HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Tuesday, 11th July, 2023

10.00 am

Council Chamber, Sessions House, County Hall, Maidstone

Kent County Council
kent.gov.uk

AGENDA

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Tuesday, 11 July 2023 at 10.00 am
Council Chamber, Sessions House, County Hall, Maidstone

Ask for: **Dominic Westhoff**
Telephone: **03000 412188**

Membership (17)

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, Mrs L Parfitt-Reid, Mr D Ross, Mr S Webb and Ms L Wright
Labour (2):	Ms K Constantine and Ms K Grehan
Liberal Democrat (1):	Vacancy
Green and Independent (2):	Peter Harmen and Jenni Hawkins

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 18 May 2023 (Pages 1 - 8)

To consider and approve the minutes as a correct record.

5 Verbal updates by Cabinet Member and Director

6 23/00032 - Kent Drug and Alcohol Contract Commissioning (Pages 9 - 32)

7 23/00062 - Long-Acting Reversible Contraception in Primary Care Service (Pages 33 - 52)

8 Performance of Public Health Commissioned Services (Quarter 4 2022/2023) (Pages 53 - 60)

9 Public Health Communications and Campaigns Update (Pages 61 - 66)

10 Update on the Start for Life Programme including Infant feeding (Pages 67 - 90)

11 Update on the Immunisation Coverage in Kent with a Focus on Children (Pages 91 - 106)

12 Work Programme (Pages 107 - 112)

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

Monday, 3 July 2023

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 Thursday, 18 May 2023.

PRESENT: Mr A Kennedy (Chairman), Mr N Baker (Vice-Chairman), Mr D Beaney, Mrs P T Cole, Mr P Cole, Ms K Constantine, Ms S Hamilton, Peter Harman, Mr D Jeffrey, Ms J Meade, Mr J Meade, Mrs L Parfitt-Reid, Mr D Ross and Ms L Wright

ALSO PRESENT: Mrs C Bell

IN ATTENDANCE: Dr A Ghosh (Director of Public Health) and Mrs V Tovey (Public Health Senior Commissioning Manager) and Mr D Westhoff (Democratic Services Officer)

UNRESTRICTED ITEMS

251. Introduction
(Item 1)

The Chair made a statement on the passing of Mr Dan Daley.

252. Apologies and Substitutes
(Item 2)

Apologies for absence had been received from Mr Simon Webb. Mrs Trudy Dean was in attendance as a representative for the Liberal Democrats.

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

Mr Baker noted that his fiancée was a communications manager at the East Kent Hospitals University NHS Foundation Trust.

254. Minutes of the meeting held on 16 March 2023
(Item 4)

RESOLVED that the minutes of the meeting held on 16 March 2023 were correctly recorded and that a paper copy be signed by the Chair.

255. 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.

Mental Health Awareness Week - It was noted that this had taken place 15-21 May, the focus this year was on anxiety. Residents were encouraged to think of simple steps they could take to improve their mental health and to recognise where intense anxiety is impacting daily life and when to seek support. Mrs Bell then gave details of services and advice available countywide. Kent and Medway authorities, health services and community groups were coming together to remind residents of locally based support available. Live Well Kent and Medway were a network of voluntary groups and charities offering free mental health support and guidance for young people and adults. Better Health Every Mind Matters website offered advice on stress, anxiety, low mood, and sleep issues. One You Kent, a free local healthy lifestyle service, helps residents set realistic fitness goals and stay motivated. Counselling services were available for a range of concerns through Release the Pressure. It was noted that further information and links to these services were available on the Kent County Council Website and promoted on the Council's social media channels. Please find links to the services below:

- Live Well Kent and Medway: Welcome | Live Well Kent
- Better Health Every Mind Matters: Better Health - Every Mind Matters | Campaign Resource Centre (phe.gov.uk)One You Kent: One You Kent - Kent County Council
- Release the Pressure: Release the pressure - Kent County Council

(b) **Detling Showground Dementia Event** - Mrs Bell said that on 19 May, there was a free event at the Detling Showground showcasing the support available for those living with or caring for those with dementia. The event would be organised by members of the Kent Dementia Action Alliance which includes KMPT, KCC and NHS Kent & Medway. Voluntary organisations would be in attendance with information available. People would be able to meet with experts and professionals and connect with local dementia support services. As well as learn about new research and take part in activities. In the afternoon the Kent dementia friendly awards would take place to recognise individuals and organisations that benefit the lives of those with dementia. The event would be attended by Kent County Council Leader Roger Gough and Minister of State for Social Care, and local Kent MP, Helen Whately.

(c) **Health Watch Recognition Awards** - Mrs Bell noted that she had attended the awards on 29 March 2023, where Kent County Council had won 4 awards. The Council's Public Health directorate had won two of the awards. The first was for Kent and Medway's Listens, a large engagement project that engaged with numerous residents and the findings from which would help inform the interim Integrated Care Strategy. The second award was for their commitment to be involved with and listen to those with lived experiences of suicide. This has further developed the Kent and Medway Suicide Prevention Network and strengthened the support it offers. It was noted that the Adult Social Care directorate had won two awards for work on the People's Panel and the Technology Enabled Care Service.

(d) Mrs Bell mentioned another award that was given to the **Hypertension Heroes -**Mrs Bell said Medway Public Health and NHS Kent and Medway had been recognised for their outreach work to those who would not normally go to a GP to check blood pressure

made possible by a group of volunteers working in the community called 'hypertension heroes'. 830 individuals had been encouraged to get their blood pressure checked, 2/3 from the most deprived areas of Kent and Medway and 50% self-described as from non-white backgrounds, 206 had high or very high blood pressure.

2. In response to questions from Members, it was said:

(a) The Chair noted that he and Mr Meade were available as Kent's Mental Health Champions to go into the community and raise awareness.

(b) Concerns were raised that the County Showground in Detling was not the most accessible of locations and queried if any arrangements could be considered to improve ease of access. Mrs Bell noted the concern.

3. The Director of Public Health, Dr Anjan Ghosh, gave a verbal update on the following.

(a) **Mental Health Statistics** – Dr Ghosh noted that 1 in 6 adults in England and Kent had a common mental health problem such as anxiety or depression. Those 16-29 years old were 28% more likely to have some form of anxiety. Women reported higher rates of anxiety than men, 37.1% of women and 30% of men.

(b) **Covid-19 Update** – Dr Ghosh said that the rates of Covid-19 were at the lowest levels recorded since the start of the pandemic. All indicators nationally are falling and the rate per 100,000 in Kent was lower than the rate for the South-East, at 17 per 100,000, which equated to an average of 20 daily reported cases. Dr Ghosh noted that despite this a close watch was still needed as there were increases in case numbers seen in the West Pacific. It was said that the World Health Organisation (WHO) had downgraded covid-19 pandemic from being a global public health emergency. Dr Ghosh said that the vaccine rollout had been key to the current situation and noted that spring booster appoints were ongoing until June and available for those 75 and over, those in care homes including staff and those 5 and over with weakened immune systems.

(c) **Public Health Services update**

- Dr Ghosh said Public Health was working with other Council departments on improving the wider determinants of health, for example, working with Kent Housing Group to support their housing implementation plans. Much work on mental health concerns. Also, work was ongoing with district Councils in Kent on developing healthy new towns and including health in the planning process.

- It was said that considerable work was underway on gambling due to the attention brought to the issue by the Cabinet Committee and Mr Barry Lewis, Mr Lewis would be involved in the process going forward on a strategy focussed on problem gambling. Would be working with other health bodies and taking a regional leading role on this issue.

- A new suicide prevention strategy had been launched in England, which would be an opportunity for Kent Public Health to refocus its own work.

- The Substance Misuse Act was now in place following a public consultation.

- A new approach to Commissioning was being developed, a report was due to be presented at the next Cabinet Committee meeting.

- A literature review of prevention interventions had just been completed, which would help identify which interventions had the greatest impact.
- Public Health had been working closely with Children's colleagues in the Council and the NHS on the establishment of Family Hubs, which involves the Public Health programme Start for Life.
- Work was ongoing on developing a Research, Innovation and Improvement unit within Kent County Council, a paper which would be discussed later in the meeting.
- An update was provided on the training provided by Public Health, for example, to medical students, junior doctors and others.
- Work on resolving challenges with Data sharing was ongoing alongside colleagues from across Kent County Council.
- On tobacco control, Public Health was working with trading standards officers and communications colleagues on e-cigarettes and vapes with the aim to reduce the sale of these products to children and young people following a marked increase in use amongst the age cohort 11-17.
- NHS Health Checks won an award for innovative delivery of health checks with Ramsgate Fishermen.
- Deputy Chief Medical Officer, Dr Jeanelle de Gruchy, would visit Kent on 26 May to Kent. As part of a round of regional visits, with a focus on hypertension and substance misuse treatment.

4. In response to questions from Members, it was said:

(a) Asked about Covid-19 variant XBB1.16 and if there had been any detection in Kent or other control measures put in place. Dr Ghosh said variants were becoming less server but more transmissible, as part of the natural selection process. Dr Ghosh confirmed that variant XBB1.16 had been recorded in the United Kingdom and in Kent but there was less data on this available than in the past. National surveillance and local triangulation procedures were ongoing and if there were any changes to severity additional measures would be put in place.

(b) Dr Ghosh said he was aware of the issue of nitrous oxide abuse and would bring further information on this issue back to the committee.

(c) Asked about the effects of long covid on absenteeism from employment and in schools, numbers increasing. Dr Ghosh noted that long covid and its effects were of ongoing concern and research was being conducted. It was confirmed that long covid was a recognised condition but there was a challenge as a definition had yet to be found, due to a broad range of symptoms and complications. Dr Ghosh said that a previous paper on long covid may be reviewed and updated. Dr Ghosh and the Chair noted that in a paper on covid-19 and its impact on mental health, especially amongst younger age cohorts, anxiety to return to school or the workplace may be responsible for absenteeism.

(d) On data sharing Dr Ghosh said the Kent and Medway Care Record, a combined record of Adult Social Care and NHS, and considerable amounts of information was held by district councils. It was noted the importance of complying with information governance regulations, the due diligence process with the safety of sharing data and

getting consent from individuals to share their data. Attempts were made to speed up the process but would take time.

(e) Asked about male mental health and the challenge of engaging with those men who do not reach out for help and support. Dr Ghosh said there was a challenge with men not seeking support early enough with most conditions and ailments. Due to this, there was a specific focus on men, unhealthy habits such as smoking and drinking were affected by wider determinants of health like employment, housing and other environmental impacts. Due to this, it was complicated but active programmes were underway within communities.

256. Gypsy, Roma and Traveller Health Needs Assessment

(Item 6)

Dr Anita Jolly, Interim Consultant in Public Health, was in attendance for this item.

1. Dr Anjan Ghosh introduced the report. Dr Ghosh noted details of the past reports that had been brought to the committee on Gypsy, Roma and Traveller (GRT) needs and the ongoing focus on the inequalities that they face, however, there was a lack of data available. The paper was part represented part of the ongoing work to gain greater insights into the health needs and inequalities of GRT communities in Kent. The report represents wave 1 which focused on existing data and the results of qualitative engagement with stakeholders who had engaged with the GRT communities. Wave 2 would follow up and involve direct engagement with GRT communities.

2. Dr Jolly gave additional contextual information and provided an overview of the findings of the report. Dr Jolly noted that GRT communities were not homogenous but shared some lifestyle characteristics and health issues and inequalities. It was said that the data suggested that individuals from GRT communities faced poor physical and mental health across their life course. A challenge was identified as the legacy impact of the lack of trust that GRT communities had in health institutions and professionals, leaving many unaware of their healthcare entitlements. It was noted that GRT communities suffered inequalities in the wider determinants of health, for example, educational attainment and housing. Despite the challenges it was noted that progress was being made and a team of committed health professionals were visiting sites and supporting communities' healthcare needs.

3. Dr Jolly provided an overview of the report's recommendations.

4. In response to questions from Members, it was said:

(a) It was said that more needed to be done to get GRT children into schools and support given to those with both physical and mental health conditions, as the provisions were limited or absent. Also, the Members asked who was responsible for training providers and to ensure that the participatory research acquires rich data from the communities. Dr Ghosh said that they were very aware of the challenges they faced going forward. The participatory research would be coproduced with the communities. It was noted that they

had been in contact with providers who exemplified this approach needed by being culturally sensitive and may get them to inform and train other providers on the approaches required. Technology, such as smartphones and AI would be embraced to improve accessibility amongst such communities but would need to be mindful of digital exclusion. Dr Jolly noted that providers were trained in cultural competency before entering communities.

(b) Asked for further clarification on the figure that 45% have housing, as this may relate to several contexts. It was said that 45% came from 2011 census, so this may have changed once the data was received from the 2021 census, no Kent-specific figures were available.

(c) Asked about a mobile clinic and if this could be used to take primary care services into sites. It was said that there were no active examples of this happening but that it could be useful to consider going forward. It was noted that several primary care providers had taken innovative approaches to engage with and register individuals and communities from GRT sites.

(d) Following a question from a Member on a nominated representative scheme, that allowed individuals from GRT sites to act as a go-between between the Council and GRT sites, the Chair asked that the clerk look into this query and circulate the information with the committee outside of the meeting.

(e) The Chair thanked the presenters and Ms Constantine for her insights on the issue.

RESOLVED to note and comment on the report.

257. Kent and Medway Interim Integrated Care Strategy Update
(Item 7)

Mike Gogarty, Interim Consultant in Public Health, *was in attendance for this item.*

1. Dr Anjan Ghosh introduced and gave an overview of the progress of the Integrated Care Strategy (ICS). Dr Gosh gave details of a workshop, organised with Cabinet Member Mrs Bell, that all Members were invited to, which would allow them to give feedback on the ICS which would then be inputted into the next iteration of the strategy, this would take place June 13, 2023. Also, an All-Member Briefing, on the Kent and Medway Integrated Care Board, chaired by the Leader would take place on 11 July 2023, the Chair of the Integrated Care Board Cedi Frederick and the Chief Officer Paul Bentley would be in attendance. Dr Ghosh noted that the Inequalities Prevention and Population Health (IPPH) committee, which would sit below the Integrated Care Board, had recently had three sub-committees formed which would drive the work forward, and the challenges and areas of focus had been agreed upon.

