

**HEALTH REFORM AND PUBLIC HEALTH CABINET
COMMITTEE**

Wednesday, 23rd November, 2022

10.00 am

Online



AGENDA

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Wednesday, 23 November 2022 at 10.00 am
Online

Ask for: **Katy Reynolds**
Telephone: **03000 422252**

Membership (16)

Conservative (12): Mr A Kennedy (Chairman), Mr N Baker (Vice-Chairman),
Mr D Beaney, Mrs P T Cole, Mr P Cole, Ms S Hamilton,
Mr D Jeffrey, Mr J Meade, Mr D Ross, Mr S Webb, Ms L Wright and
Mrs L Parfitt-Reid

Labour (2): Ms K Constantine and Mr B H Lewis

Liberal Democrat (1): Mr D S Daley

Green and
Independent (1): Mr P Harman

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

- 1 Introduction/Webcast announcement
- 2 Apologies and Substitutes
To receive apologies for absence and notification of any substitutes present
- 3 Declarations of Interest by Members in items on the agenda
To receive any declarations of interest made by Members in relation to any matter on the agenda. Members are reminded to specify the agenda item number to which their interest refers and the nature of the interest being declared
- 4 Minutes of the meeting held on 20 September 2022 (Pages 1 - 8)
To consider and approve the minutes as a correct record.
- 5 Verbal updates by Cabinet Member and Director
- 6 Decisions taken outside of the Cabinet Committee Meeting Cycle – 22/00094
Family Hub Transformation (Pages 9 - 12)
- 7 Public Health Annual Quality Report for 2021/22 (Pages 13 - 20)

8 Work Programme (Pages 21 - 26)

EXEMPT ITEMS

(At the time of preparing the agenda, there were no exempt items / During any such items which may arise the meeting is likely NOT to be open to the public)

Benjamin Watts
General Counsel
03000 416814

Tuesday, 15 November 2022

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 Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 20 September 2022.

PRESENT: Mr A Kennedy (Chairman), Mr N Baker (Vice-Chairman), Mrs P T Cole, Ms K Constantine, Mr D S Daley, Ms S Hamilton, Mr P M Harman, Mr J Meade, Mr D Ross, Mr S Webb, Ms L Wright, Mr P Cole (Substitute) and Dr L Sullivan (Substitute)

ALSO PRESENT: Mrs C Bell and Mr Matt Capper (Director of Transition, NHS Kent and Medway Integrated Care Board)

IN ATTENDANCE: Dr A Ghosh (Director of Public Health), Ms C Holden (Interim Head of Strategic Commissioning, Public Health), Mr M Wellard (Senior Commissioner), Mr T Woodhouse (Suicide Prevention Programme Manager, Public Health) and Ms K Reynolds (Democratic Services Officer)

UNRESTRICTED ITEMS

215. Apologies and Substitutes
(Item 2)

Apologies for absence had been received from Mr Jeffrey and Mr Lewis, for whom Mr Cole and Dr Sullivan were present as substitutes.

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

In relation to agenda item 10, Mr Meade declared that he was Chairman of the Gravesham Street Pastors Charity.

217. Minutes of the meeting held on 12 July 2022
(Item 4)

It was RESOLVED that the minutes of the meeting of the Health Reform and Public Health Cabinet Committee held on 12 July 2022 were correctly recorded and that they be signed by the Chair.

