

**HEALTH REFORM AND PUBLIC HEALTH CABINET
COMMITTEE**

Wednesday, 10th March, 2021

10.00 am



AGENDA

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Wednesday, 10 March 2021 at 10.00 am
online

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

Membership (13)

Conservative (9): Mr G Lymer (Chairman), Miss D Morton (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
- 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 21 January 2021 (Pages 1 - 6)
To consider and approve the minutes as a correct record.
- 5 Verbal updates by Cabinet Member and Director
- 6 Update on Covid-19 - Advice and Services (Verbal Update)
- 7 Response, Restart and Recovery - Children's Services (Pages 7 - 16)
- 8 Risk Management: Health Reform and Public Health (Pages 17 - 58)

- 9 Public Health Communications and Campaigns Update (Pages 59 - 68)
- 10 Performance of Public Health commissioned services (Pages 69 - 76)
- 11 20/00132 - Bereavement Support Services in Kent and Medway- Procurement Update (Pages 77 - 126)
- 12 Meeting Dates for 2021/22 - For Information
The Committee is asked to note the dates of its meetings for 2021/22

30 June 2021, 8 September 2021, 19 November 2021, 20 January 2022 (2.00 pm), 9 March 2022 and 9 June 2022

All meetings will start at 10am except January 2022.
- 13 Work Programme 2021/22 (Pages 127 - 130)

EXEMPT ITEMS

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

Benjamin Watts
General Counsel
03000 416814

Tuesday, 2 March 2021

KENT COUNTY COUNCIL

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Health Reform and Public Health Cabinet Committee held in the on Thursday, 21 January 2021.

PRESENT: Mr G Lymer (Chairman), Miss D Morton (Vice-Chairman), Mrs A D Allen, MBE, Mr A Cook, Mr D S Daley, Mrs L Game, Ms S Hamilton, Mr B H Lewis, Mr K Pugh, Mr A M Ridgers and Mr R H Bird

UNRESTRICTED ITEMS

134. Apologies and Substitutes
(Item 2)

Apologies were received from Mr Butler and from Mr Koowaree for whom Mr Bird was present.

135. Declarations of Interest by Members in items on the agenda
(Item 3)

There were no declarations of interest.

136. Minutes of the meeting held on 20 November 2020
(Item 4)

It was RESOLVED that the minutes of the meeting held on 20 November 2020 are correctly recorded and a paper copy be signed by the Chairman. There were no matters arising.

137. Verbal updates by Cabinet Member and Director
(Item 5)

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

Symptom Free Covid-19 Testing

It was reported that symptom-free Covid-19 testing was operational at 19 sites across districts in Kent. Another 5 sites were to open to reach the target of 2 testing sites in each district of Kent by the end of January 2021.

It was recommended for people to undertake testing every 2 weeks, particularly critical workers or those needing to leave their homes regularly. By 15 January 2021, 93862 lateral flow tests had been conducted and 956 tests had come back as positive for Covid-19.

Mrs Bell said that she had taken a test herself at the Ashford Eurogate site. She said that her experience was that the centre operated very efficiently and safely and she thanked Public Health officers, the KCC property team and army personnel for all their hard work.

There were job vacancies at the testing centres and people were encouraged to apply to assist at the symptom free testing sites.

The tests could be booked via: www.kent.gov.uk/symptomfreetest

Better Health Campaign

KCC was supporting the national Better Health Campaign, which encouraged healthier lifestyles, losing weight, quitting smoking and reducing alcohol intake. Information on the campaign was available on the One You webpage.

NHS Confederation Report – Health on the High Street

The NHS Confederation had produced a report at the end of 2020 called Health on the High Street, which looked at how the NHS could work with local authorities and support high street regeneration. The report considered how information and support could be provided where people are shopping, etc, and looked at using properties on the high street to deliver services.

The report showcased the One You shop in Ashford which had between 400-500 visitors each month prior to the pandemic. The shop was operated by the Kent Community Health Foundation Trust, with funding from KCC and the premises was provided by Ashford Borough Council.

Smoking Cessation

It had been reported in September 2020 that there was a waiting list for smoking cessation services for the first time due to the pandemic. Third party providers (GP and pharmacy) had ceased their delivery of support as their work was diverted to support the pandemic. Service capacity was increased by offering telephone, digital sessions and the My Quit Route app. The waiting list was reduced to 21 as of the week which commenced 2 January 2021 from 407 in September 2020 and the longest waiting time had been reduced to one week.

There had been 182 referrals in January 2021 and work was ongoing to increase capacity as it was envisaged third party providers would not be able to restart services due to involvement in the vaccination programme for Covid-19.

Health Visiting Service

In line with the national guidance, the health visiting checks had been put on hold in March 2020 apart from high-risk families. For this reason, there had been a significant drop in performance. A 'catch up' programme has been delivered and take up had been good. It was expected that performance would be as expected for Quarter 3.

Baby Friendly Services

Kent's children's centres had been awarded 'Baby Friendly' accreditation following an audit conducted by UNICEF which looked at breast feeding support and advice. The audit assessed staff knowledge and skills and families were interviewed about the care

they had received. 100% of clients had reported that they were happy with the support they had received.

2) The Director for Public Health, Mr Scott-Clark gave an update on the following issue:

Health and Europe Centre

Work was ongoing with the Health and Europe Centre and a board meeting had taken place on 20 January 2021. KCC were directly involved with projects including the Dwell project, which aimed to reduce the impact of diabetes and work was being undertaken around sexual health.

Some projects had been impacted by the pandemic and work was to continue until around March 2024, funded by the European Union.

138. Update on Covid-19 - Advice and Services (Item 6)

- 1) Mr Scott-Clark, Director for Public Health gave an update on Covid-19 and reported that the infection rates for Kent were just below the average for the south east of England at 486 cases per 100,000 on 16 January 2021. There had been a steady decline in the case rates but case rates needed to continue to reduce.
- 2) Good progress had been made with the roll out of symptom-free testing. Around 1.2% of tests had been positive and these cases had often been in areas with higher infection rates. Rates across the South East had begun to reduce.
- 3) Work had been undertaken over Christmas to manage the situation when the French government imposed new Covid-19 travel restrictions on hauliers crossing the Channel. Testing sites had been put into place for hauliers at Manston and Sevington as well as across the country.
- 4) The Health Protection Board and the Health and Care Cell continued to function. KCC was present at the SCG with wider partners on a daily basis.
- 5) It was reported that KCC commissioned services continued to function. There had been a small amount of redeployment with some of the commissioned services such as health visiting and seconded Public Health consultants were supporting the vaccination programme.
- 6) In response to questions from Members, it was noted:
 - Around 300 Armed Forces personnel had been involved with the set-up of mass vaccination sites in Kent but civilians were to staff sites moving forward.
- 7) It was RESOLVED that the update be noted.

139. Response, Restart and Recovery - Lifestyle Services (Item 7)

- 1) Ms Tovey, Head of Strategic Commissioning (Public Health) presented an update on how Public Health Lifestyle Services had responded to the challenges presented by the pandemic and how the services had adapted to continue to provide vital services.
- 2) Services had been provided by a variety of providers including Kent Community Health Foundation Trust, district and borough councils, primary care and pharmacies, as well as smaller voluntary and private sector providers.
- 3) The national guidance on Covid-19 had informed decisions on which services should be continued and which ones should be halted. NHS Health Checks were paused in the early part of the pandemic but had been re-started in the autumn.
- 4) Work was undertaken to adapt to the regulations, as many services had previously been provided face-to-face or in groups. New ways of delivering services online were adopted. There were capacity issues for delivery of some services, as providers were diverted to priorities around Covid-19, eg delivering the vaccine.
- 5) There had been national guidance to provide relief payments to support providers with cashflow in the initial 6 months of the pandemic. This was implemented in Kent, however, going forward the Council was only paying for services received.
- 6) Services had made adaptations very rapidly and some services had been more popular than ever using online classes and groups. A number of new services had been launched including a multi-agency wellbeing hub, apps, and live Facebook streams.
- 7) KCHFT developed a video to support and encourage clients who were unfamiliar with digital and new technologies.
- 8) Work was to be undertaken to evaluate the new ways of working that had been used during the pandemic, to collect user feedback and to consider future priorities moving forward. An approach would also be agreed as to how to catch up with NHS Health Checks programme.
- 9) It was RESOLVED that the information set out in the presentation be noted.

140. Public Health Performance Dashboard
(Item 8)

- 1) Ms Tovey, Head of Strategic Commissioning (Public Health) provided an update regarding the Public Health Performance Dashboard. There were some unusual patterns in performance areas that were usually stable, due to Covid-19 and national directives. Some of the impacts had been due to services stopping and redeployment of NHS staff. National deadlines for reporting had also been delayed and therefore, there had been a delay in data being received by KCC.
- 2) A correction was made to the report to clarify that there was only one metric where data was not available, which related to sexual health. 10 KPIs were 'RAG' rated green, 3 were amber and 1 was red. It was anticipated that the Quarter 3 performance would be improved.
- 3) It was RESOLVED that the Public Health Performance Dashboard be noted.

141. Kent and Medway Specialist Bereavement Service Commissioning
(Item 9)

- 1) Ms Tovey, Head of Strategic Commissioning (Public Health) introduced the report regarding Kent and Medway Specialist Bereavement Service Commissioning. Funding had been secured for 2 new services across Kent and Medway for 3 to 5 years.
- 2) Mr Woodhouse, Suicide Prevention Programme Manager said that there was one procurement process for the two services:
- 3) The first was a service for children and young people up to the age of 25 bereaved in any circumstances. This service would provide a specialist level of support, which would include counselling.
- 4) The second was an early intervention service for those who have experienced suicide bereavement. Contact would be made with families within 3 days of the bereavement to provide emotional and practical support.
- 5) An update would be brought to the Cabinet Committee and the services would be in place by the summer.
- 6) In response to questions and comments from Members, it was noted:
 - The two services would be promoted through appropriate channels. The service for children and young people would be promoted through schools, the youth service and other channels to connect with young people.
 - The main referral routes for the service relating to suicide bereavement would be through Kent Police and the Coroner's Service.
 - Many people had been affected by issues relating to bereavement and the commissioning of these services was welcomed.
- 7) It was RESOLVED that the information set out in the report be noted.

142. Kent and Medway Care Record
(Item 10)

1. Ms Spore, Director of Infrastructure introduced the report regarding the Kent and Medway Care Record (KMCR).
2. Mr Day, Data Infrastructure Lead outlined the KMCR presentation and it was noted:
 - KMCR was a way of sharing information with professionals legitimately involved in a patient's care within Kent and Medway. It was part of a wider national shared health and care programme.
 - National standards had been set as to what information could be shared. The system allowed immediate and more consistent information sharing between agencies.
3. In response to questions and comments from Members, it was noted that:

- Only registered professionals with a legitimate interest would be able to access information on the KMCR system. The system was primarily for clinicians' use.
- Further information was sought regarding the communications plan for the roll out and how members of the public would be informed about how their information would be used and shared.
- Reassurances were given about information governance and the security of the system.

4. It was RESOLVED that the information set out in the report be noted.

143. Draft Capital Programme 2021-24 and Revenue Budget 2021-22
(Item 11)

- 1) Ms Cooke, Corporate Director, Finance introduced the report and said the format of the Draft Cabinet 2021-24 and Revenue Budget 2021-22 reflected the strategic considerations that were needed, particularly because of the impact of Covid-19 and the role of Public Health in the pandemic.
- 2) Mr Shipton, Head of Finance -Policy, Planning & Strategy reported that the same information had been provided to all Cabinet Committees. It was noted that there had not been confirmation regarding the main Public Health grant from central government and therefore, proposals were based on estimates of what the grants would be. As a result of having only estimates, changes would have to be made either prior to the meeting of County Council or authority would have to be delegated to make the necessary changes on receipt of the confirmation of the grants.
- 3) It was RESOLVED that the information set out in the report be noted.

144. Work Programme
(Item 12)

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

Response, Restart and Recovery
***Kent Public Health Children and Young
People's Services***

10th March 2021

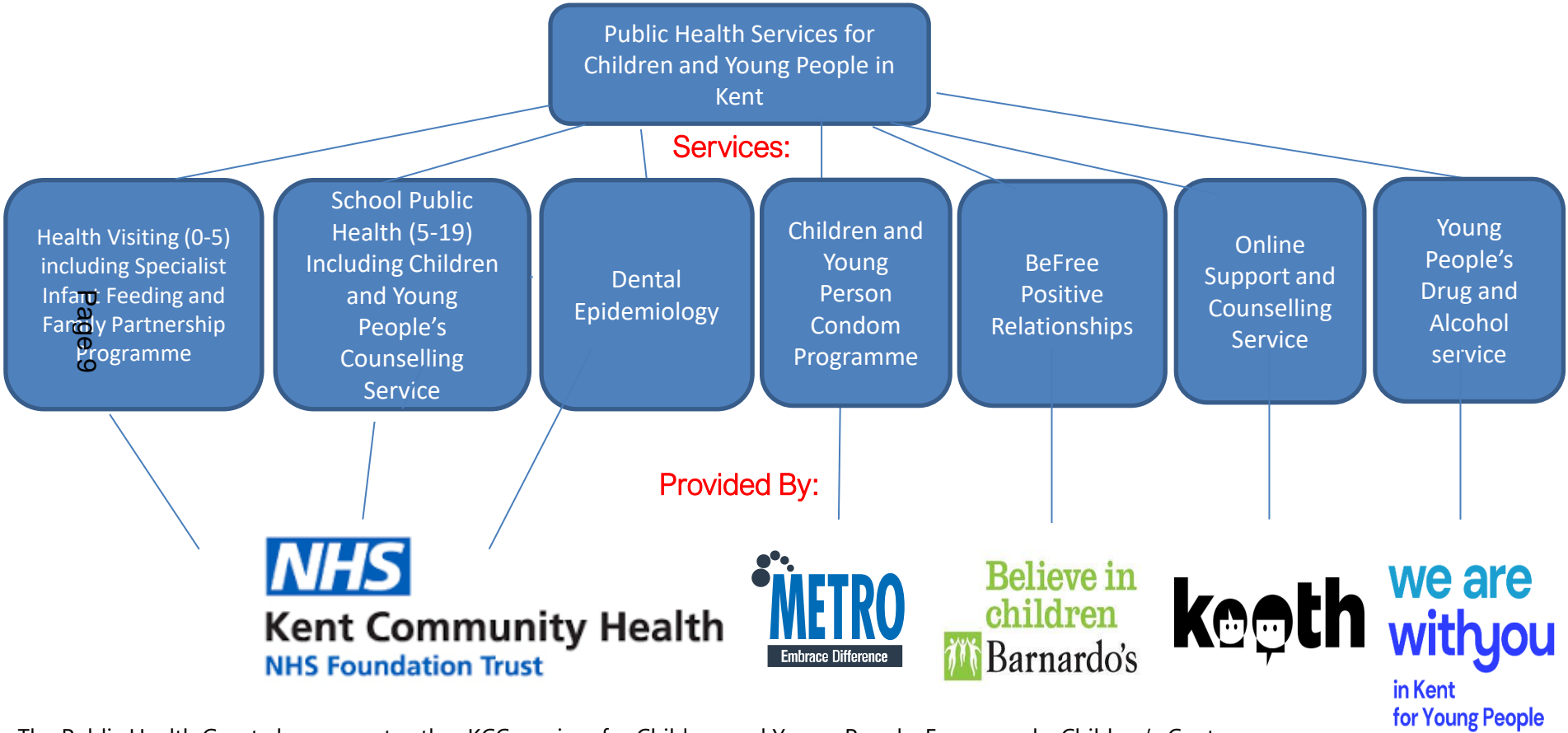
Public Health Children and Young People's Services

- KCC are committed to supporting and empowering communities so that Kent's Children and Young People can have the best start in life and live well.
- Local authorities are responsible for commissioning the Healthy Child Programme (0-19). The Healthy Child Programme focuses on a universal preventative service, providing families with a programme of screening, health and development reviews, and advice around health, wellbeing and parenting. Within this:
 - Local authorities are required to commission five universal health visiting checks for families. These visits originally became mandatory when the commissioning of the Healthy Child Programme transferred from the NHS to local authorities in Oct 2015.
- Local authorities have a statutory responsibility for delivering the National Child Measurement Programme
- KCC have a responsibility for improving the health of the population and reducing health inequalities. KCC therefore funds a number of preventative services and interventions that help young people and families make and sustain healthy lifestyle choices.
- Services are delivered by KCHFT, We are With You, Metro, Kooth and Barnardo's, through a combination of face to face and virtual methods, which increase access and provide flexibility.
- These slides provide a summary of the impact of Coronavirus, response of services and priority actions needed to support recovery.

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Visual of Public Health Services for Children and Young People in Kent



The Public Health Grant also supports other KCC services for Children and Young People, For example, Children's Centres.

Impact of COVID

National Guidance & Service Impact

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Service Activity and Trends

NHS England, COVID-19 prioritisation within community health services

- Staff repatriation to aid NHS services and priorities (April to August 2020 and January 2021 onwards).
- Rapid shift to online delivery with an increase of virtual consultations for individual and group sessions.
- School Health: Service delivery in schools suspended including the National Child Measurement Programme (NCMP) and school entry hearing and vision screening. Some staff redeployed to support immunisation service - childhood flu programme (autumn)
- Suspended or increased wait times for CCG commissioned services impact on pathways e.g. Frenulotomy, Audiology, Ophthalmology.

Institute of Health Visiting, Delivering the Health Visitor Healthy Child Programme during the COVID-19 pandemic.

- All development check clinics, Family Partnership Programme recruitment, baby clinics and parenting sessions temporarily suspended. Face to face contacts offered to vulnerable families, for specialist infant feeding support and for bookable triaged clinic appointments. All other contacts made by video contact or telephone.
- All mandated contacts were re-established in June 2020 with new birth contacts delivered universally face to face. Recruitment for FPP commenced in August 2020.

- Increased calls to Health Visitor duty lines and increased referrals to Specialist Infant Feeding service.
- Fluctuating demand for services – referrals have increased when schools are fully open and decreased at other times. For example, referrals to the Children and Young People Counselling service have reduced by 25% from April –October 2020, compared to the same period in 2019
- Reduction in referrals for a number of packages of care (school health) and interventions (substance misuse, positive relationships)
- Increased support for schools – refocusing on Whole School Approach and Resilient School quality mark rollout
- Increased emotional wellbeing needs. There has been an increase in referrals for anxiety and ASD/Neurological disorder related issues and an increase in trauma and self harm/ suicidal thoughts as presenting issues.
- Communication priorities re-focused- support for parenting/ frequently asked questions, emotional wellbeing, safety in the home

Impact of COVID - CYP Emotional Wellbeing/Mental Health

CYP emotional wellbeing and mental health during the COVID-19 pandemic and how we know it?

Primary school age (5 to 10 year olds), 14.4% had a probable mental disorder in 2020, an increase from 9.4% in 2017. This increase was evident in boys, with the rate rising from 11.5% in 2017 to 17.9% in 2020 (NHSD, 2020)

Secondary age children (11-16 years old), 17.6% were identified with a probable mental disorder in 2020, an increase from 12.6% in 2017. The increase was not found to be statistically significant for boys or girls. There was no statistically significant difference for those who identify as BAME or those who live in deprived neighbourhoods (NHSD, 2020)

Young adults (17 to 22 years); 27.2% of young women and 13.3% of young men were identified as having a probable mental disorder (NHSD 2020).