2. Mike Gogarty gave an overview of the paper. It was noted that the upstream determinants of health were not improving or detreating, which made greater the challenge of supporting the health of the population. The Integrated Care Strategy would act as a single system-wide approach to health improvement. Member's input was not being encouraged to inform the strategy going forward.

Work was ongoing with various partners to support the rollout of the strategy and inform action plans to improve population health.

3. In response to questions from Members, it was said:

(a) A Member thanked officers and NHS staff but noted the decline in health and life expectancy and the difficulty of access for residents to GPs and dentists. It was said that there was evidence of an increase in child poverty in Kent, greater than that seen in the rest of the country and that there were a number of key challenges related to the upstream wider determinants of health including loneliness, education, income and lifestyle choices. It was noted that skills and recruitment challenges were of key concern in primary care. There would also need to ensure that resources were properly allocated, with the right care targeted at the right places.

(b) Asked for a graph on declining life expectancy, area-by-area, in the next paper to inform the Members and the public. It was said that Kent Public Health does have resources available mainly in West Kent but would try to make available more granular data county-wide. It was noted that interested Members and residents should view the Kent Public Health website. It was confirmed that there had been a drop in life expectancy across the OECD but further and faster in the UK, the drop had started before the Covid-19 pandemic. A change in life expectancy takes many years to show in the data.

(c) A Member noted the importance of consulting parish and town councils as they can make a key difference. But they would need support and guidance going forward.

(d) Asked about community pharmacies and the impact of the closure of Lloyds pharmacies in Sainsbury's stores on pharmacy provision. Also, was there any reason behind recent pharmacy closures. It was said that a pharmaceutical needs assessment was part of the statutory responsibilities of the Health and Well-being Board every 3 years. This document informed decisions of when a pharmacy could be closed and if adequate provision was available. Dr Ghosh noted that the pharmacy closures that were being referred to were a commercial decision but that it had not impacted pharmacy provision in that local population.

(e) It was noted by a Member that prevention measures, for example, dementia cafes and walking groups could be done with limited funds.

(f) Dr Ghosh informed Members that a Health and Wellbeing conference was being organised for Parish Councils and would be held online on 17 July 2023.
Please find a link to the conference here: Health and Wellbeing Conference 2023 Tickets, Mon 17 Jul 2023 at 09:30 | Eventbrite

RESOLVED to consider and comment on the report.

258. Implementing the Research, Innovation & Improvement Unit in Kent County Council
(Item 8)

Dr Abraham George, Consultant in Public Health, was in attendance for this item.

1. Dr George introduced and gave an overview of the paper. Dr George said an expression of interest had been made in mid-April 2023 to the National Institute of

Health and Care Research (NIHR) and would expect to know if it was successful by late June or early July 2023. If successful a more comprehensive plan would be required outlining how the funding would be spent over the next 5 years to build up research capability. This would be submitted in September 2023 with a decision on whether to award the funding expected by December 2023. If unsuccessful the research capacity and capability would be scaled up.

2. In response to questions from Members, it was said:

(a) Asked how many projects the Health Determinants Research Collaboration (HDRC) intends to fund and the likelihood to be successful. Dr George noted that the funding was for research facilities, not the research itself, this would allow the Council to facilitate research at pace and scale when required.

(b) Asked about the sustainability of the funding model, and if further alternative funding models were being considered, for example with private sector partners. Dr George said they were highly conscience of the competition for funding and noted that there was a 1 in 5 success rate. It was said that they were actively applying for and exploring funding and collaboration opportunities.

(c) Asked for clarification on how long it would take for Kent residents to benefit from the unit and what strain the unit would put on Council resources.

(d) Dr Ghosh responded that much of the current research was undertaken in London and there would be a benefit to have a facility in Kent as this research had been successful in supporting medical treatments and interventions. It was noted that in many key areas, there was not enough research to show the positive impacts of initiatives. It was stated that this would not be a vanity project of academic research but would directly impact what the council defines as priorities. Dr Ghosh confirmed there was considerable interest in the project from several stakeholders, also there was an opportunity to generate employment and income opportunities for the Council. Overall, the unit was relatively low cost and low risk but a high-value proposition.

(e) A Member asked for a running update over the next 5 years. The request was agreed upon by the Chair.

(f) Asked about the level of risk involved. Dr Ghosh said that risks had been identified and a business proposal would be made. Dr Ghosh noted that it would be a low financial risk to Council but could be a reputational risk.

RESOLVED to note the report.

259. Work Programme
(Item 9)

The Health Reform and Public Health Committee noted the work programme for 2022/23.

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
11 July 2023

Subject: **Kent Drug and Alcohol Contract Commissioning**

Classification: Unrestricted

Key Decision: **23/00032**

Past Pathway: N/A

Future Pathway: Cabinet Member Decision

Electoral Division: All

Summary:

Kent County Council has a legal responsibility to provide drug and alcohol treatment and recovery services in order to reduce the harm caused by drugs and alcohol and improve the health and wellbeing of Kent's population. Professor Dame Carol Black's independent review of drug and alcohol provision called on the need for additional funding to improve the quality and capacity of services. Subsequently, the government published a 10 year drug and alcohol strategy in 2021, 'From Harm to Hope', with three years of funding for Kent from April 2022 to March 2025.

In Kent, the additional funding totals circa £10m over the three years and examples of how the funding has been utilised include: increasing the capacity of the workforce; improving the quality of delivery by reducing caseloads and having specialist staff; and supporting additional tier 4 treatment placements. There is the expectation that the funding will continue over the remaining 7 years of the strategy although this has not yet been confirmed. The current drug and alcohol contracts are due to expire on 31 March 2024, a year before the additional 3 year investment ends.

This report seeks endorsement on the proposal to extend three of the four Kent drug and alcohol contracts by a further period of 10 months to allow clarity to be obtained over future funding streams. The 10 month extension from 1 April 2024 to 31 January 2025 would cover the East Kent Community Drug and Alcohol Service, West Kent Community Drug and Alcohol Service and Young Persons Drug and Alcohol service.

The report also seeks endorsement on the proposal to procure the Residential Recovery Housing Contract in time for its expiry on the 31 March 2024 following a commissioning review of the service which recommended the service would benefit from approaching the market under a competitive procurement due to changes in the service specification.

Recommendation(s):

The Cabinet Committee is asked 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 procurement of the Residential Recovery Housing contract for the period from 1 April 2024 to 31 March 2028 (four years) with two additional two-year extension options.

II. **APPROVE** the extension of the contracted East Kent Community Drug and Alcohol Service, West Kent Community Drug and Alcohol Service and Young Persons Drug and Alcohol service for a period of 10 months from 1 April 2024 to 31 January 2025.

III. **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 above decisions.

1. Introduction

1.1 This report sets out the rationale for the commissioning intentions for substance misuse services in Kent.

1.2 This includes endorsement for the extension of the adult Kent Drug & Alcohol Treatment and Recovery Services by a period of 10 months, the extension of the Young Persons Drug and Alcohol Service contract by a period of 10 months and the procurement of the Adult Residential Recovery Housing service in time for its expiry on the 31 March 2024.

1.3 KCC commissions these services as part of its statutory responsibilities and as a condition of its Public Health Grant. Kent Drug & Alcohol Services aim to reduce the harm caused by drugs and alcohol and improve the health and wellbeing of Kent's population. The local authority's Public Health grant requires the Authority to "have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services."

1.4 Professor Dame Carol Black's Review of Drugs[1] was commissioned by the Home Office and the Department of Health and Social Care to inform government thinking on what more can be done to tackle the harm that drugs and alcohol cause. Following this review, Central Government published a 10-year drug strategy named From Harm to Hope and subsequently awarded local authorities with 3-year grant funding to supplement existing drug and alcohol support services. For Kent County Council, this totals circa £10m over the three years April 2022 to March 2025.

1.5 The recommendations in this paper are in line with Professor Dame Carol Black's recommendations and the national From Harm to Hope Strategy which

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[1] Department of Health & Social Care (2021) Dame Carol Black's Independent Review of Drugs https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery

identify the need to maximise the stability and consistency of services to benefit both the service users and the workforce.

2. Strategic alignment and background

2.1 The provision of Kent Drug & Alcohol Services aligns with local and national strategies. Locally, the services support the levelling up agenda and integrated model of care outlined in KCC's Strategic plan 2022-26. More specifically, the drug and alcohol services support with the achievement of Priority 1 - Levelling up Kent and Priority 4- New Models of Care.[2]

2.2 This provision also aligns with the Kent Drug & Alcohol Strategy 2023-2028 'Better Prevention, Treatment & Recovery and Community Safety'[3], which identifies 13 strategic priorities across three main areas: Prevention; Improving Treatment and Recovery; and Community Safety. The Young Persons Drug & Alcohol Service specifically contributes to achieving the objectives of prevention, early intervention, and system-approaches to the improvement of treatment.

2.3 The drug & alcohol services support the 2021 national 10-Year Drug Strategy, 'From Harm to Hope' and associated investment linked to national objectives of improving numbers in treatment, continuity of care from prison to community services, quality of treatment and the reduction in drug and alcohol related mortality. As a result of the additional investment from Central Government to sustain these national strategic objectives Kent is in receipt of £10,383,433[4] investment via a number of grants over the period April 2022 to March 2025. This additional funding is linked to maintaining the level of investment from the Public Health grant and to the commitment of successfully achieving established local targets.

2.4 The additional funding received has enabled the Council to increase existing services and implement new services. Examples include:

2.4.1 Additional staff to reduce caseloads, increase capacity and improve quality.

2.4.2 Specialist staff such as complex case workers, criminal justice workers, and inclusion workers.

2.4.3 A service to support individuals into treatment that are sleeping rough or who are at risk of sleeping rough.

2.4.4 A service to support individuals that are already in treatment that require housing support to maintain their recovery journey.

2.4.5 Additional funding for tier 4 placements including residential rehabilitation and inpatient detoxification.

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[2] Framing Kent's Future - Our Council Strategy 2022-2026
[3] Kent Drug and Alcohol Strategy 2023-2028 (Kent Drug and Alcohol Strategy 2023-2028 | Let's talk Kent)
[4] This figure includes current grant allocations plus expected allocations until 31 March 2025 for the SSMRTG, RSDATG, SSMTR Housing Support Grant, IPD and IPS allocations.

2.4.6 A service which will support the improvement of quality in treatment and ensure user voice is listened to and acted on.

3. Current contracts

Adult Kent Drug & Alcohol Services

3.1 Adult Kent Drug & Alcohol services are currently formed by 3 contracts, all due to come to an end on 31 March 2024. These are as follow:

- East Kent Community Drug and Alcohol Service, delivered by The Forward Trust and awarded in 2017.
- West Kent Community Drug and Alcohol Service, delivered by Change Grow Live (CGL) and awarded in 2016.
- Residential Recovery Housing Service, delivered by Change Grow Live (CGL) and awarded 2017.

3.2 The East Kent Community Drug and Alcohol Service contract has provision to extend until 31 March 2025 in accordance with the provisions included at clause 2.2.

3.3 The West Kent Drug and Alcohol Service contract had provision to extend until 31 March 2024, which has been fully utilised. However, in order to ensure that contract expiry remains aligned, the Council may rely on Regulation 72(1)(b) to further extend until 31 January 2025.

3.4 The East Kent and West Kent Drug and Alcohol services deliver open access drug and alcohol treatment and harm reduction services for adults aged 18+ through a range of interventions including structured psychosocial support, clinical interventions, access to residential rehabilitation and inpatient detoxification, provision of needle exchange and Naloxone. Throughout the lives of the contracts, the services have worked in partnership with Public Health Commissioners to enhance and adapt their service.

3.5 Public Health undertook a formal contract review of both East and West Kent Adult Community Drug and Alcohol contracts, both of which evidenced the strong outcomes the services achieve and with the recommendation to extend.

3.6 The Residential Recovery Housing service is delivered by CGL and offers supervised, short-term housing to individuals aged 18+ who are abstinent from drugs and alcohol to aid their recovery journey into permanent housing. The service provides supported accommodation to 18 residents across two sites at any one time with the anticipated stay being up to two years. The service is currently completing a transition towards a psychologically informed model based on service user engagement and partnership-working with Public Health Commissioners. While the service provider has shown commitment to improve the quality of delivery, the contract has experienced difficulties over it's life largely driven by a high level of flats that have remained vacant longer than deemed acceptable. Reasons flats have remained vacant for longer than deemed acceptable can be grouped into the below themes:

- Having a pipeline of individuals ready to move into the service.
- Ensuring repairs and maintenance are carried out in a timely manner.
- Supporting individuals that have relapsed into community treatment services without destabilising the service.

Young Persons Drug and Alcohol Service

3.7 The Young Persons Drug and Alcohol Service contract, as delivered by We Are With You (With You), commenced on 1 January 2018 to provide an integrated substance misuse service for 11-18 year olds in Kent, with the flexibility to provide interventions for those aged 18-24.

3.8 The Service operates a peripatetic model and is closely integrated with other local services and support networks such as Integrated Children's Services (ICS), Children and Young People's Mental Health Service (CYPMHS), and Youth Offending Teams. Alongside their one to one offer, With You runs early intervention groups including a preventative programme (RisKit) for young people who could be at risk of developing substance misuse issues. With You also provides a youth diversion scheme (Re-Frame) aimed at reducing criminality in young people found in possession of illegal substances by Kent Police. The service offers individualised support for parents around their child's substance use and workforce development training programmes for external practitioners working with young people.

3.9 Throughout the life of the contract the Service has proactively worked with Public Health Commissioners to enhance their core offer via additional funding streams, for example the Moving Parents & Children Together (M-PACT) Programme and the Sunlight project (for those impacted by someone else's substance use).

3.10 Public Health undertook a formal contract review in 2022, which highlighted the good performance of the service. The contract has provision to extend for a further 9 months until 31 December 2024. In order to ensure that expiry remains aligned across these contracts, the Council may rely on Regulation 72(1)(b) to further extend until 31 January 2025.

4. Return on investment

4.1 National evidence shows a substantial return on investment. Research indicates that adult alcohol treatment reflects a return on investment of £3 for every pound invested and drug treatment reflects a return on investment of £4 for every pound invested from reduced demands on health, prison, law enforcement and emergency services.[5] Specialist interventions for young people are also shown to be a cost-effective way to secure long term outcomes, providing five or even eightfold return on investment [6] with their impact in young people's lives and reduced demand for various public services.

4.2 Evidence also suggests that the current Kent contracts deliver good value for money, with Kent having consistently spent a lower proportion of its Public

[5] https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest
[6] Department for Education (2021) https://www.gov.uk/government/publications/specialist-drug-and-alcohol-services-for-young-people-a-cost-benefit-analysis

Health Grant on substance misuse services than national averages and statistical neighbours, whilst also achieving better outcomes.[7]

5. Contract Extension

5.1 Kent County Council are in receipt of additional funding totalling £10,383,433[8] covering the period April 2022 to March 2025. This funding is from the national 10 year drug and alcohol strategy 'From Harm to Hope'. As the funding forms part of a 10 year strategy, it is anticipated this funding will continue for a further 7 years over the full life of the national strategy although this has not yet been confirmed by OHID.

5.2 The funding has been primarily utilised through the existing contracts to employ additional staff across the contracts to increase capacity, increase quality and ultimately reduce the harm caused by drugs and alcohol. The East Kent Community Drug and Alcohol Service, West Kent Community Drug and Alcohol Service and Young Persons Drug and Alcohol have received a substantial uplift in funding to be able to deliver the outcomes from the grants.

5.3 The below contracts are all due to expire on 31 March 2024, a year before the additional funding is due to end and prior to confirmation of the continuation of the additional funding.

- East Kent Community Drug and Alcohol Service
- West Kent Community Drug and Alcohol Service
- Young Persons Drug and Alcohol Service

5.4 The substantial increase in funding creates a difficult situation to procure services during a time of volatile funding which supports a highly vulnerable client group. Should services be procured in line with the current end dates then there would be a significant drop in funding after the first year of the new contract which presents a risk to service users. Furthermore, by commencing a competitive procurement for new contracts without knowledge of the funding available, the Council may not be able to offer funding assurance to bidders which could impact on the commercial proposals put forward in tenders thereby jeopardising the value for money offered. In addition, it may lead to contract instability as there would likely be the need to renegotiate the contract during delivery.

5.5 Detailed analysis of the contracts has identified that all three services are performing well against their KPIs and also when compared to national averages and statistical neighbours. Furthermore, national benchmarking tools identify that Kent services are providing very good value for money.

5.6 The East Kent Community Drug and Alcohol contract has provisions for a further 12-month extension. The Young Persons Drug and Alcohol Service contract has provisions for a further 9-month extension.

[7] <h2> Spend versus Outcomes </h2> (phe.gov.uk)

[8] This figure includes current grant allocations plus expected allocations until 31 March 2025 for the SSMRTG, RSDATG, SSMTR Housing Support Grant, IPD and IPS allocations.

5.7 The Integrated Care System within Kent is still forming and with new procurement legislation due to come into effect within the 2023/24 financial year, there is a movement to transition from a competitive approach with providers, to one that is in collaboration and builds on existing relationships.

5.8 Kent Public Health is undertaking a transformation programme and the extension of contracts will also present the opportunity to implement any relevant actions from the programme into new contracts.

5.9 Public Health have undertaken a market analysis of potential providers. There are a limited number of viable providers within the market, with Kent County Council commissioning the majority of them already to deliver the Kent Drug and Alcohol Services.

5.10 Public Health recommend extending the below contracts for a further period of 10 months to enable certainty over funding to be obtained in order to minimise the disruption to the vulnerable client group which would be caused by a procurement during a time of funding uncertainty and to enable the Council to obtain funding certainty to be able to offer the market funding assurance and residents value for money of services.

- East Kent Community Drug and Alcohol Service
- West Kent Community Drug and Alcohol Service
- Young Persons Drug and Alcohol Service contract

5.11 10 months has been identified as the contract length extension to be recommended across all three contracts, which would expire 31 January 2025. This utilises existing contractual provisions enabling extension (as detailed above) and also relies on provisions contained in regulation 72(1)(b) to modify these contracts during their term whilst allowing the three contract end dates to continue to be aligned.

5.12 A public consultation on service delivery was held in September-November 2022 in conjunction with the consultation on the 2023-2028 Kent & Medway Drug & Alcohol Strategy.[9] KCC-commissioned Insight work was also carried out among underserved communities to understand barriers to treatment. This feedback will be acted on within the extension period and beyond.

6. Residential Recovery Housing

6.1 The service is a residential service open to Kent residents who have obtained abstinence and to continue to support their recovery journey emphasising a goal orientated service with time-limited recovery support. A service user and staff consultation held by the current provider in March 2022 formed the basis for the redesign of the current delivery model. New service specifications emphasise requirements for a whole system approach to the care of service users. This includes:

- mental health support via a psychologically informed model
- enhanced physical health including partnership working with primary and secondary care.

[9] Kent Drug and Alcohol Strategy 2023-2028 | Let's talk Kent

- life skills support for independent living via close partnerships with other KCC commissioned services (One You), district councils, Department of Work and Pensions and local Voluntary Community and Social enterprises.

6.2 The new service model is being piloted by the current service provider with positive improvements in terms of safety, service users' outcomes and service utilisation.

6.3 Commissioning analysis for the Recovery Housing Contract concludes with the recommendation to procure the service. The service has delivered positive outcomes for residents but has faced some challenges during its contract length which is largely due to a high level of unoccupied flats. It is viewed that approaching the market with the revised service model as described in the previous point will provide an attractive opportunity for the market.

6.4 Public Health recommend a total contract length of eight years (four-year contract with the option of two two-year extensions) with review mechanisms to allow flexibility for change. The proposed length of contract is in line with Dame Carol Black's recommendation against frequent procurements of the services because of the associated disruption for service users, local partnerships, and workforce retention. A contract with the available extensions up until 2032 will also align the length of the contract with the end of the 2021 10-year Drug Strategy, hence allowing for the system stability required for the full implementation of the national strategic objectives.

6.5 The procurement would commence in July 2023 and would be awarded in December 2023, enabling a mobilisation period of 3 months between contracts and to minimise the disruption to existing service users.

7 Financial Implications

7.3 The funding for these contracts would be funded from the Public Health Grant and the additional funding linked to the 10-year national drug and alcohol strategy 'From Harm to Hope'

7.4 Public Health estimate a financial commitment as below for each contract recommended for a 10-month extension

- East Kent Drug & Alcohol Service: £6,498,752
- West Kent Drug & Alcohol Service: £5,036,404
- Young Persons Drug and Alcohol Service contract: £895,822

7.5 Public Health estimate a financial commitment of £1,752,993 for an 8-year contract for the Recovery Housing Contract which fits into the existing budget envelope.

7.6 Public Health will continue to use open book accounting to ensure transparency and efficiency in the monitoring of financial processes. The contract consists mainly of fixed costs with certain variable elements based on activity.

8 Legal implications

Extension of Contracts

8.3 The Council may extend the contracts for 10 months on the following basis:

8.3.1 East Kent Drug & Alcohol Service – contractual provision enables extension to 31 March 2025

8.3.2 West Kent Drug & Alcohol Service – contractual extensions have been utilised. The Council may extend in accordance with regulation 72(1)(b) of the Public Contracts Regulations 2015.

8.3.3 Young Persons Drug and Alcohol Service contract – contractual provision enables extension to 31 December 2024. The Council may extend in accordance with regulation 72(1)(b) of the Public Contracts Regulations 2015.

8.4 In order to rely on Regulation 72(1)(b) grounds to modify an existing contract, the Council must satisfy the following conditions:

8.4.1 A change of provider cannot be made for economic or technical reasons;

8.4.2 A change of provider would cause significant inconvenience or a substantial duplication of costs for the Council; and

8.4.3 Any increase in price of the contract does not exceed 50% of the value of the original contract.

8.5 On the basis of the information provided within this report, it is considered that a change of providers cannot be made at the present time for economic or technical reasons as to do so would cause significant inconvenience or a substantial duplication of costs for the Council and as the increase in contract price will not exceed 50% of the original contract value. Contract modification notices will be published where there is reliance on regulation 72(1)(b).

Procurement of Residential Recovery Housing Contract

8.6 Under the Health and Social Care Act 2012 [8], Directors of Public Health (DPH) in upper tier (UTLA) and unitary (ULA) local authorities have a specific duty to protect and enhance the population’s health. All grant funded activities will be conducted in accordance with the Public Contracts Regulations 2015 and will follow national guidance and best practice in relation to drug and alcohol treatment and interventions.

8.5 The local authority’s Public Health grant requires the Authority to “have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services”. Transfer of Undertakings (Protection of Employment) (TUPE) will likely apply for the procurement of the Recovery Housing Contract. Public Health will work closely with the incumbent provider and new provider to ensure TUPE is adhered to.

9 Equalities implications

9.3 Public Health have undertaken an Equalities Impact Assessment. Current evidence suggests that there is no negative impact and that this recommendation is an appropriate measure to advance equality and create stability for vulnerable service users. The EQIA is attached as Appendix 1.

9.4 Once a provider is selected in the procurement process an EQIA will be conducted on their proposed delivery model and the provider will be required to conduct annual EQIAs as per contractual obligations.

10 Data Protection Implications

10.3 General Data Protection Regulations are part of current service documentation for the contract and there is a Schedule of Processing, Personal Data and Data Subjects confirming who is data controller/ processor. There is also an existing Data Protection Impact Assessment (DPIA) relating to the data that is shared between Kent County Council, the provider and the Office for Health Improvement and Disparities (previously named Public Health England) and the services.

10.4 Public Health are producing a new DPIA as part of the re-commissioning process as there will be a transfer of data between the incumbent and new provider.

11 Conclusions

11.3 The local authority's Public Health grant requires the Authority to "have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services". KCC have a statutory responsibility to commission specialist community substance misuse services to reduce the harm caused by drugs and alcohol and improve the health and wellbeing of Kent population as a condition of its Public Health Grant. The 2021 national Drug and Alcohol Strategy further requires maintaining the same level of investment on drug & alcohol services as a condition of the additional funding linked to the implementation of its 10-year plan.

11.4 Kent Drug & Alcohol services are made up of four contracts which (the adult contracts) are due to expire on 31 March 2024.

11.5 Public Health are seeking endorsement to extend three contracts by a further 10 months which will enable clarity to be obtained over the continuation of funding under the 10 year From Harm to Hope strategy, of which only 3 years of funding has been confirmed. Extending the contracts will therefore enable the Council to:

11.5.1 Protect vulnerable service users from the impact of procurement during a time of funding uncertainty which will be obtained through a 10-month extension

11.5.2 Approach the market with a tender opportunity that has consistent levels of funding over the life of the contract. Retendering the services in line with their current end date comes with the risk of having to procure services after a year

into the new contract should the continuation of funding mean the newly procured contracts are no longer fit for purpose.

11.6 Public Health are also seeking endorsement to procure the Residential Recovery Housing service for an 8-year contract opportunity in readiness for the existing contract's expiry on the 31 March 2024.

12. Recommendation(s):

12.1 The Cabinet Committee is asked 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 procurement of the Residential Recovery Housing contract for the period from 1 April 2024 to 31 March 2028 (four years) with two additional two-year extension options.

II. **APPROVE** the extension of the contracted East Kent Community Drug and Alcohol Service, West Kent Community Drug and Alcohol Service and Young Persons Drug and Alcohol service for a period of 10 months from 1 April 2024 to 31 January 2025.

III. **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 above decisions.

13. Background Documents

- Framing Kent's Future - Our Council Strategy 2022-2026
- HM Government (2021) From Harm to Hope - A Ten Year Drugs Plan to Cut Crime and Save Lives
- Department of Health & Social Care (2021) Dame Carol Black's Independent Review of Drugs: https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery
- Kent Drug and Alcohol Strategy 2023-2028 (Kent Drug and Alcohol Strategy 2023-2028 | Let's talk Kent)
- Drug Needs Assessment Drug Needs Assessment (kpho.org.uk)
- 2021 Alcohol Needs Assessment Alcohol needs Assessment 2021 (kpho.org.uk)
- 2022 Kent Rough Sleepers Needs Assessment - Search - Kent Public Health Observatory (kpho.org.uk)
- Drug & Alcohol Needs Assessment for Children and Young People CYP-Substance-Misuse-Final-Draft-July2016-v2.0.pdf (kpho.org.uk)
- Public Health Indicators – PHOF Public Health Outcomes Framework - GOV.UK (www.gov.uk)
- Public Health consultation on the 2023-2028 Kent and Medway Drug & Alcohol Strategy and services Kent Drug and Alcohol Strategy 2023-2028 | Let's talk Kent

14. Contact details

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Clair Bell, Cabinet Member for Adult Social Care and Public Health	23/00032

For publication *[Do not include information which is exempt from publication under schedule 12a of the Local Government Act 1972]*

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

Kent Drug and Alcohol Contract Commissioning

Decision:

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

I. **APPROVE** the procurement of the Residential Recovery Housing contract for the period from 1 April 2024 to 31 March 2028 (four years) with two additional two-year extension options.

II. **APPROVE** the extension of the contracted East Kent Community Drug and Alcohol Service, West Kent Community Drug and Alcohol Service and Young Persons Drug and Alcohol service for a period of 10 months from 1 April 2024 to 31 January 2025.

III. **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 above decisions.

Reason(s) for decision:

As part of its statutory responsibilities as a condition of its Public Health Grant, KCC commissions specialist Substance Misuse Services to reduce the harm caused by drugs and alcohol and improve the health and wellbeing of the Kent's population. Kent Drug & Alcohol services are made up of 4 contracts: West Kent Drug and Alcohol Service, East Kent Drug and Alcohol service, Recovery Housing, Young Persons Drug and Alcohol Service. All the contracts are due to expire on 31 March 2024.

Extending the East Kent Community Drug and Alcohol Service, West Kent Community Drug and Alcohol Service and Young Persons Drug and Alcohol Service contracts by a further 10 months

which will enable clarity to be obtained over the continuation of funding under the Government's 10 year From Harm to Hope Strategy, of which only 3 years of funding has been confirmed. Extending the contracts will therefore enable the Council to:

- Protect vulnerable service users from the impact of procurement during a time of funding uncertainty which will be obtained through a 10-month extension.
- Approach the market with a tender opportunity that has consistent levels of funding over the life of the contract. Retendering the services in line with their current end date comes with the risk of having to procure services after a year into the new contract should the continuation of funding mean the newly procured contracts are no longer fit for purpose.

To procure the Residential Recovery Housing service for an 8-year contract opportunity in readiness for the existing contract's expiry on the 31 March 2024. The procurement is necessary as contracts expire on the 31 March 2024 and to offer the opportunity to the market which has evolved over the course of the contract.

Financial Implications

It is estimated there will be a financial commitment as below for each contract recommended for a 10 month extension

- East Kent Drug & Alcohol Service: £6,498,752
- West Kent Drug & Alcohol Service: £5,036,404
- Young Persons Drug and Alcohol Service contract: £895,822

It is estimated there will be a financial commitment of £1,752,993 for an eight year contract for the Recovery Housing Contract

The contracts are fully funded from the Office of Health Inequalities and Disparities via the Public Health Grant and other associated grants.

- **Legal Implications**

Under the Health and Social Care Act 2012 [8], Directors of Public Health (DPH) in upper tier (UTLA) and unitary (ULA) local authorities have a specific duty to protect and enhance the population's health.

All grant funded activities will be procured in accordance with the Public Contracts Regulations 2015 (as amended) and will follow national guidance and best practice in relation to drug and alcohol treatment and interventions.

In connection with the three proposed contract extensions KCC may extend in accordance with either the original contract terms or on the basis of the grounds available in Regulation 72(1)(b) of the Public Contracts Regulations 2015.

Transfer of Undertakings (Protection of Employment) (TUPE) will likely apply for the procurement of the Recovering Housing Contract. Public Health will work closely with the incumbent provider and new provider to ensure TUPE is adhered to.

- **Equalities implications**

Commissioners have undertaken an EQIA relating to the proposal. Current evidence suggests that there is no potential for discrimination and that this option is an appropriate measure to advance

equality and create stability for vulnerable service users.

- **Data Protection implications**

General Data Protection Regulations are part of current service documentation for the contract and there is a Schedule of Processing, Personal Data and Data Subjects confirming who is data controller/ processor. There is also an existing DPIA relating to the data that is shared between KCC, the provider and the Office for Health Improvement and Disparities (previously named Public Health England) and the services.

Public Health are producing a new DPIA as part of the re-commissioning process as there will be a transfer of data between the incumbent and new provider.

Cabinet Committee recommendations and other consultation:

Planned to take the proposed decision to the Health Reform and Public Health Cabinet Committee on the 11 July 2023.

Any alternatives considered and rejected:

Decommission the service - Decommissioning the service was concluded as a non-viable option that would place KCC in breach of the Public Health grant conditions.

Retender the service for all 4 contracts – This would provide an unstable contracting opportunity to the market given uncertainty over funding and would negatively impact the vulnerable service users the services support. Additional grant funding is intertwined with existing contracts and to retender all contracts now would result in commissioner having to reduce funding significantly within the first year of the contract due to unconfirmed continuation of grant funding.

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

None

....
signed

....
date

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EQIA Submission – ID Number
Section A

EQIA Title
Recommissioning Drug and Alcohol Services for adults

Responsible Officer
Sofia Serenelli - ST SC

Type of Activity

Service Change
No
Service Redesign
No
Project/Programme
No
Commissioning/Procurement
Commissioning/Procurement
Strategy/Policy
No
Details of other Service Activity
No

Accountability and Responsibility

Directorate
Adult Social Care and Health
Responsible Service
Adult Social Care and Health
Responsible Head of Service
Jessica Mookherjee - ST SC
Responsible Director
Anjan Ghosh - ST SC

Aims and Objectives

Kent County Council (KCC) is committed to improving the health and wellbeing of the people of Kent. The provision of effective drug and alcohol treatment services is a key part of KCC's strategic aim to improve public health and reduce inequalities across the county as outlined in KCC Strategic plan 2022-26, 'Framing Kent's future'.

This provision is commissioned via the Public Health Grant. It is as a condition of Kent's Public Health Grant and a statutory responsibility for the Council to commission specialist Substance Misuse Services to reduce the harm caused by drugs and alcohol and improve the health and wellbeing of the Kent population.

The current contracts (East Kent, West Kent and Recovery Housing) are aligned to come to an end on 31 March 2024. Kent County Council is therefore initiating the process to recommission the substance misuse services in Kent.

Kent Drug & Alcohol Adult Services - East Kent and West Kent

Kent Drug and Alcohol Services supports individuals aged 18 and over who use drugs and alcohol problematically. Substance misuse is a significant problem in Kent and across the country. People suffering from drug or alcohol dependence are far more likely to suffer poor physical and mental health, unemployment, and homelessness than the general population. According to the recent Needs Assessments on both drugs and alcohol (https://www.kpho.org.uk), people with drug or alcohol

dependence are more likely to have social vulnerabilities and be involved with the criminal justice system, as well as being more likely to have had adverse childhood experiences and trauma than the general population. Parental substance misuse can present a significant risk to the safety and wellbeing of children and families in the county.

There is a national push towards improving the quality of the treatment and recovery system following Dame Carol Black's review and as a result of the 2021 10-year Drug Strategy published thereafter. As part of this response, the Office for Health Inequalities and Disparities (OHID) and the Department for Levelling Up, Housing and Communities (DLUHC) announced various additional funding grants between 2022-2025 to Local Authorities to achieve the aims of the strategy. Whilst recommissioning the services, Kent County Council will be in receipt of this additional funding and is committed to achieve the objectives of the 10 year strategy as outlined below.

Aims and Objectives

The overarching aim of the services are to deliver high quality drug and alcohol treatment and recovery for those in need and support individuals to achieve sustained recovery from drug and alcohol harms. This will be in collaboration with key partners.

The service outcomes are as follow:

- Deliver a highly effective drug and alcohol treatment and recovery service for the residents of Kent.
- Increase numbers of appropriate people in need of drug and alcohol treatment into services from the 2022 baseline, prioritising increasing access for the most vulnerable.
- Contribute towards the reduction of drug and alcohol related harms in Kent
- Contribute to the reduction in drug and alcohol related morbidity and mortality
- Improve the quality and availability of support to families and carers (including parents and children)
- Develop, enhance and innovate, as necessary, high-quality models of drug and alcohol treatment and recovery delivery.

Summary of equality impact

It is not anticipated that the recommissioning of services will adversely impact protected groups, however ongoing monitoring and outreach will be required to ensure that all protected groups benefit as much as possible. The re-commissioned provision will at least maintain the same level of investment and therefore, as a minimum, the same baseline access as the current provision will be maintained.

Some groups of people may continue to require additional support to access this type of services. For example, people with a disability may require additional support to access the services and engage with the interventions on offer and some individuals may not access this service for reasons relating to religious or cultural beliefs. Accessibility audits and a focus on underserved groups to reduce unmet needs as outlined in the service specifications will mitigate the potential negative impact on protected characteristics.

Section B – Evidence

Do you have data related to the protected groups of the people impacted by this activity?

Yes

It is possible to get the data in a timely and cost effective way?

Yes

Is there national evidence/data that you can use?

Yes

Have you consulted with stakeholders?

Yes

Who have you involved, consulted and engaged with?

We have consulted with consultants and specialists, the Office of the Police and Crime Commissioner, existing providers and marketing engagement with potential providers

We have gathered feedback via a consultation on the Kent drug and alcohol strategy

We have gathered evidence via insights work focus at homeless individuals, women and underserved ethnic groups

Kent Combatting Drug Unit and substance Misuse Alliance will also be consulted along the recommissioning process

Has there been a previous Equality Analysis (EQIA) in the last 3 years?

Yes

Do you have evidence that can help you understand the potential impact of your activity?

Yes

Section C – Impact

Who may be impacted by the activity?

Service Users/clients

Service users/clients

Staff

Staff/Volunteers

Residents/Communities/Citizens

Residents/communities/citizens

Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?

Yes

Details of Positive Impacts

The level of investment will remain at least the same as that of the current contracts and the baseline access criteria will remain the same.

Accessibility of the services for protected characteristics will increase, firstly, as a response to the national strategic focus on increasing the numbers in treatment and improving the quality of treatment linked to the OHID funding and, secondly, as a consequence of the engagement work done as part of the recommissioning exercise (i.e. Insights work, public consultation). Below is an outline of the innovative provision beyond the current service specifications which the recommissioned services will be required to provide. Baseline access criteria are continued and/or improved for each protected characteristic as outlined for each protected characteristic below:

Age

- The Service is open to all those who are 18 years old and over. There is no upper age limit
- The providers are expected to deliver a range of activities to meet the needs of various target age groups
- the Services are required to deliver interventions to improve the quality and availability of support to families and carers (including parents and children) in line with the Kent Drug & Alcohol Strategy's strategic priority of preventing inter-generational alcohol misuse
- There is a flexible service for the age of 18-25 so that these individuals can chose treatment within the Adult Service or Young People Service depending on what type of service would be better suited to their needs (this is an existing arrangement as of 2017 which we are planning to continue)

- Older service users (opiate) with entrenched physical and mental health needs have been identified as a group on which the services need to focus due to an increase of this treatment population both locally and nationally (please see below on disability).

Disability

- The Equality, Diversity and Accessibility Section of the Service Specifications requires the services to respond to the accessibility and needs of all groups who have a protected characteristic within the Equality Act 2010
- Service specifications require services to prioritise 'the support needs of older service users and support with access to cognitive impairment services, local memory and dementia assessment and diagnosis services'
- the services will have an increased focus on supporting those with mental health and co-occurring conditions
- Services prioritise outreach and in reach interventions for those with the highest level of risk and complexity. These interventions are particularly important for underserved groups with barriers to entering treatment (real or perceived).
- increase in the digital infrastructure of the services and continuation of blended offer (online and face to face). Delivering an intensive online offer will support access of those that have a preference for this where mental health & mobility challenges had previously been a barrier
- inclusion and diversity workers will ensure accessibility is monitored for all vulnerable clients with a disability are accessing treatment and that this is targeted to their needs via specialist casework
- staff will be receiving training on neurodiversity as part of the OHID grant training package. This will ensure effectiveness of treatment and increased accessibility for neurodivergent clients.
- the Services offer intensive support interventions for individuals that present to treatment with complex needs via complex caseworkers with a reduced caseload.
- Screening for physical health (Fibroscan), blood born viruses (BVV) and Hep C elimination will continue to be part of the services' offer so that clients with a disability receive integrated physical care whilst accessing the treatment services
- GP shared care and clear referral pathways facilitates access of those with a disability. This is also increased by the strengthening of primary and secondary care treatment pathways (e.g. alcohol care teams, acute pathway)

Sex

- The Services are open to all
- GP shared care and clear referral pathways through health routes such as GPs could offer a safe and private way to openly discuss substance use that perhaps an individual feels unable to show in front of others within their social network, e.g. women as an underserved groups due to the social and psychological implications of substance misuse including stigma.
- Increased service capacity via drug & alcohol workers with specialist roles targeting specific needs including women.
- Trauma informed approaches will underpin service delivery. This will ensure that the specific needs of individuals, including the specific challenges faced by women in treatment, are met within the treatment environment.
- Treatment will include working alongside the family to achieve shared goals. Including the family within the treatment journey will increase the support network around women to achieve treatment goals
- Delivery of whole family interventions via MPACT programme will also support accessibility to treatment for female substance misusers
- Female only groups will continue to be delivered as part of service delivery. Service specifications require a blend of groups to meet the varying needs of those in treatment such as abstinent/non-abstinent, groups for specific substance types, men or women, LGBTQAI+ communities, age specific, those on a criminal

justice order etc.
- Insights work was conducted amongst the female cohort as a hard to reach cohort to understand barriers to treatment. This will assist the services with developing a better understanding of the bespoke needs of underserved groups, including women, to ensure services are accessible and inform specialist casework
- Specialist caseworkers will be targeting specific needs including those of women.
- As a consequence of engagement work, the services will be required to observe extended opening hours, drop-ins, co-locating with or operating satellite services alongside other key services such as domestic violence services. This will ensure visibility of women and stronger pathways into treatment
- The Service will also be required to be innovative in its approach to delivery, working collaboratively across the system to enhance integrate our social care and public health services, support vulnerable children and families
- Delivering an intensive online offer to those that have a preference for this where childcare, employment commitments previously been a barrier will improve accessibility for women and also reduce the role of stigma as barrier
- KCC has commission an organisation to develop and deliver a cohesive branding strategy and content creation for Kent's Drug and Alcohol Treatment and Recovery service, which aims at enhancing the services' visibility, transparency on their offer and accessibility, dispelling myths / stigma and encouraging individuals into treatment. This will increase accessibility for women due to tacking stigma and myths surrounding social services and children which have so far created a barrier to disclosure of drug & alcohol needs and access to treatment for women

Gender identity/transgender

- inclusion and diversity worker in each service will ensure accessibility of protected characteristics including LGBTQAI+ and that treatment is targeted to their needs
- specific pathways to meet the health needs of all (sexual reproductive health services)
- As part of safeguarding and freedom of abuse policy requirements, the services are required to take positive action to combat discrimination. Individuals' needs arising from specific ethnic, religious, cultural, gender, sexuality, disability, or age requirements must be identified in their recovery / support plans and the providers must ensure that these needs are meet.
- as part of the increased service capacity resulting from the OHID grants and as a requirement for the recommissioned services, the workforce includes specialist roles targeting specific needs, population and settings including the LGBT community
- blend of groups to meet the varying needs of those in treatment including LGBTQAI+

Religion and Belief

- Individuals can self-refer into the Service, and all information is confidential, which may ease individual concern around the impact disclosure could have on their religious communities.
- blend of groups to meet the varying needs including those of minority groups
- accessibility requirements for the services include translation / interpretation if English is not a first language, the expectation with regards to acceptance of individuals defined under gender identification and respect of faith and beliefs
- following engagement work, KCC has commissioned an organisation to develop and deliver a cohesive branding strategy and specific aimed at all Kent communities, dispel myths and reduce stigma which will support individuals of differing beliefs to feel comfortable to engage with services.
- providers are expected to recognise that different beliefs may require time off for religious festivals/celebrations as part of the enhanced flexibility offer.
- inclusion and diversity workers specifically employed to support inclusive practice within services.

Pregnancy and maternity

- There is no evidence to suggest that this protected group will be impacted less favourably than others although it is important to recognised that pregnant women or women with young children are likely to feel concerned about accessing support for their substance use. GP shared care and engagement with other health services will facilitate disclosure and access to treatment
- Service delivery is informed by NICE guidelines on pregnancy and complex social factor in terms of service provision (110).
- Clear referral pathways through health routes such as GPs and other health services including Reproductive Health

Negative impacts and Mitigating Actions

19.Negative Impacts and Mitigating actions for Age

Are there negative impacts for age?

No. Note: If Question 19a is "No", Questions 19b,c,d will state "Not Applicable" when submission goes for approval

Details of negative impacts for Age

Not Completed

Mitigating Actions for Age

Not Completed

Responsible Officer for Mitigating Actions – Age

Not Completed

20. Negative impacts and Mitigating actions for Disability

Are there negative impacts for Disability?

No. Note: If Question 20a is "No", Questions 20b,c,d will state "Not Applicable" when submission goes for approval

Details of Negative Impacts for Disability

Not Completed

Mitigating actions for Disability

Not Completed

Responsible Officer for Disability

Not Completed

21. Negative Impacts and Mitigating actions for Sex

Are there negative impacts for Sex

No. Note: If Question 21a is "No", Questions 21b,c,d will state "Not Applicable" when submission goes for approval

Details of negative impacts for Sex

Not Completed

Mitigating actions for Sex

Not Completed

Responsible Officer for Sex

Not Completed

22. Negative Impacts and Mitigating actions for Gender identity/transgender

Are there negative impacts for Gender identity/transgender

No. Note: If Question 22a is "No", Questions 22b,c,d will state "Not Applicable" when submission goes for approval

Negative impacts for Gender identity/transgender

Not Completed
Mitigating actions for Gender identity/transgender
Not Completed
Responsible Officer for mitigating actions for Gender identity/transgender
Not Completed
23. Negative impacts and Mitigating actions for Race
Are there negative impacts for Race
No. Note: If Question 23a is "No", Questions 23b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Race
Not Completed
Mitigating actions for Race
Not Completed
Responsible Officer for mitigating actions for Race
Not Completed
24. Negative impacts and Mitigating actions for Religion and belief
Are there negative impacts for Religion and belief
No. Note: If Question 24a is "No", Questions 24b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Religion and belief
Not Completed
Mitigating actions for Religion and belief
Not Completed
Responsible Officer for mitigating actions for Religion and Belief
Not Completed
25. Negative impacts and Mitigating actions for Sexual Orientation
Are there negative impacts for Sexual Orientation
No. Note: If Question 25a is "No", Questions 25b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Sexual Orientation
Not Completed
Mitigating actions for Sexual Orientation
Not Completed
Responsible Officer for mitigating actions for Sexual Orientation
Not Completed
26. Negative impacts and Mitigating actions for Pregnancy and Maternity
Are there negative impacts for Pregnancy and Maternity
No. Note: If Question 26a is "No", Questions 26b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Pregnancy and Maternity
Not Completed
Mitigating actions for Pregnancy and Maternity
Not Completed
Responsible Officer for mitigating actions for Pregnancy and Maternity
Not Completed
27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships
Are there negative impacts for Marriage and Civil Partnerships
No. Note: If Question 27a is "No", Questions 27b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Marriage and Civil Partnerships

Not Completed
Mitigating actions for Marriage and Civil Partnerships
Not Completed
Responsible Officer for Marriage and Civil Partnerships
Not Completed
28. Negative impacts and Mitigating actions for Carer’s responsibilities
Are there negative impacts for Carer’s responsibilities
No. Note: If Question 28a is "No", Questions 28b,c,d will state "Not Applicable" when submission goes for approval
Negative impacts for Carer’s responsibilities
Not Completed
Mitigating actions for Carer’s responsibilities
Not Completed
Responsible Officer for Carer’s responsibilities
Not Completed

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 **-** 11 July 2023
Subject:	**LONG-ACTING REVERSIBLE CONTRACEPTION IN PRIMARY CARE SERVICE**
Decision Number	**23/00062**
Classification:	Unrestricted
Past Pathway of report:	None
Future Pathway of report:	Cabinet Member decision
Electoral Division:	All

Summary: Kent County Council has a statutory responsibility to provide sexual health services, including Long-Acting Reversible Contraception. Long-Acting Reversible Contraception is an extremely effective method of contraception and approximately 14,000 procedures are undertaken each year by GPs in Kent, costing approximately £1,070,000 for the procedures and £570,000 for the devices.

In 2022, a decision was taken by the Public Health Core Team to undertake a review of the Kent reproductive health system. Furthermore, a Public Health Transformation Programme is scheduled to take place which will inform future commissioning arrangements for Kent sexual health services from 2025/2026 onwards.

The Long-Acting Reversible Contraception in Primary Care Service is an activity-based contract, and the service is scheduled to end on 30 September 2023. The committee is asked to endorse the recommendation to re-commission the Long-Acting Reversible Contraception in Primary Care Service from 1 October 2023 for a maximum of three years, ending on 30 September 2026. This will allow enough time for the review and transformation programme to conclude so that Long-Acting Reversible Contraception can be factored into the future of sexual health commissioning in Kent. The estimated spend for this period on this activity-based service, is just over £4m for the three years.

Recommendations: The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (Attached as Appendix A) to:
1. **APPROVE** the commissioning arrangements to advertise and award the new contract opportunities for delivering Long-Acting Reversible Contraception Services in the primary care setting using a light touch procurement process in compliance with the Public Contracts Regulations 2015 (PCR). The contract period will be for one

year (1 October 2023 to 30 September 2024) with two potential 12-month extensions (1 October 2024 – to 30 September 2025 and 1 October 2025 – 30 September 2026).
2. **DELEGATE** authority to the Director of Public Health to undertake all necessary actions to implement the decision, including, but not limited to, awarding new contracts, finalising terms, entering contracts, approving extensions (up to September 2026 in accordance with the contract terms), and establishing any required legal agreements.

1. Introduction

1.1 The paper provides an overview of the context of the Long-Acting Reversible Contraception (LARC) in primary care settings, the current review of Kent reproductive health being conducted by the Public Health Core Team and presents the options and recommendations for commissioning this service by October 2023.

1.2 It asks the committee to endorse the proposed decision to advertise the new contract opportunities for delivering LARC services in the primary care setting and the award of the contracts via a light touch compliant procurement process, such contracts being for a period of one year with two additional 12-month extensions available. This will allow time for the review to be completed and for recommendations to be incorporated into the future commissioning strategy and service model.

2. Background

2.1 Local authorities are mandated to provide sexual health services including prevention, testing, and treatment of sexually transmitted infections, and advice on and access to a broad range of contraceptive methods via *The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013*[1]. The programme supports the NHS Long Term Plan[2] and the Department of Health and Social Care's (DHSC) *Women's Health Strategy for England*[3].

2.2 Commissioning of LARC contributes to 'Priority 1: Levelling up Kent' of the *Framing Kent's Future Our Council Strategy 2022-2026* as providing contraception to women can prevent unplanned pregnancies which is a preventative approach into improving the population health and narrowing health inequalities.

2.3 LARC services in Kent are provided through two main routes: Integrated Sexual Health (ISH) clinics and within primary care settings by GPs. ISH Services are offered by Maidstone and Tunbridge Wells NHS Trust (MTW) in West and North Kent, as well as by Kent Community Health NHS Foundation Trust (KCHFT) in

[1] The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (legislation.gov.uk)
[2] NHS Long Term Plan
[3] https://www.gov.uk/government/publications/womens-health-strategy-for-england

East and South Kent. These services primarily cater to complex cases. Primary care providers, consisting of approximately 103 contracted GPs in Kent, play a crucial role in maximising patient choice and increasing the availability of LARC appointments. With approximately 14,000 procedures performed annually, by trained/certified GPs, primary care providers contribute significantly to meeting the demand for LARC services. This paper is focused on the primary care offer.

2.4 LARC provided in primary care has been commissioned by KCC since 2013. Prior to this LARC was commissioned via a primary care Local Enhanced Service.

2.5 The service provides three types of LARC, dependant on patient choice and availability of trained staff. These are:

- Intra-uterine device, (IUD)
- Intra-uterine system, (IUS)
- Sub-dermal implant, (SDI)

2.6 LARC devices, systems, and implants, can only be fitted and removed by nurses or doctors (practitioners) who are accredited with Letters of Competence (LoC) from the Faculty of Sexual and Reproductive Health (FSRH)[4] which provides assurance of a minimum recognised standard of training and competency.

2.7 The LARC devices used in this service are initially funded by the Kent and Medway Integrated Care Board (ICB) via their contract with GPs. The ICB then claims for these costs from KCC on a quarterly basis.

2.8 In addition to the NHS-funded contraception in general practice, the availability of LARC service provided by primary care offers additional alternative for patients seeking contraceptive options in Kent. Without LARC being offered in primary care, patients would need to access this provision from the integrated sexual health services or out of area provision to access these contraceptive methods, potentially causing delays, inconvenience in their care journey.

2.9 LARC is an extremely effective clinical approach to contraception. LARC offers the patient over 99% effectiveness in preventing pregnancy[5], is long lasting (typically over three years from insertion/implantation) and is not user dependant unlike other methods such as oral contraceptive (medication which the patient must remember to take as prescribed).[6]

3. Current context

3.1 In October 2018, the LARC service was presented to the KCC Health Reform and Public Health Cabinet Committee as part of a wider paper titled 'Sexual Health Needs Assessment and Service commissioning.'[7] The recommendation

[4] https://www.fsrh.org/education-and-training/
[5] How effective is contraception at preventing pregnancy? - NHS (www.nhs.uk)
[6] Context | Long-acting reversible contraception | Guidance | NICE
[7] https://democracy.kent.gov.uk/ieDecisionDetails.aspx?Id=2201

of this paper, which was agreed by the Cabinet Member for Adult Social Care and Public Health, was to ‘continue for 36 months with this service and review the contract length in line with the changing footprint of primary care.’ This contract has been extended up until September 2023.

3.2 The Public Health Team is preparing to implement a comprehensive Public Health Service Transformation Programme, encompassing LARC, to inform the commissioning decision beyond 2025. A paper outlining the details of the Transformation Programme is being presented to this committee as a separate item.

3.3 In mid-2022, public health-initiated a thorough assessment of reproductive health in Kent, with an anticipated completion date of September 2023.

4 Options and recommendations

4.1 Options that were considered for commissioning LARC can be found in Appendix I. A short summary includes the following:

Option	Description	Risk
Decommissioning the LARC service in primary care.	Ceasing LARC services in primary care while relying on community providers.	Decreasing accessibility, potential increase in unintended pregnancies and terminations, limited patient choice, strain on Integrated Sexual Health Services.
Extending the current contract.	Renewing the contract with existing primary care providers.	Potential non-compliance with Public Contracts Regulation (PCR) 2015.
Direct award the provision of LARC through primary care.	Contracting directly with a provider without advertising.	Potential non-compliance with PCR 2015. Lack of transparency, potential legal challenges, missed opportunities for other providers.
Developing a Dynamic Purchasing System (DPS).	Creating a system for providers to sign up and offer public health services.	Limited opportunities for primary care to access (only LARC currently). Guidance and support required for providers, limited participation, potential inequitable service distribution.

Running a light touch competitive procurement process in compliance with the PCR 2015.	Advertising and evaluating proposals from interested providers.	Low participation in light touch procurement exercise and contract award/sign up. Risk to be mitigated through market engagement and comms and by ensuring procedure followed is complaint and streamlined to reduce any unnecessary burden wherever possible.

4.2 Commissioners' recommendation is to run a light touch procurement process to advertise and award the contracts for the LARC service in the primary care setting. To reduce the risk of low participation and sign up, we will implement a light touch process where primary care can register their interest on the Kent Business Portal and complete a short questionnaire around how they meet the requirements of delivering LARC. We will also work closely with the Local Medical Committee to design the process and to communicate to current GP providers. Contracts awarded to primary care providers will be capable of being renewed annually, based on the trained practitioners providing evidence that they have retained their Letter of Competency (LoCs).

4.3 By adopting this approach, sufficient time will be allocated for the completion of the review and the broader Public Health Transformation Programme. It will also provide flexibility to facilitate the gradual phasing out and transition of the current service into a new model that aligns with the recommendations derived from the review and the Public Health Transformation Programme.

4.4 Commissioners will continue to assess the market and explore options during this time. This will include ongoing exploration of alternative markets and the evolving primary care environment.

5 Financial Implications

5.1 Budget costs for the service have been calculated by using activity data from the current financial year and previous financial years pre-COVID-19, where the service was not disrupted by lockdowns and pressures to primary care. As this is an activity-based service with no fixed costs, the budget is an estimation.

Time period	Procedures	Devices	Total estimate
October 2023 – March 2024	£530,000	£285,000	£815,000
April 2024 – March 2025	£1,070,000	£570,000	£1,640,000
April 2025 – March 2026	£1,070,000	£570,000	£1,640,000
	£2,670,000	**£1,425,000**	**£4,100,000 (Rounded)**

5.2 Funding is from the ring-fenced Public Health Grant, provided to the local authority annually from DHSC for the purpose of commissioning public health services for the Kent population. Providing and securing the provision of open access Sexual Health Services is a condition of the grant.

6. Legal Implications

6.1 The recommended option is to advertise the new contract opportunities for delivering LARC services in the primary care setting and award the contracts using a light touch procurement process in compliance with Regulations 74-77 of the PCR 2015.

7. Equalities Implications

7.1 The recommendation is to continue to commission LARC in primary care for up to three years which is alike to the current service model i.e., LARC provided via GPs in the Kent community. Therefore, minimal implications to equalities are expected. An Equalities Impact Assessment is attached as Appendix 2.

8. Data Protection Implications

8.1 A Data Protection Impact Assessment (DPIA) screening tool has been completed and a full DPIA has been drafted. This will be updated once the competitive process has been conducted. As this service model has not changed there are likely to be minimal implications to data.

9. Other corporate implications

9.1 The service will interact with, accept referrals from, and refer patients to other services commissioned by KCC and other organisations.

10. Conclusion

10.1 KCC commission LARC in primary care via approximately 103 GPs across the Kent geography. Trained practitioners in participating GPs undertake approximately 14,000 procedures each year. The number of GPs and service volume will vary each year based on demand and competence of primary care and willingness to provide.

10.2 A review of reproductive health is currently underway by the Public Health Core Team, in addition to an upcoming Public Health Transformation programme, which will inform future commissioning arrangements for Kent Sexual Health services from 2025/2026 onwards.

10.3 The current contracts with GPs delivering LARC come to an end on 30 September 2023, and the recommendation is to advertise the new contract opportunities for delivering LARC services in the primary care setting via a light touch compliant process under the PCR 2015 and award contracts with a maximum total duration of up to three years (Initial one-year contract with two, one-year extension options). This will allow enough time for the review and transformation programme to take place whilst minimising disruption to residents. It is important to note that this service is evidence-based, mandated, and demonstrates a favourable return investment.

11. Recommendations

11.1 Recommendations: The Health Reform and Public Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (Attached as Appendix A) to:

1. **APPROVE** the commissioning arrangements to advertise and award the new contract opportunities for delivering Long-Acting Reversible Contraception Services in the primary care setting using a light touch procurement process in compliance with the Public Contracts Regulations 2015 (PCR). The contract period will be for one year (1 October 2023 to 30 September 2024) with two potential 12-month extensions (1 October 2024 – to 30 September 2025 and 1 October 2025 – 30 September 2026).
2. **DELEGATE** authority to the Director of Public Health to undertake all necessary actions to implement the decision, including, but not limited to, awarding new contracts, finalising terms, entering contracts, approving extensions (up to September 2026 in accordance with the contract terms), and establishing any required legal agreements.

12. Background Documents

Framing Kent's Future - Our Council Strategy 2022-2026
- The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (legislation.gov.uk)
- NHS Long Term Plan
- Women's Health Strategy for England, 2022

13. Report Authors

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Relevant Director

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY: Clair Bell Cabinet Member for Adult Social Care and Public Health	DECISION NO: 23/00062

For publication: Yes

Key decision: Yes

TITLE OF DECISION: LONG-ACTING REVERSIBLE CONTRACEPTION IN PRIMARY CARE

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to:
1.**APPROVE** the commissioning arrangements to advertise and award the new contract opportunities for delivering Long-Acting Reversible Contraception services in the primary care setting using a light touch procurement process in compliance with the Public Contracts Regulations 2015 (PCR). The contract period will be for one year (1 October 2023 to 30 September 2024) with two potential 12-month extensions (1 October 2024 and ending in in September 2026); and
2. **DELEGATE** authority to the Director of Public Health to undertake all necessary actions to implement the decision, including, but not limited to, awarding new contracts, finalising terms, entering into contracts, approving extensions (up to September 2026 in accordance with the contract terms), and establishing any required legal agreements.

Reason(s) for decisions: The current Long-Acting Reversible Contraception (LARC) Service, provided by primary care, is due to end on 30 September 2023. To ensure continuity of service while a review of reproductive health and the public health transformation program is underway, new contracts are required within the primary care setting. Continuing to commission LARC through primary care offers advantages in terms of accessibility, convenience, comprehensive care, and cost-effectiveness.

Local authorities are mandated to provide sexual health services including prevention, testing, and treatment of sexually transmitted infections, and advice on and access to a broad range of contraceptive substances and appliances via The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013[1].

LARC is an extremely effective method of contraception[2], and is long lasting (typically over three years from insertion/implantation). LARC delivery has been provided by trained practitioners in certain General Practices (GPs) who have achieved a Letter of Competence (LoC) accreditation from the Faculty of Sexual and Reproductive Healthcare (FSRH) [3]. This LoC provides assurance of a minimum recognised standard of training and competency.

LARC is currently provided to the Kent population through two routes: Integrated Sexual Health services and primary care settings within local communities. Integrated services primarily cater to complex LARC cases, while primary care providers, encompassing around 105 contracted practitioners in Kent, offer LARC services to a wider range of individuals, performing approximately

[1] The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (legislation.gov.uk)
[2] How effective is contraception at preventing pregnancy? - NHS (www.nhs.uk)
[3] https://www.fsrh.org/education-and-training/

14,000 procedures each year.

The Public Health team is currently conducting a comprehensive review of reproductive health, accompanied by an upcoming Public Health Transformation program. These ongoing reviews will play a crucial role in shaping the future commissioning arrangements for Kent Sexual Health services, including the provision of LARC and primary care services from April 2025.

The arrangements with primary care were initially awarded in 2019 via article 32(2)(b) of the Public Contracts Regulations (PCR 2015). The current contracts are due to expire in September 2023.

Legal: The recommended option is to advertise the new contract opportunities for delivering LARC services in the primary care setting and award the contracts using a light touch procurement process in compliance with Regulations 74-77 of the PCR 2015.

Equalities implications: An Equalities Impact Assessment for continuing delivery of LARC in primary care has been completed. As there are no changes to the service model with this re-commission and continuation with primary care to deliver the service will remain consistent, there will be minimal implications to equalities.

Data Protection implications: A Data Protection Impact Assessment (DPIA) screening tool has been completed and a full DPIA has been drafted. This will be updated once the competitive process has been conducted. As this service model has not changed there are likely to be minimal implications to data.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Health Reform and Public Health Cabinet Committee on 11 July 2023 and the outcome included in the decision paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected:
Decommission the service – This option was deemed non-viable due to concerns about accessibility and convenience. Without primary care offering LARC services, there would likely be a decrease in uptake, leading to more unintended pregnancies and terminations. Integrated sexual health services may struggle to handle the increased workload, resulting in longer wait times and limited availability. Moreover, shifting LARC services away from primary care would disrupt the continuity of care and limit patient choice.

Extending the current contracts – Extending the current contract was non-viable as there is not clear ground in Regulation 72 of the PCR 2015 that could be relied upon in the present circumstances to make the required extensions. Therefore, an alternative approach is necessary to ensure the continuous provision of LARC services.

Direct Award to current providers -This option was deemed unfeasible due to concerns regarding transparency, fairness, and equal opportunities. Directly awarding the contracts without advertising the opportunity and running a fair and transparent light-touch procurement process under the PCR 2015 could be criticised for not being transparent and not treating all potential bidders equally. Such an approach could undermine transparency in the decision-making process and potentially invite legal challenges or criticism.

Developing a Dynamic Purchasing System (DPS) -This option was deemed non-viable due to multiple factors. Firstly, the limited opportunities for primary care to access the DPS, primarily focused on LARC services, could impede the involvement of primary care providers. Secondly, the need for guidance and support for providers in navigating the process could strain available resources. Additionally, there are concerns about the appropriateness of implementing the DPS at

the present time. It is advisable to establish the system with various lots and admit providers for different types of related sexual health services. Lastly, limited provider participation poses a risk of an unequal distribution of LARC services across different areas. These factors should be considered when evaluating the feasibility of this option.
Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

....

signed date

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Appendix 1 – Long-Acting Reversible Contraception Service Commissioning Options

Option	Description	Risk
Decommissioning the Long-Acting Reversible Contraception (LARC) Service in Primary Care.	Ceasing the commissioning of LARC services through Primary Care, while maintaining the community offer provided by Kent Community Health Foundation Trust (KCHFT) and Maidstone and Tunbridge Wells NHS Trust (MTW). This means that primary care settings would no longer offer LARC services, and patients would need to rely solely on community providers.	The lack of easily accessible and convenient primary care option for LARC could lead to a decrease in uptake and utilisation of LARC methods, potentially resulting in an increase in unintended pregnancies and terminations. Integrated sexual health service, which also offer LARC, will not have the capacity to accommodate the additional workload, leading to longer waiting times and limited appointment availability. Shifting LARC services away from primary care could create fragmentation in the delivery of reproductive health services and limit patient choice, as individuals may prefer receiving care from their familiar primary care provider.
Extending the current contract	Continue to contract with the existing primary care providers by issuing an extension. This would involve renewing the agreement with the current providers for a specified period.	While extending the current contract providers continuity, it poses a risk of non-compliance with PCR 2015 as viable extensions have already been exhausted. This could lead to potential legal and regulatory challenged.
Direct award the provision of LARC through primary care	Awarding the contract directly to a provider without advertising the opportunity. This would involve selecting a specific provider based on pre-determined criteria without a competitive process.	Directly awarding the contract without conducting a legal procurement process may raise concerns about transparency, fairness, and equal opportunities for other potential providers. It could be seen as a breach of procurement regulations and may invite legal challenges or criticism for favouritism.
Developing a	Creating a DPS on the	There will be limited

Appendix 1 – Long-Acting Reversible Contraception Service Commissioning Options

Dynamic Purchasing System (DPS)	Kent Business Portal for any suitable provider to sign up and deliver the service. This would establish a framework where accredited and interested providers meeting the criteria can participate and offer LARC.	opportunities for primary care to access the DPS, as its primary focus is on LARC services. This could restrict the involvement of primary care providers in the system. Providers participating in the DPS may require guidance and support to navigate the process effectively, which could potentially strain the available resources. Lastly, there is a risk of limited provider participation, which could lead to an inequitable distribution of LARC services across different areas.
Running a procurement complaint process.	Advertising the opportunity and conducting a light-touch streamlined procurement process. This involves publicising the need for LARC services and inviting interested providers to submit a light-touch questionnaire.	There is a low risk of provider participation or lack of interest, which could limit the pool of potential providers. This may result in reduced competition and potentially fewer options for service delivery.

EQIA Submission – ID Number
Section A

EQIA Title
LARC in Primary Care

Responsible Officer
Craig Barden - CED SC

Type of Activity

Service Change
No
Service Redesign
No
Project/Programme
No
Commissioning/Procurement
Commissioning/Procurement
Strategy/Policy
No
Details of other Service Activity
No

Accountability and Responsibility

Directorate
Adult Social Care and Health
Responsible Service
Strategic Commissioning (Public Health)
Responsible Head of Service
Victoria Tovey - CED SC
Responsible Director
Anjan Ghosh - ST SC

Aims and Objectives

The aim of this activity is to procure the existing Long Acting Reversible Contraception (LARC) in Primary Care service, for 12-36 months, in an identical model to the current service.

Section B – Evidence

Do you have data related to the protected groups of the people impacted by this activity?
No

It is possible to get the data in a timely and cost effective way?
No

Is there national evidence/data that you can use?
No

Have you consulted with stakeholders?
Yes

Who have you involved, consulted and engaged with?
The Kent Local Medical Committee (LMC), a body which represents General Practices in Kent, have been informed about the intention to procure the LARC in Primary Care service in an identical model of service delivery.

Has there been a previous Equality Analysis (EQIA) in the last 3 years?
Yes

Do you have evidence that can help you understand the potential impact of your activity?
Yes

Section C – Impact

Who may be impacted by the activity?

Service Users/clients
Service users/clients

Staff
Staff/Volunteers

Residents/Communities/Citizens
Residents/communities/citizens

Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?

Yes

Details of Positive Impacts

The LARC in Primary Care service is commissioned by Kent County Council to provide positive benefits to the Kent population. It enables women to receive a reliable, long-term, and highly effective means of contraception to put them in control of their reproductive health. Furthermore, provision of LARC is associated with positive outcomes for service users due to reducing unintended pregnancies which is tied to poorer outcomes.

Age:
The service is aimed at women in the population of a reproductive age i.e., anyone who can become pregnant and receive a contraceptive benefit from accessing the service. Typically, these are females aged 15-45 years although some may be outside of this age range. Where young people are under the age of 16 the providers will apply the Fraser guidelines and Gillick competency .

Therefore, there are no negative impacts associated with age because those outside of the reproductive age range are not able to benefit from receiving a LARC for contraceptive purposes.

Disability:
The Service provides access for all Kent residents with support provided for those with a disability that may otherwise limit their access. General Practices adhere to strict accessibility regulations in their practice and ensure that disabled service users can access the service.

Sex:
The service is aimed at those who were designated as female at birth and capable of becoming pregnant as it aims to provide a contraceptive benefit via provision of LARC devices (which are designed solely for this service user group). Therefore, there are no negative impacts associated with sex because the service is only aimed at individuals who were female at birth, who are the only group which can benefit from the service.

Gender Identity / Transgender:
The service does not discriminate based on gender identity or transgender service users. The service adheres to the Faculty of Sexual and Reproductive Healthcare (FSRH) guidance on contraceptive choices ensuring transgender service users are given the most appropriate advice and contraceptive care.

Race:
The service does not discriminate based on race.

Religion / Belief:
The service does not discriminate based on religion or belief and will provide equality of access to service users across Kent regardless of religion or belief.

Sexual Orientation
The service does not discriminate based on sexual orientation.

Marriage / Civil Partnerships:
The service does not discriminate based on sexual orientation.

Carers Responsibilities:
The service does not discriminate based on those with carer responsibilities, and General Practices have working practices to accommodate patient availability when booking appointments.

Negative impacts and Mitigating Actions
19.Negative Impacts and Mitigating actions for Age
Are there negative impacts for age?
No
Details of negative impacts for Age
Not Applicable
Mitigating Actions for Age
Not Applicable
Responsible Officer for Mitigating Actions – Age
Not Applicable
20. Negative impacts and Mitigating actions for Disability
Are there negative impacts for Disability?
No
Details of Negative Impacts for Disability
Not Applicable
Mitigating actions for Disability
Not Applicable
Responsible Officer for Disability
Not Applicable
21. Negative Impacts and Mitigating actions for Sex
Are there negative impacts for Sex
No
Details of negative impacts for Sex
Not Applicable
Mitigating actions for Sex
Not Applicable
Responsible Officer for Sex
Not Applicable
22. Negative Impacts and Mitigating actions for Gender identity/transgender
Are there negative impacts for Gender identity/transgender
No
Negative impacts for Gender identity/transgender
Not Applicable
Mitigating actions for Gender identity/transgender
Not Applicable
Responsible Officer for mitigating actions for Gender identity/transgender
Not Applicable
23. Negative impacts and Mitigating actions for Race
Are there negative impacts for Race

No
Negative impacts for Race
Not Applicable
Mitigating actions for Race
Not Applicable
Responsible Officer for mitigating actions for Race
Not Applicable
24. Negative impacts and Mitigating actions for Religion and belief
Are there negative impacts for Religion and belief
No
Negative impacts for Religion and belief
Not Applicable
Mitigating actions for Religion and belief
Not Applicable
Responsible Officer for mitigating actions for Religion and Belief
Not Applicable
25. Negative impacts and Mitigating actions for Sexual Orientation
Are there negative impacts for Sexual Orientation
No
Negative impacts for Sexual Orientation
Not Applicable
Mitigating actions for Sexual Orientation
Not Applicable
Responsible Officer for mitigating actions for Sexual Orientation
Not Applicable
26. Negative impacts and Mitigating actions for Pregnancy and Maternity
Are there negative impacts for Pregnancy and Maternity
No
Negative impacts for Pregnancy and Maternity
Not Applicable
Mitigating actions for Pregnancy and Maternity
Not Applicable
Responsible Officer for mitigating actions for Pregnancy and Maternity
Not Applicable
27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships
Are there negative impacts for Marriage and Civil Partnerships
No
Negative impacts for Marriage and Civil Partnerships
Not Applicable
Mitigating actions for Marriage and Civil Partnerships
Not Applicable
Responsible Officer for Marriage and Civil Partnerships
Not Applicable
28. Negative impacts and Mitigating actions for Carer’s responsibilities
Are there negative impacts for Carer’s responsibilities
No
Negative impacts for Carer’s responsibilities
Not Applicable
Mitigating actions for Carer’s responsibilities
Not Applicable

Responsible Officer for Carer's responsibilities
Not Applicable

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

Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee – 11 July 2023

Subject: **Performance of Public Health Commissioned Services (Quarter 4 2022/2023)**

Classification: Unrestricted

Previous Pathway: None

Future Pathway: None

Electoral Division: All

Summary: This report provides an overview of the Key Performance Indicators for Public Health commissioned services. In the latest available quarter, January 2023 to March 2023, of 15 Key Performance Indicators eleven were RAG rated Green and four Amber.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q4 2022/2023.

1. Introduction

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

1.2 This report provides an overview of the Key Performance Indicators (KPIs) for the Public Health services that are commissioned by 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. Overview of Performance

2.1 Of the 15 targeted KPIs for Public Health commissioned services, eleven achieved target (Green) and four were below target although did achieve the floor standard (Amber).

3. Health Visiting

3.1 In Q4 2022/2023, the Health Visiting Service delivered 16,752 mandated universal health and wellbeing reviews. Over the whole year (2022/2023), there were 68,852 health and wellbeing reviews delivered, exceeding the annual

target of 65,000. Four of the five mandated contacts met or exceeded the targets with the proportion of new birth visits delivered within 10–14 days at 93%, slightly below the 95% target. From 2022/2023, this KPI changed from delivery of the visit within 30 days of birth. Overall, 99% of new birth visits were delivered within 30 days and families with additional needs are always prioritised. At the end of March 2023 (Quarter 4), there were 3,012 children on the health visiting specialist caseload. The specialist caseload includes children and families who require intensive support for complex or multiple needs, and children who are considered to have been harmed or are likely to suffer significant harm as a result of abuse or neglect. There are also 5,667 children on the targeted caseload. The targeted caseload includes children and families who require extra help to improve education, parenting, behaviour or to meet specific health needs.

4. Adult Health Improvement

4.1 The NHS Health Check programme has made notable progress in Q4 2022/2023. The number of eligible people receiving an NHS Health Check (twelve month rolling) exceeded the target at 25,144, of which 7,703 were delivered in the current quarter. This represents an increase of 59% compared to the same quarter in 2021/2022 (4,844). More of the eligible population are being invited to an NHS Health Check, with 24,411 being invited this quarter which is an increase of 23% compared to the same quarter in 2021/2022 (19,796). Most encouraging, the uptake of NHS Health Checks continues to recover to pre-pandemic levels at 29% during 2022/2023. This compares to 38% (2019/2020 [pre-pandemic]), 17% (2020/2021) and 24% (2021/2022).

4.2 In Q4 2022/2023, there were 1,465 people setting a quit date through the Smoking Cessation Service. At the four-week follow-up, 54% (786 people) of those setting a quit date had successfully quit. This is slightly below the target of 55%. However, it is important to note that the number of people setting a quit date and subsequently achieving this during the quarter was the highest reported in the year to date (2022/2023).

4.3 During Q4 2022/2023 the Stop Smoking Long Term Plan Maternity Service started to launch, which began to decrease the number of referrals being received for the Smoking in Pregnancy Service. It is envisaged that this will continue to impact upon referrals from maternity services as the Smoking in Pregnancy Service rolls out across the county and as maternity services start to utilise in-house NHS Stop Smoking workers. Commissioners and Kent Community Health Foundation Trust (KCHFT) will continue to monitor the impact of this on referral numbers and will review where resource is allocated within the service as appropriate. As public health starts to embark on a transformation programme it will be important to consider how services such as smoking, fit within the new strategic landscape.

4.4 The One You Kent (OYK) Lifestyle Service performed above the target for the percentage of individuals across OYK Services being from the most deprived areas in Kent, achieving 59% in Q4 2022/2023. We have identified under-reporting of activity from one of the providers affecting Q1–Q4 2022/2023 that

has since been rectified. The updated data shows that engagement with this cohort has increased over the past year, contrary to what the previous data suggested. In districts with lower levels of deprivation it continues to be challenging to meet the 55% target despite carrying out engagement work targeting this cohort. Referrals from GPs for individuals with a high Body Mass Index (BMI) (not necessarily from deprived quintiles) remain high and this affects the percentage of individuals within OYK Services from areas of deprivation. Commissioners are working with NHS weight services to ensure that these individuals are being supported by the most suitable service for their needs. It is also important to note that OYK Lifestyle is a universal service.

5. Sexual Health

5.1 In Q4 2022/2023, the Sexual Health Service performed above the target for the percentage of first-time patients being offered a full sexual health screening, achieving 98%. Over the whole year (2022/2023), attendances at KCC commissioned sexual health clinics were 58,012 – 11% fewer compared to 2021/2022 (65,166). However, the number of individuals using the online Sexually Transmitted Infections (STI) Testing Service has increased by 5% (tests ordered: 46,383) over the same period as more individuals are signposted to this service. Works are ongoing at the new sexual health clinic in Margate (Thanet), which will increase service capacity to meet current and future need. This facility is projected to open in Q2 2023/2024. The service has also continued successful, proactive outreach work, with collaboration taking place between providers.

6. Drug and Alcohol Services

6.1 In Q4 2022/2023, Community Drug and Alcohol Services continued to perform above target for the proportion of successful completions from drug and alcohol treatment. The performance for this measure, however, is decreasing when compared to previous quarters. The number of adults entering treatment in 2022/2023 was 5,084; this has remained relatively stable since 2018/2019. It is worth noting that the providers have been asked to focus strongly on increasing the numbers in treatment, particularly from underserved groups, as per the Office for Health Improvements and Disparities (OHID) instruction. This is necessary for additional OHID funding to be agreed post-2025. The providers have been reminded of the importance of continuing to maintain performance across other areas, such as successful completion. With this in mind, some of the OHID funding has been dedicated to the recruitment of Quality Improvement Leads across both services. They will have a responsibility to improve quality across all aspects of the service.

6.2 The Young People's Drug and Alcohol Service received 108 referrals in Q4 2022/2023, an increase of 13.7% compared to Q4 2021/2022. The amount of young people exiting treatment in a planned way exceeded the target this quarter, increasing to 90% from 77% during Q3 2022/2023. This represents 37 planned exits, one unplanned exit and one transfer. Of those young people who exited treatment in a planned way, 27% reported abstinence. In the last quarter

the service has seen a stabilisation in its workforce, with successful recruitment and induction of several vacancies.

7. Mental Health and Wellbeing Service

7.1 In Q4 2022/2023, Live Well Kent and Medway client satisfaction rates were 99%, meeting the 98% target. The service continues to report that the cost-of-living crisis is impacting on the mental and wellbeing of clients. The service continues to mobilise the new contract whilst still achieving positive outcomes for clients across Kent. For example, most people supported through the service to enter employment during 2022/2023 have secured jobs for more than 16 hours per week. This has resulted in an increased number of people transitioning off employment-related benefits.

8. Conclusion

8.1. Eleven of the fifteen KPIs remain above target and were RAG rated Green.

8.2. Commissioners continue to explore other forms of delivery, to ensure current provision is fit for purpose and able to account for increasing demand levels and changing patterns of need. This will include ongoing market review and needs analysis.

9. Recommendations

9.1 Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the performance of Public Health commissioned services in Q4 2022/2023.

10. Background Documents

None

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

Service	KPIs	Target 21/22	Target 22/23	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	DoT**
Health Visiting	PH04: No. of mandated health and wellbeing reviews delivered by the health visiting service (12 month rolling)	65,000	65,000	72,530 (G)	70,923 (G)	69,657 (G)	69,082 (G)	68,852 (G)	⇩
	PH14: No. and % of mothers receiving an antenatal contact with the health visiting service	43%	43%	1,809 54%(G)	1,561 44%(G)	1,846 52%(G)	1,656 53%(G)	1,706 57%(G)	⇧
	PH15: No. and % of new birth visits delivered by the health visitor service within 10-14 days of birth	95%	95%	3,620 94%(A)	3,777 94%(A)	3,921 94%(A)	3,868 93%(A)	3,463 93%(A)	⇔
	PH16: No. and % of infants due a 6-8 week who received one by the health visiting service	85%	85%	3,530 91%(G)	3,605 91%(G)	3,792 92%(G)	3,899 91%(G)	3,453 90%(G)	⇩
	PH23: No. and % of infants who are totally or partially breastfed at 6-8 weeks (health visiting service)	-	-	1,836 49%	1,953 50%	2,051 52%	2,139 52%	1,812 50%	⇩
	PH17: No. and % of infants receiving their 1-year review at 15 months by the health visiting service	85%	85%	3,631 91%(G)	3,691 92%(G)	3,908 92%(G)	4,119 92%(G)	3,896 93%(G)	⇧
	PH18: No. and % of children who received a 2-2½ year review with the health visiting service	80%	80%	3,772 91%(G)	3,539 87%(G)	3,322 85%(G)	3,452 86%(G)	3,417 85%(G)	⇩
Structured Substance Misuse Treatment	PH13: No. and % of young people exiting specialist substance misuse services with a planned exit	85%	85%	30 83%(A)	36 78%(A)	25 57%(R)	27 77%(A)	37 90%(G)	⇧
	PH03: No. and % of people successfully completing drug and/or alcohol treatment of all those in treatment	25%	25%	1,467 29%(G)	1,484 29%(G)	1,410 28%(G)	1,306 26%(G)	1,275 25%(G)	⇩
Lifestyle and Prevention	PH01: No. of the eligible population aged 40-74 years old receiving an NHS Health Check (12 month rolling)	9,546	23,844	16,740 (G)	19,834 (A)	20,946 (A)	22,255 (A)	25,114 (G)	⇧
	PH11: No. and % of people quitting at 4 weeks, having set a quit date with smoking cessation services	52%	55%	793 60%(G)	661 54%(A)	627 62%(G)	691 57%(G)	786 54%(A)	⇩
	PH25: No. and % of clients currently active within One You Kent services being from the most deprived areas in Kent	-	55%	1,339 57%(G)	1,525 58%(G)	1,515 53%(A)	1,494 54%(A)	1,929 59%(G)	⇧
Sexual Health	PH24 No. and % of all new first-time patients (at any clinic or telephone triage) offered a full sexual health screen (chlamydia, gonorrhoea, syphilis, and HIV)	92%	95%	5,990 96%(G)	6,495 95%(G)	7,571 95%(G)	7,954 96%(G)	8,230 98%(G)	⇧

Mental Wellbeing	PH22: No. and % of Live Well Kent clients who would recommend the service to family, friends, or someone in a similar situation	90%	98%	384 99%(G)	449 99%(G)	581 97%(A)	388 99%(G)	721 99%(G)	⇔

Commissioned services annual activity

Indicator description	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	DoT
PH09: Participation rate of Year R (4-5 year olds) pupils in the National Child Measurement Programme	93% (G)	95% (G)	95% (G)	85% (G)**	88% (A)	nca	⇧
PH10: Participation rate of Year 6 (10-11 year olds) pupils in the National Child Measurement Programme	96% (G)	94% (G)	94% (G)	9.8% (A)**	87% (A)	nca	⇧
PH05; Number receiving an NHS Health Check over the 5-year programme (cumulative: 2013/14 to 2017/18, 2018/19 to 2022/23)	198,980	36,093	76,093	79,583	96,323	121,437	-
PH06: Number of adults accessing structured treatment substance misuse services	4,466	4,900	5,053	4,944	5,108	5,084	⇩
PH07: Number accessing KCC commissioned sexual health service clinics	75,694	76,264	71,543	58,457	65,166	58,012	⇩

** In 2020/21 following the re-opening of schools, the Secretary of State for Health and Social Care via Public Health England (PHE) requested that local authorities use the remainder of the academic year to collect a sample of 10% of children in the local area. PHE developed guidance to assist Local Authorities achieve this sample and provided the selections of schools. At request of the Director of Public Health, Kent Community Health NHS Foundation Trust prioritised the Year R programme, achieving 85%.

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.

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 – 11 July 2023
Subject:	**Public Health Communications and Campaigns Update**
Classification:	Unrestricted
Past Pathway of Paper:	None
Future Pathway of Paper:	None
Electoral Division:	All

Summary: This paper reports on the campaigns and communications activity which supports the delivery of public health priorities in 2023/2024

The report notes the summer preparedness communications response and other public health priorities. The paper also notes the continued partnership working with the health and care system to engage residents on the interim integrated care strategy.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the progress and impact of public health communications and campaigns in 2023 and the need to continue to deliver throughout 2023/2024.

1. Introduction

1.1 Marketing and communications activity continues to play a critical role in supporting our residents and providing trusted and timely information about public health priorities throughout the year. Proactive communications have so far managed the impact of severe weather, infectious outbreaks, the resurgence of Avian flu and reminders of immunisations programmes, among many others.

1.2 As part of the council's statutory warn and inform responsibilities, the Public Health and Marketing and Resident Experience Teams ensure continued awareness of threats to health as they arise, particularly Strep A and measles over the last six months. The subject of public health continues to dominate the news agenda, and cabinet members and senior officers are often called upon to talk about, and provide statements to highlight, key messages which encourage healthier behaviours and help residents stay safe and well.

1.3 Marketing and communication campaign activity has continued to focus on three main drivers:

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

1.4 This paper covers communications activity for 2023, along with key activities and plans for this financial year.

2. 'Warn and Inform' Health Communications (including severe weather, infectious diseases and immunisations)

2.1 Winter pressures across Kent meant continued proactive and reactive communications as the trusted source of public health information and advice for residents, along with supporting our NHS colleagues with specific vaccinations and healthcare focus areas including Covid-19, flu and Measles, Mumps and Rubella (MMR) immunisations.

2.2 'Summer Preparedness' communications activity includes support and sharing of the UK Health Security Agency (UKHSA) national campaign and Met Office 'Weather Ready' materials. We will also lead on 'warn and inform' messages in the event of a yellow, amber or red heat health alert – sharing media and social media content through partners across the county. Kent County Council (KCC) also takes the lead in media interviews, with cabinet members and the Director of Public Health offering strong, visible public leadership to Kent residents.

2.3 Communications for any outbreaks are carefully co-ordinated with partners from Medway Council, UKHSA, the NHS, district and borough councils and central government departments. Considerable communications activity continues with partners and stakeholders as part of our role on the Kent Resilience Forum (KRF).

2.4 Health inequality research will form the basis of the next step for inclusive campaign and communications engagement, finding new innovative ways to reach people who are most at risk of serious illness.

3. Public Health Campaigns and Communications 2023/2024

3.1 Overview of activity from January 2023:

- Mental health and wellbeing – promotion of Every Mind Matters online tool and Live Well Kent Services.
- Suicide prevention – ongoing targeted promotion of Release the Pressure helpline and text service.
- Children's mental health and wellbeing - support and sharing of Headstart Kent, Kooth and partners' campaigns and promotions.
- Alcohol awareness summer campaign – promoting the 'Know Your Score' online tool and local support services.

- Smoking cessation campaign – signposting to ‘One You Kent’ local support services for Stoptober.
- Vaping and young people campaign – working with Trading Standards and key partners in education and youth hubs
- Severe weather communications – heatwave alerts during the summer.

3.2 Mental Health and Wellbeing – Release the Pressure, Live Well Kent and Every Mind Matters

3.2.1 Mental Health Awareness Week in May 2023 was supported with a multi-agency media release and organic social media, signposting to local support services including Live Well Kent, One You Kent and Every Mind Matters at www.kent.gov.uk/everymindmatters The main theme included tackling anxiety and finding tools and local support to empower people to find help.

3.2.2 We also share promotion of partners’ campaigns such as Kooth mental wellbeing for children and young people including organic promotion through social media at the start of exam season in May.

3.2.3 KCC Public Health has ongoing promotion of the suicide prevention ‘Release the Pressure’ campaign through Google Adwords. Targeted mobile adverts have also been used in areas of concern identified by the Suicide Prevention leads. The paid-for promotion in December 2022 saw an increase in calls to the Mental Health Matters helpline.

3.3 Adult Obesity - One You Kent/Better Health (healthy weight services)

3.3.1 Further creative assets including videos are being developed with partners around the county and these are used as part of an always-on organic promotion aimed at raising awareness of adult obesity and healthy weight lifestyles.

3.3.2 A countywide campaign in January focused on physical activity and healthy eating including meals on a budget with adverts targeted to key areas identified by Public Health leads. Reach exceeded 1million and over 800,000 impressions were served with 30,000 engagements. There were 6.2k page views of www.kent.gov.uk/healthyweight during January 2023 – this is nearly half of all page views since April 2022. Public Health Commissioners report an increase in weight referrals during the campaign period – up 35% compared to the previous quarter and an increase of 21% compared to the previous year.

3.3.3 Partners are encouraged to share the campaign through their own channels to increase reach and engagement. KCC’s Marketing and Resident Experience (MRX) Team continue to join the multi-agency communications group set up as subgroup workstream for the Whole Systems Obesity Approach.

3.4 Alcohol Reduction – 'Know Your Score' online tool promotion app

3.4.1 We will be supporting Alcohol Awareness Week in July 2023 with a campaign promotion of the 'Know Your Score' Audit C online tool at www.kent.gov.uk/knowyourscore.

3.4.2 Drugs and alcohol services provide invaluable support to people in Kent. In order to improve residents' awareness of the services available in their area, KCC is bringing together commissioners, providers and local voluntary sector partners to develop an online hub for information and support, including vital referral pathways.

3.5 Child Obesity - Change 4 Life/Better Health Families

3.5.1 We continue to support national campaigns locally – raising awareness of childhood obesity by focusing on primary school aged children. This includes local promotion of the new 'Healthy Steps' email programme.

3.5.2 Locally we continue to promote key messages around healthy eating, reducing sugar, being more active and awareness of dental/oral health care through the @BetterHealthFamiliesKent Facebook page.

3.5.3 We encourage KCC's Children's Centres, the Kelsi school bulletin and partners to share content through their own channels.

3.6 Smoking Cessation (plus Vaping and Young People)

3.6.1 We promoted One You Kent commissioned support services for No Smoking Day in March. Channels used included Facebook advertising, Spotify and Google AdWords.

3.6.2 Key messages focused on the physical and mental health harms of smoking plus the financial impact and the quitting benefits to these. The call-to-action signposted people to www.kent.gov.uk/smokefree where there is information of One You Kent support services plus self-help tools including the NHS Quit Plan app.

3.6.3 A public awareness campaign is planned for autumn 2023 targeting children of all ages. KCC's Public Health, Trading Standards and MRX Teams are currently working with the Department of Health and Social Care (DHSC), NHS and other partners to gather insight and understand more fully people's attitudes towards vaping across the county. More information on this campaign will be reported in the autumn cabinet committee paper.

4. Summer Preparedness Campaign and Heat Health Alerts

4.1 KCC has a "warn and inform" responsibility during heat health alerts and leads on the communications for public health messaging. We also support national government and NHS campaigns, providing partners with appropriate social media, marketing, and digital assets during a yellow, amber or red heat health

alert, offering advice and signposting support to enable residents to manage their health during extreme weather conditions.

4.2 Messaging this year incorporate the new alerting system and supports the UKHSA ‘Beat the Heat’ and Met office ‘Weather Ready’ campaigns.

4.3 Draft media release and social media content including video clips are ready for sharing in the event of a heat health alert, through KCC communications platforms, internally to directorates such as social care and education plus key partners and stakeholders.

5. Integrated Care System

5.1 KCC is one of the system leaders for communicating with residents about the development of Kent’s health and care system. The interim Kent & Medway Integrated Care Strategy has been published and a series of engagement events are taking place to understand initial high-level feedback on the key principles in the strategy.

5.3 All four Health and Care Partnerships (HCP) are operational, developing plans specific to each of the geographically split areas. Communication is an integral part of each HCP and KCC will jointly lead the activity to promote the integrated health and care services for residents. More information on how the emerging health and care landscape is communicated to residents will be available in future reports.

6. Financial Implications

6.1 The allocated funding for campaign and marketing activity in 2023/2024 is £110,000.

7. Conclusion and Next Steps

7.1 We continue to develop key public health communications activity based on priorities identified by the Director of Public Health. These include:

- Mental Health and Wellbeing – adults and children
- Obesity – adult and children
- Smoking and vaping
- Alcohol
- Health Checks and high blood pressure
- Immunisations and infectious disease outbreaks
- Sexual Health
- Breastfeeding and infant feeding
- Seasonal health – heatwave and winter

7.2 Previous successes and learning will be integrated into future campaigns, focusing on the most effective communication methods and channels to target key groups and issue areas, as well as on the benefits of developing and utilising both social media and digital platforms.

7.3 It has long been recognised that for long-term change requires long-term, consistent messaging, and it is important to continue working with local partners and nationally with the UKHSA to create and deliver consistent public health campaigns and marketing activity.

8. Recommendation

8.1 Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the progress and impact of public health communications and campaigns in 2023 and the need to continue to deliver throughout 2023/2024.

9. Background Documents

None

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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, 11 July 2023

Subject: **Update on the Start for Life Programme including Infant feeding**

Classification: Unrestricted

Past Pathway of report: None

Future Pathway of report: None

Electoral Division: All

Summary: This report provides members of the Health Reform and Public Health Cabinet Committee with an update on delivery of the Start for Life Programme in Kent with the inclusion of a detailed summary update on infant feeding in Annex 1

Recommendations: The Health Reform and Public Health Cabinet Committee is asked to:
CONSIDER and **COMMENT** on the Public Health Start for Life activity as part of the Kent Family Hubs Programme.
ENDORSE and **NOTE** the governance for this programme including the Start for Life Programme
NOTE Annex 1 The update on infant feeding which reports that breast feeding prevalence is increasing.

1. Introduction

1.1 Start for Life is a component of the family hubs model with a specific focus on the first 1001 days, between conception and the age of two, essential for the healthy development of babies. This focus for support was identified by the Andrea Leadsom Review in 2020 and further articulated in March 2021 with the publication of The Best Start for Life: A Vision for the 1,001 critical days.

1.2 This was rapidly followed by an announcement in the April 2022 budget of £300m government funding to include Family Hubs, parent carer panels, parenting programmes, infant-parent mental health support, breastfeeding support, and workforce pilots.

1.3 In April 2022 an offer from government to 75 local authorities to benefit from the £300m funding was announced. This included Kent and Medway. Metrics based ranking was used to select the 75 local authorities using indices of multiple deprivation.

1.4 On 4 October 2022 the Lead Member for Integrated Children's Services took an executive decision (Decision number 22/00094) to adopt the principle of Kent becoming a Family Hub Transformation Authority.

1.5 In November 2022 the 0–4-year-olds in Kent Health Needs Assessment was published, this has supported Kent County Council as a required element of the family hub submission to the Department for Education (DfE).

1.6 On 23 March 2023, a further executive decision was taken under decision number 23/00015 Family Hub Transformation Funding:

a) To commence development and co-design of the Family Hub model for Kent in line with Government Family Hub framework for delivery and associated plans.
b) To allocate and spend funding allocated via the Family Hub Transformation Authority for 2022/23 financial year.

1.7 In July 2023 Kent County Council (KCC) is planning to launch a public consultation to gain a better understanding of how services can be best integrated to meet local needs, through a Kent Family Hub network, bringing services and partners together to provide a single point of access for family support services. This consultation will run until September 2023.

2. Background

2.1 The DfE has set out minimum expectations for the services that are funded through the Family Hub and Start for Life Programmes. These include:

- Parent-infant relationships and perinatal mental health support
- Infant feeding support
- Parenting Support
- Support with early language development and the home learning environment
- Special Educational Needs and Disability (SEND)
- Safeguarding

2.2 The Start for Life Programme will:

- Provide support to parents and carers so they are able to nurture their babies and children, improving health and education outcomes for all.

- Contribute to a reduction in inequalities in health and education outcomes for babies, children, and families by ensuring that support provided is communicated to all parents and carers, including those who are seldom heard and/or most in need of it.
- Build the evidence base for what works when it comes to improving health and education outcomes for babies, children, and families in different delivery contexts.

2.3 There are cross cutting themes across an expected programme of work to transform service provision. These are:

- Enhancing existing provision
- