act 2006, to co-operate with one another to secure and advance the health and welfare of the people of England and Wales.

Equalities implications: Equality Impact Assessments will be completed at a service level as required.

Cabinet Committee recommendations and other consultation:

This item will be discussed at the Health Reform and Public Health Cabinet Committee on the 24th September 2019 and the outcome of that discussion included in the decision paperwork which the Cabinet Members will be asked to sign.

Public Consultation was carried out in 2015 to inform new models that are currently being delivered. Engagement with local residents and co-production continues to take place to support service changes and feedback from the Public Consultation conducted by the STP will inform delivery of future services for Children and Young People (<https://kentandmedway.nhs.uk/latest-news/help-the-nhs-improve-services-for-children-and-young-people/>).

Any alternatives considered and rejected:

Seven options, including do nothing, were considered and the most viable three options ranked against key objectives, strategic fit and risk. Continuation of the partnership was ranked significantly higher than all the other options and an extension of five years recommended to align to local plans being developed in response to the NHS Long Term Plan. It was felt that this arrangement would enable delivery of the

recommendations from the review so to benefit local residents and support acceleration of local care. Considered options are set out below:

- Do Nothing – discounted as this would not meet future pressures and ignores findings from the review
- Option 1: Extend and refine KCHFT only - considered in short list of options
- Option 2: Explore integration with KCC only - discounted in favour of option 3 which offered greater opportunities
- Option 3: Explore opportunities for system integration - considered in short list of options
- Option 4: Procurement of all services - considered in short list of options
- Option 5: Procurement of some services - considered as a sub-option of option 4
- Option 6: Insource (all or part).

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

.....
signed

.....
date

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From: Clair Bell, Cabinet Member for Adult Social Care and Public Health

Andrew Scott-Clark, Director of Public Health

To: Health Reform and Public Health Cabinet Committee

24 September 2019

Subject: **Update on Kent County Council Approach to Gambling Addiction: Follow up from November 2018 paper on Gambling Addiction and Public Mental Health.**

Classification: Unrestricted

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

Future Pathway: Kent Substance Misuse Alliance

Electoral Division: All

Summary: In November 2018 the Health Reform and Public Health Cabinet Committee asked for a briefing on the impact of problem gambling and its impact on public mental health. That paper proposed a number of actions to promote a public health approach to addiction and mental health and wellbeing. This paper updates on the previous report, gives a national update on NHS, licensing authority and public health roles and responsibilities to tackle gambling addiction. Given the scarce resources in the KCC public health budget and status as upper tier authority (rather than licensing authority), this paper proposes a joined-up approach to tackle this issue. It suggests the issue is best tackled via the Kent's strategic partnership approach to public mental health and working closely with its partner agencies in promoting the resources available for gambling addiction, advocating for responsible measures in tackling supply of gambling products and safeguarding vulnerable groups.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to: **COMMENT on and ENDORSE** the contents of the report.

1.0 Background and Introduction

There are approximately 373,000 problem gamblers in England. To give a sense of the scale of the problem there are approximately 293,000 crack and opium addicts in England. However, there is no evidence that gambling alone leads to debt, mental illness, relationship breakdown and criminality. However, it is believed these issues are interrelated and are more prevalent in young males.

The supply of gambling outlets is the responsibility of the licensing authorities. The Gambling Commission is a national body that has been set up to support the Department of Culture, Media and Sport to ensure UK gambling is legal, fair

and does not exploit the vulnerable.

The gambling commission has briefed local councils on taking a public health approach to gambling and set out key recommendations to council public health teams. Kent County Council in 2018 endorsed the following approaches to tackling problem gambling:

- Strategically work with borough councils' licensing plans to challenge threats to vulnerable people
- Raise awareness by understanding gambling vulnerability via available data sources and promoting awareness in front line workers
- Strategically work with the NHS to improve access to available services for gambling addiction and debt.

