

**HEALTH REFORM AND PUBLIC HEALTH CABINET
COMMITTEE**

Friday, 20th November, 2020

10.00 am

Online



AGENDA

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Friday, 20 November 2020 at 10.00 am
Online

Ask for: **Emily Kennedy**
Telephone: **03000 419625**

Membership (13)

Conservative (9): Mr G Lymer (Chairman), Ms D Marsh (Vice-Chairman),
Mrs A D Allen, MBE, Mr D Butler, Mr A Cook, Mrs L Game,
Ms S Hamilton, Mr K Pugh and Mr A M Ridgers

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

Labour (1) Mr B H Lewis

Independent (1) Mr P J Messenger

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 their interest refers and the nature of the interest being declared
- 4 Minutes of the meeting held on 9 September 2020 (Pages 1 - 6)
To consider and approve the minutes as a correct record.
- 5 Verbal updates by Cabinet Member and Director
- 6 Public Health Commissioning Update (Pages 7 - 8)
- 7 Response, Restart and Recovery - Sexual Health Services (Pages 9 - 16)
- 8 Measures to prevent the take up of smoking (Pages 17 - 26)

- 9 20/00105 – Issuing Direction under Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020 – Hop Farm, Paddock Wood (Pages 27 - 34)
This decision was taken urgently on 23 October 2020 – therefore it needs to come to this Cabinet Committee meeting for noting.
- 10 Report of Decision taken between meeting (20/00095)
Reports to follow.
- 11 Work Programme (Pages 35 - 38)

EXEMPT ITEMS

At the time of preparing the agenda, there were no exempt items.

Benjamin Watts
General Counsel
03000 416814

Thursday, 12 November 2020

KENT COUNTY COUNCIL

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Health Reform and Public Health Cabinet Committee held online on Wednesday, 9 September 2020.

PRESENT: Mr G Lymer (Chairman), Ms D Marsh (Vice-Chairman), Mrs A D Allen, MBE, Mr D L Brazier (Substitute for Mr K Pugh), Mr D Butler, Mr A Cook, Mr D S Daley, Mrs L Game, Ms S Hamilton, Mr S J G Koowaree, Mr B H Lewis, Mr P J Messenger and Mr A M Ridgers

ALSO PRESENT: Mrs C Bell and Mr R H Bird

IN ATTENDANCE: Mr A Scott-Clark (Director of Public Health), Dr A Duggal (Deputy Director of Public Health), Ms J Mookherjee (Consultant in Public Health), Mrs V Tovey (Public Health Senior Commissioning Manager), Mr T Woodhouse (Suicide Prevention Programme Manager, Public Health), Miss T A Grayell (Democratic Services Officer) and Miss E West (Democratic Services Officer)

UNRESTRICTED ITEMS

114. Membership
(Item 2)

It was NOTED that Mr A Ridgers had joined the committee to fill the vacancy left by Mr I Thomas and Mrs A D Allen had joined to fill the vacancy left by Mr M J Northey.

115. Apologies and Substitutes
(Item 3)

Apologies for absence had been received from Mr K Pugh.

Mr D L Brazier was present as a substitute for Mr Pugh.

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

There were no declarations of interest.

117. Minutes of the meeting held on 8 July 2020
(Item 5)

It was RESOLVED that the minutes of the meeting held on 8 July 2020 are correctly recorded and a paper copy be signed by the Chairman when this can safely be achieved. There were no matters arising.

118. **Verbal updates by Cabinet Member and Director**
(Item 6)

1. The Cabinet Member for Adult Social Care and Public Health, Mrs C Bell, gave an update on the following issues:-

Digital support for quitting smoking and reducing alcohol – two new apps had been launched to help people track and reduce their alcohol consumption and support them to quit smoking. The existing Better Health campaign encompassed several health improvement initiatives, addressing drinking, smoking and healthy eating.

Forthcoming Public Health campaigns - the next round of public health campaigns would target workplace health and mental health and wellbeing for young people, with resources aimed at a range of age groups.

Flu vaccination – the winter flu vaccination campaign would be launched on 22 September, encouraging people to take up their invitation to have the vaccination as soon as possible.

World Suicide Prevention Day – this would be on 10 September, and resources available, as part of the Release the Pressure campaign, would include a free mental health text service. There would be focus on the effects of the covid-19 pandemic as this had brought new anxieties for many people.

2. The Director of Public Health, Mr A Scott-Clark, presented a series of slides and gave an update on the response to covid-19, including the following:-

Infection rates – although rates had risen, Kent was below the national average of cases. Clusters were being identified, for example, suspected cases in schools and among travellers returning from abroad.

Testing – the national testing programme had reached ‘pillar 2’ of regional and postal testing, and demand was outstripping capacity, but the latter would necessarily be limited by laboratory capacity. Emphasis would be on encouraging the public to persevere with booking a test but only if they had symptoms of raised temperature, new persistent cough and loss of taste and/or smell. More test sites were being established, for example, at the University of Kent at Canterbury, to serve students arriving for the new academic year, and new walk-in sites in Gravesend, Folkestone and Thanet.

Contact tracing – the south east performed well in terms of tracing and south east local authorities were keen that the more local control of contact tracing be passed to them and that they were able to set up local systems.

Safe events – the County Council was working with district colleagues and the police to establish a way of managing public gatherings and events safely, following Government guidance about social distancing.

Winter pressures – the usual winter pressures on health services would be more difficult to manage this year as the usual increase in bronchial and respiratory illness would be exacerbated by covid-19.

Outbreak control plan – this was being stress-tested and was being managed with Public Health England. Generally, Kent was managing relatively well but he emphasised

the importance of continuing to observe guidelines – frequent and thorough hand washing, wearing face coverings and social distancing – to manage and control the spread of infection.

National Institute of Health Protection - this new organisation had been established and was working with Public Health England nationally and locally. Mr Scott-Clark placed on record his thanks to Public Health England colleagues for all the work and very long hours they had put in to manage the pandemic.

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

- a) asked to comment on the local availability of tests and recent media coverage of people having to travel to Scotland to be tested, he reiterated that the availability of testing was a national rather than a local issue as demand across the country was currently outstripping capacity, and reminded of the importance of being tested only if covid-19 systems were present. Testing appointments were managed centrally by the Department of Health via a portal, rather than locally. The Government had already been made aware by local councils of concerns about the local availability of testing; and
- b) concern was expressed by a Member who had been invited to take a test by post, to be returned by courier, which he had done. A few days later he received a negative result. He had no symptoms so had not been seeking a test and was concerned about the resources being used to target people speculatively when there was so much pressure from people wanting tests and not being able to access them. Mr Scott-Clark explained that random selection testing was being conducted by IPSOS, on behalf of the NHS, to gain a statistical overview.

4. It was RESOLVED that the verbal update be noted, with thanks.

119. The Context for Substance Misuse Services in Kent (Item 8)

1. Ms Mookherjee introduced the report and highlighted key issues, including the availability of alcohol and illegal substances online and the studies undertaken during lockdown of its effects on people who used such substances. Use of cocaine and the rate of drug deaths had both increased in recent years and the age group most at risk of opiate addiction were now older people. The link between adverse childhood experiences (ACEs) and addiction in later life was well established. Ms Mookherjee responded to comments and questions from the committee, including the following:-

- a) the clarity and frankness of the report, and its presentation, were welcomed;

- b) a view was expressed that many people who became addicted to drugs or alcohol had no trauma in their background and were, for the large part, 'ordinary' people. Ms Mookherjee acknowledged this and highlighted the breadth and complexity of factors which might lead someone to drift into addiction of one sort or another; and
 - c) asked to what extent the cause of someone's addiction would be investigated and analysed, Ms Mookherjee advised that the immediate crisis of addiction and its affects would be treated and addressed first but that investigation of its cause would follow.
2. It was RESOLVED that the information set out in the report be noted, with thanks.

120. West Kent Drug and Alcohol Service Review Summary
(Item 9)

1. Ms Tovey introduced the report and advised that the service was being reviewed before the current contract was extended. Services' quality ratings were generally good, and Kent achieved better outcomes than the national average, for a lower spend than the national average. Case studies were helpful in illustrating the difference which the service could bring. It was intended that, given the good performance of the current contract and the potential for disruption to vulnerable individuals, the current contract be extended for an initial period of twelve months beyond its current end date of 31 March 2021, with a further extension taken up to 2023 if recommendations following the review were implemented or in the process of being implemented. The committee was being given the opportunity to comment on the findings of the review.
2. Asked about the inclusion of tobacco as a drug, Ms Tovey advised that smoking was a major cause of health inequalities in Kent. Support to quit was included in a number of services including One You Kent and promoted via campaigns including Stoptober, as well as an app launched recently to help people to quit. A report on smoking and tobacco control would be presented to the committee's November meeting.
3. It was RESOLVED that the information set out in the report be noted, with thanks.

121. Public Health Commissioning Update
(Item 10)

1. Ms Tovey introduced the report and advised that service delivery was being reviewed as services recovered from covid-19 restrictions, with a blend of face to face and virtual options and a need for flexibility of approach.
2. It was RESOLVED that the information set out in the report be noted, with thanks

122. Performance of Public Health Commissioned Services
(Item 11)

It was RESOLVED that the performance of Public Health commissioned services in quarter 1 of 2020/21 be noted, with thanks.

123. Work Programme 2020/21
(Item 12)

1. The Democratic Services Officer advised that the committee's future work programme had been adjusted to reflect the review and restart of services following covid-19 restrictions. The programme of contract monitoring reports, tackling one subject at each meeting, had been restyled as a series of 'response, restart and recovery' reports.

2. It was RESOLVED that the planned work programme for 2020/21 be noted and agreed.

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Public Health Commissioning update

- **Detailed work taking place to achieve a balanced budget for 21/22.**
Significant new pressures, uncertainty on grant allocation and delayed costs of missed delivery e.g. Health Checks.
- **Proactive work to seek additional income** to cover new costs, manage budget pressures or enable new preventative schemes e.g. hardship grants.
- **Providers and partners proactively planning to respond to second wave;** ensuring lessons are applied and vulnerable groups are protected.
- **Workforce being used flexibility to meet changing patterns of demand;** including increased smoking referrals against a backdrop of reduced subcontractor capacity, shortage in nurses to deliver schools flu programme.
- **New approaches to delivering services agreed;** including school based programmes and risk stratified pilot for NHS Health Checks.
- **Close working with providers, partners, users and public health team;** to ensure quick decision making and effective communication.
- **New areas of work continue;** including digital poverty pilots, wellbeing hub promotion, new lifestyle apps, new workplace health scheme, mental health crisis resources and Test and Trace grant spending allocation.