Reference – The NHS Digital [Survey](#)

Response and Restart

Collaboration between Public Health, service providers, Integrated Children's Services and the CCG has provided an effective mechanism to respond rapidly to COVID-19 to implement a number of revised service models to manage demand and ensure safe access to services.

Increased partnership working to support our most vulnerable families at a time of reduced face to face contacts

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- Consistent call to action for families and professionals via duty lines
- Shared workforces e.g. Early Help Workers and One You Kent Advisors supporting Health Visiting Service.
- Flexible service offers and session times e.g. targeted relationships delivering two shorter sessions a week
- Regular communications between services e.g. HV and maternity
- Improved and streamlined communications to families e.g. “crisis cards”
- Promoting hardship funding to support families in crisis with food vouchers and/ or utility bills
- Regular thematic meetings and an integrated Children and Young People’s health services dashboard have supported identification of trends across the system and a co-ordinated response e.g. Schools Protocol

Extended service delivery to support increased emotional wellbeing needs and fluctuating demand for services



- **HEALTH VISITING:** Promotion of Silvercloud, online guided self help programmes to manage stress, anxiety and depression – focusing on maternal mood
- **ONLINE COUNSELLING:** Extension to Kooth online counselling to create a countywide service. Transfer and further extend with CCG.
- **SCHOOL HEALTH:** Interim bereavement service. CCG funding secured for procurement of a specialist Bereavement Service.
- Launch of Wellbeing for Education Return, a national DfE funded training programme, designed to equip education settings to support wellbeing, resilience and recovery in the context of Covid-19.
- Increased focus on roll out of the Whole School Approach – 242 schools have now registered for Kent Resilience Toolkit
- Creation of School Resource Hub for school staff training – viewed by 344 users by January 2021.
- New consultation line for the CYP Single Point of Access with freephone number

Response and Restart

Additional support to minimise the impact of delayed identification of need as a result of reduction in referrals and delayed health screening



- Online Parenting Programmes (Solihull) – 4 programmes from preconception to age 18
- Improved digital access - increased access and choice
- Services campaign and promotion e.g. We are still here campaign and Draw your Own Solution campaign.
- **HEALTH VISITING:** Catch up of HV development checks` - 14,000 delayed contacts completed between June and December 2020.
- **SCHOOL HEALTH:** Targeted Hearing and Vision “catch up” screening programme offered. Proactive communications to schools and parents to support the identification of identifying hearing and vision concerns.
- Partnerships support to increase uptake of online school entry health assessments for Reception parents in autumn 2020 (41%)
- Contribution to return to school guidance to support school identification of needs and further promote services.

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Increasing access to services equitably



- The move to using digital technologies has increased access for some and standardised and streamlined approaches. Service access is not limited by geography e.g. youth services, baby hubs.
- **HEALTH VISITING:** Live social media sessions and video production e.g. Lactation Consultant Live
- Sharing of assets - e.g. Midwifery and Health Visitors key holding for and utilising closed Children’s Centres for delivery.
- Bookable face to face clinic appointments (triaged)
- Launch of remodelled Born to Move app
- Digital Inclusion Pilots – 250 devices will be loaned for three months to eligible users as identified at HV antenatal contact.
- **SCHOOL HEALTH:** CYPCS offering young people the choice of F2F or virtual

Response and Restart - Example of Adapting to Support - Parenting Programme

Established and promoted free online Parenting Programmes (Solihull) – four programmes from preconception to age 18.




It is recommended that, if possible, the baby should have skin to skin contact with the mother for at least an hour after birth and until the first feed.

1. Understanding pregnancy, labour, birth and your baby
2. Understanding your baby
3. Understanding your child
4. Understanding your teenager's brain

Courses are available at www.inourplace.co.uk, using the access code Invicta, to register for a free account.

This module will be about:

- 1 Getting to know your baby in the womb, and beginning the relationship.
- 2 Understanding how your baby is developing, and what they are experiencing in the womb.
- 3 Knowing about how your baby's brain develops.
- 4 Understanding the positions of the baby in the womb, now, and in labour.



Response and Restart - Example of Increased Support for Emotional Wellbeing and Mental Health

Crisis Cards

Kent Children's Mental Health Services
www.kent.gov.uk/wellbeingfamilies
www.moodspark.org.uk

NHS
NELFT NHS
NHS Foundation Trust
Kent Children and Young People's Single Point of Access
Concerned about a young person's mental health? Not sure what help is needed? Call the Single Point of Access (SPA)
0800 011 3474

kooth
For children aged 10-16 in need of mental health support, including online counselling
www.kooth.com

togetherall
Get support. Take control. Feel better.
For young people aged 16-18 in need of mental health support, including online counselling
www.togetherall.co.uk

Need support now? Text Kent to 85258 for in-the-moment help. We are here for everyone, any age, 24/7
www.release.thepressure.uk

Believe in children
Barnardo's
For girls aged 10 to 16 at risk of experiencing unhealthy or abusive relationships, or for their concerned parents
www.barnardos.org.uk/what-we-do/services/befree-positive-relationships

NHS
Kent Community Health
NHS Foundation Trust
Children and Young People's Counselling Service
For children aged 4-19 struggling with their emotional health
0800 011 3474
www.kentch.nhs.uk/school-health

Published January 2021

- Supported by Kooth, Kent FA have committed to training 50 Mental Health Champions across their clubs and leagues.
- Kooth's training will help the Champions develop the skills needed to recognise the tell-tale signs and symptoms of someone struggling with a mental health condition and signpost them to professional support; as well as promote positive/resilience behaviours that can help prevent mental health problems from occurring in the first place.
- Luke Baker, Football Development Officer for Youth Football in Kent, said: *"We are delighted to team up with Kooth to launch the biggest Mental Health project of any County FA in the country. With the potential to reach around 40,000 young people this is a pioneering programme that aims to ensure every young person in Kent Football is aware of the support available with their mental health."*



Children and Young People Services – Future Priorities for Recovery

Building on innovation and lessons learnt from the Covid-19 response

- Finalise evaluation of new ways of working to ensure the service meets the needs of service users, delivers mandated requirements and offers choice.
- Continue to embed co-production and quality improvement methodology into service development and delivery.
- Review and further enhance digital presence to provide more flexible access to support and services, where it is safe to do so.
- Undertake a review of school entry hearing screening.

Phased recovery of services

- Finalise estate usage to enable increase in face to face sessions.
- Support the re-establishment of diagnosis and treatment pathways e.g. frenulotomy
- Increase support for schools and presence in schools
- Deliver targeted hearing screening for 2019/20 and 2020/21 cohort and universal vision screening for the 2020/21 cohort from April 2021 as schools reopen and to support pressures in specialist services
- Support a sustainable workforce and support them to adjust to new ways of working

Service enhancements

- Procurement of Children and Young People's Specialist Bereavement Service for under 25s funded by CCGs
- Extend online counselling (Kooth) to 10-25 year olds and finalise transfer of contract to CCG.
- Countywide roll out of Integrated Review at two, responding to the SEND inspection.
- Countywide roll out of Whole School Approach including sustaining the Headstart Resilience Hub and Moodspark platforms.

Service User Quotes

'Your team are providing a wonderful service to schools at a time when we need all the help we can get in implementing a whole school approach to Mental Health and Wellbeing.'

'The parent videos on the website look great. I have forwarded the link to our FLO to share with parents. Thank you for these valuable resources.'

'How amazing my HV was. Supported me, guided me and reassured me through it all so grateful I had such a wonderful lady during the pandemic.'

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

10th March 2021

Subject: Risk Management: Health Reform and Public Health

Classification: Unrestricted

Previous Pathway: None

Future Pathway: None

Electoral Division: All

Summary: This paper presents the strategic risks relating to health reform and public health that currently feature on either KCC's Corporate Risk Register or the Public Health risk register. The paper also explains the management process for review of key risks.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the risks presented in appendices 1 and 2.

1.0 Introduction

- 1.1 Risk management is a key element of the Council's Internal Control Framework and the requirement to maintain risk registers ensures that potential risks that may prevent the Authority from achieving its objectives are identified and controlled.
- 1.2 The process of developing the registers is important in underpinning business planning, performance management and service procedures. Risks outlined in risk registers are taken account of in the development of the Internal Audit programme for the year.
- 1.3 Directorate risk registers are reported to Cabinet Committees annually and contain strategic or cross-cutting risks that potentially affect several functions. These often have wider potential interdependencies with other services across the Council and external parties. The Public Health risk register is attached in appendix 1.
- 1.4 Corporate Directors also lead or coordinate mitigating actions in conjunction with other Directors across the organisation to manage risks featuring on the Corporate Risk Register.

- 1.5 A standard reporting format is used to facilitate the gathering of consistent risk information and a 5x5 matrix is used to rank the scale of risk in terms of likelihood of occurrence and impact. Firstly, the current level of risk is assessed, taking into account any controls already in place to mitigate the risk. If the current level of risk is deemed unacceptable, a 'target' risk level is set and further mitigating actions introduced with the aim of reducing the risk to a tolerable and realistic level.
- 1.6 The numeric score in itself is less significant than its importance in enabling categorisation of risks and prioritisation of any management action. Further information on KCC risk management methodologies can be found in the risk management toolkit on the KNet intranet site.

2.0 Financial Implications

- 2.1 Many of the strategic risks outlined have financial consequences, which highlight the importance of effective identification, assessment, evaluation and management of risk to ensure optimum value for money.

3.0 Policy Framework

- 3.1 Risks highlighted in the risk registers relate to strategic priorities and outcomes featured in KCC's Interim Strategic Plan, as well as the delivery of statutory responsibilities.
- 3.2 The presentation of risk registers to Cabinet Committees is a requirement of the County Council's Risk Management Policy.

4.0 Public Health-led Corporate Risks

- 4.1 The Director of Public Health is one of three designated Risk Owners for the corporate risk relating to development of Integrated Care System / Integrated Care Programme in Kent and Medway, along with the Corporate Director for Adult Social Care and Health and the Council's Strategic Commissioner.
- 4.2 On 11th of February 2021 the Government published a white paper; 'Integration and Innovation: working together to improve health and social care for all', which contains new proposals to join up health and care services and embed lessons learned from the coronavirus pandemic. The white paper sets out the proposals for legislation, building on the consultation already undertaken by NHS England. The Government intends to bring forward separate proposals on social care reform later this year. The local implications of this are being assessed with a view to updating the corporate risk, as necessary.
- 4.3 The Director of Public Health is the designated risk owner for the corporate risk relating to Chemical, Biological, Radiological, Nuclear and Explosive (CBRNe) incidents, communicable diseases, and incidents with a public health implication. The risk is in the context of Coronavirus response and recovery and was escalated to corporate level in early 2020. The corporate risks are presented for comment in appendix 2.

5.0 Public Health and Health Reform Risk Profile

5.1 There are currently 27 risks featured on the Public Health risk register, eight of which are rated as 'High' (appendix 1). There are 21 risks added since last year, while five have been withdrawn. Many of the risks are discussed as part of regular items to the Cabinet Committee.

5.2 As expected, given the unprecedented challenges being experienced during the past year, there has been a number of changes to the Public Health risk register, which are listed below. All the new risks added relate to the impact of our response to the coronavirus pandemic, five of which have been rated as 'high' risk.

- PH0100 – COVID-19 Non delivery of Public health Services and functions; risk of inadequate capacity in the Public Health workforce and /or providers (High)
- PH0106 – COVID-19 Risk of reduced or delayed rate of screening and diagnosis linked to health outcomes. (High)
- PH0102 – Increased prevalence of Mental Health conditions. (High)
- PH0112 – Delivery of Kent Local Tracing Partnership Programme (High)
- PH0113 – Kent Local Tracing Partnership – potential demand and cost pressures (High)
- PH0095 – COVID-19 Potential for non-delivery of statutory duties - due to the impacts of the coronavirus response. (Medium)
- PH0098 – COVID-19 Reduced ability to identify safeguarding concerns whilst responding to the Coronavirus pandemic. (Medium)
- PH0099 – COVID-19 Supplier Sustainability. Risk that suppliers are unable to remain operational due to financial distress because of the impact of the coronavirus pandemic. (Medium)
- PH0101 – COVID-19 Supply chain – Non-delivery of medicine supplies and/or testing kits. (Medium)
- PH0103 – COVID-19 Negative health outcomes. Risk of long-term increase in health inequalities. (Medium)
- PH0104 – COVID-19 Risk of inequitable access to health improvement services. (Medium)
- PH0107 – COVID-19 Increased costs through adaptation of service delivery. (Medium)

- PH0110 – COVID-19 Compromised Access to Tier 4 Drug and Alcohol services. (Medium)
- PH0111 – COVID-19 School based screening services – Children not being able to have their vision and hearing screening due to school closures and capacity restraints. (Medium)
- PH0114 – Kent Local Tracing Partnership – ensuring/assuring the grant is spent in accordance with national guidelines. (Medium)
- PH0116 – Asymptomatic testing programme funding – budget management. (Medium)
- PH0117 – COVID-19 Asymptomatic testing funding – cost pressures associated with any increases in demand. (Medium)
- PH0105 – COVID-19 Data quality. (Low)
- PH0109 – KCHFT Partnership – finalisation of the partnership agreement has been delayed due to the pandemic – potential commissioning implications (Low)

5.3 Inclusion of risks on this register does not necessarily mean there is a problem. On the contrary, it can give reassurance that they have been properly identified and are being managed proactively.

5.4 Monitoring and review – risk registers should be regarded as ‘living’ documents to reflect the dynamic nature of risk management. Directorate Management Teams formally review their risk registers, including progress against mitigating actions, on a quarterly basis as a minimum, although individual risks can be identified and added to the register at any time. The questions to be asked when reviewing risks are:

- Are the key risks still relevant?
- Have some risks become issues?
- Has anything occurred which could impact upon them?
- Have the risk appetite or tolerance levels changed?
- Are related performance / early warning indicators appropriate?
- Are the controls in place effective?
- Has the current risk level changed and if so, is it decreasing or increasing?
- Has the “target” level of risk been achieved?
- If risk profiles are increasing what further actions might be needed?
- If risk profiles are decreasing can controls be relaxed?
- Are there risks that need to be discussed with or communicated to other functions across the Council or with other stakeholders?

6.0 Recommendation

Recommendation:

The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the risks presented in appendices 1 and 2.

7.0 Background Documents

7.1 KCC Risk Management Policy on KNet intranet site.

8.0 Contact Details

Report Authors:

Name: Pam McConnell
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APPENDIX 1 – Public Health Risk Profile

Risk Register - Public Health

Current Risk Level Summary

Green	2	Amber	17	Red	8	Total	27
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Current Risk Level Changes

0	1	3	1	1
0	0	6	4	2
1	0	3	3	1
0	0	1	0	0
0	0	0	0	0

Risk Ref	PH0001	Risk Title and Event	Owner	Last Review date	Next Review		
		CBRNE incidents, communicable diseases, and incidents with a public health implication	Andrew Scott-Clark	27/11/2020	27/02/2021		
Failure to deliver suitable planning measures, respond to and manage these events when they occur.							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
<p>The Council, along with other Category 1 Responders in the County, has a legal duty to establish and deliver containment actions and contingency plans to reduce the likelihood, and impact, of high impact incidents and emergencies.</p> <p>The Director of Public Health has a legal duty to gain assurance from the National Health Service and Public Health England that plans are in place to mitigate risks to the health of the public including outbreaks of communicable diseases e.g. Pandemic Influenza.</p> <p>Ensuring that the Council works effectively with partners to respond to, and recover from, emergencies and service interruption is becoming increasingly important in light of recent national and</p>	<p>Potential increased harm or loss of life if response is not effective. Increased financial cost in terms of damage control and insurance costs.</p> <p>Adverse effect on local businesses and the Kent economy.</p> <p>Possible public unrest and significant reputational damage.</p> <p>Legal actions and intervention for failure to fulfil KCC's obligations under the Civil Contingencies Act or other associated legislation.</p>	High		<ul style="list-style-type: none"> KCC and local Kent Resilience Forum partners have tested preparedness for chemical, biological, radiological, nuclear and explosives (CBRNE) incidents and communicable disease outbreaks in line with national requirements. The Director of Public Health has additionally sought and gained assurance from the local Public Health England office and the NHS on preparedness and maintaining business continuity 	Control		Medium
		25		<ul style="list-style-type: none"> The Director of Public Health works through local resilience fora to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to public health. 	Control		12
		Major (5)		<ul style="list-style-type: none"> Kent Resilience Forum has a Health sub-group to ensure co-ordinated health services and Public Health England planning and response is in place 	Control		Possible (3)
		Very Likely (5)					

Strategic and Corporate Services

Risk Register - Public Health

international security threats and severe weather incidents.				<ul style="list-style-type: none">• DPH now has oversight of the delivery of immunisation and vaccination programmes in Kent through the Health Protection Committee <p>DHP has regular teleconferences with the local Public Health England office on the communication of infection control issues</p> <p>DPH or consultant attends newly formed Kent and Medway infection control committee</p>	Andrew Scott-Clark	Control		
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Strategic and Corporate Services

Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review				
PH0112	Kent Local Tracing Partnership Programme	Andrew Scott-Clark		22/03/2021				
Potential risk of the virus being transmitted at an increased level throughout the county.								
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk	
Failure to deliver the Kent's local tracing programme for those residence who have tested positive to Covid-19	Greater demand on primary care and frontline social care services, potentially increasing the numbers of preventable deaths . Adverse affect on Kent's local economy. Continued restrictions set down by central government	High		<ul style="list-style-type: none"> Established a dedicated team to oversee the delivery of the service to ensure that the programme is being delivered within central government guidelines 	Andrew Scott-Clark	Control		Medium
		20		<ul style="list-style-type: none"> ensure that all team members have completed the necessary central government training requirements in order to deliver the service 	Andrew Scott-Clark	Control		15
		Major (5)		<ul style="list-style-type: none"> Continuation to work in partnership with district and boroughs to ensure that EHO's are able to support the programme at a local level. 	Andrew Scott-Clark	Control		Major (5)
		Likely (4)					Possible (3)	

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Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review
PH0113	Kent Local Tracing Partnership - increased demand in the programme	Andrew Scott-Clark		22/03/2021
<p>Increased cases referred to Kent from Central contract tracing service. Central government changes the requirements of local track and trace service eg tracing all covid-19 positive residents and their contacts Key Staff key having dual conflicting roles across two high priority Programmes</p>				

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
There is a risk that the Programme may not have the capacity to deal with the additional demand and there is also a cost pressure associated with this.	<p>Unable to deliver a sustainable service due to increased demands in tracing residents resulting in a continuation in the spread of Covid 19 across the county resulting greater demand on primary care services for those requiring treatment and potentially increasing the numbers of preventable deaths.</p> <p>Budgetary pressures of service delivery including increases equipment and staffing costs</p> <p>Backlogs, Cases missed or expiring. Potential staff burn out. Results not entered in to the system in a timely fashion.</p>	High		<ul style="list-style-type: none"> continued monitoring of the budget to ensure that forecasting and service delivery are kept within the funding envelope. Victoria Tovey continued monitoring of staffing levels at each service element with an escalation processes in place. Andrew Scott-Clark continuous monitoring of cases Andrew Scott-Clark <p>filter cases by date of test and prioritise the eldest first.</p> <p>send out cases information missing to the district and boroughs.</p>	Control		Medium
		20			Control		15
		Major (5)			Control		Major (5)
		Likely (4)					Possible (3)

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Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review
PH0083	Public Health Ring Fenced Grant	Andrew Scott-Clark	25/02/2021	25/05/2021
Ensuring/assuring the Public Health ring fenced grant is spent on public health functions and outcomes, in accordance with National Guidance				

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Public Health Ring fenced Grant is spent in accordance with National Guidance	If it does not comply with national guidance could result in the DPH not being able to sign the Annual Public Health Grant declaration which could result in an external audit taking place leading to similar consequences to that of Northamptonshire County Council (i.e. Public Health England seeking a return of Public Health Grant)	High		<ul style="list-style-type: none"> Continued budget monitoring through collaborative planning Commissioners to conduct regular contract monitoring meetings with providers Providers to complete timely monthly performance submissions to ensure delivery of outcomes Regular review of public health providers, performance, quality and finance are delivering public health outcomes Agreed funding for Staff apportionment across Public Health, social care Adult, Social Care Children, business support and analytics functions to support public health outcomes functions and outcomes Agreement of money flow between Public Health ring-fenced grant and the Strategic Commissioning Division DPH and Section 151 Officer are required to certify the statutory outturn has been spent in accordance with the Department of Health & Social care conditions of the ring fenced grant 	Control		Low
		20			Control		2
		Serious (4)			Control		Minor (1)
		Very Likely (5)			Control		Unlikely (2)
					Control		
					Control		
					Control		

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Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review
PH0106	Covid-19 Reduced/delayed rate of screening and diagnosis linked to health outcomes	Victoria Tovey	27/11/2020	27/02/2021

Reduced screening rate e.g. in maternity (smoking) and sexual health (STIs) which could contribute to poor health outcomes. Increased demand on GP services and sexual health services may result in people having less access to contraception and emergency contraception.

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk	
Reduced/delayed rate of screening and diagnosis linked to health outcomes.	Reduced screening will make it harder to identify health risks and intervene. For example, non-delivery of vision screening, STI screening, late HIV diagnosis and non-delivery of NHS health checks may prevent identification of CVD, STIs, increase risk of poor outcomes and may prevent intervention.	High		<ul style="list-style-type: none"> Commissioners and services to develop a recovery plan that will minimise impact Developing an evidence review and working with local authority partners to develop and share targeted advice on the importance of quitting smoking, and to avoid smoking indoors and maintain social distancing for those continuing. For sexual health, the importance of contraception. Ensuring pregnant women and their partners are still screened and advised in line with best practice including referral to smoking cessation services, despite mandatory screening of pregnant women by carbon monoxide monitors being halted. As well as in other areas such as sexual health. 	Victoria Tovey	A -Proposed	31/03/2021	Medium
		16			Victoria Tovey	A -Proposed	31/03/2021	12
		Serious (4)						Serious (4)
		Likely (4)			Victoria Tovey	Control		Possible (3)

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Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review			
PH0005	Health Inequalities	Andrew Scott-Clark	27/11/2020	27/02/2021			
<p>These areas have high rates of premature mortality (deaths occurring under the age of 75 years) due to causes such as cardiovascular disease, respiratory disease and alcohol-related disease and cancer; causes that are strongly linked to unhealthy behaviours such as poor diet, physical inactivity, smoking and excessive alcohol. The risk is that whilst health is improving in general these communities health would not improve at the same rate as less deprived communities</p>							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Analysis of health inequalities in Kent shows that health outcomes are much worse in the most deprived decile areas in Kent.	The average life expectancy in the most deprived decile areas in Kent is 76 years for men and 80 years in women, compared to 83 years and 86 years respectively in the most affluent areas. These inequalities will lead to rising health and social care costs for the council and its partners amongst those groups least able to support themselves financially	High 16 Serious (4) Likely (4)		• Ensure that commissioning takes account of health inequalities when developing service based responses. For example Health trainers have a target to work with 25% of people from most deprived wards	Victoria Tovey	Control	Low 6 Moderate (2) Possible (3)
				• Ensure that an analytical focus remains on the issue of health inequality, providing partners and commissioners with the detail needed to focus support on this issue	Gerrard Abi-Aad	Control	
				• Refresh action plan for the Mind the Gap strategy, work with partners, such as District councils and CCGs to coordinate efforts to tackle health inequalities	Andrew Scott-Clark	Control	
				• Where relevant use the Public Health England campaign and behaviour change tools, and expand this activity by targeting areas identified through Mind the Gap Analysis	Andrew Scott-Clark	Control	

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Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review			
PH0100	Covid-19 non delivery of Public health Services and functions	Andrew Scott-Clark	14/01/2021	14/04/2021			
<p>There is a risk that there is inadequate capacity in the Public Health workforce and /or providers due to reassignments to other regional areas within that sector.</p> <p>Increasing demand to phone lines, redistribution of nursing staff and lack of capacity in pharmacy and primary care may limit the ability of service delivery. For example, pharmacy have indicated they may not be able to delivery smoking pharmacotherapy and emergency contraception.</p>							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Inadequate capacity in the Public Health workforce and/or provider workforce	Inability to deliver the necessary level of intervention to match population and service need. Increase in unwanted pregnancies or increase demand on health services in the longer term as preventative services unable to respond to demand.	High		<ul style="list-style-type: none"> Putting in place alternative arrangements, virtual solutions, effective prioritisation, and communication will help to mitigate this risk. 	Victoria Tovey	Control	Medium
		16 Serious (4) Likely (4)		<ul style="list-style-type: none"> Clear demonstration of need for qualified, specialist public health staff. Staff capacity is reviewed regularly to be used effectively. Services are being adapted to ensure they move forward within capacity levels acknowledging the limitations. 	Andrew Scott-Clark	Control	9 Significant (3) Possible (3)

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Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review
PH0102	Increased prevalence of Mental Health conditions Increased risk of social isolation during the pandemic as well as in the recovery phases. Prolonged isolation could contribute to mental health problems. Potential fear/anxieties of returning to normal day to day living prior to Covid-19 due to worry of being infected. Health Care Staff - Impact of wellbeing and mental health. It is anticipated that mental health conditions may develop/increase due to post traumatic stress disorder from experiences during the Covid-19 pandemic.	Andrew Scott-Clark	14/01/2021	14/04/2021

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Page 31	Countywide could see and increase in mental health conditions within the general population increasing pressure on services. Increased mental health conditions within health care staff which could decrease service capacity and have a long-term effect on the individual following their experiences in fighting the Covid-19 pandemic Fear of returning to normal work.	High		<ul style="list-style-type: none"> Mental Health Cells created. Follow current PHE national guidelines. Sign-posting to relevant services including Every Mind Matters. Regular communication of mental health information and open-door policy for those who need additional support. Promote mental health & wellbeing awareness to general population and staff during the Covid-19 outbreak and offering whatever support they can to help. Mental health support for health care staff - to tackle Covid-19 associated PTSD. Co-design is needed to bridge the gap between mental and physical health. Ensure stakeholders from mental health and those delivering psychological therapies are engaged to ensure that the approach is delivered in the most effective way to bring about change. 	Victoria Tovey	Control	Medium
		16			Victoria Tovey	Control	9
		Serious (4)					Significant (3)
		Likely (4)					Possible (3)

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Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review da	Next Review			
PH0091	Increased Demand on Services	Victoria Tovey	25/02/2021	25/05/2021			
<p>There is a risk that services may not have the capacity to deal with the additional demand and there is also a cost pressure associated with this.</p>							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
<p>Increasing demand for Public Health Services due to changes in demography - for example growth in new births will increase the number of mandated contacts that Health visiting need to complete. Sexual health services have seen a continue rise of services.</p>	<p>We may be overspent or be unable to deliver against mandated requirements eg Health Visiting.</p>	<p>Medium 15 Significant (3) Very Likely (5)</p>		<ul style="list-style-type: none"> ongoing support from KCC property services to source appropriate sites for service delivery. 	Victoria Tovey	Control	Low
				<ul style="list-style-type: none"> Transformation projects aim to introduce more digital solutions to assist with increasing demand. 	Victoria Tovey	Control	5
				<ul style="list-style-type: none"> Open book accounting with both providers and also NHSE to monitor costs. Quarterly meetings with NHSE to monitor this and wording in section 75 proposes that they meet any shortfall. 	Victoria Tovey	Control	Minor (1)
				<ul style="list-style-type: none"> Quarterly performance monitoring meetings provide opportunities to discuss service provision and for both parties to raise any concerns regarding levels of service, quality or risks can be discussed. 	Victoria Tovey	Control	Very Likely (5)

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Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review			
PH0088	Increased demand on Drug & Alcohol Services	Victoria Tovey	14/01/2021	14/04/2021			
<p>There is a risk that services do not have capacity to see people being referred into the service, staff may also be required to attend the new MDT that are being set up and staff capacity for this may be difficult.</p>							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Increasing demand on services both with people coming into service and expectations of being part of the new health structures MDTs	Which will lead to: Increasing waiting list, quality of services may reduce as caseloads increase, service may not be able to meet targets due to capacity of providing a good, quality interventions. Staff wellbeing reduce due to additional caseloads/work.	Medium 15 Major (5) Possible (3)		• Capacity models have been developed to ensure services can meet need and activity can be adjusted accordingly.	Victoria Tovey	Control	Medium 8 Moderate (2) Likely (4)

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Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review			
PH0087	Brexit	Victoria Tovey	14/01/2021	14/04/2021			
<p>There is a risk that:</p> <ul style="list-style-type: none"> - due to the close proximity to boarder of France, sever traffic congestions may occur. -supply issues on medication for substance misuse may be limited, due to the drugs being made outside of the UK. 							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Britain's Exit from European Union	Staff not being able to drive or travel easily across Kent, service can be disruptive, and target may not be met because of this - People who need substitute medication for substance misuse may not be able to receive the medication resulting to people start using or using more illegal substances.	Medium 15 Significant (3) Very Likely (5)		• Services have updated their Business Continuity Plans and looked at workforce planning.	Victoria Tovey	Control	Medium 8 Moderate (2) Likely (4)

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Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review				
PH0090	Health Visitor and School Nurses staff recruitment	Victoria Tovey	14/01/2021	14/04/2021				
There is a risk that high numbers of staff leave and that not enough new staff can be recruited to sustain the service.								
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk	
Difficulties in recruiting and retaining nursing staff, specifically Health Visitors and School Nurses. There is a national shortage of qualified Health Visitors. The number of Health Visitor student places funded by Health Education England has declined.	Service delivery is impacted. Clinical and Safeguarding risk to children within the Health Visiting and School Public Health Service. Some visits may have to be postponed or reprioritised.	Medium		<ul style="list-style-type: none"> Risk reviewed on a monthly basis at 0-5 Service Governance and Public Health Governance meeting. Progress with recruitment and retention reported at the Executive Performance Review meeting. 	Victoria Tovey	Control		Medium
		15		<ul style="list-style-type: none"> A safe staffing, safe working protocol has been agreed to effectively manage the workload of the teams in a safe and consistent manner. 	Victoria Tovey	Control		8
		Significant (3)		<ul style="list-style-type: none"> Quarterly reviews of the operating model for health visiting undertaken. 	Victoria Tovey	Control		Moderate (2)
		Very Likely (5)		<ul style="list-style-type: none"> Band 5 Community Public Health Nurse role has been introduced to provide additional support to cover universal workloads. 	Victoria Tovey	Control		Likely (4)
				<ul style="list-style-type: none"> Bank and agency staff are being recruited to support teams where possible to cover vacant posts. 	Victoria Tovey	Control		
				<ul style="list-style-type: none"> Recruitment and retention action plan is in place and monitored through the Quality Action Team and governance meetings. 	Victoria Tovey	Control		
				<ul style="list-style-type: none"> Continual review on a weekly basis of the Health Visiting workload allocated to district teams overseen by the District Manager. 	Victoria Tovey	Control		

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Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review da	Next Review			
PH0110	Covid - 19 Tier 4 Drug & Alcohol services	Andrew Scott-Clark	27/11/2020	27/02/2021			
<p>Due to covid 19, many tier 4 drug and alcohol service (Inpatient detox) are either; no longer taking new admissions, availability may be limited or closed the service. The Tier 4 unit in Maidstone, Bridge House, is currently still taken referrals. Increase demand in service provision has also seen prices rises resulting in additional financial pressures on services.</p>							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
increase in Tier 4 inpatient detox facilities closing.	Due to the limited no of tier 4 services operating in south east, Bridge House and the additional financial pressures, waiting list will increase. Kent residents who need an inpatient detox may need to wait longer than usual which can cause harm to in individuals including death and alcohol/drug related harm.	Medium 12 Significant (3) Likely (4)		<ul style="list-style-type: none"> Services will conduct community detox where safe to do so, however this will be limited if there is a clinical need for detox to be done in a residential setting. Services to continue to provide harm reduction advice to the patients on the waiting list, make regular contact with bridge house to control expectations. 	Victoria Tovey	Control	<p>Medium</p> <p>8</p> <p>Moderate (2)</p> <p>Likely (4)</p>

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Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review			
PH0116	Asymptomatic Testing programme funding budget management	Andrew Scott-Clark		12/04/2021			
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Grant funding	mismanagement of the grant could require KCC to repay the monies spent that are either not connected with the agreement or sit outside the grant criteria	Medium 12 Serious (4) Possible (3)		<ul style="list-style-type: none"> continued monitoring of the budget to ensure that it is spent within the parameters of the Grant's agreement 	Control		Low 4 Moderate (2) Unlikely (2)

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Risk Ref	Risk Title and Event			Owner	Last Review da	Next Review	
PH0117	Asymptomatic Testing Funding			Andrew Scott-Clark		12/04/2021	
Increase in service demand							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
increased service demand	budgetary pressures of service delivery including increases in site set up charges and staffing costs could result in overspending.	Medium 12 Serious (4) Possible (3)		<ul style="list-style-type: none"> monthly budget monitoring to ensure forecasting and service delivery are kept within the funding envelope. 	Avtar Singh	Control	Medium 9 Significant (3) Possible (3)

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Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review			
PH0095	Covid- 19 - Non-Delivery of Statutory Duties	Andrew Scott-Clark	14/01/2021	14/04/2021			
This includes NHS Health Checks, mandated visits in NHS Health Visiting, National Child Measurement Screening and potential delay to Oral health survey due to commence in September.							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
There is a risk that Public Health are not able to deliver its statutory duties	Not able to deliver requirements set out in the Written Statement of Action special Educational Needs: This includes the joint review at 2 between Health Visiting and Early Years settings. This cannot be delivered as early years settings are not all open and Health Visitors will have limited capacity and will not be conducting this visit universally in line with national guidance. Not being able to deliver Health Checks as this cannot be carried out safely within social distancing guidelines and GPs do not have capacity. This will mean that we will have a backlog of Health Checks for those who were eligible for an invite during this time.	Medium 12 Significant (3) Likely (4)		<ul style="list-style-type: none"> It is anticipated that national policy change will mitigate this risk/ change requirements. Continue to refer to national guidance. 	Andrew Scott-Clark Control		Medium 9 Significant (3) Possible (3)

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Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review			
PH0098	Covid - Reduced ability to identify safeguarding concerns Reduced contact and limited face to face delivery will make it more challenging for practitioners to identify safeguarding concerns.	Andrew Scott-Clark	14/01/2021	14/04/2021			
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
	potential risks include increases in domestic violence self-harming or suicide, child sexual exploitation.	Medium 12 Significant (3) Likely (4)		• Use of skype, effective prioritisation of clients who need face to face delivery and working with partner agencies to share information on shared clients. Where practical one agency will lead on face-to-face contact to mitigate risk to staff.	Victoria Tovey	Control	Medium 9 Significant (3) Possible (3)

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Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review			
PH0103	Covid -19 negative health outcomes	Andrew Scott-Clark	25/02/2021	25/05/2021			
A number of preventative services are either not being delivered or providing limited services offered virtually.							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
long term increase in health inequalities	Some services such as weight management have a reduced offer and there is a risk that the lockdown period will exacerbate these unhealthy behaviours and increasing future demand on primary care services.	Medium		<ul style="list-style-type: none"> Working with providers on increasing the digital offer such as weight management group classes. Investigating how to ensure those who should have received a health check invite are prioritised by need. 	Victoria Tovey	Control	Medium
		12 Significant (3) Likely (4)		<ul style="list-style-type: none"> Support providers to increase digital offer and follow national advice on recovery of mandated services. 	Victoria Tovey	Control	9 Significant (3) Possible (3)

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Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review
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Risk Ref	PH0104	Risk Title and Event	Covid-19 Inequitable access to health improvement services	Owner	Andrew Scott-Clark	Last Review date	25/02/2021	Next Review	25/05/2021
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There is a risk that some groups within the population may be disproportionately affected by COVID-19. Those in low paid or insecure work, or with existing health conditions or who were already socially isolated, may find it increasingly difficult to afford bills and food and also struggle to access the services they need e.g. weight management and physical activity services. .

Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Inequitable access to health improvement services	Potentially increasing the health inequality gap - exacerbating a problem that already exist. Likely to have a significant toll on both their physical and mental health. Digital alternative service offerings may not be accessible due to certain groups not having access to resources required e.g., laptops, scales, smart phones.	Medium		<ul style="list-style-type: none"> Subsidised equipment costs - e.g., scales/tape measures Targeted promotion of services. Alternative methods of service delivery e.g., telephone, video. Supporting the target audience to have access to online communication and engagement methods. Targeted promotion of services to lower quartiles where engagement has been significantly impacted. Reducing Health Inequality is at the core of the NHS LTP response and sets the expectation that all parts of the system will incorporate this into their work. Telephone delivery offered where feasible. Continue following national guidelines. Equality Impact Assessments to take place for work involving service redesign. Relevant workstreams to review/input into EIAs Monitoring of engagement and alternative methods used as needed to ensure representation. 	Victoria Tovey	Control	Medium
		12			Victoria Tovey	Control	9
		Significant (3)					Significant (3)
		Likely (4)					Possible (3)

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Strategic and Corporate Services

Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review da	Next Review				
PH0114	Kent Local Tracing Partnership - Funding mismanagement of the grant or increase costs due to service demand	Andrew Scott-Clark		22/03/2021				
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk	
Ensuring/assuring the grant is spent in accordance within National Guidance and framework	monies spent that are not connected within the agreement may have to be repaid back to central government. increased demand in the programme could result in additional cost pressures on staff resources and equipment.	Medium 12 Serious (4) Possible (3)		<ul style="list-style-type: none"> weekly monitoring of the budget to ensure that it is spent within the parameters of the Grant's agreement and spending remains within the financial envelope. 	Andrew Scott-Clark	Control		Low 6 Significant (3) Unlikely (2)

Strategic and Corporate Services

Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review				
PH0111	Covid 19 - School based screening services	Andrew Scott-Clark	14/01/2021	14/04/2021				
<p>Academic year 19/20 - the service will complete a targeted catch-up programme only which includes sign posting to opticians as a result there is a risk children's vision and/or hearing problems will go undetected.</p> <p>Academic year 20/21 - the service will complete NCMP for year R only, which will mean non delivery of a statutory function of year 6 NCMP. The service will complete a target hearing screen for year R which may risk hearing problems being undetected. Vision screening will be completed as normal.</p>								
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk	
<p>Academic year 19/20 significant proportion of year R children were not able to receive their vision and hearing screening due to covid (School Closures)</p> <p>Academic year 20/21 due to social distancing requirements and competing pressures including the immunisation programme, there are capacity restraints in the delivery of the statutory NCMP (YR R & YR6) and vision and hearing screening in Year R.</p> <p>Covid has also exasperated the capacity and thus increased waiting times for vision and hearing services delivered by the NHS. (Our screening programmes refer into these services)</p>	<p>undetected vision and hearing problems may result loss of learning and the ability to rectify vision issues in a timely way. there is a concern signposting to opticians may result in greater up take in some groups than others creating a health inequality.</p> <p>Non delivery of NCMP in year 6 will result in a gap in surveillance data and have impact comparative reports on other authorities.</p>	<p>Medium</p> <p>10</p> <p>Moderate (2)</p> <p>Very Likely (5)</p>		<ul style="list-style-type: none"> regular communications with parents, schools, KCC education leads, NHSE, CCG commissioner. the local optometry, specialist teaching and the school public health service 	Victoria Tovey	Control		<p>Medium</p> <p>8</p> <p>Moderate (2)</p> <p>Likely (4)</p>

Strategic and Corporate Services

Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review da	Next Review			
PH0101	Covid -19 Supply chain	Victoria Tovey	14/01/2021	14/04/2021			
<p>Concerns over the continued supply of medicines generally, given that a considerable proportion of active pharmaceutical ingredients (APIs) used (especially in the generic pharmaceutical market) are sourced from China and other affected areas. Increasing costs of drugs and availability of resources eg STI testing kits</p>							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
non delivery of medicine supplies and/or testing kits	Inadequate supply of necessary resources	Medium 9 Significant (3) Possible (3)		• Continue to follow national guidelines and protocols Victoria Tovey	Control		Low 4 Moderate (2) Unlikely (2)

Strategic and Corporate Services

Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review			
PH0002	Implementation of new models	Andrew Scott-Clark	27/11/2020	27/02/2021			
That the reduction in resource available to the new services will hamper the new services in their ability to deliver.							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Public Health is working to transform both children's and adults services, to deliver services more aligned with the need of the people of Kent. Whilst also facing reducing budgets	Reduction in outcomes for customers, and the ability of the services to meet key objectives, including the reduction of health inequalities	Medium		• Public Health commissioning function in place to ensure robust commissioning process is followed	Victoria Tovey	Control	Low
		9		• Opportunities for Joint Commissioning in partnership with key agencies and cross-directorate (health, social care) being explored.	Victoria Tovey	Control	Moderate (2)
		Significant (3)		• Regular meetings with provider and representative organisations (LMC, LPC). Regular meet the market events to support commissioning processes	Victoria Tovey	Control	Unlikely (2)
		Possible (3)		• Working to a clear strategy, and to an advanced agenda allows for good communication with providers and potential providers	Victoria Tovey	Control	
				• Analyse long term financial situation, and developing services that will be sustainable	Andrew Scott-Clark	Control	

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Strategic and Corporate Services

Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review			
PH0107	Covid-19 Increased costs through adaptation of service delivery	Andrew Scott-Clark	27/11/2020	27/02/2021			
<p>Reduced face to face screening therefore increased demand on postal testing kits which could increase costs. For example in other health improvement services, where resources were previously provided during face to face sessions but may now need to be posted, where email is not available.</p>							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Increased costs through adaptation of service delivery	Increased unexpected costs to service, placing more pressure on limited budgets.	Medium 9 Significant (3) Possible (3)		<ul style="list-style-type: none"> Regular communications with commissioners to see whether additional funding is needed whether costs can be offset from elsewhere. 	Victoria Tovey	Control	<p>Low 4 Moderate (2) Unlikely (2)</p>

Strategic and Corporate Services

Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review da	Next Review			
PH0105	Covid -19 Poor data quality	Victoria Tovey	14/01/2021	14/04/2021			
<p>There is a risk of data that is not robust resulting from missing data and inaccuracies resulting from self-report rather than practitioner/adviser measurements. An additional example is the lack of CO readings due to these ceasing in pregnant women as a precautionary measure.</p>							
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
Potential for poor data quality	Poor data quality which is unreliable.	Low 6 Significant (3) Unlikely (2)		<ul style="list-style-type: none"> Measurement, screening and usual reporting is in place Clarity and consistency around data requirements expectations shared. 	Victoria Tovey Victoria Tovey	Control Control	Low 4 Moderate (2) Unlikely (2)

Strategic and Corporate Services

Risk Register - Public Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review			
PH0109	KCHFT Partnership the extension of the finalised partnership agreement has been delayed due to covid-19 pandemic, which has had an impact on the inability finalise service specifications as these are being changed to reflect the current situation	Andrew Scott-Clark	27/11/2020	27/02/2021			
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Target Risk
partnership agreement	services would need to be recommissioned.	Low 3 Minor (1) Possible (3)		<ul style="list-style-type: none"> continuation of a virtual executive partnership board to monitor the changing circumstances as they arise. agreed MOU joint statement and contractual letter has been sent detailing the current arrangements. 	Andrew Scott-Clark Andrew Scott-Clark	Control Control	Low 1 Minor (1) Very Unlikely (1)

APPENDIX 2



**CORPORATE RISKS OF RELEVANCE TO THE HEALTH
REFORM AND PUBLIC HEALTH COMMITTEE**

10th MARCH 2021

Health Reform and Public Health led Corporate Risks

Summary Risk Profile

Low = 1-6 Medium = 8-15 High =16-25

Risk No.*	Risk Title	Current Risk Rating	Target Risk Rating	Direction of Travel since March 2020
CRR0050	CBRNE incidents, communicable diseases and incidents with a public health implication – KCC response to and recovery from the impacts of the Coronavirus public health emergency	High (25)	Medium (15)	↑
CRR0005	Development of Integrated Care System (ICS) / Integrated Care Programmes (ICPs) in Kent and Medway NHS system	Medium (12)	Medium (8)	↔

*Each risk is allocated a unique code, which is retained even if a risk is transferred off the Corporate Register. Therefore, there will be some 'gaps' between risk IDs.

** Context of the risk has been changed, hence direct comparison of score not applicable.

NB: Current & Target risk ratings: The 'current' risk rating refers to the current level of risk taking into account any mitigating controls already in place. The 'target residual' rating represents what is deemed to be a realistic level of risk to be achieved once any additional actions have been put in place. On some occasions the aim will be to contain risk at current level.

Likelihood & Impact Scales					
Likelihood	Very Unlikely (1)	Unlikely (2)	Possible (3)	Likely (4)	Very Likely (5)
Impact	Minor (1)	Moderate (2)	Significant (3)	Serious (4)	Major (5)

Risk ID	CRR0050	Risk Title	CBRNE incidents, communicable diseases and incidents with a public health implication			
Source / Cause of risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	
The Council, along with other Category 1 Responders in the County, has a legal duty to establish and deliver containment actions and contingency plans to reduce the likelihood, and impact, of high impact incidents and emergencies.	Insufficient capacity / resource to deliver response and recovery concurrently for a prolonged period, including potential future wave(s) of Coronavirus.	Potential increased harm or loss of life if response is not effective.	On behalf of CMT: Andrew Scott-Clark, Director Public Health	V. Likely (5)	Major (5)	
The Director of Public Health has a legal duty to gain assurance from the National Health Service and Public Health England that plans are in place to mitigate risks to the health of the public including outbreaks of communicable diseases e.g. Pandemic Influenza.		Increased financial cost in terms of damage control and insurance costs.	Responsible Cabinet Member(s): Clair Bell, Adult Social Care and Public Health	Target Residual Likelihood Possible (3)	Target Residual Impact Major (5)	
		Adverse effect on local businesses and the Kent economy. Possible public unrest and significant reputational damage.				
		Legal actions and intervention for failure to fulfil KCC's obligations under the Civil Contingencies Act or other associated legislation.				
Control Title			Control Owner			
KCC and local Kent Resilience Forum partners have tested preparedness for chemical, biological, radiological, nuclear and explosives (CBRNE) incidents and communicable disease outbreaks in line with national requirements. The Director of Public Health has additionally sought and gained assurance from the local Public Health England office and the NHS on preparedness and maintaining business continuity			Andrew Scott-Clark, Director Public Health			

The Director of Public Health works through local resilience fora to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to public health.	Andrew Scott-Clark, Director Public Health	
Kent Resilience Forum has a Health sub-group to ensure co-ordinated health services and Public Health England planning and response is in place	Andrew Scott-Clark, Director Public Health	
DPH now has oversight of the delivery of immunisation and vaccination programmes in Kent through the Health Protection Committee DPH has regular teleconferences with the local Public Health England office on the communication of infection control issues DPH or consultant attends newly formed Kent and Medway infection control committee	Andrew Scott-Clark, Director Public Health	
Utilising data sets from Public Health England to give a picture of Covid-19 across Kent	Andrew Scott-Clark, Director Public Health	
Multiple governance – e.g. Health Protection Board feeds into KRF Health and Care cell.	Andrew Scott-Clark, Director Public Health (KCC lead)	
There is coverage across Kent for Covid-19 testing, with regional and/or mobile testing sites.	Andrew Scott-Clark, Director Public Health	
Kent Resilience Forum Local Outbreak Control Plan published, building on existing health protection plans already in place between Kent County Council, Medway Council, Public Health England - South East, the 12 Kent District and Borough Council Environmental Health Teams, the Strategic Coordinating Group of the Kent Resilience Forum, Kent and Medway Clinical Commissioning Group and other key partners.	Andrew Scott-Clark, Director Public Health	
“Protect Kent and Medway, Play your Part” media campaign	Andrew Scott-Clark, Director Public Health (KCC lead)	
Kent Local Tracing Partnership, supporting Government Test and Trace scheme.	Andrew Scott-Clark, Director Public Health / Christina Starte, Head of Kent Communications	
Action Title	Action Owner	Planned Completion Date
Support mass testing and vaccination rollout.	Andrew Scott-Clark, Director Public Health	Ongoing

Risk ID	CRR0005	Risk Title	Development of ICS/ICPs in Kent and Medway NHS system			
Source / Cause of Risk	Risk Event	Consequence	Risk Owner	Current Likelihood	Current Impact	
The Kent & Medway NHS system is under significant pressure with increasing levels of demand driving across financial deficits across commissioner and provider budgets, placing pressure on the Kent & Medway NHS system control total.	Failure to develop more partnership and aligned health & social care services and commissioning at both ICS and ICP level places pressure on system finances and hinders highest possible quality of care	Further deterioration in the financial and service sustainability of health and social care services in Kent and Medway.	Richard Smith, Corporate Director Adult Social Care & Health (ASCH)	Possible (3)	Serious (4)	
In response the NHS in Kent and Medway has formed an Integrated Care System (ICS) with 8 CCGs merging to form the basis of the System Commissioner, above four ICPs (Integrated Care Partnerships) and 42 PCN's (Primary Care Networks).	Development of four ICP generates additional demand/work on strategic leadership of KCC, particularly in ASCH and Public Health which has significant opportunity costs, including impact on business as usual activity.	Additional budget pressures transferred to social care as system monies are used to close acute and primary care service gaps.	Clare Maynard, Interim Strategic Commissioner	Target Residual Likelihood	Target Residual Impact	
The policy intent of structural reform is to deliver better strategic planning and delivery of health and social care services at place-based community level and shift from acute to primary and community level services.	Multiple ICP's leads to differences in form, function and relationships between ICPs and the ICS and/or KCC which increases system complexity and leads to variation which increase costs/risks.	Legal challenge/judicial review of decisions and decision-making framework for joint decisions.	Andrew Scott-Clark, Director Public Health	Unlikely (2)	Serious (4)	
The relative roles and responsibilities between the proposed ICS and the emerging ICPs in Kent is still under development. The final legal structure and functional responsibilities of ICPs is still	System complexity leads to failure to meet statutory duties around the sufficiency of the care market, care	Social care and public health priorities not sufficiently factored into/shaping emerging ICS/ICP plans and priorities, weakening integrated approach.	Responsible Cabinet Member(s): Roger Gough, Leader of the Council			
		Focus on structural changes workstreams prevents more agile	Clair Bell, Adult Social Care and Public Health			

under development and may require primary legislative change. Regulators (CQC / Ofsted) increasing review health and care services and the commissioning/performance of those services and 'system' level.	quality and safeguarding. Lack of understanding within KCC of NHS policy and regulatory environment; and vice versa, lack of understanding of local authority legislative, policy and democratic environment in NHS.	improvements/joint working being undertaken. Reputational damage to either KCC or NHS or both in Kent. Adverse outcome from CQC local system review.
Control Title	Control Owner	
Health Reform and Public Health Cabinet Committee provides non-executive member oversight and input of KCC involvement in the STP	Ben Watts, General Counsel	
Senior KCC political and officer representation on the System Transformation Executive Board and System Commissioner Steering Group	Richard Smith, Corporate Director ASCH Andrew Scott-Clark, Director Public Health Vincent Godfrey, Strategic Commissioner	
Senior KCC level officer representation on the East Kent, West, North and Medway & Swale ICP Development Boards	Richard Smith, Corporate Director ASCH	
County Council agreed framework for KCC engagement within the ICS/ICPs	Richard Smith, Corporate Director ASCH	
A joint KCC and Medway Health and Wellbeing Board for system-wide related matters/issues has been established	David Whittle, Director SPRCA	
Public Health Leadership for the STP Prevention workstream	Andrew Scott-Clark, Director Public Health	
Working through KCC Public Health partnership with the Kent Community Healthcare Foundation Trust (KCHFT) to ensure Public Health improvement programmes are linked and delivered alongside Local Care through Primary Care Networks and other primary care providers (e.g. community pharmacy)	Andrew Scott-Clark, Director 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
10th March 2021

Subject: Public Health Communications and Campaigns Update

Classification: Unrestricted

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

Future Pathway: None

Electoral Division: All

Summary:

This paper reports on the campaigns and communications delivered through the KCC public health team in 2020 and outlines plans for the remainder of the financial year. Plans for 2021/22 are currently being drawn up.

The report notes the Covid-19 pandemic communications response which has dominated activity and resourcing by the KCC Communications Team including the Public Health Campaigns Manager and Social Media Marketing Officer since February 2020. Funding for the Covid-19 pandemic communications and marketing came from the Contain Outbreak management fund allocation from central Government.

We have focussed on some key health issues which have been linked to and affected by Covid-19 and lockdown restrictions including mental health and wellbeing, obesity and smoking.

The short and long-term impacts of the pandemic will form part of future Public Health campaign and communications activity.

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

COMMENT on and ENDORSE the progress and impact of Public Health communications and campaigns in 2020/21.

1.0 Introduction

- 1.1 Marketing and Communications have been a crucial part of the KCC led response to the Covid-19 pandemic. Our statutory warn-and-inform responsibilities, as lead of the Kent Resilience Forum Outbreak Control Management Plan, has seen KCC's Director of Public Health and the KCC communications team at the forefront of media and PR, social media and

marketing, stakeholder and partnership engagement.

- 1.2 While many KCC commissioned public health services have been affected by the pandemic and restrictions on interactions, links have also been shown between some health lifestyle issues and more severe symptoms of the virus, including smoking, obesity and mental health and wellbeing.

The Public Health Marketing and Communication has continued to focus on three main drivers:

- Promoting healthier behaviours and self help
- Giving information and advice
- Promoting local services where available and also highlighting online and digital support.

- 1.3 This paper covers communications activity for 20/21, along with key activities and plans for the remainder of this financial year.

2.0 Covid-19 Communications

- 2.1 The media spotlight on Kent and KCC's Director of Public Health has been considerable since March 2020.

We have organised numerous media briefings and interview opportunities over the past year alongside reactive media statements, proactive media releases and considerable social media content and communications activity with partners and stakeholders as part of our role on the Kent Resilience Forum.

KCC comms team have also led and represented for all Kent comms at the Covid TCG and SCG along with Health and Social Care cell, Testing cell, Enforcement cell and symptom-free testing cell.

Communications have been carefully co-ordinated with partners from Medway Council, Public Health England, the NHS, district and borough councils, and central Government including the Department of Health and Social Care.

- 2.2 The launch of symptom-free test sites in December followed by further sites being rolled out across the county received local, regional and national attention. A webpage was designed to allowing for residents to book tests at www.kent.gov.uk/symptonfreetest

We have facilitated numerous photo and filming opportunities as part of ongoing promotion of the sites and encouraging residents to book a test. The Kent Local Tracing Partnership received media coverage in December 2020.

Surge testing in the ME15 area received a national media focus and we worked with colleagues from Maidstone Borough Council, Kent Police and Kent Fire and Rescue Service among others to respond to and manage the intense media interest while communicating with residents and other local stakeholders.

- 2.3 The 'Don't Be The Reason' campaign was launched to encourage public adherence to the rules following the end of the first lockdown, and the lead up to Christmas where case numbers were increasing – before the variant was discovered. An online survey was introduced on Kent.gov.uk and collated public

opinion around the rules of lockdown and how people felt they were able/not able to comply with them. The second iteration of the survey also explored public feedback about the symptom-free testing that had been launched. Over 12,000 people filled in the survey over a period of 6 weeks and the invaluable insight into people's opinions and behaviours was used to adapt campaigns activity further.

Creative assets have been designed, developed and shared with partners across Kent for use across social media and digital channels. They have focussed on different rules and different audiences and themes such as Christmas, young people and university students. Alongside traditional organic marketing channels, a 'Don't be the Reason' campaign advert was played across digital and local radio channels over a period of 6 weeks to encourage uptake of testing, and reinforce the importance of social distancing, good hygiene and wearing face coverings.

Relationships with supermarkets were also established and Morrisons supermarket offered (for free) the inclusion of leaflets in every home delivery from February 2021. The subject of the leaflet was symptom-free testing and Kent Together, following Government advice for more people than ever to shield.

Advertising screens at Bluewater and Ashford shopping outlets were secured for free, but the national lockdown came into force just before we were able to use them.

Targeted paid for social media advertising was carried out for each district to invite people to come forward for symptom-free testing.

We hired Digi-vans in 4 different districts to promote symptom free testing in local areas. These vans displaying digital adverts were very successful and recognition rates across those attending symptom free tests in some areas was as high as 5% (usually it is around 1%).

- 2.4 The 'Protect Kent and Medway' campaign was launched to guide residents at different stages of tiers, to deliver lockdown restrictions and rules and to communicate the part residents should play in helping to stop transmission of the virus. The Protect Kent umbrella brand is the basis of all communications and marketing activity for Covid-19 and represents the whole system response to Covid, including partners across NHS, Police, and other public sector partners. Localised tiering information was available at district and 'town' level before the third national lockdown.
- 2.5 A webpage at www.kent.gov.uk/covidcases was created to show the daily case numbers and positivity rates for each district in Kent.
- 2.6 Health inequalities have been a priority for the Covid-19 communication, and the Covid Champions have been the connection to specific communities via outreach engagement activity.

Protect Kent materials have been available on Kent.gov.uk in several languages, taking into account the diversity of languages spoken across Kent. We also used the translated national materials from central government websites.

Health inequality research will form the basis of the next step of BAME campaign and communications engagement, finding new innovative ways to reach people who are most at risk of serious illness from Covid-19.

3.0 Public Health Campaigns and Communications 2020/21

Overview of activity:

- **Mental health and wellbeing** - creation, development and promotion of multi-agency pages, signposting to local support services across Kent and Medway, and linking to national online sites.
- **Suicide prevention** - ongoing promotion of Release the Pressure helpline and text service.
- **Children mental health wellbeing** - support and sharing of Headstart Kent, Kooth and partners' campaigns and promotions.
- **Adult obesity** - One You Kent 'New Year, New You' healthy weight campaign
- **Alcohol awareness** campaign – promoting the 'Lower My Drinking' app and local support services.
- **Smoking cessation** campaign – signposting to 'My Quit Route' app and local support services.
- **Child obesity** - Change4Life Facebook promotion planned for March 2021
- **Sexual Health** – encouraging uptake of home testing kits.
- **Severe weather** communications – heatwave alerts during the summer and recent focus on cold weather public health communications (also includes the flu immunisation campaign).
- **Pregnancy and breastfeeding** - Support 'Get Ready for Pregnancy' campaign and signposting to Beside You.