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

1. The Cabinet Member for Adult Social Care and Public Health, Mrs Clair Bell, gave a verbal update on the following:
 - a) The Kent Drug and Alcohol Strategy 2023-28 public consultation, available at <https://letstalk.kent.gov.uk/drugandalcoholstrategy>, was open from the 6th of September 2022 until the 31st of October 2022. Kent residents were encouraged to share their experiences and views of local drug and alcohol services to help shape the new five-year strategy. The strategy was owned and overseen by the Kent Substance Misuse Alliance, a partnership of key organisations including councils, Kent Police, and emergency services. The strategy would build on the successes of the previous strategy and aimed to tackle drug and alcohol misuse through prevention, treatment and recovery, and community safety. The 13 strategic priorities in the strategy were informed by local needs and were also aligned with the national drug strategy: 'From Harm to Hope'. It was said that while self-reported weekly consumption of alcohol had declined significantly in the younger age groups in Kent, it had increased for those 45 years or older. Illicit drug misuse continued to be a key issue in Kent and self-reported illicit drug use has increased in the 25-29 age category.
 - b) World Suicide Prevention Day had taken place on 10th September 2022. Mid-Kent Mind, a Maidstone based mental health charity part-funded by Kent County Council, urged people on this day to access free suicide prevention and awareness training. Further training dates had been launched and further information was available on the website - <https://www.maidstonemind.org/mid-kent-mind-home/>. Mid-Kent Mind was launching a video to encourage people to think about the steps that could be taken to support someone who may be feeling suicidal. This followed partnerships in educational, commercial, and voluntary settings. Members and the public were reminded of help available in Kent, including the Release the Pressure helpline (0800 107 0160) and the mental health text service which was available through texting the word 'Kent' to 85258. Further information about Release the Pressure was available at: <https://www.kent.gov.uk/social-care-and-health/health/release-the-pressure>.
2. Dr Anjan Ghosh, Director of Public Health, gave a verbal update and presentation on the following:
 - a) It was said that the COVID-19 baseline was low. The ONS infection survey indicated a prevalence of 1.1% for South East England. Whilst there were limited data sources because testing had stopped in most settings, Public Health observed the ONS survey data for any change in direction of trend. Case rates remained highest in persons over 50, however, the start of term had resulted in the accelerated increase of case rates for primary school aged children. Care homes and hospitals continued to have a low and stable trend. Modelling suggested a surge in COVID-19 cases towards the end of November or early December. Additionally, the Australian example suggested the potential of a 'Twindemic' of flu and COVID-19 this winter. In light of this, there was an anticipated challenge for business continuity. There was an agreed a set of escalation triggers for seeking enhanced advice regarding business continuity.

- b) The Integrated Care System formally came into operation on the 1st of July 2022. It was a statutory requirement of the Integrated Care Partnership to develop a Kent and Medway Integrated Care Strategy. The initial strategy needed to be published by December 2022. It was said that the strategy had a strong emphasis on evidence-based priorities drawn from strategic needs assessments and local strategies. The focus of the strategy was on improving public health, reducing disparities and improving wellbeing. Public Health had a role in providing input on disparities in health and social care, population health and prevention, health protection, needs across life course, research and innovation, and wider determinants. The Kent Public Health Strategy, in the context of the Kent and Medway Integrated Care Strategy, would set out the Public Health priorities and actions to be carried out in Kent.
- c) In response to questions from Members it was said:
 - i) Dr Ghosh would report back to Members on the COVID-19 figures compared to same quarter in previous year. Dr Ghosh would also provide the Committee with an update on the uptake of the COVID-19 autumn booster.
 - ii) It was said that the Kent Public Health Strategy would take the national NHS England and NHS Improvement Core20PLUS5 approach to reducing health inequalities. The approach defines a target population cohort – the most deprived 20% of the national population – and five clinical areas requiring accelerated improvement. The Kent strategy would also include the consideration of additional areas such as addiction and obesity.
 - iii) Ms Constantine requested that an item on the Public Health implications of the proposed air-cargo hub at Manston Airport be brought to a future meeting of the Committee.
 - iv) Members were assured that ongoing work was being carried out by the Public Health team to address health inequalities and other priorities identified in the strategies. The activity of the services would not be postponed until the implementation of the strategies.

3. RESOLVED to note the verbal updates.

219. Risk Management report (with RAG ratings)
(Item 6)

- 1. Dr Ghosh introduced the paper which presented the strategic risks relating to health reform and public health that featured on either Kent County Council's (KCC) Corporate Risk Register or the Public Health risk register. The paper also explained the management process for review of key risks. Members were advised that this item would be presented to the Committee on an annual basis going forward. Any exceptions would be brought to the Committee for their consideration at the next appropriate meeting date.
- 2. It was highlighted that since the last risk report, the Public Health Divisional risk register has been moved out of Strategic and Corporate Services into Adult Social Care and Health in line with Public Health's reporting structure. It was also said that following a review, certain risks had been withdrawn or combined since the last report. These included 'PH0100 – Covid-19 non delivery of Public Health services and functions'; 'PH0104 – Inequitable Access to health improvement services' which had been merged into the 'PH0005 Health inequalities'; 'PH 0116 – Asymptomatic Testing programme' and 'PH0118 Covid funded programmes'.