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Response, Restart and Recovery

Sexual Health Services

November 2020

Sexual Health Services

- Under the Health and Social Care Act 2012, Local Authorities are mandated to provide comprehensive sexual health services including the provision of contraception, contraceptive advice, testing and treatment of sexually transmitted infections and psychosexual counselling.
- NHS England (NHSE) are responsible for the provision of Human Immunodeficiency Virus (HIV) treatment and care services, which for Kent residents is passed to Kent County Council to commission under a Section 75 agreement.
- Kent delivers sexual health services through a combination of face to face and virtual methods to increase access and provide flexibility, details of the contracts are visualised at the end of this slide pack.
- These slides provide a summary of the impact of Coronavirus, response of services and priority actions needed to support recovery.



Sexual Health Service – Impact of COVID

National Guidance

- Staff repatriation to aid NHS services and priorities
- Need to move out of premises with capacity restrictions (where KCC not a landlord)
- Business continuity planning to protect at risk groups (staff and users)
- Extended time for Long Acting Reversible Contraception (LARC) procedures and other services to adhere to social distancing

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Service impacts

- Rapid shift to online triage and delivery
- Reduced capacity in both primary care and pharmacy due to competing national priorities
- Outreach delivery reduced, but a focus on supporting those most in need

Service Activity and Trends

- Increased activity for the online STI testing service and psychosexual therapy service
- Decreased activity for the young person condom programme, specialist sexual health clinics and LARC delivery in primary care due to national guidance

Sexual Health Service - Response to Covid-19

Service Delivery Prior to Covid-19

- Specialist sexual health services offered booked and walk in clinics, with some walk in clinics allocated for young people only. Outreach offered to at risk groups
- Online STI testing service offered asymptomatic screening only with symptomatic seen in clinic
- LARC delivered via primary care and specialist sexual health clinics
- Community Pharmacy offered face to face consultations
- Psychosexual Therapy delivered Face to Face
- Young Person Condom Programme included outreach and provided brief intervention training to youth hubs
- Aim to reduce out of area activity and increase digital

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Service Delivery Post Covid-19

- Walk in clinics no longer offered and reduced outreach
- Service users triaged remotely and either signposted to appropriate non contact services or offered booked appointment for those who need to be seen in clinic
- Online service offers asymptomatic and some symptomatic screening to assist with demand on clinics
- LARC capacity in primary care reduced, specialist integrated sexual health services creating additional LARC capacity to meet demand
- Community Pharmacy offers virtual consultations over the phone to minimise service user face to face contact time
- Psychosexual Therapy primarily delivers virtual therapies
- The young person condom programme deliver virtual training sessions to upskill the wider workforce
- Reduction in Out of Area activity, increased use of digital

Sexual Health Service - Response to Covid-19

Sexual Health Projects Prior to Covid-19

- Sexual Health Transformation workstream covering IT systems, Community Pharmacy, Communication and Premises
- New sexual health clinic capital projects for The Flete Unit (Margate) and Rowan Tree (Tunbridge Wells)
- The transfer of the PrEP (pre-exposure prophylaxis) Impact Trial to routine delivery via specialist integrated sexual health services
- Review of Long Acting Reversible Contraception contracts with primary care
- Review of premises to ensure we have the appropriate coverage across Kent

Sexual Health Projects Post Covid-19

- Re-evaluation of sexual health transformation priorities in light of Covid-19
- Continuing with the New sexual health clinic capital projects in Margate and Tunbridge Wells
- Continuing the launch of the PrEP (pre-exposure prophylaxis) to routine delivery via specialist integrated sexual health services and monitoring demand
- Collaborate with Kent Medway CCG on their restart programme to review all contraception options in terms of access and funding opportunities across Kent
- Digital Accessibility
- Contractual revisions to reflect service changes
- National cervical screening in sexual health clinics

The partnership agreement between Kent's specialist integrated sexual health providers and KCC provided an effective mechanism to respond rapidly to new requirements. Through collaboration a number of new and enhanced services were implemented to manage demand and ensure clients can be seen in a safe way.

New and Enhanced Services

- Funding used differently to meet need e.g. increase online STI testing which has seen an increase due to less face to face appointments within clinics
- Creation of a new symptomatic triage process via the online STI testing service to reduce the pressure on the integrated services
- Supplier Relief payment mechanism created to provide additional funding to both pharmacy and general practice to stabilise the market and provide cash flow
- Creation of oral contraception posted to home delivered by integrated sexual health services to prevent face to face contact where possible and ease pressures on pharmacies
- Additional capacity created for Psychosexual Therapy by enabling virtual delivery and providing a flexible service enabling appointments outside of core clinic times

Sexual Health Services- Key Learning, Opportunities and Risks

Key Learning

- Stability of service offer was maintained through digital methods including home STI testing service, psychosexual therapy service, remote consultations and online condom programme. Digital delivery can also increase the capacity of services
- Popularity of new services introduced including remote consultations and applicable drugs treatments posted directly to the persons home
- Initial feedback that virtual consultations facilitated by highly skilled staff delivers less patient contacts and the same outcomes although further work is required to evidence this
- The emphasis on digital delivery may increase barriers to access services for certain groups of people. Digital delivery also minimises safeguarding and outreach opportunities
- Strong relationships with sexual health partners enables quick decision making and continued service delivery

Opportunities

- Develop own estate to provide even greater security
- Consolidate sexual health estate to rationalise costs while maintaining access
- Maintain digital enhancements to provide a more flexible access to service while also bringing cost efficiencies
- Work with partner agencies to target contraceptive funding at most appropriate access route
- Reduction in Out of Area activity may enable revenue to be redirected into Kent services