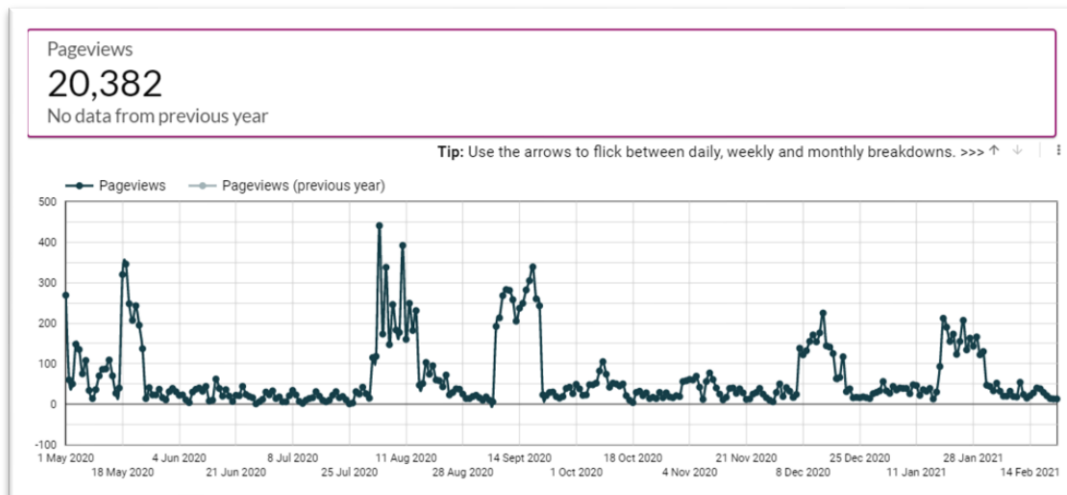
3.1 Mental Health and Wellbeing

A multi-agency communications group was established in April 2020, leading to the creation and development of the mental health and wellbeing pages at www.kent.gov.uk/wellbeing - signposting to local support services including Live Well Kent, Release the Pressure and Every Mind Matters.

There has been regular organic promotion of this page alongside media and PR activity for World Mental Health Day in May, Suicide Prevention Day in September and World Mental Health Day in October.

Paid-for promotion in August 2020 and from December 2020 to February 2021. Channels included Kent Online sponsored content, adverts on Heart FM radio, Facebook, Spotify and Community Ad magazine. Engagement through digital channels have resulted in a reach of over 1.1million (number of people seeing the content) and nearly 4 million impressions (number of times content is displayed).

Since the page was launched in May 2020, it has had 20,382 page views including spikes during the two bursts of paid-for promotion.



We have continued to support promotion of the national NHS/PHE ‘Every Mind Matters’ mental wellbeing awareness campaign – this online tool can also be found at www.kent.gov.uk/wellbeing

Partners have also shared promotion of Headstart Kent and Kooth mental wellbeing campaigns for children and young people including for Children’s Mental Health Week in February 2021.

KCC Public Health has ongoing promotion of the suicide prevention ‘Release the Pressure’ campaign through Google Adwords and featured in Kent Online sponsored editorial content for World Suicide Prevention Day in September 2020. Adverts have also been placed on the Gladiator Kent Football website and through Facebook.

Further promotion has been boosted by Kent and Medway CCG funding of adverts on Heart FM, Smooth FM and KMFM between December 2020 and February 2021.

Our campaigns and communications team are participating in the development of a multi-agency mental health and wellbeing support leaflet for adults and children. This Kent and Medway CCG funded leaflet will be delivered to homes across the county.

3.2 **Adult Obesity - One You Kent (healthy weight services)**

Some One You Kent services have been affected by Covid-19 social distancing restrictions and so we have continued to promote www.oneyoukent.org.uk with an emphasis on the online and digital apps, information and self-help available. This has been promoted through organic social media content including partnership promotion with providers through the One You Kent Facebook and Twitter channels.

A paid-for promotion - aimed at raising awareness of adult obesity and healthier lifestyles, especially for adults aged 40 to 60 - was launched in January 2021 under the ‘New Year, New You’ banner, using a range of media, digital and social media channels including: Kent Online; Heart FM radio adverts; Facebook; Google Adwords; online sites for Kent Football league clubs and Kent

Cricket Club; Spotify and geo targeted mobile ads. This has been complimented with adverts in print and online publications including Community Ad magazine.

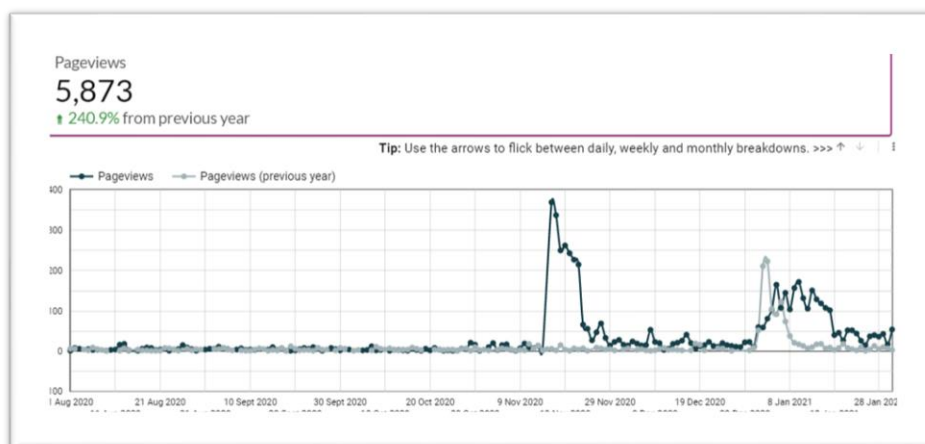
Key messages continue to raise awareness of health issues including obesity, heart disease and stroke; and signpost to support services and online assets. Reach and engagement of channels used, along with visits to www.oneyoukent.org.uk will be analysed when the campaign concludes in March 2021.

3.3 Alcohol Reduction – ‘Lower My Drinking’ app

The Lower My Drinking app was launched by the Public Health commissioners in August 2020. Provided by Breaking Free Online and is available now on the Google and Apple stores, plus also at www.kent.gov.uk/lowermydrinking

It helps Kent residents to self-assess their drinking using a simple questionnaire which then either directs people to the app which can track their alcohol consumption and provides tips to help them cut down, or signposts those who require professional help to their local support services.

To end of January, there have been 307 app downloads and 230 completions of this digital tool. There have been 5873 page views of www.kent.gov.uk/lowermydrinking between August 2020 and January 2021, which is up by 240.9% visits to the six month period in the previous year.



PR, media and marketing opportunities have mainly centred on sharing of organic content but there was a paid for promotion for Alcohol Awareness Week in November and this was repeated in Dry January, including signposting to support services through commissioned providers CGL, Forward Trust and One You Kent.

Key messages continue to raise awareness among drinkers below the high-risk groups about long term health messages including stroke and impacts on mental health. As with previous campaigns, social media content is targeted at key behaviours.

During Alcohol Awareness Week (AAW) in November 2020 and Dry January 2021, we promoted the ‘Lower My Drinking’ app and local support services with paid-for adverts on Facebook, Spotify, Heart FM and Kent Online. The targeted

digital promotions of Facebook, Kent Online and Spotify achieved a reach of 228k and 677K impressions for AAW, and the Dry January burst led to a reach of 385K and 1.2million impressions.

3.4 **Child Obesity - Change 4 Life Kent**

The Change4Life campaign was launched nationally to raise awareness of childhood obesity, focusing on primary school aged children.

Previous activities have included 'Sugar Swaps' and the '10 Minute Summer Shake-ups'. However Public Health England campaigns including Change4Life have been paused over the past year and no new campaign or creatives have been developed.

Locally we continue to promote key messages around healthy eating, reducing sugar, being more active and awareness of dental/oral health care through the @Change4LifeKent Facebook page which will see a small paid-for promotion during March 2021 to increase the number of page followers and likes, currently 2880 and 2814.

We will be encouraging KCC's Children's Centres and partners to share content through their own social media platforms and channels.

3.5 **Smoking Cessation – My Quite Route app**

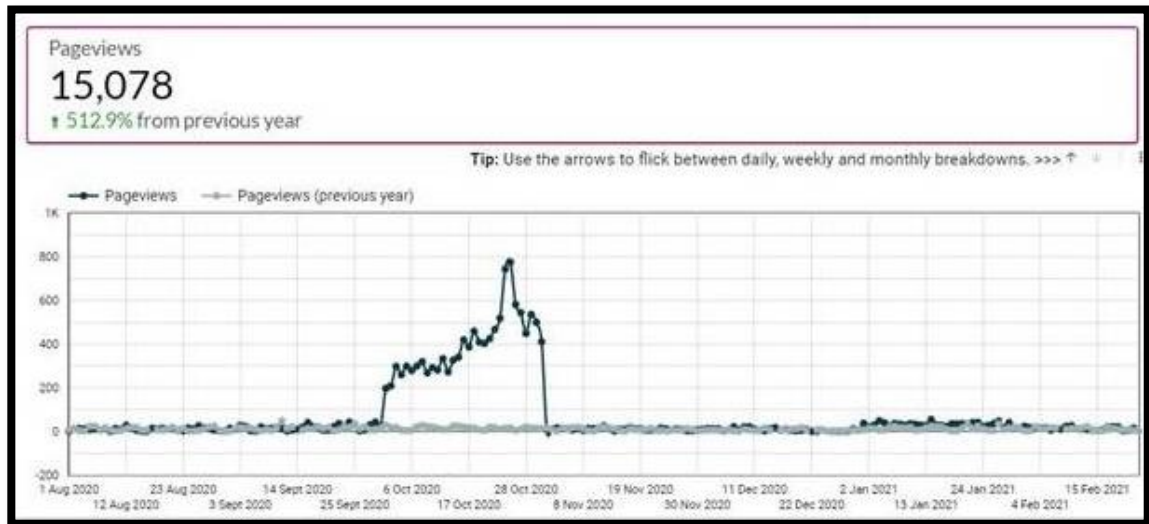
KCC and One You Kent communications have used #QuitforCovid as part of adapted messaging during promotion of smoking cessation support over the past year.

The 'My Quit Route' app was launched by Public Health commissioners in August 2020. Provided by Breaking Free Online – 'My Quit Route' is available now on the Google and Apple stores, plus also at www.oneyoukent.org.uk

It provides Kent residents with personalised support to help them quit smoking with motivational tools and evidence-based behaviour change techniques including a money saving calculator to help them prepare to quit, and then stay smoke free in the long-term. It also signposts those who require professional help to their local support services.

Paid for promotion of the national campaign Stoptober was carried out in Kent, signposting to the app and commissioned support services. During the period August 2020 to January 2021, there were 241 app downloads and 212 people committed to a quite date.

There were also 12,307 page views to the One You Kent 'Quit Smoking' pages at kent.gov, during the campaign duration. This is a 2,381% per cent increase on the same period in 2019.



Channels used included Facebook advertising, Spotify, Kent Online sponsored advertorial content, Google Adwords and Heart FM adverts. Engagement through the channels of Facebook, Spotify, Kent Online and Google Adwords have resulted in a reach of 680K (number of people seeing the content) and 2.8million impressions (number of times content is displayed).

Further marketing support and digital promotion is planned for No Smoking Day in March alongside sharing of the national and local NHS assets from the Lung Cancer Alliance.

The KCC PH Campaigns team are also working with colleagues from Kent Fire and Rescue Service, Kent Community Health NHS Foundation Trust and Medway Council on the development of a Smokefree Homes campaign in 2021/22.

3.6 Sexual Health

Key national opportunities such as HIV Testing Week in February led to sharing of national campaign materials and organic promotions to raise awareness of late diagnosis rates and encouraged people to apply for the free home testing kits.

We will be working with commissioned providers including KCHFT and the Maidstone and Tunbridge Wells NHS Trust for further campaign opportunities in 2021/22.

3.7 Winter Campaign

We have a “warn and inform” responsibility during cold weather alerts and lead on the communications for public health messaging. We also support national PHE and NHS campaigns, providing partners with appropriate social media, marketing and digital asset support for level two and three alerts in Kent during the winter cold weather periods, offering advice and signposting support to enable residents to manage their health during extreme weather conditions.

Messaging this year has had to incorporate reminders of social distancing restrictions.

We also continue to support the 'Stay Well This Winter' national campaign, sharing organic NHS and extending promotion of the national NHS flu campaign – budget was contributed to radio advertising in October and November 2020 alongside the Kent and Medway CCG and Medway Council.

3.8 Pregnancy and Breastfeeding

The 'Get Ready for Pregnancy' campaign has been rolled out by sharing materials from KCHFT, which has also established an appropriate webpage for support.

A small Facebook promotion for World Breastfeeding Week in August 2020 resulted in a reach of 179,860 and 190,063 impressions, signposting people to the Beside You website and social media channels – an ongoing partnership between KCHFT, Medway Council and KCC.

4.0 Financial Implications

4.1 The public health grant has not yet been agreed and therefore the budget cannot yet be confirmed. The 2021/22 core campaigns' budget is yet to be determined but will be aligned to public health priorities. Additional funding allocated via The Contain Outbreak Management Fund will ensure COVID-19 messages can continue as required.

5.0 Conclusion and Next Steps

5.1 It is anticipated that campaigns and communications will continue to focus on Covid-19 for the next 6 to 12 months, with resources needed for ongoing media and PR impacts due to new and emerging responsibilities for the KCC Public Health Director and team.

5.2 We will also be looking to develop key Public Health campaigns based on priorities identified by the Director of Public Health. These include:

- Mental Health and Wellbeing
- Smoking
- Alcohol
- Adult obesity
- Child Obesity
- Seasonal health – heatwave and winter

Data, insight and localised information will be needed to shape these campaigns in light of Covid-19 impacts.

5.3 Our websites support marketing and communications campaigns while also providing an online access route through to our commissioned services and those of our partners.

Targeted digital marketing activity underpins each campaign and we will continue to work with local partners to extend the reach and effectiveness of core campaigns.

Other engagement channels should also be explored for those who are without digital access.

- 5.4 Previous successes and learning will be integrated in future campaigns, focussing on the most effective communications methods and channels to target key groups and issue areas, and on the benefits of developing and utilising social media and digital platforms.

It has also been recognised that long-term change requires long term, consistent messaging, and it is important to continue working with local partners and nationally with Public Health England.

6.0 Recommendation

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

COMMENT and **ENDORSE** the progress and impact of Public Health communications and campaigns in 2020/21

7.0 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

10th March 2021

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 the Key Performance Indicators (KPIs) for Public Health commissioned services. Eleven of the fifteen KPIs were RAG rated Green in the latest available quarter, one was Amber, two were Red and three had data unavailable due to the Coronavirus pandemic (COVID-19) and the data not due for release at the time the report was written.

The Red KPIs are delivery of the NHS Health Checks programme which was paused in delivery due to the current pandemic between March and August 2020, Public Health and the provider are working on a future recovery plan. The other Red KPI is One You Kent which is due to a reduction in outreach.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q3 2020/21

1.0 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 Kent County Council (KCC) and 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 five quarters.

2.0 Overview of Performance

- 2.1 Of the fifteen targeted KPIs for Public Health commissioned services eleven achieved target (Green), 1 was below target but achieved the floor standard (Amber), and two did not achieve the floor standard (Red). These KPIs relate to the delivery of the NHS Health Checks Service and the number of clients engaged with One You Kent Advisors.

3.0 Health Visiting

- 3.1 The Health Visiting Service has continued to increase the number of mandated universal contacts delivered and these remain above target. The number of new birth visits within 30 days of birth is 99%, these have been predominantly delivered at home since June 2020. Families have been risk assessed, based on vulnerabilities and on need, for face-to-face contact to be delivered in clinics or at home. In addition to the mandated checks, the service is providing face to face delivery through bookable Health Visitor clinics in local communities, delivery of the Family Partnership Programme and Specialist Infant Feeding Services.
- 3.2 The six-eight week contacts and 9-12-month development reviews exceed the target by 10%, with 92% and 90% respectively. The service has continued to increase face to face delivery for mandated contacts and continues to take a risk-based approach to prioritising face to face visits. In addition, a significant catch-up programme consisting of over 14,000 missed contacts for the 9-12-month and 2- 2.5-year development reviews concluded in December 2020.

4.0 Adult Health Improvement

- 4.1 The NHS Health Check Programme was halted in March 2020 due to the Coronavirus pandemic, in line with national guidance. The service was able to resume from Q2 and is on a careful and managed roll-out ensuring Health Checks are delivered in a safe way. Around a third of contracted GP practices had initially come forward to confirm they were able to restart but following the lockdown at the end of Q3, this situation changed.
- 4.2 National priorities communicated via the CCG requested GP practices focused all efforts on the vaccine roll out and they stop non-essential services. As a result, there are less GP practices who are able to deliver Health Checks and although performance is below where it usually would be at this point, the numbers are steadily increasing.
- 4.3 In Q2 the smoking cessation service was predominantly offering telephone and video appointments to help to maintain a service through the Coronavirus pandemic. Referrals to the service have increased following a successful Stoptober and Quit for COVID-19 campaigns. This resulted in the service having a waiting list for the first time. GPs and pharmacies have limited capacity to deliver quit support services due to vaccine priorities and as 60% of the service is traditionally provided by these providers Public Health, KCC have worked with Kent Community Health Foundation Trust (KCHFT) who is the core provider, to upskill staff to increase capacity. This has resulted in the waiting list reducing

from 407 in August to 69 in February 2021 and the longest wait time is now less than two weeks and although this fluctuates in line with referrals, individuals are generally contacted within a week.

- 4.4 The One You Kent (OYK) adult healthy lifestyle service referrals are lower when compared to this time last year and is largely due to a reduction in GP referrals. Due to COVID-19 the team is having to work virtually without being able to do outreach in the community of more deprived areas and many staff members have been redeployed to support the smoking service. Early data shows a steady increase in referrals and the service has received positive feedback on using digital interventions which have been developed to help support service users through the pandemic. Data shows a 40% increase in the individuals seen within the OYK service in Q3 however work is underway to review ways in which we can ensure we are able to target those most in need.

5.0 Sexual Health

- 5.1 The Sexual Health service was unable to report accurately on the previous KPI due to changes in the pathway for testing in response to the Coronavirus pandemic. An agreement has been reached with the providers to deliver an alternative metric which demonstrates the providers' contribution towards improving sexual health outcomes and ensures all patients are directed to testing either face to face or through the online service.
- 5.2 With the move to new metrics and current COVID-19 pressures the providers are unable to provide a full and up to date data set in terms of the number of attendances at clinic, however this data is expected to be reported in full for the next quarter. Monthly performance data is provided to commissioners to enable them to monitor the service closely. Services have adapted to COVID-19 and through the new triage process are able to direct clients to the most appropriate form of care. Online requests continue to be used as an alternative delivery route to face to face where appropriate.

6.0 Drug and Alcohol Services

- 6.1 The Community Drug and Alcohol Adult providers continue to run effective services. There is a blended approach to service delivery, with some interventions being delivered virtually and some face to face, depending on service user risk, vulnerability and clinical need. The referral data so far for Q3 suggests a 9.5% reduction in referrals from Q2; however, Q2 referrals were disproportionately high due to COVID-19.
- 6.2 The Young Person Service has had an increase in referrals in Q3 (108) but this has still not returned to pre-pandemic levels due to the referrals from education providers remaining low in the quarter. The number of young people exiting treatment in a planned way has increased from Q2 to 78% of this number, 32% of the Young People reported abstinence, the highest figure to date.

7.0 Mental Wellbeing Service

- 7.1 Live Well Kent continues to reach the target of 90% of clients saying they would

recommend the service to family, friends, or someone in a similar situation. Despite the change to more virtual delivery of sign-ups to the service, 79% were new individuals who have not been supported by the services previously.

8.0 Conclusion

- 8.1 Eleven of the fifteen KPIs remain above target and were RAG rated green.
- 8.2 Public Health and the Commissioners continue to explore other forms of delivery, for example digital services, to compliment traditional delivery mechanisms, to ensure current provision is fit for purpose, meets user needs and able to account for increasing demand levels in the future.

9.0 Recommendation

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q3 2020/21.

10.0 Background Documents

- 10.1 None

11.0 Appendices

- 11.1 Appendix 1 - Public Health Commissioned Services KPIs and Key.

12.0 Contact Details

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Name: Victoria Tovey

Title: Lead Commissioner - Public Health

Contact Number: 03000 416779

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

Service	KPI's	Target 19/20	Target 20/21	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	DoT**
Health Visiting	PH04: No. of mandated universal checks delivered by the health visiting service (12 month rolling)	65,000	65,000	67,387 (g)	67,627 (g)	69,073 (g)	69,440 (g)	70,445 (g)	↑
	PH14: No. and % of mothers receiving an antenatal contact with the health visiting service	43%	43%	1,412 34% (r)	1,321 34% (r)	3,095 76% (g)	2,877 70% (g)	2,727 68% (g)	↓
	PH15: No. and % of new birth visits delivered by the health visitor service within 30 days of birth	95%	95%	4,103 97% (g)	3,729 96%(g)	3,868 97%(g)	4,061 99%(g)	3,965 99%(g)	↓
	PH16: No. and % of infants due a 6-8 week who received one by the health visiting service	85%	85%	3,760 89% (g)	3,446 86% (g)	3,447 89%(g)	3,711 90%(g)	3,685 90%(g)	↓
	PH23: No. and % of infants who are totally or partially breastfed at 6-8 weeks (health visiting service)	-	-	1,905 48%*	1,591 48%*	1,646 51%*	1,851 51%*	1,855 50%*	-
	PH17: No. and % of infants receiving their 1-year review at 15 months by the health visiting service	85%	85%	4,089 90% (g)	3,841 89% (g)	3,669 89% (g)	3,420 81% (a)	4,011 89% (g)	↑
	PH18: No. and % of children who received a 2-2½ year review with the health visiting service	80%	80%	3,816 84% (g)	3,764 81% (g)	3,269 72% (a)	3,028 70% (a)	3,754 84% (g)	↑
Structured Substance Misuse Treatment	PH13: No. and % of young people exiting specialist substance misuse services with a planned exit	85%	85%	40 91% (g)	56 82% (a)	55 77%(a)	42 91%(g)	38 78%(a)	↓
	PH03: No. and % of people successfully completing drug and/or alcohol treatment of all those in treatment	25%	25%	1,361 27% (g)	1,345 27% (g)	1,320 27% (g)	1,312 27% (g)	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	41,600	43,126 (g)	39,995 (a)	29,046 (r)	17,449 (r)	9,596 (r)	↓
	PH11: No. and % of people quitting at 4 weeks, having set a quit date with smoking cessation services	52%	52%	977 63% (g)	1,102 61% (g)	246 57% (g)	559 62% (g)	nca	↑
	PH21: No. and % of clients engaged with One You Kent Advisors being from the most deprived areas in the County	60%	60%	677 55% (a)	647 53% (a)	283 47% (r)	260 51% (a)	300 42% (r)	↓
Sexual Health	PH24 % of all new first-time attendances who take up the offer and are screened for chlamydia, gonorrhoea, syphilis and HIV	-	70%	nca	nca	621 48%(a)	nca	nca	-

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%	90%	339 100% (g)	319 99.7% (g)	308 99.7% (g)	490 99.4% (g)	401 99.3% (g)	↓
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*Coverage above 85% however quarter did not meet 95% for robustness expected for national reporting

Commissioned services annual activity

Indicator Description	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	DoT
PH09: Participation rate of Year R (4-5 year olds) pupils in the National Child Measurement Programme	96% (g)	97% (g)	97% (g)	93% (g)	95% (g)	95% (g)	↔
PH10: Participation rate of Year 6 (10-11 year olds) pupils in the National Child Measurement Programme	95% (g)	96% (g)	96% (g)	96% (g)	94% (g)	94% (g)	↔
PH05; Number receiving an NHS Health Check over the 5-year programme (cumulative: 2013/14 to 2017/18, 2018/19 to 2022/23)	78,547	115,232	157,303	198,980	36,093	76,093	-
PH06: Number of adults accessing structured treatment substance misuse services	5,324	5,462	4,616	4,466	4,900	5,053	↑
PH07: Number accessing KCC commissioned sexual health service clinics	-	73,153	78,144	75,694	76,264	71,543	↓

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

Data quality note

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

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From: 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

10th March 2021

Subject: 20/000132 - Bereavement Support Services in Kent and Medway- Procurement Update

Classification: Unrestricted

Previous Pathway: Health Reform and Public Health Committee 21st January 2021

Future Pathway: None

Electoral Division: All

Summary:

Kent County Council (KCC) has been awarded funds via Kent and Medway CCG and NHS England's National Suicide Prevention Programme to commission bereavement support services for under 25-year-olds and people bereaved by suicide.

A paper was presented to Committee on 21st January 2021, which outlined KCC's intention to procure two new bereavement support services for individuals across Kent and Medway. It provided the opportunity for members to comment on the commissioning model.

The overarching aim of these new services is to assist individuals in Kent and Medway who are experiencing high levels of distress and grief by supporting them to manage the impact of their bereavement and reduce the risk factors associated with this event.

This report sets out the proposed decision to award the contract for the relevant services and asks for comments from the Cabinet Committee.

Recommendation:

The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER, ENDORSE** or **COMMENT** on the Cabinet Member for Adult Social Care and Public Health's proposed decision to:

- To award the contract following a competitive procurement process for bereavement support services for three years with potential for extension by up to two years.
- Delegate authority to the Director of Public Health to take relevant actions, including but not limited to; entering into relevant contracts or other legal

agreements and approving extensions within the agreed five-year maximum period, as necessary to implement the decision.

1.0 Introduction

- 1.1 A paper was presented at Health Reform Public Health Committee on 21st January 2021 (see Background Documents), which outlined KCC's intention to procure two new bereavement support services for individuals across Kent and Medway. One is a specialist bereavement support service for under 25-year-olds and the other is a support service for people bereaved by suicide.
- 1.2 The previous paper provided background details of the need for these support services in Kent and Medway, Key Drivers for Change, and the proposed service outcomes.
- 1.3 KCC is leading this work, with funding secured from the Kent and Medway Clinical Commissioning Group (CCG) and NHS England's National Suicide Prevention Programme.
- 1.4 These services will help to fill a gap in the current provision, which is especially important as more people may experience bereavement linked to Coronavirus (COVID-19).

2.0 Key Service Outcomes

- 2.1 Through engagement events with the market and people with lived experience, we have understood the variation in the type and level of support needed for both groups and, therefore, decided on an outcomes approach to these new services.
- 2.2 The service(s) outcomes will be met by ensuring that there is staff in place with the relevant knowledge and capability to provide personalised support to both identified groups.
- 2.3 The key outcomes for these services are set out below:
 - Improve service users resilience and their capacity to cope in their surroundings
 - Improve service users physical and mental health (measured by evidence-based tools)
 - Personal goals and outcomes achieved, maintained, or progress towards
 - Reduction in stigma and discrimination.

3.0 Commissioning Model and Procurement Approach

- 3.1 Despite some similarities and shared outcomes between the needs of the groups requiring bereavement support, there are distinct differences in

workforce skills and the required type of support. Therefore, two separate services will be commissioned in Lots covering both Kent and Medway and will be broken down as:

LOT 1 - Specialist Bereavement Service for under 25-year-olds

The service will provide specialist counselling for those aged (3 1/2) to 25 years old who are experiencing complex grief. The specialist support is to be delivered by qualified counsellors with experience in bereavement.

LOT 2 - A Support Service for people bereaved by suicide (all ages)

The service will support people bereaved by suicide to receive the practical and emotional support they need. The service will help family and friends both in the initial days and weeks after the death, as well as signposting support for people who have been bereaved by suicide in previous years.

- 3.2 KCC are leading on the procurement of both bereavement services, however, KCC Public Health team and Kent and Medway CCG have worked collaboratively throughout the procurement process to engage with the market, develop the service specification, and form evaluation questions.
- 3.3 KCC issued the opportunity via Find a Tender on the Kent Business Portal on 25th January 2021 (a high-level timetable for procurement can be found in Appendix A).
- 3.4 The evaluation of each of the tenders began on 25th February 2021. The evaluation is being undertaken by panel members selected for their knowledge and experience. Members of the evaluation panel include commissioners from KCC, Medway Council and Kent and Medway CCG, data analyst, CCG quality lead. For Lot 1, a question will be evaluated by young people and for Lot 2, we are inviting people with lived experience of suicide to evaluate selected questions.

4.0 Contract Mobilisation

- 4.1 Subject to the contract award decision by the Cabinet Member, contract mobilisation will commence on 3rd May 2021, and the anticipated contract start date will be 16th August 2021.
- 4.2 A Mobilisation Board will oversee the deployment of the contract with responsibility for monitoring progress against the new provider(s)' mobilisation plans. The focus will be to ensure the services are ready to be delivered safely in line with service standards and implement sufficient workforce and infrastructure in place for when the contract starts.
- 4.3 The Mobilisation Board members will include KCC and CCG Commissioning Officers, representatives from new provider(s), service users, and other key stakeholders such as Kent Police.

5.0 Financial Implications

- 5.1 The contract will be for three years with a possible two-year extension. The maximum total amount for both services, including possible two-year extensions, is £1,493,750 over five years.
- 5.2 These services will be funded by Kent and Medway CCG and the Kent and Medway Suicide Prevention Team. KCC, commissioning the services on behalf of the CCG, will be the accountable body for financial monitoring and contract management.

6.0 Corporate Implications

- 6.1 The following implications are relevant to this project:
- Legal - The procurement will adhere to the Public Contracts Regulations 2015. Legal advice will be sought if required to support the creation of the contracts. Monitoring of the contract will ensure the successful provider adheres to all relevant legislation as set out in the contract, such as Health and Safety Law and COVID-19 safe regulations.
 - Equalities: Equality Impact Assessments (EqIAs) have been undertaken for both services (Appendix B and C). These outlined that both services are likely to have a 'Low' Adverse Equality Impact. We will ensure the services adopt a flexible and accessible approach to people's needs. Consideration will be given to the protected characteristics of 'Age' and 'Religion and Beliefs', which are most likely to be impacted by these services. It will be a requirement for the awarded provider to conduct an Equality Impact Assessment on their delivery model.
 - Data: Data Privacy Impact Assessments have been completed. It is a requirement within the Service Specifications for the awarded provider(s) to complete a DPIA for the data for which they are the controller.
 - Other corporate implications: The services will interact with several other functions within the Council and the wider system of support services, including; Adult Social Care, Integrated Children's Services, Education, Kent Police, Mental Health Providers, Coroner's Office, and local charities. Development of a communications plan to engage key stakeholders will be a vital part of the contract mobilisation.

7.0 Governance

- 7.1 The commissioning of these services, via KCC contract award, is a Key Decision and subject to the normal Executive Decision process.
- 7.2 It is proposed that the Cabinet Member will approve the contract award and authorise appropriate delegations to the Director of Public Health to implement the decision.

8.0 Conclusion

- 8.1 KCC has commenced a competitive procurement of the two bereavement support services to support; bereavement support services for under 25-year-olds and people bereaved by suicide.

- 8.2 It is proposed that the Cabinet Member for Adult Social Care and Public Health will approve the contract award no later than 30th April 2021. This will allow a mobilisation period to commence so that services are ready to start in August 2021.
- 8.3 These new services will fill an identified gap in current provision and support those impacted by bereavement and suicide to improve their resilience, ability to cope, physical and mental health.

Recommendation(s):

The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER**, **ENDORSE** or **COMMENT** on the Cabinet Member for Adult Social Care and Public Health's proposed decision to:

- To award the contract following a competitive process procurement for bereavement support services for three years with potential extension by up to two years.
- Delegate authority to the Director of Public Health to take relevant actions, including but not limited to; entering into relevant contracts or other legal agreements and approving extensions within the agreed five-year maximum period, as necessary to implement the decision.

9.0 Background Documents

- 9.1 Health Reform and Public Health Cabinet Committee 21st January 2021 - Bereavement Support Services in Kent and Medway
<https://democracy.kent.gov.uk/documents/s101532/Report.pdf>
- 9.2 National Bereavement Alliance (2017) *A guide to commissioning bereavement services in England*. Accessed via web:
<https://nationalbereavementalliance.org.uk/wp-content/uploads/2017/07/A-Guide-to-Commissioning-Bereavement-Services-in-England-WEB.pdf>

10.0 Contact Details

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Commissioning Lead

Name: Vicky Tovey

Title: Lead Commissioner – Public Health

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Mrs. Clair Bell, Cabinet Member for Adult Social Care and Public Health

DECISION NO:

20/00132

For publication

Key decision: YES

Key decision criteria. The decision will:

- a) *result in savings or expenditure which is significant having regard to the budget for the service or function (currently defined by the Council as in excess of £1,000,000); or*
- b) *be significant in terms of its effects on a significant proportion of the community living or working within two or more electoral divisions – which will include those decisions that involve:*
 - *the adoption or significant amendment of major strategies or frameworks;*
 - *significant service developments, significant service reductions, or significant changes in the way that services are delivered, whether County-wide or in a particular locality.*

Subject Matter / Title of Decision Bereavement Service Provision

Decision:

As Cabinet Member for Adult Social Care and Public Health, I agree to:

- To award the contract for bereavement support services for three years with potential for extension by up to two years.
- Delegate authority to the Director of Public Health to take relevant actions, including but not limited to; entering into relevant contracts or other legal agreements and approving extensions within the agreed 5-year maximum period, as necessary to implement the decision.

Reason(s) for decision:

Kent and Medway CCG and Kent and Medway Suicide Prevention Team have identified funding to provide specialist bereavement support services across Kent and Medway. There are currently limited support services available for those bereaved, and as such, the funding will ensure comprehensive and consistent service is put in place. This is seen as critical given the impact of Coronavirus (COVID-19).

Bereavement is a natural part of the human experience but can be intensely painful and negatively impact on physical and mental health (Selman et al 2020). Through NHS England's national Suicide Prevention Transformation Programme and NHS Kent and Medway CCG, we have identified two particular groups in which bereavement can increase the risk of depression, self-harm, and other mental illnesses. These include children, young people, and young adults, and people bereaved by suicide. There is likely to be an increase in people needed these services due to the COVID-19.

KCC, in collaboration with the Kent and Medway CCG and Medway Council, will procure two

services to support Kent and Medway residents through a competitive procurement exercise with a maximum value of £1,493,750 over the period of five years.

The outcomes of the service are to:

- Improve service user's resilience and their capacity to cope in their surroundings
- Improve service users physical and mental health (measured by evidence-based tools)
- Personal goals and outcomes achieved
- Reduction in stigma and discrimination

Financial Implications.

Kent and Medway CCG and Kent and Medway Suicide Prevention Team have identified funding to provide specialist support services across Kent and Medway.

The maximum total amount for both services, including possible two-year extensions, is £1,493,750 over five years.

Legal Implications

The Health and Social Care Act 2012 places a responsibility on the Council to improve the health of their local population and reduce health inequalities.

The Care Act 2014 makes it a requirement for the Council to deliver early intervention and preventative services for adults with mental health needs.

The Children Act 2004 places a duty to promote and safeguard Children's welfare in Kent and Medway.

The Public Contracts Regulations 2015 which set out the legal basis for Local Authority procuring services, will be adhered to throughout the procurement process.

Equalities and Data Protection implications

Equality Impact Assessment for the service has been completed, and any recommendations for service delivery have been incorporated in the Service Specification. It will be a requirement for the awarded Provider(s) to update the Equality Impact Assessment based on their delivery model.

Data Privacy Impact Assessments have been completed and it is a requirement within the Service Specifications for the awarded Provider(s) to complete a DPIA for the data for which they are the controller of.

Cabinet Committee recommendations and other consultation:

A paper was presented to Health Reform and Public Health Cabinet Committee on January 21st 2021, which outlined KCC's intention to procure two new bereavement support services for individuals across Kent and Medway and provided opportunity for members to comment on the commissioning model.

Committee were in the support of the proposed commissioning strategy and endorsed the decision to commission two new bereavement support services in Kent and Medway, 1) specialist bereavement support service for under 25-year-olds and 2) support service for people bereaved by suicide.

The overarching aim of these new services is to support individuals in Kent and Medway who are experiencing high levels of distress and grief by supporting them to manage the impact of their bereavement and reduce the risk factors associated with this event.

The Health Reform and Public Health Cabinet Committee will consider the proposed decision on

10th March 2021 prior to the decision being taken.

Any alternatives considered and rejected:

The following options have been considered:

- Reject the funding and not commission these services – this was discounted as it was felt that the service outcomes align with KCC’s strategic outcomes and supports the work on Public Mental Health COVID-19 recovery.
- Accept the funding and source the service in-house – this was discounted as it was felt that by going out for competitive procurement the Council will gain better value for money.

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

None

.....
signed

.....
date

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Appendix A- Key Project Timescales

<u>Project Actions</u>	<u>Proposed date</u>
Initial ITT Evaluation	25th February - 2nd March 2021
Tender evaluation meeting	3rd March 2021
Quality assurance panel	4th March 2021
Invite initial stage successful bidders to negotiations	5th March 2021
Meet with bidders re negotiation	9th March 2021
Send notes on negotiations	11th March 2021
Bidders refine bids	12th March - 2nd April 2021
Bidders resubmit refined bids	2nd April 2021
Issue evaluation questions to project team	5th April 2021
Finalise tender and evaluation meeting	6th - 9th April 2021
Finalise scores and rank bids	12th April 2021
Notify bidders	19 th April 2021
10-day standstill	29 th April 2021
Award contract	30 th April 2021
Mobilisation	May 2021
Service go live	August 2021

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Appendix B- EQIA Specialist Bereavement Service for under 25-year-olds

Kent County Council Equality Analysis/ Impact Assessment (EqIA)

Directorate/Service: Strategic Commissioning – Public Health

Name of decision, policy, procedure, project, or service: Specialist Bereavement Service for under 25-year-olds

Responsible Owner/ Senior Officer: Lesley Taylor/Laura Bush

Version: 1

Author: Francesca Clark (Trainee Public Health Commissioner, KCC)
Lesley Taylor (NHS Kent and Medway CCG, Kent Children and Young Person Commissioning Team)

Pathway of Equality Analysis: Public Health Consultant

Summary and recommendations of equality analysis/impact assessment.

Context

In collaboration with Kent and Medway Clinical Commissioning Group (CCG) and Medway Unitary Authority, Kent County Council (KCC) is commissioning a Specialist Bereavement Service for under 25-year olds. The service will deliver evidence-based specialist counselling to those from pre-school age (3 ½) to 25 years old who are experiencing complex grief. Delivery of these sessions will be via trained counsellors with experience in bereavement, delivered in venues suitable for the service user, such as schools and youth clubs.