2.0 Current Resources for Tackling Problem Gambling

- 2.1 During 2019 the NHS Long Term Plan for mental health has highlighted problem gambling and made the issue one of its 'must do's' for mental health. The national resources of NHS specialist clinics are being expanded, including one in Beckenham (South East London) in order to increase provision to those complex and vulnerable people in need. A new national resource for young people affected by problem gambling has been created. The range of treatments include psychological counselling, cognitive behaviour therapy (CBT) and residential rehabilitation. There is also a national helpline (via GamCare), and there are currently 15 treatment organisations across Great Britain providing specialist counselling. The Gordon Moody Association offers 12-week residential care at centres in Dudley, West Midlands and Beckenham, Kent. The National Problem Gambling Clinic, based within the Addictions Service at Central North West London NHS Trust, offers CBT and psychiatric care and is also largely funded by GambleAware.
- 2.2 In the previous briefing it was highlighted that fewer than expected people were accessing the available services and that there were few waiting lists. It is important to work with the NHS and other statutory providers including social care and safeguarding to both highlight and refer to services.
- 2.3 GamCare developed a self-assessment and screening tool in 2019. The link is here: <https://www.gamcare.org.uk/self-help/self-assessment-tool/>
- 2.4 Licensing authorities are asked to provide a statement of principles under their duties to the Gambling Act and in 2019/20 public health in Kent will be working with the district councils to develop local area profiles for targeting issues linked with licensing and vulnerability. This will take place via the Kent Substance Misuse Alliance and involve trading standards where necessary.
- 2.5 Debt has been linked to increased mental health crisis and suicides. The Kent and Medway Suicide Prevention Strategy is conducting a deeper dive into the links between debt and suicidality and will publish findings in spring 2020.

3.0 Mental health, Addictions and Vulnerable people: Safeguarding and Multidisciplinary Working

3.1 There will be expanded care and support for young people aged 13 to 25 via NHS provision. Adult provision will also be increased via pledges in the Long-Term Plan for mental health.

3.2 This is a recent quote from Simon Stevens (NHS England's Chief Executive) "The links between problem gambling and stress, depression and mental health problems are growing and there are too many stories of lives lost and families destroyed. This action shows just how seriously the NHS takes the threat of gambling addiction, even in young people, but we need to be clear – tackling mental ill health caused by addiction is everyone's responsibility, especially those firms that directly contribute to the problem. This is an industry that splashes £1.5 billion on marketing and advertising campaigns, much of it now pumped out online and through social media, but it has been spending just a fraction of that helping customers and their families deal with the direct consequences of addiction.

"The sums just don't add up and that is why as well as voluntary action it makes sense to hold open the possibility of a mandatory levy if experience shows that's what's needed. A levy to fund evidence-based NHS treatment, research and education can substantially increase the money available, so that taxpayers and the NHS are not left to pick up a huge tab."

3.3 Those eligible for treatment will be people who have a history of complex untreated addiction to gambling, co-morbidities and multiple vulnerabilities, previous attempts at structured treatment, mental health problems, learning disabilities and adverse childhood experiences. It will be important to highlight these services to front line workers in all Kent commissioned services for vulnerable people and promote them to front line workers who work with vulnerable people. People who will be treated in multi-disciplinary teams via NHS Local Care services and can be assessed for addictions including gambling addictions.

3.4 It is proposed that an information sheet containing the new NHS services and referral criteria is shared with KCC social services and safeguarding teams, also NHS mental health commissioners and providers. It is also proposed that the new services are highlighted on available websites and via KCC Live Well and One You services for maximum coverage.

4.0 Advocacy and Leadership

4.1 As an upper tier Authority Kent County Council has the ability to work with local districts to understand more fully the needs of their local community. Areas of deprivation are at greatest risk. It is proposed that through local partnership working both members with special interest and local strategic partners are best placed to challenge local policies and practices to safeguard vulnerable people.

4.2 There is a national strategy tackling responsible gambling led by the gambling

association: <http://www.gamblingcommission.gov.uk/PDF/Strategy-2018-2021.pdf>

The Local Government Association is a strong advocate and strategic group that is able to gather expertise and best practice. Kent County Council members with special interest in this area might make valuable contribution to leading reviews of national and local policies via involvement in LGA safer and stronger communities network groups. However, the key decisions and training for licensing applications for regulation of gambling are with the Licensing Authority and close working with district authorities are needed. There may be a role for a Kent County Council member to lead KCC advocacy politically, both locally and nationally.

- 4.3 Problem Gambling is an emerging public health issue and currently the public health grant does not have resources to tackle this alone. However as an emerging threat to the public's health it is proposed that the Director of Public Health in Kent raise this issue with the Association of Directors of Public Health, Public Health England and the Faculty of Public Health to see if there are ways local networks can advocate for better collective action to policy makers if there is member support and championship for this.