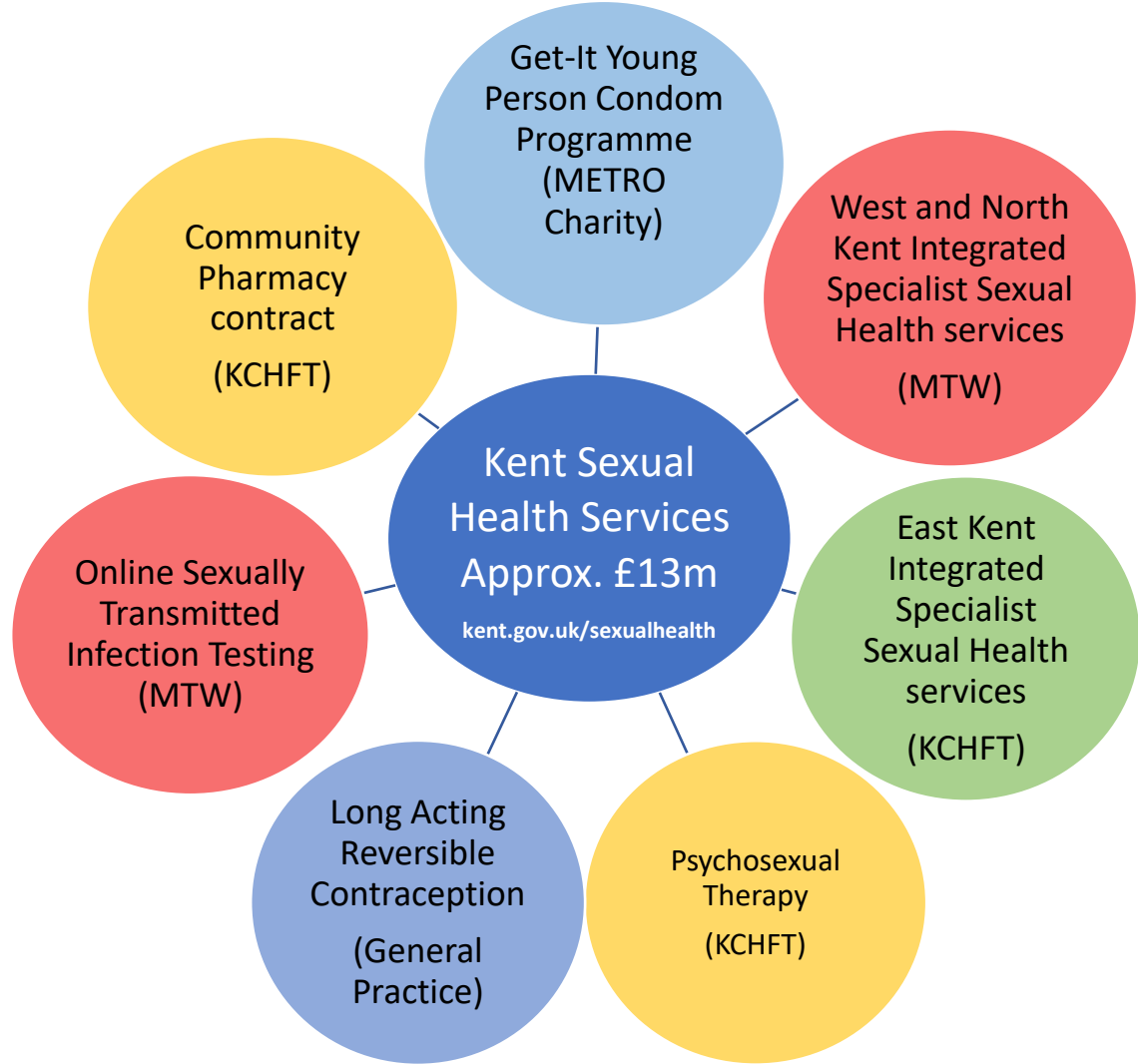
Risks

- Prevented re-entering shared premises due to capacity restrictions in services operating in those premises
- Staff repatriation to aid national priorities e.g. second wave
- Restarting primary care may be impacted by winter flu pressures, potential Covid-19 vaccine or Covid-19 second wave
- Additional costs continue to be incurred due to Covid-19 and current sexual health budget pressure for 2021-22 is est. £1.8m.
- National guidance requiring services to stop

Visual of Kent Sexual Health Services

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Sexual Health Premises provided by KCC across services