Bereavement is a natural part of human experience but can be intensely painful and negatively impact on physical and mental health (Selman et al 2020). Bereavement is a common childhood experience, with around 3.5% to 5% of young people in the United Kingdom bereaved of a parent by age 16 (Fauth, Thompson, & Penny, 2009; Parsons, 2011). Some studies suggest that around three-quarters of young people experience bereavement in their wider family or social network by age 16 (Harrison & Harrington, 2001). Despite this, there is insufficient longitudinal evidence about the lasting impact of child bereavement, especially in relation to outcomes beyond psychological and emotional well-being (Akerman & Statham, 2014).

A recent review of relevant and emerging literature states that the majority (approximately $\frac{3}{4}$) of children and young people experiencing a family bereavement show grief reaction but do not go on to develop mental health difficulties. However, children and young people who have experienced family bereavement are more likely to develop internalising mental health difficulties than peers (particularly depression, which may be up to four times more likely). They are also more likely to develop post-traumatic stress disorder (PTSD), particularly where grief reactions are heightened. Risk factors for complex or prolonged grief reactions are higher at present, and it should be noted that the full impact of bereavement relating to the Covid-19 pandemic is yet unknown.

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Evidence also suggests that bereavement can be particularly harmful for those who have experienced multiple difficult events or bereavement in disadvantaged circumstances. Higher levels of social disconnection are associated with higher psychological distress in the first six months of a loss.

Family, friends, and existing networks continue to form the foundation of bereavement support, and for many people the only support needed. However, there is evidence that specialist interventions and programmes can be helpful for children who show a significant negative impact from their experience of bereavement. Even those not exhibiting clinical levels of distress seem to benefit in the longer term from programmes which normalize their grief and strengthen their coping strategies. Most children experience some negative impact on psychological wellbeing in the short term (up to a year) and significant difficulties may continue to emerge, and in some cases, intensify for at least two years following the death. The recently published recommendations and resources to hospital clinicians to mitigate poor bereavement outcomes concludes, from the evidence reviewed, the importance of a differentiated response, and of a strategy to support bereaved children that incorporates both proactive and reactive elements. This suggests the need for a tiered approach.

Across Kent and Medway, there are 283,733 children and young people aged five to 16 years. Fauth and colleagues (2009) estimation that 3.5% of children and young persons in this age category have experienced the death of a parent or sibling would suggest that 9,931 children and young persons aged 5 to 16 years in Kent and Medway have experienced the death of a parent or sibling. It is further estimated that among children, young persons and young adults aged 0-25, 3,076 may need support for bereavement of a parent or sibling and 3,691 may need support for bereavement of a close friend.

NHS Kent and Medway CCG and KCC have committed to delivering improvements in outcomes for children and young people as set out in the Local Transformation Plan for Kent covering the following areas: Resilience and Reach, Early Intervention and Prevention, Vulnerable Groups, Specialist Services (including crisis response), and Whole System Infrastructure and Enablers. The plan details how the whole system needs to work collaboratively to ensure all mental health and emotional wellbeing services are in-line to deliver the ambitions as set out in the NHS Long Term Plan.

A range of emotional wellbeing and mental health services offer support across Kent and Medway but are unable to provide specialist support in relation to bereavement. Therefore, there is currently a gap in specialist Bereavement Support.

Aims and Objectives

There are a small cohort of children, young people and young adults who will need specialist bereavement support, and who currently cannot access the support they need at the time they need it. The purpose of this service is to deliver the following outcomes:

- Support the person to understand their response to grief and the impact their complicated grief and bereavement is having on themselves and others.
- Support the person to develop and grow their own resilience and their capacity to cope in their surroundings with families and other networks such as school.

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- As a result of developing resilience, the person will have better perception/actual physical and mental health which will enable them to influence and create strong communities for children, young people, and young adults to thrive.
- Support the person while being supported in their journey through their complex grief. The person will be able to seek additional support from within their own networks and local partners.
- It may be necessary to further signpost to other more relevant services to contribute to keeping vulnerable persons and families out of crisis, and out of long-term care provision.
- Equitable care reflecting population characteristics (including ethnicity, age and gender) and thematic review of circumstances of which a child, young person and young adult is accessing the service. (This could include cause of death.)
- Timely and appropriate bereavement care that is specialist, differentiated and delivered in line with best practice guidelines and I-Thrive model.
- To reduce the likelihood of the children, young person and young adult developing a long-term enduring mental illness such as the development of post-traumatic stress disorder, prolonged grief or complicated grief disorder depression or anxiety disorder.
- Improved self-awareness and self-management of bereavement, with reference to childhood bereavement service outcome framework (from Childhood Bereavement Network).

The aim of this service is to ensure that all of Kent and Medway residents, families and communities are supported in a timely way following bereavement and receive appropriate therapeutic and other supportive interventions depending on need. This bereavement service is intended to offer support at a level between the interventions provided by a GP, family doctor or practice nurse and a children and young person's Mental Health Specialist. The service will deliver evidence-based specialist one to one counselling to those from pre-school age (3 ½) to 25 years old who are experiencing complex grief. The interventions will be age appropriate and will take into consideration the family context. Due to the complexity and variety of individual circumstances which influence the level and type of support needed, an outcomes approach will be taken.

Summary of Equality Impact

It is not anticipated that this new service will impact any protected group negatively, however ongoing monitoring and outreach will be required to ensure that all protected groups benefit as much as possible.

There may be some groups of people who will be potentially unable or reluctant to access this type of service. There may be issues with children being unable to understand a bereavement, particularly if this is the first bereavement that they have experienced. People with learning difficulties may also have problems in expressing their grief and so are assumed by others not to be grieving. Some religious or cultural beliefs as well as gender influences may also have an effect on individuals being willing or able to access bereavement support services. There may (as a result) be wrongly made assumptions that this type of support is not needed in some instances.

Appendix B- EQIA Specialist Bereavement Service for under 25-year-olds

Adverse Equality Impact Rating **Low** /Medium /High

Attestation

I have read and paid due regard to the Equality Analysis/Impact Assessment concerning the procurement of a Specialist Bereavement Service for under 25-year-olds. I agree with risk rating and the actions to mitigate any adverse impact(s) that has /have been identified.

Head of Service

Signed:

Name:

Job Title:

Date:

DMT Member



Signed:

Name: Jessica Mookherjee

Job Title: Consultant in Public Health

Date: 27 January 2021

Appendix B- EQIA Specialist Bereavement Service for under 25-year-olds

Part 1 Screening

Could this policy, procedure, project or service, or any proposed changes to it, affect any Protected Group (listed below) less favourably (negatively) than others in Kent?

Age - A child's level of understanding and ability to process a bereavement will partly depend on their age. This may be the first bereavement that they have experienced, death may be a new concept not yet fully understood or it may take time to fully comprehend the cause of death. A child or young person may need help identifying and expressing their emotions. The full impact of the bereavement may become more apparent over time as the child becomes more able to process the death and what that means. This may make it difficult to determine how much support a child or young person needs, or whether there will be long-term impacts from the bereavement that are not yet apparent and require support in the future.

For those aged 25 and over, this service may not be appropriate (individuals can access this service up to their 26th birthday). There is also the possibility that an individual who experienced a bereavement in childhood is now experiencing the repercussions of that loss in adulthood. Whilst this was a childhood bereavement, the support needed now that the individual is an adult may be different to the support offered to those under 25 by this service. There will be a need to find appropriate support and to work closely with other similar services and providers such as charities and the VSC sector.

Disability - People with learning difficulties may not be able to express their grief in a way that is recognised as "normal". They may be assumed to not be grieving and therefore not need this type of support.

Sex - There may be a difference in the way that young males and females process and express grief. Gender and cultural influences may play a role in how an individual feels it is appropriate to express emotions. For example, a younger male may feel that it is less appropriate than a younger female to express emotions relating to a bereavement openly and therefore may appear less affected by the bereavement which would be an incorrect assumption.

Religion and Belief – There may be some instances where religious and cultural beliefs create a barrier to accessing services due to the circumstances surrounding the bereavement. For example, some religions and cultures are strongly opposed to suicide such as Islam, Hinduism, and some Christian sects. There is a long history of religious beliefs being opposed to suicide and so that stigma which still exists may prevent people connected with the deceased from accessing this type of service. Grieving for someone who has committed suicide for religious families and friends may pose a number of challenges relating to this stigma.

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Appendix B- EQIA Specialist Bereavement Service for under 25-year-olds

Could this policy, procedure, project, or service promote equal opportunities for this group?

Age - This service will be offered to those aged between pre-school age (3 ½) to 25 years old (up until 26th birthday) and aim to provide specialist evidence-based bereavement support where there has previously been a gap in this type of provision for this age group. The support will be flexible and tailored to meet the needs of the individual. Where appropriate, signposting and referral to other suitable services will be made.

Disability - The service will include a flexible menu of practical and emotional support that can be tailored to the needs of those needing support. Outreach for individuals who are unable to attend venues will also be available.

Sex – Clear referral pathways through health routes such as paediatricians and GPs could offer a safe and private way to express feelings associated with a bereavement that perhaps an individual feels unable to show in front of others within their social network. This could ensure that those that need the support will have access at the time they need it.

Religion and Belief - Accessing support specific to suicide bereavement may cause problems for a family, group or individuals due to religious or cultural beliefs. This bereavement service which is specialised for children and younger people does not specify around the circumstances of a bereavement and may therefore be appropriate and more accessible for those who cannot access specialised suicide bereavement support.

Appendix B- EQIA Specialist Bereavement Service for under 25-year-olds

Protected Group	Please provide a <u>brief</u> commentary on your findings. Fuller analysis should be undertaken in Part 2.			
	High negative impact EqIA	Medium negative impact Screen	Low negative impact Evidence	High/Medium/Low Positive Impact Evidence
Age			There is evidence to suggest that children and young people who have experienced a bereavement are more likely to develop internalised mental health difficulties compared to their peers, such as anxiety, depression, and PTSD. Whilst bereavement is a natural part of human experience, it can be intensely painful and negatively impact on physical and mental health. Some studies show that around three quarters of young people have experienced a bereavement in their	Kent and Medway currently commission a range of emotional wellbeing and mental health services. These services offer some mental wellbeing support but are unable to provide specialist support in relation to bereavement. The provision of this service will fill this gap and provide specialised bereavement support for children and young people across Kent and Medway. The service will work in collaboration with other services therefore contributing to a whole-county response to the need for specialist bereavement support.

Appendix B- EQIA Specialist Bereavement Service for under 25-year-olds

			<p>wider family of social network by the age of 16. Other estimates show that around 3.5% to 5% of young people in the UK have lost a parent by the age of 16. Despite all of these studies, the lasting impact of childhood bereavement especially in relation to outcomes beyond psychological and emotional well-being are still lacking in longitudinal evidence. This service will be offered to those aged between pre-school age (3 ½) to 25 years old (up until 26th birthday) and aim to provide specialist evidence-based bereavement support where there has previously been a gap in this type of</p>	
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Appendix B- EQIA Specialist Bereavement Service for under 25-year-olds

			<p>provision. The long-term impacts of a bereavement in childhood however is an area that needs to be better understood.</p> <p>A child's level of understanding should also be taken into consideration and will partly depend on their age. This may be the first bereavement that they have experienced, death may be a new concept not yet fully understood or it may take time to fully comprehend the cause of death. A child or young person may also need help identifying and expressing their emotions. This may make it difficult to accurately assess and</p>	
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Appendix B- EQIA Specialist Bereavement Service for under 25-year-olds

			find the appropriate support. The full impact of the bereavement may become more apparent over time as the child becomes more able to process the death and what that means.	
Disability			People with learning difficulties may not be able to express their grief in the usual and expected ways which may lead others around them to assume that they are not grieving and may not need support.	Clear referral pathways, for example through health routes such as paediatricians and GPs may have a positive impact on those with a disability as they are more likely to be in contact with a health professional who may direct them to the service. The service will include a flexible menu of practical and emotional support that can be tailored to the needs of those who are being supported. The service will be required to ensure that support can

Appendix B- EQIA Specialist Bereavement Service for under 25-year-olds

				<p>be accessed by those who need it and there will be funding to enable adaptations to the service in order to deliver the support in different ways where needed, for example virtually. For those who are physically unable to access or attend a venue, outreach will be available so that they are still able to receive support.</p>
Sex			<p>There may be differences between the ways that young males and females grieve due to gender and cultural influences. For example, school-age boys may feel less able or willing to express their emotions openly than girls of the same age. Perceptions of gender roles within the family may also play a role in how</p>	<p>The service will continue to be offered to both males and females.</p>

Appendix B- EQIA Specialist Bereavement Service for under 25-year-olds

			younger males and females feel that they can express themselves emotionally.	
Gender identity/ Transgender			We have found no evidence to suggest that this protected group will be impacted less favourably than others.	The service will continue to be offered to all gender identities.
Race			We have found no evidence to suggest that this protected group will be impacted less favourably than others.	The service will continue to be offered to all races.
Religion and Belief		If a bereavement has occurred for example by suicide, some cultures and faiths hold strong views that may complicate the grieving process and access to appropriate support services. For example, some religions forbid suicide or perceive it as a		This service will work closely with other bereavement support services in order to find the appropriate support. For example, if a child or young person is bereaved by suicide but religious/cultural beliefs prevent that individual from accessing a specialised suicide

Appendix B- EQIA Specialist Bereavement Service for under 25-year-olds

		sin/going against their beliefs. People attached to the deceased may feel excluded from their community, faith groups and therefore unable to access services due to the stigma.		bereavement service, then this bereavement service which is specialised for children and younger people but does not specify around the circumstances of a bereavement can be accessed and provide tailored support.
Sexual Orientation			We have found no evidence to suggest that this protected group will be impacted less favourably than others.	
Pregnancy and Maternity			We have found no evidence to suggest that this protected group will be impacted less favourably than others.	
Marriage and Civil Partnerships			We have found no evidence to suggest that this protected group will be impacted less favourably than others.	
Carer's			We have found no	Those with carer's

Appendix B- EQIA Specialist Bereavement Service for under 25-year-olds

Responsibilities			evidence to suggest that this protected group will be impacted less favourably than others.	responsibilities may be encouraged to access the service via health professionals they interact with such as GPs.
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Appendix B- EQIA Specialist Bereavement Service for under 25-year-olds

Part 2

Equality Analysis /Impact Assessment

Protected Groups

Whilst bereavement is a natural human experience, there is evidence to suggest that children and young people who have experienced a bereavement are more likely to develop internalised mental health difficulties compared to their peers, such as anxiety, depression, and PTSD. Bereavement is a common childhood experience, with around 3.5% to 5% of young people in the United Kingdom bereaved of a parent by age 16 (Fauth, Thompson, & Penny, 2009; Parsons, 2011). Some studies suggest that around three-quarters of young people experience bereavement in their wider family or social network by age 16 (Harrison & Harrington, 2001).

A child's age may be a barrier to them accessing this type of service due to their level of understanding and comprehension of a bereavement. This may be the first bereavement that they have experienced, death may be a new concept not yet fully understood or it may take time to fully comprehend the cause of death and the impact it will have on their own lives. A child or young person may also need help identifying and expressing their emotions whilst also working their way through their grief. This may make it difficult to accurately assess the level of need and ability to find the appropriate support. The full impact of the bereavement may become more apparent over time as the child becomes more able to process the death and what that means. More evidence is needed on the long-term impacts of childhood bereavement.

The way children and young people show grief is different to adults and specialist support may be required to assist in processing the death. Where appropriate this service will signpost individuals to other partner organisations or specialist services who may be better equipped to deal with an individual's needs.

In terms of individuals with a disability such as learning difficulties, their need for this type of service may be missed or misunderstood given that they may not be able to express their grief in a conventional way. Relatives, carers, or friends may assume that they are not grieving and therefore do not need any further support.

Other individuals may not access this service for reasons relating to religious or cultural beliefs. Some religions and cultures are strongly opposed to suicide such as Islam, Hinduism, and some Christian sects. There is a long history of religious beliefs being

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Appendix B- EQIA Specialist Bereavement Service for under 25-year-olds

opposed to suicide and so that stigma which still exists may prevent people connected with the deceased from accessing this type of service. Grieving for someone who has committed suicide for religious families and friends may pose a number of challenges relating to this stigma.

Information and Data used to carry out your assessment

The “Future in Mind: Promoting, Protecting and Improving our Children and Young People’s Mental Health” report sets out the case for change in the delivery of mental health services for children and young people. Whilst not strictly a mental health service, the Specialist Bereavement Service for under 25-year olds promotes and builds emotional wellbeing and resilience within its service user group.

<https://www.england.nhs.uk/blog/martin-mcshane-14/>

<https://www.cruse.org.uk/get-help/coping-grief>

<https://www.cruse.org.uk/get-help/coping-grief>

<http://www.childhoodbereavementnetwork.org.uk/help-around-a-death/about-bereavement.aspx>

Who have you involved, consulted, and engaged?

Clinical Commissioning Group Commissioners (CCG’s)

Public Health Commissioners

People with lived experience

Providers of similar services such as Cruse, Pete’s Dragon and Listening Ear

Main Stakeholders:

Children, young people, and young adults.

Schools and Youth services across Kent and Medway

GP practices and secondary care mental health services i.e. NELFT and KMPT.

Kent County Council and Medway Unitary Authority statutory and commissioned services.

Voluntary and community service (VCS) partners delivering crisis and other commissioned services across Kent and Medway

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This document is available in other formats, Please contact
Laura.bush@kent.gov.uk or telephone on 03000 411239

Appendix B- EQIA Specialist Bereavement Service for under 25-year-olds

Analysis

Ensuring a flexible service will be important in allowing more children and young people to access support. Promoting widely and using a joined-up approach with similar organisations will give more people the opportunity to access the service from a wide range of groups across Kent & Medway. Signposting will also be important to ensure that children and young people are receiving the most appropriate support. There is also a need to work together with the Support Service for People Bereaved by Suicide (all ages) which is being procured within the same tender as this service, in order to signpost people where appropriate.

Adverse Impact

It is not felt that any protected group will be impacted negatively. However, there may be some groups which are less likely than others to access the service. This may include young children who are unable to understand the bereavement due to their age. There could also be a medium impact where some religious and cultural beliefs condemn or look negatively on suicide which may act as a barrier for some accessing this type of specialised support. There may also be a low impact where people with learning difficulties may struggle to express their grief.

Positive Impact

The service will be designed to be flexible so that service users receive the practical and emotional support depending on the needs of the individual or group being supported. There will also be a responsibility to signpost to other appropriate services where needed, such as Support Service for People Bereaved by Suicide (all ages).

JUDGEMENT

- **No major change** - no potential for discrimination and all opportunities to promote equality have been taken

Internal Action Required ~~YES/NO~~

There is potential for adverse impact on particular groups and we have found scope to improve the proposal.

Appendix B- EQIA Specialist Bereavement Service for under 25-year-olds

Equality Impact Analysis/Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
Age	Children may not have the capacity to understand the bereavement	This service will be offered to those aged between pre-school age (3 ½) to 25 years old (up until 26 th birthday) and aim to provide specialist evidence-based bereavement support where there has previously been a gap in this type of provision. The support aims to allow children and young people the ability to access specialist support at the time when they most need it.	N/A	N/A	N/A	N/A
Disability	Difficulties in expressing grief	The service adopts a flexible and accessible	N/A	N/A	N/A	N/A

Appendix B- EQIA Specialist Bereavement Service for under 25-year-olds

		approach to people's needs.				
Sex	Young males and females expressing grief differently	Clear referral pathways through health routes such as paediatricians and GPs offering safe and private spaces to express emotions and therefore ensuring that those who need the support will have access at the time they need it.	N/A	N/A	N/A	N/A
Religion and Belief	Religious or cultural beliefs condemning some types of bereavement such as bereavement by suicide	This service is not specific to bereavement by suicide and could therefore be accessed whilst avoiding the stigma directly associated to the manner of death.	N/A	N/A	N/A	N/A

Appendix B- EQIA Specialist Bereavement Service for under 25-year-olds

Have the actions been included in your business/ service plan?

Yes/No

Review will be undertaken as necessary during the course of the contract.

Appendix

Not Used

Please forward a final signed electronic copy and Word version to the Equality Team by emailing diversityinfo@kent.gov.uk

If the activity will be subject to a Cabinet decision, the EqIA must be submitted to committee services along with the relevant Cabinet report. Your EqIA should also be published.

The original signed hard copy and electronic copy should be kept with your team for audit purposes.

Appendix B- EQIA Specialist Bereavement Service for under 25-year-olds

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Appendix C: EQIA- Support Service for People Bereaved by Suicide

Please read the guidance before completing this form. Please delete all the instructions in red. Remember this is a public document and needs to be clear about how any proposal will impact on an individual.

Kent County Council Equality Analysis/ Impact Assessment (EqIA)

Directorate/ Service: Strategic Commissioning – Public Health

Name of decision, policy, procedure, project or service: A Support Service for People Bereaved by Suicide (all ages)

Responsible Owner/ Senior Officer: Tim Woodhouse

Version: 1.2 (23.Dec.2020)

Author: Francesca Clark/Tim Woodhouse

Pathway of Equality Analysis: Div.MT

Summary and recommendations of equality analysis/impact assessment.

Context

KCC is seeking to procure a support service for people of all ages bereaved by suicide across Kent & Medway. The service will ensure people bereaved by suicide receive the practical and emotional support they need and reduce the potential for ongoing suffering and distress. This service may also contribute to keeping vulnerable families out of crisis and more children and young people out of long-term care provision.

Currently, there is no dedicated service for people bereaved by suicide in Kent or Medway. However, there are a small number of peer support groups delivered through Survivors of Bereavement by Suicide (SOBS) branches and some generic bereavement services are available from the Voluntary and Community Sector. The Help is At Hand guidance document is also promoted by some partners.

“Providing better information and support to those bereaved by suicide” is a priority within the Kent and Medway 2015-2020 Suicide Prevention Strategy and is also included as a priority in the draft 2021-2025 Strategy. Kent and Medway CCG and the Kent and Medway Suicide Prevention Programme have secured funding from NHS England to provide a support service for people bereaved by suicide and are working collectively with Kent County Council (KCC) to commission this service.

Bereavement is a natural part of human experience but can be intensely painful and negatively impact on physical and mental health (Selman et al 2020). Family members, particularly parents and spouses or partners, are thought to be the most vulnerable groups following a suicide, but there are also risks for wider family, friends, colleagues, and the community. The number of people affected is concerning given the recognised potential for suicide contagion – where a suicide influences suicidal ideation in others.

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Appendix C: EQIA- Support Service for People Bereaved by Suicide

Not everyone is impacted in the same way, but research shows that people who lose family members or close friends to suicide maybe at higher risk of mental illness and in some cases consider suicide themselves.

Recent research further shows that people who have been bereaved by suicide need a combination of practical and emotional support. Being confronted by police, coroner officials and possibly even the media, when you are in deep shock and grief is very difficult. The aim of this Service is to help family and friends both in the initial days and weeks after the death, as well as signposting support for people who have been bereaved by suicide in previous years.

In 2019 there were 176 coroner registered deaths by suicide in Kent and Medway. It should also be noted that the specification for this service is being prepared during the Covid-19 pandemic, and the full impact of coronavirus and the associated economic and social distancing measures on the mental health of the population are as yet unknown.

The design of this service has been informed by a range of research and engagement projects which collected and collated the views of people with lived experience.

In 2019, the Suicide Prevention Programme commissioned a local research company, Perpetuity Research, to explore the experiences of people in Kent who have been bereaved by suicide, with a view to informing the specification for this new service. This research has now been completed and the Exec Summary is embedded in Appendix A. The full 90 page detailed report is available on request.

Using this research, and by examining support services from elsewhere in the country, a small working group (made up of commissioners, people with lived experience, the CCG, public health and charities) developed a draft specification for the new service.

The draft specification formed the basis of a workshop (hosted by Medway Council Oct 9th) where a wider group of stakeholders and potential providers reviewed and commented on the proposals.

In November 2020 a Market Engagement event was held with a number of potential suppliers to refine the specification and ensure that lessons were learnt from the experiences from services elsewhere in the country.

The specification for the service was also informed by “*From hope to grief*” (<http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/fromgriefftohope/>) which is the largest studies of suicide bereavement either the UK or internationally.

Aims and Objectives

The service will ensure people bereaved by suicide receive the practical and emotional support they need and reduce the potential for ongoing suffering and distress.

The objectives of the new service include:

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- Ensuring that 100% of families newly bereaved by suicide (and who give their permission to be contacted by the service) are offered a flexible menu of practical and emotional support options within 72 hours of being bereaved
- Ensuring that families are offered varying levels of support depending on how much time has passed since the death and their perceived need.
- Ensuring that friends, colleagues, witnesses, and other people affected by a suicide have access to a range of appropriate support, guidance, and advice
- Ensuring professionals who are working to support people bereaved by suicide have access to appropriate training, support, guidance, and advice

Some of the anticipated population outcomes include:

- Increase numbers of people accessing support including information, advice and sign posting
- Increase number of people self-caring following a period of enablement through the short term recovery service
- Increase access to early intervention services
- Increase number of people being supported to achieve emotional wellbeing
- Reduce stigma and discrimination
- Increase levels and models of mutual/peer support

Service User outcomes include:

- Improved emotional wellbeing as measured by evidence based tools for example, WEMWEBs (or equivalent scale)
- Feel satisfied with service delivery
- Feel supported during Police and Coroner investigations and Coroner's Inquest
- Access a wide range of opportunities to support their personal recovery

The three main cohorts of people that the Service needs to support are outlined below:

1. **Cohort 1 - Close family members** of an individual who has died recently (up to a year ago). This will usually mean partners, spouses, parents, children, and siblings, but in some circumstances could include cousins, grand-parents, grand-children, aunts, uncles, nieces, and nephews.
2. **Cohort 2 - Friends, colleagues, witnesses, and other people** affected by a recent suicide, or close family members who died over a year ago.
3. **Cohort 3 - People who are working to support**, or who are spending time with, people bereaved by suicide (this is likely to include GPs, teachers and social workers etc, but could also include individuals in community organisations such as sports clubs, charities etc where the bereaved individual spends time).

It is anticipated that the majority of resource will be directed towards Cohort 1.

Summary of equality impact

It is not anticipated that this new service will impact any protected group negatively, however ongoing monitoring and outreach will be required to ensure that all protected groups benefit as much as possible.

Currently, there is no dedicated service for people bereaved by suicide in Kent or Medway. As mentioned above, there are a small number of peer support groups

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delivered through Survivors of Bereavement by Suicide (SOBS) branches and some generic bereavement services are available from the Voluntary and Community Sector. The Help is At Hand guidance document is also promoted by some partners. The new service will allow people to access specialist support specific to bereavement by suicide and receive the practical and emotional support they need to reduce the potential for ongoing suffering and distress.

The service will be available to people of all ages affected by bereavement through suicide and include a flexible menu of practical and emotional support depending on the needs of the individual or group being supported. People across Kent & Medway affected by a suicide will have access to a range of appropriate support, guidance, and advice through this service. It will aim to increase the number of people accessing this type of service where needed, and also reduce the stigma and discrimination that can exist around suicide.

There may be some groups of people who will be reluctant or potentially unable to access this type of service due to the stigma that exists around suicide. This may be in relation to some religious or cultural beliefs, and potentially in views held by some older age groups. There may also be issues with children being unable to understand a bereavement, particularly one by suicide which is often more complicated due to their young age. People with learning difficulties may also have problems in expressing their grief and so are assumed by others not to be grieving. There may (as a result) be assumptions made wrongly that this type of support is not needed in some instances.

Adverse Equality Impact Rating **Low** /~~Medium~~ /~~High~~

Attestation

I have read and paid due regard to the Equality Analysis/Impact Assessment concerning the procurement of a Suicide Bereavement service for all ages. I agree with risk rating and the actions to mitigate any adverse impact(s) that has /have been identified.

Head of Service

Signed: _____ Name:

Job Title: _____ Date:

DMT Member

Signed:  Name: Jessica Mookherjee

Job Title: Consultant in Public Health Date: 27 January 2021

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Part 1 Screening

Could this policy, procedure, project or service, or any proposed changes to it, affect any Protected Group (listed below) less favourably (negatively) than others in Kent?

Age – Some older people may remember when suicide was illegal in England and Wales (decriminalised in 1961). They may still feel a stigma attached to suicide which would prevent them from accessing this service. On the other end of the spectrum, children may not be old enough to understand a bereavement, particularly one by suicide which is arguably more complicated than other types of bereavement.

Disability – People with learning difficulties may not be able to express their grief in a way that is recognised as “normal”. They may be assumed to not be grieving and therefore not needed this type of support.

Religion and Belief – Some religions and cultures are strongly opposed to suicide such as Islam, Hinduism, and some Christian sects. There is a long history of religious beliefs being opposed to suicide and so that stigma which still exists may prevent people connected with the deceased from accessing this type of service. Grieving for someone who has committed suicide for religious families and friends may pose a number of challenges relating to this stigma.

Could this policy, procedure, project or service promote equal opportunities for this group?

Age – This service is available to people of all ages affected by a bereavement through suicide. If a child is unable to benefit from this service then the provider will signpost to other specialist services or partner agencies which would be more appropriate, such as specialist bereavement services for children and young people.

Disability - The service will include a flexible menu of practical and emotional support that can be tailored to the needs of those needing support.

Religion and Belief – If accessing this type of support specific to suicide bereavement will cause problems for a family, group or individuals due to religious or cultural beliefs then other bereavement service can be signposted that may be more appropriate.

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Protected Group	Please provide a <u>brief</u> commentary on your findings. Fuller analysis should be undertaken in Part 2.			
	High negative impact EqIA	Medium negative impact Screen	Low negative impact Evidence	High/Medium/Low Positive Impact Evidence
Age			Views on suicide held by different age groups may differ. This may impact on their willingness to access the service, or their belief that they would have a need for this type of support. For example, some older people may remember when suicide was a criminal offence (before 1961) and may therefore feel a deeper sense of stigma attached to a death by suicide. A child's level of understanding will partly depend on their age. This may be the first bereavement that they have	The service is available to people of all ages across Kent & Medway. Children under the age of 18 are able to access the service at a level depending on their need. The service will adopt a person/family centred approach to provide flexible levels of support to meet the needs of the bereaved persons. It will include a flexible menu of practical and emotional support that can be tailored to the needs of different age groups. Where appropriate individuals will be signposted to other partner organisations or specialist services who may be better equipped to

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			experienced, and it may take time to understand fully the cause of death.	deal with an individuals needs such as specialist bereavement service for children, young people, and young adults.
Disability			People with learning difficulties may not be able to express their grief in the usual and expected ways which may lead others around them to assume that they are not grieving and may not need support.	Clear referral pathways, for example through health routes such as paediatricians and GPs may have a positive impact on those with a disability as they are more likely to be in contact with a health professional who may direct them to the service. The service will include a flexible menu of practical and emotional support that can be tailored to the needs of those who are being supported.
Sex			We have found no evidence to suggest that this protected group will be impacted less favourably than others. The service will continue to be offered	

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			to both males and females	
Gender identity/ Transgender			We have found no evidence to suggest that this protected group will be impacted less favourably than others. The service will continue to be offered to all gender identities.	
Race			We have found no evidence to suggest that this protected group will be impacted less favourably than others. The service will continue to be offered to all races. Translation programmes may be used for those who do not speak English as a first language.	
Religion and Belief		Some cultures and faiths hold strong views on suicide that may complicate the grieving process and accessing support for		

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		those bereaved by suicide. For example, some religions forbid suicide or perceive it as a sin/going against their beliefs. People attached to the deceased may feel excluded from their community, faith groups and therefore unable to access services due to the stigma.		
Sexual Orientation			We have found no evidence to suggest that this protected group will be impacted less favourably than others.	
Pregnancy and Maternity			We have found no evidence to suggest that this protected group will be impacted less favourably than others.	
Marriage and Civil Partnerships			We have found no evidence to suggest that this protected	

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			group will be impacted less favourably than others.	
Carer's Responsibilities			We have found no evidence to suggest that this protected group will be impacted less favourably than others.	Those with carer's responsibilities may be encouraged to access the service via health professionals they interact with such as GPs. Therefore, focusing on promoting the service via health as well as Kent Police, Coroners and KCC Public Health may have a positive impact on this cohort.

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Part 2

Equality Analysis /Impact Assessment

Protected groups

The stigma that has surrounded suicide has a very long history. “Self-murder” became a crime under common law in England in the mid-13th century, though it had been condemned by the church for far longer. It was not until 1961 and within living memory of some that suicide or attempted suicide were decriminalised in England and Wales. It is believed that views began changing towards suicide during the 18th century due to factors such as the increasing secularisation of society and the emergence of the medical profession. The Suicide Act 1961 legally decriminalised suicide in England and Wales. As such, some age groups will remember suicide being illegal and may still feel some level of stigma attached to it. This may become a barrier to them not only dealing with their grief relating to the bereavement by suicide, but also in accessing appropriate services for support.

On the other end of the spectrum, a child’s age may cause a barrier for them accessing this type of service due to their level of understanding. Bereavement is a common childhood experience, with around 3.5% to 5% of young people in the United Kingdom bereaved of a parent by age 16 (Fauth, Thompson, & Penny, 2009; Parsons, 2011). Some studies suggest that around three-quarters of young people experience bereavement in their wider family or social network by age 16 (Harrison & Harrington, 2001).

A bereavement by suicide brings up more complicated issues, feelings, and dynamics than other types of bereavement which younger children may not have the capacity to understand. The way children and young people show grief is different to adults and specialist support may be required to assist in processing the death. Where appropriate this service will signpost individuals to other partner organisations or specialist services who may be better equipped to deal with an individual’s needs such as specialist bereavement service for children, young people and young adults.

In terms of people with a disability such as learning difficulties, their need for this type of service may be missed or misunderstood given that they may not be able to express their grief in a conventional way. Relatives, carers or friends may assume that they are not grieving and therefore do not need any further support.

Other individuals may not access this service for reasons relating to religious or cultural beliefs. Some religions and cultures are strongly opposed to suicide such as Islam, Hinduism, and some Christian sects. There is a long history of religious beliefs being opposed to suicide and so that stigma which still exists may prevent people connected with the deceased from accessing this type of service. Grieving for someone who has committed suicide for religious families and friends may pose a number of challenges relating to this stigma.

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Information and Data used to carry out your assessment

2019/20 Saving Lives Innovation Fund - a report 'Understanding the experiences and needs of people bereaved by suicide in Kent and Medway' was prepared by Perpetuity Research. This detailed report highlighted the need for a specific service or provision for people bereaved by suicide and discussed some of the features that the provision may need.

During the summer of 2020, a small working group (made up of people with lived experience, Public Health and CCG Commissioners) developed a set of questions to inform the development of this Service. These questions were then considered by approximately 30 stakeholders during a half-day online workshop hosted by Medway Council in October 2020.

Help is at Hand

<https://www.nhs.uk/Livewell/Suicide/Documents/Help%20is%20at%20Hand.pdf>

SOBS

https://uksobs.org/about/why-we-exist/?doing_wp_cron=1608114705.5180881023406982421875

The specification for the service was also informed by "*From hope to grief*" (<http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/fromgriefftohope/>) which is the largest studies of suicide bereavement either the UK or internationally.

Who have you involved consulted and engaged?

Clinical Commissioning Group Commissioners (CCG's)

Public Health Commissioners

People with lived experience

Providers of similar services such as Cruse, Listening Ear and Victim Support

Kent and Medway Suicide Prevention Steering Group (made up of over 130 individuals, charities and agencies)

Analysis

Ensuring a flexible service will be important in allowing more people to access support. Promoting widely and using a joined-up approach with organisations such as the Kent Police and Coroners will give more people the opportunity to access the service from a wide range of groups across Kent & Medway.

Signposting will also be important to make sure that people are receiving the most appropriate support which may help when some groups hold negative views on suicide and would therefore not access a specialised suicide bereavement service, but may access another more general bereavement service.

Adverse Impact

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It is not felt that any protected group will be impacted negatively. However, it there may be some groups which are less likely than others to access the service. This may include some age groups such as older people who feel here is a stigma around suicide, or young children who are unable to understand the bereavement due to their age. There could also be a medium impact where some religious and cultural beliefs condemn or look negatively on suicide which may act as a barrier for some accessing this type of specialised support. There may also be a low impact where people with learning difficulties may struggle to express their grief.

Positive Impact:

Disability - Promoting the service via health professionals may positively impact those with a disability by making them more aware of the service.

Age – the service is available to people of all ages in Kent & Medway.

Carer's responsibilities: Promoting the service via health professionals may positively impact this cohort

The service will be designed to be flexible so that service users receive the practical and emotional support depending on the needs of the individual or group being supported. There will also be a responsibility to signpost to there appropriate services where needed, such as specialist bereavement services for children and young people.

JUDGEMENT

- **No major change** - no potential for discrimination and all opportunities to promote equality have been taken

Internal Action Required **YES/NO**

Appendix C: EQIA- Support Service for People Bereaved by Suicide

Equality Impact Analysis/Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
Age	Older individuals may still feel a stigma attached to suicide Children may not have the capacity to understand the bereavement by suicide	Signposting to other appropriate bereavement services/partner agencies Signposting to specialist bereavement services/partner agencies for children and young people	The expectation on the provider to signpost people where appropriate to other specialist services/partner agencies is written into the service specification	N/A	N/A	N/A
Disability	Difficulties in expressing grief	The three cohorts which the service aims to support (mentioned above) will consider all those who have been affected by or are connected	N/A	N/A	N/A	N/A

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		to the bereavement irrespective of any disability. The service adopts a flexible approach to people's needs.				
Religion and Belief	Religious or cultural beliefs condemning suicide	Can access other bereavement services that are not specific to suicide therefore avoiding the stigma directly associated to the manner of death	N/A	N/A	N/A	N/A

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Have the actions been included in your business/ service plan?

Yes

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Appendix A

Please include relevant data sets

A summary of the research by Perpetuity Research into the Needs of People Bereaved by Suicide in Kent and Medway can be found [here](#).

Please forward a final signed electronic copy and Word version to the Equality Team by emailing diversityinfo@kent.gov.uk

If the activity will be subject to a Cabinet decision, the EqIA must be submitted to committee services along with the relevant Cabinet report. Your EqIA should also be published .

The original signed hard copy and electronic copy should be kept with your team for audit purposes.

From: Benjamin Watts, General Counsel

To: Health Reform and Public Health Cabinet Committee – 10 March 2021

Subject: **Work Programme 2021/22**

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 2021/22.

- 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 2021/22**
 - 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 2021/22.

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.

30 JUNE 2021
<ul style="list-style-type: none"> • <i>Verbal Updates</i> • <i>Response, restart and recovery – Substance misuse Work Programme</i> • <i>Public Health Performance Dashboard</i> • <i>Update on Public Health Campaigns/Communications</i> • <i>Health Inequalities – annual</i>
30 June 2021
8 September 2021
19 November 2021
20 January 2022 – 2.00 pm
9 March 2022
9 June 2022

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 • 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