3. In response to questions from Members it was said that:
 - a) If any of the reporting criteria varied by 10%, the report would be brought to the Committee for discussion.
 - b) With regard to 'PH0090 – Difficulties in recruiting and retaining nursing staff', it was said that the Integrated Care Strategy had a chapter on workforce which aimed to address these issues from the NHS and Integrated Care Board points of view. Issues of workplace wellbeing would be addressed through the new Kent Public Health Strategy.
 - c) The Public Health Team were in the process of reviewing the risk register to ensure that the risks were in line with the current circumstances faced by the Council. This review would take into account Members' comments regarding the lack of reference to prevention work as a control or action in the risk register.
 - d) It was said that the target risk for 'PH0005 – Health Inequalities' was ambitious for the target date of 29th December 2023, and that the Public Health Team would moderate this target in line with the five-to-ten-year expectations. Members expressed concern regarding the link between health inequalities and housing. It was said that the responsibility for public housing provision sat with district councils. However, Dr Ghosh had been in contact with district councils who had expressed an interest in improving the quality of housing provision within the context of the cost-of-living crisis.
4. RESOLVED to consider and comment on the risks presented in appendices 1 and 2 and to agree the change in reporting timescales for this item.

220. Integrated Care System update *(Item 7)*

1. Matt Capper, Director of Transition for the NHS Kent and Medway Integrated Care Board (ICB), introduced the paper which provided an update on developments of the Kent and Medway Integrated Care System following the Health and Care Act being passed by Parliament in 2022. It was highlighted that the new ICB was not the same as the organisations that preceded it. In particular, the ICB had greater delegated authority to oversee assurance and performance of providers and Health and Care Partnerships (H&CPs).
2. In response to questions from Members it was said that:
 - a) The Kent and Medway People Committee were meeting in September 2022 and would provide assurance to the ICB regarding delivery of local, regional, and national workforce priorities, plus assurances around delivery of the five-year NHS workforce strategy and associated programmes.
 - b) Improving access to primary care was a key concern of the ICB and was being addressed through the implementation of the Kent and Medway GP Development plan and the development of a wider primary care strategy.
 - c) The non-executive members of the ICB had been recruited through a national recruitment campaign. These members came from varied backgrounds to provide different perspectives the commissioning, provision and expenditure of healthcare services. These were remunerated roles and members were appointed for a two- or three-year term to ensure a degree of continuity. Performance management criteria for these positions were in development.
 - d) Government guidance on integrated care systems outlined the continuing role for Health Overview and Scrutiny Committees (HOSCs) to review and

scrutinise matters relating to the planning, provision and operation of the health service in the area.

- e) Paul Bentley, the Chief Executive of the ICB, would be invited to speak to the Committee at a future meeting date.

3. RESOLVED to note the briefing prepared by the Executive Director of the NHS Kent and Medway Integrated Commissioning Board.

221. Public Health Performance Dashboard *(Item 8)*

1. Christy Holden, Interim Head of Strategic Commissioning (Public Health), provided an overview of the Key Performance Indicators (KPIs) for the Public Health commissioned services. It was highlighted that the report was the first to contain the revised indicators which had been previously noted by the Committee at the 17th May 2022 meeting. In the latest available quarter, April 2022 to June 2022, eight of 15 Key Performance Indicators were RAG rated Green, four Amber and three could not be RAG rated as the data was not available at the time the report was written.
2. In response to questions it was said that:
 - a) The health visiting service was delivered by the Kent Community Health Foundation Trust. The provider worked closely with colleagues in Integrated Children Services to deliver services through children's centres across Kent and to ensure the universal offer of health visiting provision. These centres had been closed during the pandemic and the service was currently in a period of recovery.
 - b) The targets and KPIs were reviewed with service providers on an annual basis in order to accurately reflect the activity and to encourage continuous improvement. The Commissioning Team were minded to introduce these revisions gradually as to avoid overstretching the services.
3. Resolved to note the performance of Public Health commissioned services in Q1 2022/2023.

222. Kent and Medway Listens Engagement Programme *(Item 9)*

1. Tim Woodhouse introduced the paper which provided a briefing on the Kent and Medway Listens engagement programme. The programme was the largest and deepest county-wide engagement exercise ever undertaken, focusing on the mental wellbeing of the population. The programme had initially been developed as a COVID-19 response piece to investigate how the pandemic had impacted the mental health of seldom heard communities. The aim was to hear the voices from communities and individuals who were unlikely to be known to any service in relation to their mental wellbeing. The 1356 individuals who participated in the in-depth conversations were from 57 different self-identified ethnicities and spoke 30 different first languages.
2. Members were shown five short videos titled: 'General Dispair', 'Bereavement', 'Long Covid', 'Money 1' and 'Money 2'. The videos, available to view at: <https://vimeo.com/user/18906734/folder/11232836>, outlined some of the issues raised by the participants.