Out of Area Activity for Kent Residents accessing open access services

NOTE:
2020/21 budgeted figures

Measures to prevent the take up of smoking

Deborah Smith, Public Health Specialist

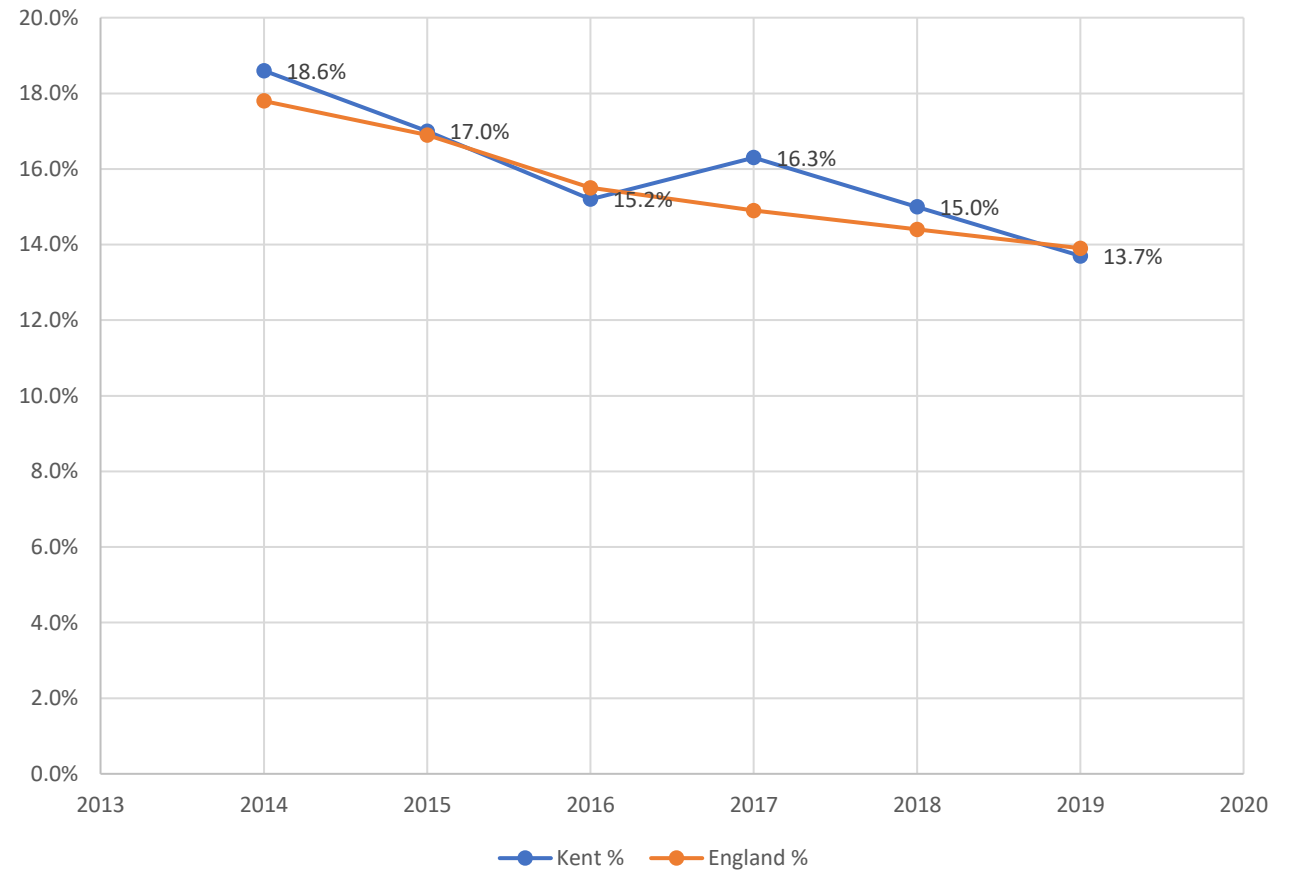
Kent Public Health

20th November 2020

2019: Kent Smoking Prevalence below national average (13.7%)

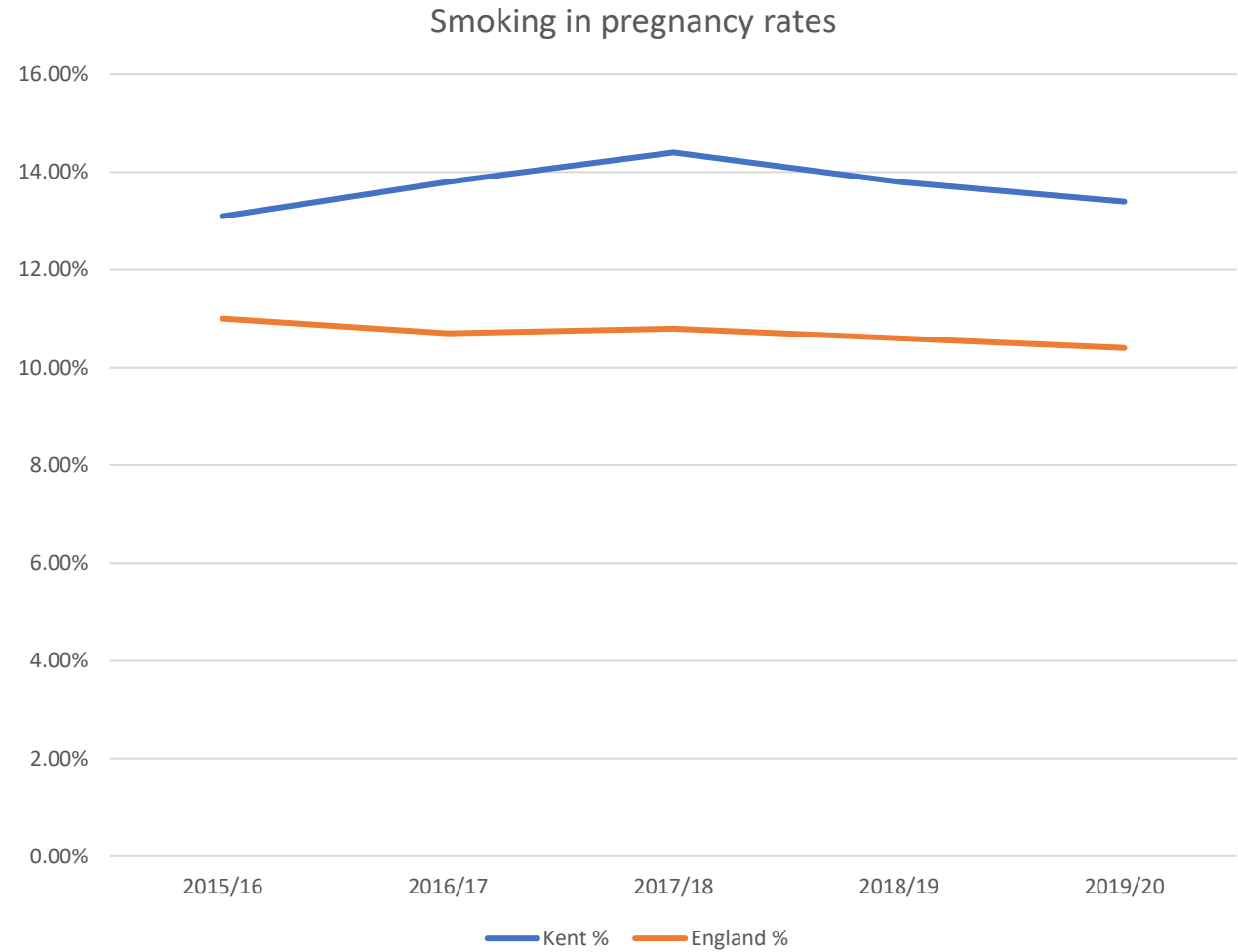
Year	Kent %	England %	No. of Kent Smokers
2014	18.6%	17.8%	220,036
2015	17.0%	16.9%	202,806
2016	15.2%	15.5%	183,662
2017	16.3%	14.9%	198,811
2018	15.0%	14.4%	184,563
2019	13.7%	13.9%	168,120

Smoking Prevalence: Kent & England av.
2014-2020



2019/20: Kent Smoking in pregnancy rates higher than national average

Year	Kent %	England %	No. of Kent Smokers
2015/16	13.10%	11.00%	2,124
2016/17	13.80%	10.70%	2,223
2017/18	14.40%	10.80%	2,372
2018/19	13.80%	10.60%	2,173
2019/20	13.40%	10.40%	2,088



Why focus on Children?

Smokers start young:

66% of smokers start under 18 years old

83% of smokers start under 20 years old

Note: 18 years is the legal age of tobacco sales

Smoking is a factor of health inequalities

Smoking is the biggest single cause of inequalities in death rates between rich and poor in the UK.

1.2m children are living in poverty in households where adults smoke

If these adults quit, 365,000 children would be lifted out of poverty

Some risk factors for smoking uptake in young people:



Environmental	Socio-demographic	Behavioural/Individual
Parental smoking Parental attitudes Sibling smoking Family environment/ parental attachment Peer smoking Peer attitudes & norms	Age Ethnicity Parental socio-economic status Personal finance	School performance Lifestyle Self-esteem Attitudes to smoking/smokers Stress Health concerns

Why do Children and Young People Start Smoking?

<p><u>Factors that influence children to take up smoking:</u></p>	<p><u>What we are doing to mitigate these influencing factors in Kent?</u></p>	
<p>Adult Role Models: Children are influenced by exposure to smoking both in the world around them and in the media</p>		<p>Measures to reduce smoking among the adult population</p>
<p>Growing up in Smoking households: 6 times more likely to smoke if both parents smoke. <i>"I remember picking up and playing with cigarettes when I was little"</i></p>		<p>Smokefree Homes campaign</p>

Why do Children and Young People Start Smoking?

<p><u>Factors that influence children to take up smoking:</u></p>	<p><u>What we are doing to mitigate these influencing factors in Kent?</u></p>
<p>Easy Access to cigarettes:</p> <ul style="list-style-type: none"> * Parents - "my mum smoked so she use to give them to me" * Illicit tobacco traders target Children with pocket money prices * Underage Sales 	<div data-bbox="1192 525 1796 896" data-label="Image"> </div> <p>Public Health and Trading Standards work to reduce illicit tobacco in the community and reduce underage sales</p>
<p>Peer Pressure:</p> <p>"everyone does it so you have to.... All my friends did I was curious"</p> <p>local insights show children may still consider smoking if their friends do</p>	<div data-bbox="1192 953 1796 1333" data-label="Image"> </div> <p>Educational theatre in schools Supporting young people in Youth Centres</p>

School Public Health Service (SPHS) support

- Single Point of Access (SPA) - point of referral for all children and young people referrals, including smoking/risk taking behaviour. Available throughout the year in and outside of the school day.
- Package of Care (POC) – 4 contacts to support families/young people to manage Risk Taking Behaviour (including smoking) using: motivational interviewing, problem solving approaches, linking to community assets and resources.
- District School Health Plans developed using local intelligence to focus support around public health priority areas.
- The development of School Public Health Plans (SPHP) for all schools to identify priority areas for support and improvement e.g. Healthy Lifestyles. Plans are developed using data from schools including:
 - Kent Public Health Observatory to understand district public health priorities
 - The Lancaster Model (TLM) health assessments (completed by Y6 & mid-teen) to identify individual and whole school support. *8648 (Y6) and 909 (mid-teen) CYP requested further support and guidance about smoking and received signposting to further information and support (2018/20).*

School Public Health Service (cont.)

- Training/resources to support the delivery of high quality PSHE
- The [Kent Youth Health website](#) providing up to date information and signposting to access support
- [FAQs for parents](#) on SPHS website signposting parents to 'quit smoking' support

We Are With You

(Specialist Treatment/Early Intervention)

- Signpost to smoking cessation support via NHS website/GP surgeries, supporting young people to access this.
- Harm reduction approach - exploring risks to physical health from smoking including discussion around quitting/alternative routes of administration e.g. vaping/nicotine replacements and therapy with Clients.
- Clients mixing tobacco and cannabis – explore the exposure to nicotine, dependence and health harms of tobacco/smoking. Harm reduction advice discussing the potential benefits but also potential risks of alternative routes of administration e.g. vaping/oils/edibles with Clients.

How the Kent Tobacco Control Alliance can work in partnership

Expand Quit Coach model with Youth Services



Expand Smoke Free Parks and school gates



Reduce Smoking in Pregnancy and Promote Smokefree Homes



Continue to make tobacco inaccessible to children and young people



From: Barbara Cooper, Corporate Director, Growth, Environment and Transport

To: **Clare Bell, Cabinet Member for Adult Social Care and Public Health**

Decision No: 20/00105

Subject: **Direction under Regulation 5 of the Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020**

Classification: **Unrestricted**

Electoral Division: Paddock wood

Summary:

Recommendation(s):

The Cabinet Member for Adult Social Care and Public Health is asked to: .

Make a Direction under Regulation 5 of the Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020 (or any replacement or amended version of these regulations which may be valid and appropriate while this Direction remains in effect) specifically to:

Delegate authority to the Corporate Director of Growth, Environment and Transport to undertake the review of this direction, required under s2 of the Regulations and the related authority to, subject to consultation with the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health, to revoke this Direction as appropriate and to issue the relevant notices (including notification to all those consulted as part of this Key Decision). This review shall take place a minimum of once every 7 days while the Direction remains in effect, in accordance with s2(2)(a) of the Regulations.

Delegate authority to the Corporate Director of Growth, Environment and Transport, in consultation with the Corporate Director of Finance, the Monitoring Officer and Cabinet Member for Adult Social and Public Health, to take necessary actions, including but not limited to entering into contracts or other legal agreements, as required to implement and enforce this decision.

1. Introduction

1.1 On 12 January 2020, it was announced that a new coronavirus had been identified. COVID-19 is highly contagious and the World Health Organisation has declared the risk and spread of the disease as a pandemic with Europe now at its epicentre. To protect Public Health the government has introduced restrictions to help control the spread and rate of infection.

2. Financial Implications

2.1 There are no financial implications arising from this report.

3. Report

3.1 Circus Zyair has proposed a run of events (shows) from the 23/10/2020 until the 1/11/2020 at the Paddock Wood Hop Farm.

3.2 A detailed assessment of the arrangements for this event has been carried out by Public Health Professionals. Their assessment is attached as appendix 2. In summary it concludes that the event should not go ahead and that a direction is necessary and proportionate in order to respond to a serious and imminent threat to public health and control the transmission of COVID-19 in Kent & Medway.

3.3 The Director of Public Health has confirmed by email, a copy of which is attached, that he agrees with the assessment and recommends that the event should not proceed.

3.4 Engagement has taken place with the venue and with the event organisers. The venue has voluntarily withdrawn its consent, but the event organiser, Circus Zyair Ltd., has refused to cancel the event. The direction sought, therefore relates only to the event organiser, Circus Zyair Ltd.

3.5 It is true that other circus events have run in Kent over recent weeks and this challenge was put to the Public Health professional carrying out the assessment. His response is that the current rising rates of infection in Kent mean that the circumstances prevalent at the time of those events are no longer prevalent now.

4. Legal Implications

4.1 The decision is being taken under the Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020.

4.2 The Director of Public Health, has assessed relevant risk assessments and has advised that the conditions for making a Direction to give effect to 'local lockdown' arrangements are met and necessitate action to prevent a serious and imminent threat to public health. .

5. Conclusions

5.1 Circus Zyair has proposed a run of events (shows) at the Paddock Wood Hop Farm. A detailed assessment of the arrangements for this event has been carried out by Public Health Professionals. The Director of Public Health has assessed the relevant risk assessments and has recommends that the event should not proceed. Circus Zyair has refused to comply with advice and a key decision is needed to make a Direction under Regulation 5 of the Health

Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020 to cancel the planned shows to protect public health

6. Recommendation(s)

Recommendation(s):

The Cabinet Member for Adult Social Care and Public Health is asked to: .

Make a Direction under Regulation 5 of the Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020 (or any replacement or amended version of these regulations which may be valid and appropriate while this Direction remains in effect) specifically to:

Delegate authority to the Corporate Director of Growth, Environment and Transport to undertake the review of this direction, required under s2 of the Regulations and the related authority to, subject to consultation with the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health, to revoke this Direction as appropriate and to issue the relevant notices (including notification to all those consulted as part of this Key Decision). This review shall take place a minimum of once every 7 days while the Direction remains in effect, in accordance with s2(2)(a) of the Regulations.

Delegate authority to the Corporate Director of Growth, Environment and Transport, in consultation with the Corporate Director of Finance, the Monitoring Officer and Cabinet Member for Adult Social and Public Health, to take necessary actions, including but not limited to entering into contracts or other legal agreements, as required to implement and enforce this decision.

7. Background Documents

- Draft Record of Decision
- Public Health Assessment
- Email from KCC Director of Public Health

8. Contact details

Report Author:

Mark Rolfe

Mark.rolfe@kent.gov.uk

Head of Kent Scientific Services/Interim Head of Kent Resilience Team

Tel: 03000 415100

Relevant Director

Barbara Cooper, Corporate Director, Growth, Environment and Transport

Barbara.cooper@kent.gov.uk

03000 415981

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KENT COUNTY COUNCIL – URGENT RECORD OF DECISION

DECISION TAKEN BY:

Clair Bell – Cabinet Member for Adult Social Care and Public Health

DECISION NO:

20/00105

For Publication

Key decision: YES

DECISION TITLE:

Issuing Direction under Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020 – Hop Farm, Paddock Wood

As Cabinet Member for, I agree to:

Make a Direction under Regulation 5 of the Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020 (or any replacement or amended version of these regulations which may be valid and appropriate while this Direction remains in effect).

This Direction comes into force on 23/10/2020 and further details of the Direction listed in Appendix 1 of this Record of Decision.

- I delegate authority to the Corporate Director of Growth, Environment and Transport to undertake the review of this direction, required under s2 of the Regulations and the related authority to, subject to consultation with the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health, to revoke this Direction as appropriate and to issue the relevant notices (including notification to all those consulted as part of this Key Decision). This review shall take place a minimum of once every 7 days while the Direction remains in effect, in accordance with s2(2)(a) of the Regulations.
- I also delegate authority to the Corporate Director of Growth, Environment and Transport, in consultation with the Corporate Director of Finance, the Monitoring Officer and Cabinet Member for Adult Social and Public Health, to take necessary actions, including but not limited to entering into contracts or other legal agreements, as required to implement and enforce this decision.

In making this decision, I confirm that the conditions set out for the making of such a Directions in s2 of the Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020 have been met and that this direction is necessary and proportionate. I can also confirm that I have read and considered the KCC Urgent Decision Local Lockdown Guidance.

Reasons for decision:

The decision is required for the implementation of a necessary public health response, as permitted under the Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020.

Taking into account advice from the Director of Public Health, and referring to relevant data and risk assessments, the conditions for making a Direction to give effect to 'local lockdown' arrangements are met and necessitate a Key Decision.

The detailed rationale for this decision is set out in the associated Decision Report which includes advice from the Director of Public Health.

Background:

Provisions for appealing this direction to a magistrates' court or making representations to the Secretary of State are contained within the relevant regulations.

Reason for Urgency:

It is necessary to implement the restrictions outlined in the Direction immediately due to the events starting at 17.00 on the 23/10/2020 and continuing until the 1/11/2020

Therefore it is not possible follow the normal decision timeframes as required under the KCC and legal governance arrangements, requiring it to be progressed under the urgent decision provisions as set out in the Constitution and the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

The Direction comes into effect immediately when issued, notice of the intention to seek a direction having already been issued; and

Will cease to be in effect on 2/11/2020 unless revoked earlier as a result of the mechanism set out in the Direction and may only be extended beyond this time and date by the issuance of a new Direction.

Member and other consultation:

No Cabinet Committee consultation possible due to urgency process.

The below list of Members were contacted in writing and notified of the decision but due to time constraints related to the public health risk, the decision had to be progressed with minimal notice. Consequently there was insufficient time to include comments prior to publication of the Decision. However, any comments received in response to the written notification from Democratic Services will be published alongside the ROD in due course.

The Chair of the Scrutiny Committee (agreed that the decision could not be reasonably deferred)

Andy Booth - Conservative

The Group Spokespeople of the Scrutiny Committee

Rob Bird – Liberal Democrats

Dara Farrell – Labour

The Chair and Group Spokespeople of the Health Reform and Public Health Cabinet Committee

Geoff Lymer (Chair) – Conservative

Dan Daley – Liberal Democrats

Barry Lewis – Labour

Any alternatives considered and rejected:

Voluntary cancellation of the event in the light of the Public Health advice was sought but rejected by the event organisers

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

None



23 October 2020

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signed

.....
date

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From: Benjamin Watts, General Counsel

To: Health Reform and Public Health Cabinet Committee – 20 November 2020

Subject: **Work Programme 2021**

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 planned work programme for 2020/21.

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 2021

2.1 An agenda setting discussion was conducted by email, via 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 planned work programme for 2021.

5. Background Documents

None.

6. Contact details

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HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE WORK PROGRAMME 2020/21

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

21 JANUARY 2021

- *Verbal Updates*
- *Update on COVID-19 – Advice and services*
- **Response, restart and recovery - Lifestyle services**
- *Annual Report on Quality in Public Health, incl Annual Complaints Report* (delayed from November agenda, due to covid-19 work – timing to be reviewed)
- *Work Programme*
- *Public Health Performance Dashboard*
- **Budget and Medium-Term Financial Plan**
- **Update on Public Health Campaigns/Communications**

10 MARCH 2021

- *Verbal Updates*
- *Update on COVID-19 – Advice and services*
- **Response, restart and recovery - Children's services**
- *Work Programme*
- **Risk Management report (with RAG ratings)**
- **Health Inequalities – annual**

30 JUNE 2021

- *Verbal Updates*
- **West Kent Substance Misuse services contract review**
- *Work Programme*
- *Public Health Performance Dashboard*
- **Update on Public Health Campaigns/Communications**

NORMAL* PATTERN OF ITEMS APPEARING REGULARLY – *adjusted in 2020 to accommodate changes to respond to Covid-19

Meeting	Item
January	<ul style="list-style-type: none"> • Budget and Medium-Term Financial Plan • Update on Public Health Campaigns/Communications • Public Health Performance Dashboard
March	<ul style="list-style-type: none"> • Risk Management report (with RAG ratings) • Health Inequalities – annual
April/May	
June/July	<ul style="list-style-type: none"> • Update on Public Health Campaigns/Communications

	<ul style="list-style-type: none">• Public Health Performance Dashboard
September	<ul style="list-style-type: none">• <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
November	<ul style="list-style-type: none">• Annual Report on Quality in Public Health, incl Annual Complaints Report

****Strategic Delivery Plan (SDP) monitoring removed from work programme as per David Firth's email 10/7/20:***

SDP monitoring arrangements are being kept on pause for the time being, recognising the continued additional demands placed on the authority and the need to review, and potentially re-base, a significant number of activities.

In the longer term the intention is to reinstate the monitoring arrangements but it is not possible yet to confirm a timescale for this.

Until further is known, the SDP monitoring item should be removed from work programmes.