5.0 Resources for Further Help

- 5.1 Advice for children and young people: The guidelines from the new national services are firstly to talk to your child about gambling, show children that you are willing to talk to them, give them the facts - ideally before they are exposed to the fantasy; seek professional support if your child has a serious problem, Increase opportunities for greater awareness and understanding and offer a connection with people who've been through similar experiences.

Places to seek help [NHS Choices - Gambling](#) [GamCare](#) [Gamblers Anonymous \(UK\)](#) [Gam Anon](#) Action on Addiction [No Panic](#) [National Debtline](#) [Families Anonymous](#)

6.0 Conclusion and Next Steps

- 6.1 This paper outlines key steps to promoting the issues of problem gambling in Kent. These include a summary sheet and briefing of available resources for vulnerable people to be disseminated to front line staff dealing with vulnerable groups. Also, the public health team in Kent can spread the information on the new NHS gambling treatment resources to key front line workers and via key KCC websites, including NHS local care groups.
- 6.2 A paper outlining new addiction services should be taken to the new Kent Substance Misuse Alliance and the existing Tobacco Control Alliance for comment and support.
- 6.3 As no local data is available currently to assess the need, public health will explore the opportunities and challenges of what specific data is available and can be combined with other datasets (in anonymised form) for population health analyses for problem gambling.

- 6.4 A key role of KCC is also to support and protect vulnerable groups and communities from the impact of problem gambling. This will be tackled via public health action with licensing authorities delivered via the Kent Substance Misuse Strategy in 2020. Tackling debt and deprivation will also be a key approach to preventing vulnerable people's exposure to harm from gambling. The suicide prevention strategy will report on debt and mental health in early 2020.
- 6.5 It is proposed that the Cabinet Member for Public Health works with local and national policy makers in advocating responsible legislation and strategy with support from the Director of Public Health and their team.

7.0 Summary: In November 2018 the Health Reform and Public Health Cabinet Committee asked for a briefing on the impact of problem gambling and its impact on public mental health. That paper proposed a number of actions to promote a public health approach to addiction and mental health and wellbeing. This paper updates on the previous report, gives a national update on the roles and responsibilities that the NHS, licensing authority and public health could have in tackling gambling addiction. Given the scarce resources in the KCC public health budget and status as upper tier authority (rather than licensing authority), this paper proposes a joined-up approach to tackle this issue. It suggests the issue is best tackled via the Kent's strategic partnership approach to public mental health and working closely with its partner agencies in promoting the resources available for gambling addiction, advocating for responsible measures in tackling supply of gambling products and safeguarding vulnerable groups.

Recommendation

The Health Reform and Public Health Cabinet Committee is asked to:
COMMENT on and ENDORSE the contents of the report

8.0 Contact Details

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From: Clair Bell, Cabinet Member for Adult Social Care and Public Health

Andrew Scott-Clark, Director of Public Health

To: Health Reform and Public Health Cabinet Committee

24th September 2019

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

Classification: Unrestricted

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

Future Pathway: None

Electoral Division: All

Summary: This report provides an overview of key performance indicators (KPIs) for Public Health commissioned services. Eleven of the fifteen KPIs were RAG rated Green in the latest available quarter, three were Amber, and one was Red.

The Health Visiting Service continues to target delivery of the face-to-face antenatal contact to the most vulnerable and/or first-time parent's across Kent, with a contact letter sent to other parents. Although delivery of the face-to-face contact remains below acceptable levels, the contact made via the letters has given a coverage of 90%. This approach remains under review.

A return to normal levels of delivery for the Health Visiting contact of 1-year review at 15 months is expected in Quarter 2, this was following a lower level of delivery in Quarter 4 of 1-year reviews by 12 months to the cohort now presented at 15 months of age, this has now recovered to targeted levels

Delivery of NHS Health Checks has continued to increase and is on track to deliver to target in 2019/20. The engagement of clients from the most deprived areas in Kent with One You Kent Advisors continues to challenge the providers of this service, however targets are being met and exceeded in those areas of Kent with higher levels of deprivation.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q4 2018/19 and Q1 2019/20

1. Introduction

- 1.1. A core function of the Cabinet Committee is to review the performance of services which fall within its remit.