3. In response to questions and comments from Members it was said that:
 - a) Members would be provided with an enhanced breakdown of the table under section 6.3 of the report. The table showed a selection of the organisations which had received microgrants through Community Chest funding and the activities and services they were able to deliver as a result.
 - b) The Better Mental Health Network (facilitated by the Suicide Prevention Concordat) would develop a Kent and Medway Better Mental Health action plan, based on the commitments from partner organisations.
 - c) In light of the information provided, Members agreed that there was an opportunity to support seldom heard and isolated groups. The Committee expressed an interest in examining how Members could best support mental health services, particularly through the Community Members Grant. The correct forum for this discussion would be established outside of the formal meeting.
 - d) Members congratulated Mr Woodhouse, his team, and the Volunteer and Community Sector partners across the four HCPs (Health and Care Partnerships) for the work carried out to deliver this engagement programme.
4. RESOLVED to consider the findings from Kent and Medway Listens and comment on how findings could influence the way Kent County Council designs and delivers services, and whether any specific actions could be taken.

223. 22/00083 - Young Persons Drug and Alcohol Service Contract

Extension

(Item 10)

1. Matt Wellard, Senior Commissioner, introduced the report which sought endorsement to extend the Young Persons Drug and Alcohol Service contract, which was due to end on 31 December 2022. The core outcome from a formal contract review undertaken by Public Health Commissioners was the recommendation to extend the contract by 15 months (until 31 March 2024). The original contract had provisions for the extension and the proposed extension was compliant with Public Contract Regulations 2015.
2. Resolved to consider and endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to:
 - I. APPROVE the extension of the contracted Young Persons Drug and Alcohol Service (contract number SS17033) with We Are With You for a period of fifteen months, from 1 January 2023 to 31 March 2024; and
 - II. DELEGATE authority to the Director of Public Health to take relevant actions, including but not limited to, entering into and finalising the terms of relevant contracts or other legal agreements, as necessary, to implement the decision.

224. Work Programme

(Item 11)

RESOLVED to note the work programme subject to the following additions and amendments:

- A report on Manston Airport & Public Health Implications be added as an item for consideration.

- Paul Bentley to be invited as a guest speaker to a future meeting of the Committee.
- 'Update Report on Gambling Addiction Interventions in Kent' be added to the January agenda.

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From: **Sue Chandler, Cabinet Member for Integrated Children's Services**

Sarah Hammond, Corporate Director of Children, Young People and Education

To: **Health Reform and Public Health Cabinet Committee – 23 November 2022**

Subject: **DECISIONS TAKEN OUTSIDE OF THE CABINET COMMITTEE MEETING CYCLE**

Decision Number and Title – **22/00094 Family Hubs**

Classification: **Unrestricted**

FOR INFORMATION ONLY

Summary: The attached decision was taken between meetings as it could not reasonably be deferred to the next programme meeting of the Cabinet Committee for the reason set out below.

Recommendation(s):

The Cabinet Committee is asked to NOTE that the following decision has been taken in accordance with the process as set out in Part 2 paragraph 12.35 of the Constitution:

22/00094 – Family Hub Model in Kent

<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2651>

1. Introduction

- 1.1 Set in accordance with the Council's governance arrangements, all Significant or Key Decisions must be listed in the Forward Plan of Key Decisions and should be submitted to the relevant Cabinet Committee for endorsement or recommendation prior to the decision being taken by the Cabinet Member or Cabinet.
- 1.2 For the reason set out below it has not been possible for this decision to be discussed by the Cabinet Committee prior to being taken by the Cabinet Member or Cabinet. Therefore, in accordance with process as set out in Part 2 paragraph 12.35 of the Constitution, the following decision was taken and published to all Members of this Cabinet Committee and the Scrutiny Committee.

- 1.3 In addition, the Cabinet Member for Integrated Children's Services sent an email directly to the Opposition Group Leaders and Chairman of Scrutiny Committee outlining why this key decision needed to be taken in accordance with the process as set out in Part 2 paragraph 12.35 of the Constitution.

2 Decision

- 2.1 Kent County Council (KCC) is committed to delivering high quality services for babies, children, young people and families ensuring an extensive range of partner and community services are accessible across the county. KCC has a strong working relationship with statutory partners including Health.
- 2.2 Kent has been successful in the application for Family Hubs Transformation Funding to support the exploration, development and the design of the Family Hubs Framework Model in Kent.
- 2.3 Following written confirmation from the DfE that KCC had been selected to become a Family Hub Authority, Ms S. Chandler, The Lead Member for Integrated Children's Services, took a key decision on 14 October 2022 to accept the financial envelope and commence work to develop a Family Hub framework model for Kent.
- 2.4 As KCC has been selected as a Family Hub Authority and signed a Memorandum of Understanding declaring our intent to participate, we are now eligible to receive a national grant of up to £10m over the next 3 years, dependent on the specific proposals developed, exploration how the Family Hub Framework Model could work in Kent. More detailed work is now required to progress the development of formal proposals with partners and stakeholders.
- 2.5 We will need to consider how and where services are delivered: through fixed settings, outreach, virtual and digital interfaces, and/or face-to-face, to support vulnerable families in their own communities across Kent.
- 2.6 The funding will be used to transform the existing Open Access offer (Children's Centres and Youth services) into a developed 0-19 years Family Hub model including the creation of a partnership Family Hub model providing children, young people and families improved access to a wide range of services.
- 2.7 The programme is led by the Department for Education (DfE) in collaboration with the Department of Health and Social Care (DHSc) to ensure there is policy integration at national level to develop an enhanced multiagency partnership.
- 2.8 The accountability and responsibility sit within the CYPE Directorate, however there are overlaps with the Public Health and Community Services.

3 Background to the decision

- 3.1 In September 2020, Andrea Leadsom MP began a review into improving health and development outcomes for babies in England.

- 3.2 The review focused on support to families in the first 1,001 days of a child's life, 'Start for life system'. Within this review the development of family hubs were created as welcoming places for families to access these 'Start for life' services.
- 3.3 In March 2021, The Best Start for Life: a vision for the 1,001 critical days was published by the Department for Health and Social Care (DHSC) following the Early Years Healthy Development Review, chaired by Andrea Leadsom MP.
- 3.4 Family Hubs are at the heart of this vision for baby-centred services, designed to give every baby the best start for life.
- 3.5 The review focused on the period between conception (-9 months) and the age of two (the first 1,001 critical days) considering evidence gathered from a wide range of sources including virtual visits to areas, meetings with parents/carers, academics, practitioners, civil society organisations, representative bodies and many others.
- 3.6 The paper identified examples of good practice and circumstances where change was needed to make a real difference to the lives of parents, carers and babies. The Family Hub model extends the transformation of services from conception until the age of 19 (or 25 for young people with special educational needs and disabilities).
- 3.7 In October 2021, then Chancellor, Rishi Sunak, announced £301.75 million for children and families including £82 million to set up Family Hubs in 75 upper-tier local authorities.
- 3.8 In April 2022, it was announced that Kent was amongst the 75 Local Authorities set to receive government funding for Family Hubs. The DfE developed the selection criteria which targeted areas with the highest deprivation levels as part of the levelling up agenda and included geographical representation from rural to urban areas.
- 3.9 In August 2022, the transformation funding application process opened. Kent applied for Family Hubs Transformation Funding to support the exploration, development and the design of the Family Hubs Model in Kent. Our success in the application phase means that this funding could be utilised to support project team resource costs, engagement and coproduction activity costs, partnerships and coproduction and building development/refurbishment costs.
- 3.10 As part of the application process, Kent also applied for Trailblazer status and is awaiting a response from DfE regarding the Trailblazer application. The Trailblazer programme is dedicated to ensuring that a small number of Local Authorities (c.5) will be able to achieve the minimum standards for best practice more quickly than other Local Authorities.

4. Recommendation(s):

4.1 The Cabinet Committee is asked to NOTE that the following decision has been taken in accordance with the process as set out in Part 2 paragraph 12.35 of the Constitution:

22/00094 – Family Hub Model in Kent

<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2651>

5. Contact details

Report Author: Hema Birdi

Relevant Director: Stuart Collins

Job Title: Assistant Director,
Adolescents and Open Access (Eastern
Division)

Job title: Director Integrated Children
Services (Early Help Lead)

Telephone number: 03000 411407

Telephone number: 03000 410519

Email address: hema.birdi@kent.gov.uk

Email address:
stuart.collins@kent.gov.uk

From: Clair Bell, Cabinet Member for Adult Social Care and Public Health
Dr Anjan Ghosh Director of Public Health

To: Health Reform and Public Health Cabinet Committee
– 23 November 2022

Subject: **PUBLIC HEALTH ANNUAL QUALITY REPORT FOR 2021/2022**

Classification: Unrestricted

Past Pathway: None

Future Pathway: None

Summary: This report covers the year 2021 to 2022. It describes the characteristics that need to be in place for high quality public health services, the systems that are in place in Kent, it notes the learning from incidents and complaints and subsequent developments of services.

The key finding of the report is that there are systems and processes in place to promote safe effective services that provide a positive user experience. There are recommendations how to improve quality processes and integrate quality processes with the wider health and social care organisations of Kent and beyond.

Recommendation(s): The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the content of this report.

1. Introduction

- 1.1 This Public Health Quality Annual Report 2021-2022 provides an overview of the quality and governance processes and controls that are in place to deliver quality assurance of commissioned services.
- 1.2 The publication “Quality in Public Health: A Shared Responsibility 2019” produced by Public Health Systems Group for England states that certain characteristics need to be in place for high quality public health services. Figure 1 below shows how the key characteristics of high quality are central to well led and sustainable public health services.

Figure 1 Characteristics of High Quality Public Health Services



Soucre: Quality in Public Health a shared responsibility 2019

- 1.3 For users, services need three characteristics to be safe, effective and provide a positive experience. This means to deliver high quality services, commissioners and providers need to ensure that services have the following characteristics:
- Equity of access and usage: Providers and commissioners ensure equity of access and usage regardless of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy, and maternity or marital or civil partnership status
 - Well-led: Promoting a culture that is open, transparent, and committed to learning and improvement
 - Resourced sustainably: Resources are used responsibly, providing fair access.
- 1.4 Kent County Council (KCC) commissions public health services from NHS trusts, private providers and voluntary services. The same quality standards apply to all.
- 1.5 The main body of this report details what systems are in place to ensure that the above stated characteristics are in place during 2021-2022. It notes the learning from incidents and complaints and subsequent developments of services.
- 1.6 It should be noted that during the COVID-19 Pandemic staff from both KCC, the public health division and the provider services were diverted to delivery of pandemic services and maintenance of essential public health services. This means that a public health quality report was not produced for the year 2020 -

2021. It also meant that in that year and the early part of 2021-2022 certain aspects of the quality system were reduced or adapted. For example there was extensive work with the care sector during 2021/22 to support the system during the different stages of the COVID-19 pandemic. In the later part of 2021-2022 all parts of the quality system have been reinstated and business as usual has resumed.

2. Background

2.1 Ensuring quality of Public Health services is interwoven into the complete cycle of public health from needs assessment to delivery of services. Public Health consultants and specialists continue to have an involvement throughout the commissioning cycle. The processes, as set out below, describe what is in place to ensure quality services that are safe, effective and provide a positive user experience.

2.2 What is in place to promote quality of services?

2.2.1 Public Health services are commissioned in response to the findings of the statutory Joint Strategic Needs Assessment (JSNA) and additional specialist needs assessments. The quality of the JSNA is monitored by qualitative feedback from KCC partners, in particular NHS services.

2.2.2 Public Health consultants and specialists identify services required and work with the commissioners to write a specification for the required service. The specification includes required elements that ensure the quality of services, e.g., safeguarding requirements, qualifications of staff, compliance with national standards and guidance, submission of monitoring data.

2.2.3 Public Health commissioning has processes in place that facilitate the commissioning of services that are safe, effective and provide a positive experience for users. The procurement of every service follows the KCC policy 'Spending the Council's Money' which complies with current procurement legislation (Public Contracts Regulations 2015). Public Health commissioners also utilise KCC's commissioning standards templates which are formed from the government commercial college templates along with other information that promotes engagement of high-quality providers.

2.2.4 Public Health commissioners when drawing up a contract with a service ensure that as minimum that the service has the following and are in place:

- Safeguarding Children Policy (to include Child Sexual Exploitation, Criminal Exploitation of Children, Missing Persons, Radicalisation)
- Safeguarding Adults Policy (dependant on commissioned service)
- Equalities and Diversity Policy
- Health and Safety Policy
- Whistleblowing Policy
- Supervision and Performance Management Policy
- Governance/Clinical Governance
- Information Governance/Data Management
- Complaints (and complements)
- Incidents/Serious Incidents

2.2.5 The commissioners check each policy against a comprehensive set of criteria which ensure each of the policies are in date, regularly reviewed, follow the relevant guidance and standards, there are service leads, and that compliance is monitored.

2.2.6 During mobilisation of a newly commissioned service Public Health commissioners check that procedures stated in policies are in place.

2.3 What assurance is in place that quality services are being provided?

2.3.1 In the life of the contract each service has a named contract manager, who works closely with the service providers to monitor and facilitate delivery of quality services. Formal contract meetings take place throughout the contract, in which monitoring of the above policies and Key Performance Indicators (KPI) occurs. Incidents and difficulties are also discussed, and ways forward are agreed. This is evidenced in minutes of meetings and associated action plans.

2.3.2 In addition, there are governance meetings in place in which service user representatives, commissioners, Public Health consultants and specialists review processes and data to ensure quality. An example of a governance meeting is the drug and alcohol services prescribing governance meeting.

2.3.4 Consultants and or specialists also attend provider quality and safety meetings e.g. those of substance misuse providers.

2.3.5 Service provider contracts include the requirement to obtain service users' views and experiences of the service and to show how these are used to improve the provision of services. The contracts also include the requirement to audit specific activities at set frequencies. The results of both provider user surveys and audits are shared with Public Health and discussed at governance or contract meetings as appropriate.

2.3.6 Linked to the provision of quality and safety of services is work lead by others that Public Health staff contribute to e.g., child and adult safeguarding, child death overview panels, domestic homicide reviews, suicide prevention real time surveillance and Controlled Drug Local Intelligence Network.

3. **What is in place to learn, improve and develop services?**

3.1 Incidents

3.1.1 Serious incidents – Serious Incidents are an opportunity to learn, improve and develop services. Public Health has in place a system for reporting of serious incidents, reviewing, learning, and applying learning. This process, including the reporting facilities, was reviewed and improved in 2020. The process clearly defines the responsibilities of the public health consultants, contract managers, providers and commissioning and commercial assistants together with timelines for each step. The serious incident process links with the death in service process.

3.1.2 Public Health leads and chairs a serious incident learning panel renamed recently as the Kent Drug and Alcohol Death Partnership to reflect the multiagency membership of the group. Case studies of reported deaths are brought to the group and discussed openly resulting in suggestions of how improvements can be made.

3.2 Complaints, Compliments and Comments

3.2.1 Any complaints, compliments and comments about Public Health services received are dealt with by either the programme lead or commissioner who will liaise directly with the service it relates to. These are discussed at the relevant meetings; lessons are learnt, with any agreed actions implemented to improve services.

3.2.2 The table below details the number complaints, compliments and comments received during 2021/22

Case type	Total
Complaints: <ul style="list-style-type: none">• 53 x Assisted Testing Sites and other COVID-19 related matters• 2 x Sexual Health Services• 1 x Health Visiting Service	56
Comments	6
Compliments	18
Total Cases	80

3.3.3 Out of the total number complaints, eight were escalated and resolved at Stage 2 after further investigation.

3.3 Horizon scanning

3.3.1 Horizon scanning is an important part of maintaining safe and effective services. Public Health staff scan and read research publications, national guidance, finding from incidents in other areas etc. This ensures that services utilise best evidenced practice thus providing safe and effective services.

3.4 Networking

3.4.1 Networking is an important part of maintaining quality services and improving services in Kent by sharing others and our learning. KCC's Public Health division is an active member of many regional and national networks.

4. **Recommendations for improvement**

4.1 Public Health has many processes in place to ensure the quality of services but are not complacent. These processes could be improved by:

- Undertaking targeted audits of services,
- Conducting services user surveys or listening groups.
- Producing a clear map of all that is in place for all members of the public health team

- Strengthening the links with other local quality and serious incident groups to develop a system wide learning.
- Review and improve the complaints and compliments processes
- Strength the serious incident process to ensure a timely and holistic analysis of received reports.

5. Conclusions

- 5.1 The processes in place are working to ensure that the characteristics of high-quality Public Health services are delivered.
- 5.2 KCC's Public Health division is aware of improvements to quality processes that can be made and will work over the coming year to make these changes.
- 5.3 The changes to the Health and Care Act 2022, which have facilitated greater partnership working with the wider health and social care structure, provide opportunities for further development of joint quality processes.

6. Recommendations

<p>6.1 Recommendation(s) The Health Reform and Public Health Cabinet Committee is asked to CONSIDER and COMMENT the content of this report.</p>
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7. Background Documents

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809305/Quality_in_public_health_shared_responsibility_2019.pdf

8. Contact details

Report Author	Relevant Director
Sarah Leaver Pharmacist Public Health 03000 417879 sarah.leaver@kent.gov.uk	Dr Anjan Ghosh Director of Public Health 03000 412633 anjan.ghosh@kent.gov.uk

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From: Benjamin Watts, General Counsel

To: Health Reform and Public Health Cabinet Committee – 23 November 2022

Subject: Work Programme 2022/23

Classification: Unrestricted

Past and Future Pathway of Paper: Standard agenda item

Summary: This report gives details of the proposed work programme for the Health Reform and Public Health Cabinet Committee.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to consider and agree its Work Programme for 2022/23.

1. Introduction

- 1.1 The proposed work programme, appended to the report, has been compiled from items in the Future Executive Decision List and from actions identified during the meetings and at agenda setting meetings, in accordance with the Constitution.
- 1.2 Whilst the chairman, in consultation with the Cabinet Members, is responsible for the programme's fine tuning, this item gives all members of this Cabinet Committee the opportunity to suggest amendments and additional agenda items where appropriate.

2. Work Programme

- 2.1 The proposed work programme has been compiled from items in the Future Executive Decision List and from actions arising and from topics, within the remit of the functions of this cabinet committee, identified at the agenda setting meetings. Agenda setting meetings are held 6 weeks before a cabinet committee meeting, in accordance with the constitution.
- 2.2 The cabinet committee is requested to consider and note the items within the proposed Work Programme, set out in appendix A to this report, and to suggest any additional topics to be considered at future meetings, where appropriate.
- 2.3 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 to support more effective forward agenda planning and allow members to have oversight of significant service delivery decisions in advance.
- 2.4 When selecting future items, the cabinet committee should consider the contents of performance monitoring reports. Any 'for information' items will be

sent to members of the cabinet committee separately to the agenda and will not be discussed at the cabinet committee meetings.

3. Conclusion

- 3.1 It is vital for the cabinet committee process that the committee takes ownership of its work programme 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 for future items to be considered. This does not preclude members making requests to the chairman or the Democratic Services Officer between meetings, for consideration.

<p>4. Recommendation: The Health Reform and Public Health Cabinet Committee is asked to consider and agree its Work Programme for 2022/23.</p>

5. Background Documents: None

6. Contact details

Report Author:
Katy Reynolds
Democratic Services Officer
03000 422252
Katy.reynolds@kent.gov.uk

Lead Officer:
Benjamin Watts
General Counsel
03000 410466
benjamin.watts@kent.gov.uk

**HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE
WORK PROGRAMME**

Item	Cabinet Committee to receive item
Verbal Updates – Cabinet Member and Corporate Director	Standing Item
Work Programme 2021/22	Standing Item
Update on COVID-19	Temporary Standing Item
Public Health Strategy	Standing Item
Health Reform	Standing Item
Key Decision Items	
Performance Dashboard	January, March, July, September
Update on Public Health Campaigns/Communications	Biannually (January and July)
Draft Revenue and Capital Budget and MTFP	Annually (January)
Annual Report on Quality in Public Health, including Annual Complaints Report	Annually (November)
Risk Management report (with RAG ratings)	Annually (September)

2022/23

17 January 2023		
1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director (incorporating update on COVID-19)	Standing Item
6	Public Health Strategy	Standing Item
7	Health Reform	Standing Item
8	Update on Public Health Campaigns/Communications	Regular Item
9	Draft Revenue and Capital Budget and MTFP	Regular Item
10	Public Health Performance Dashboard – Quarter 2 2022/23	Regular Item
11	Health Check System Re-commission	Key Decision
12	Update Report on Gambling Addiction Interventions in Kent	Added by Mr Lewis at HRPH CC 20/01/2022
13	Work Programme	Standing Item

16 March 2023

1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Update on COVID-19	Temporary Standing Item
7	Public Health Strategy	Standing Item
8	Health Reform	Standing Item
9	Public Health Performance Dashboard – Quarter 3 2022/23	Regular Item
10	Work Programme	Standing Item

10 May 2023

1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Update on COVID-19	Temporary Standing Item
7	Public Health Strategy	Standing Item
8	Health Reform	Standing Item
9	Work Programme	Standing Item

11 July 2023

1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Update on COVID-19	Temporary Standing Item
7	Public Health Strategy	Standing Item
8	Health Reform	Standing Item
9	Public Health Performance Dashboard – Quarter 4 2022/23	Regular Item
10	Update on Public Health Campaigns/Communications	Regular Item
11	Work Programme	Standing Item

ITEMS FOR CONSIDERATION THAT HAVE NOT YET BEEN ALLOCATED TO A MEETING

Place-Based Health – Healthy New Towns

Lessons Learnt paper from Asymptomatic testing site – added at HRPB CC 20/01/2022

Mental Health for Younger People + Young Minds Presentation – added by Andrew Kennedy on 24/01/2022

NHS Health Check (dependent on the confirmation of national review)

Paul Bentley (ICB) as guest speaker – requested by Mr Kennedy on 20/09/22

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