- 1.2. This report provides an overview of the key performance indicators (KPIs) for the public health services that are commissioned by KCC. This paper includes the KPIs presented to Cabinet via the KCC Quarterly Performance Report (QPR). Appendix 1 contains the full table of KPIs and performance over the previous 5 quarters.

2. Overview of Performance

- 2.1. Of the fifteen targeted KPIs for Public Health commissioned services eleven achieved target (Green), three KPIs were below target but achieved the floor standard (Amber), and one did not achieve the floor standard (Red). This KPI relates to delivery of the antenatal visits by the Health Visiting Service.

Health Visiting

- 2.2. Delivery of the face-to-face antenatal contact continues to prove challenging for the provider following a sustained drop in performance since Quarter 3 2018/19. The prioritisation of face-to-face contact with first time mothers and vulnerable families, with universal contact made via an introduction letter, remains in place until sufficient staffing levels are achieved.
- 2.3. In Quarter 1, over 1,300 face-to-face antenatal contacts were made, which accounts for 33% of those due, up from the previous quarter of 26%. The target for 2019/20 is 43%. Over 2,300 antenatal information letters were sent to families, giving a combined contact of 90%.
- 2.4. The proportion of infants receiving their 1-year review at 15 months of age was below target but above acceptable levels in Quarter 1. It is not expected to remain at this level into Quarter 2 as the delivery of the 1-year review by 12 months delivered in Quarter 1 was at target. It is this cohort that will be presented in the 15 month metric in Quarter 2.

Adult Health Improvement

- 2.5. The NHS Health Check Programme in Kent delivered a strong Quarter 1, inviting over 32,000 eligible Kent residents and delivering nearly 11,000 health checks. The delivery of health checks in these three months was the strongest to date following the transition of the programme from the NHS to KCC; now the new computer system has been embedded, the service is back on track to deliver the target of 41,600 checks.
- 2.6. Providers of the One You Kent (OYK) service continue to work towards the challenging target of working with 60% of clients from the most deprived areas in Kent. Of the 821 clients seen by the OYK Advisors in Quarter 1, 53% were from quintiles 1 & 2. The provider delivering OYK in East Kent, covering Thanet and Swale, achieved 67% from quintiles 1 & 2, showing that variation across the County in need is accounted for in delivery.

Sexual Health

- 2.7. KCC have been working collaboratively with Kent Community Health NHS Foundation Trust (KCHFT), Maidstone and Tunbridge Wells NHS Trust and NHS England to agree a new model for Integrated sexual health services across Kent. This new model commenced on the 1st June and was successfully mobilised. This programme of change has been a unique collaboration with key partners and focuses on supporting long-term, financially and clinically sustainable open access sexual health services across Kent, based on shared clinical standards and outcomes.
- 2.8. The impact of the change has been minimal to the customer as is evidenced by the fact that all clients during Quarter 1 requiring an urgent Genito Urinary Medicine (GUM) appointment were offered an appointment to be seen within 48 hours.
- 2.9. KCHFT has been recently assessed by the Care Quality Commission and the sexual Health service was rated as outstanding.

Drug and Alcohol Services

- 2.10. Updated substance misuse figures, covering June 2019, were not released in time for this report. The 12 months to May 2019 show a continuation in the increase of both numbers accessing structured treatment and those successfully leaving treatment with a planned exit. The May 2019 figures also show a continuation of 26% successful completions, from the previous 12 months reported.

Mental Wellbeing Service

- 2.11. In Quarter 1, 919 people signed up to the Live Well Kent service, of which 62% were from the most deprived areas in Kent. The service continues to perform above target on levels of satisfaction with 99% of clients surveyed stating they would recommend the service to a family, friend or someone in a similar situation.

3. Conclusion

- 3.1. Where delivery of public health commissioned services has not reached acceptable levels or the target, Public Health are working with the providers to ensure plans are in place to improve delivery and ensure alternatives are available as in the case of the antenatal contact delivered by the Health Visiting Service. All commissioned services are continually monitored by KCC in respect to delivery and performance.

4. Recommendations

<p>Recommendation: The Health Reform and Public Health Cabinet Committee is asked to NOTE the performance of Public Health commissioned services in Q4 2018/19 and Q1 2019/20</p>

5. Background Documents

None

6. Appendices

Appendix 1 - Public Health Commissioned Services KPIs and Key.

7. Contact Details

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Appendix 1: Public Health Commissioned Services – Key Performance Indicators Dashboard

Service	KPI's	Target 18/19	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Target 19/20	Q1 19/20	DoT**
Health Visiting	PH04: No. of mandated universal checks delivered by the health visiting service (12 month rolling)	65,000	71,287 (g)	70,639 (g)	69,318 (g)	68,465 (g)	65,000	67,541 (g)	↓
	PH14: No. and % of mothers receiving an antenatal contact with the health visiting service	50%	2,078 48% (a)	1,804 41% (a)	1,066 25% (r)	1,048 26% (r)	43%	1,349 33% (r)	↑
	PH15: No. and % of new birth visits delivered by the health visitor service within 30 days of birth	95%	4,094 98% (g)	4,294 98% (g)	4,250 98% (g)	3,849 98% (g)	95%	3,957 99% (g)	↑
	PH16: No. and % of infants due a 6-8 week who received one by the health visiting service	80%	3,628 89% (g)	3,771 86% (g)	3,885 88% (g)	3,501 88% (g)	85%	3,543 90% (g)	↑
	PH23: No. and % of infants who are totally or partially breastfed at 6-8 weeks (health visiting service)	-	1,833 49%*	1,852 48%*	1,926 48%*	1,828 49%*	-	1,836 50%*	-
	PH17: No. and % of infants receiving their 1-year review at 15 months by the health visiting service	80%	3,609 86% (g)	3,907 87% (g)	4,075 87% (g)	3,854 87% (g)	85%	3,591 84% (a)	↓
	PH18: No. and % of children who received a 2-2½ year review with the health visiting service	80%	3,546 80% (g)	3,703 82% (g)	3,605 82% (g)	3,617 78% (a)	80%	3,547 80% (g)	↑
Structured Substance Misuse Treatment	PH13: No. and % of young people exiting specialist substance misuse services with a planned exit	85%	87 94% (g)	54 87% (g)	56 89% (g)	72 90% (g)	85%	57 90% (g)	↔
	PH03: No. and % of people successfully completing drug and/or alcohol treatment of all those in treatment	26%	1,160 26% (g)	1,139 25% (a)	1,171 25% (a)	1,272 26% (g)	25%	nca	↑
Lifestyle and Prevention	PH01: No. of the eligible population aged 40-74 years old receiving an NHS Health Check (12 month rolling)	41,600	38,021 (a)	33,617 (a)	33,917 (a)	36,093 (a)	41,600	41,151 (a)	↑
	PH11: No. and % of people quitting at 4 weeks, having set a quit date with smoking cessation services	52%	715 56% (g)	711 53% (g)	787 53% (g)	1,003 60% (g)	52%	nca	↑
	PH21: No. and % of clients engaged with One You Kent Advisors being from the most deprived areas in the County	60%	442 53% (a)	419 50% (a)	433 56% (a)	506 56% (a)	60%	436 53% (a)	↓
Sexual Health	PH02: No. and % of clients accessing GUM services offered an appointment to be seen within 48 hours	90%	11,138 100% (g)	11,356 100% (g)	10,870 100% (g)	11,467 100% (g)	90%	11,160 100% (g)	↔
Mental Wellbeing	PH22: No. and % of Live Well Kent clients who would recommend the service to family, friends or someone in a similar situation	90%	300 99% (g)	317 97% (g)	250 98% (g)	276 100% (g)	90%	383 99% (g)	↓

*Coverage above 85% however quarter did not meet 95% for robustness expected for national reporting

Commissioned services annual activity

Indicator Description	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	DoT
PH09: Participation rate of Year R (4-5 year olds) pupils in the National Child Measurement Programme	96% (g)	96% (g)	97% (g)	97% (g)	93% (g)	nca	↓
PH10: Participation rate of Year 6 (10-11 year olds) pupils in the National Child Measurement Programme	94% (a)	95% (g)	96% (g)	96% (g)	96% (g)	nca	↔
PH05; Number receiving an NHS Health Check over the 5-year programme (cumulative: 2013/14 to 2017/18, 2018/19 to 2022/23)	32,924	78,547	115,232	157,303	198,980	36,093	-
PH06: Number of adults accessing structured treatment substance misuse services	4,652	5,324	5,462	4,616	4,466	4,900	-
PH07: Number accessing KCC commissioned sexual health service clinics	-	-	73,153	78,144	75,694	76,264	-

Key:

RAG Ratings

(g) GREEN	Target has been achieved
(a) AMBER	Floor Standard*** achieved but Target has not been met
(r) RED	Floor Standard*** has not been achieved
nca	Not currently available

DoT (Direction of Travel) Alerts

↑	Performance has improved
↓	Performance has worsened
↔	Performance has remained the same

**Relates to two most recent time frames

*** Floor Standards are set in Directorate Business Plans and if not achieved must result in management action

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

From: Benjamin Watts, General Counsel

To: Health Reform and Public Health Cabinet Committee – 24
September 2019

Subject: **Work Programme 2019/20**

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 2019/20.

- 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 2019/20**
 - 2.1 An agenda setting meeting was held on 20 June 2019, 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 in agendas 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 from 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 2019/20.

5. Background Documents

None.

6. Contact details

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HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE WORK PROGRAMME 2019/20

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

1 NOVEMBER 2019

- *Verbal Updates*
- **Contract Monitoring – Young People’s Substance Misuse Services** moved from September
- *Work Programme 2020*
- Regional approach to tackle illicit tobacco (following item 10 at 22/11/18 mtg)
- Request for report about the ‘Make Every Contact Count’ contract (request by D Marsh, 9/5/19)
- **Annual report – Quality in Public Health, incl complaints** moved from September
- **Future agendas will need to cover updates/more information on STP issues arising at 20 June mtg: digital, estates, multi-disciplinary team models, mental health services, communications and raising public understanding, future of the voluntary sector, staff recruitment and training**
- **Update on new Kent and Medway Medical School – invite Chris Holland, Dean. Cover funding and timing (building, first intake)**
- **Strategic Delivery Plan monitoring – to all Cabinet Committees six-monthly (agreed by Corporate Board, June 2019)**

14 JANUARY 2020

- *Verbal Updates*
- **Contract Monitoring – Positive Relationships**
- *Work Programme 2020*
- Budget and Medium-Term Financial Plan
- Public Health Performance Dashboard – incl impact of STP
- Update on Public Health Campaigns/Communications

6 MARCH 2020

- Strategic Development Plan (replaced former Directorate Business Plans)
- Risk Management report (with RAG ratings)
- *Verbal Updates*
- **Contract Monitoring – One You Kent/Adult Health Improvement**
- *Work Programme 2020*

30 APRIL 2020

- *Verbal Updates*
- **Contract Monitoring – Oral Health**
- *Work Programme 2020*
- Public Health Performance Dashboard – incl impact of STP

Contract monitoring subjects as yet unallocated (can be assigned once 2020/21 meeting dates are set)

- **Contract Monitoring – Workforce Development**
- **Contract Monitoring – Children and Young People’s condom programme**

PATTERN OF ITEMS APPEARING REGULARLY	
Meeting	Item
January	<ul style="list-style-type: none"> • Budget and Medium-Term Financial Plan • Public Health Performance Dashboard – incl impact of STP • Update on Public Health Campaigns/Communications
March	<ul style="list-style-type: none"> • Strategic Development Plan (replaced former Directorate Business Plans) • Risk Management report (with RAG ratings) • Health Inequalities – annual
May	<ul style="list-style-type: none"> • Public Health Performance Dashboard – incl impact of STP • Update on Public Health Campaigns/Communications (<i>May or June?</i>) • Strategic Delivery Plan monitoring – to all Cabinet Committees six-monthly (agreed by Corporate Board, June 2019) •
June/July	<ul style="list-style-type: none"> • Update on Public Health Campaigns/Communications (<i>May or June?</i>)
September	<ul style="list-style-type: none"> • Annual Report on Quality in Public Health, incl Annual Complaints Report • <i>Annual Equality and Diversity Report*</i> this is part of the Strategic Commissioning Equality and Diversity, which goes to the Policy and Resources Cabinet Cttee • Public Health Performance Dashboard – incl impact of STP
November	<ul style="list-style-type: none"> • Strategic Delivery Plan monitoring – to all Cabinet Committees six-monthly (agreed by Corporate Board, June 2019)

By virtue of paragraph(s) 3, 5 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Agenda Item 12

Document is Restricted

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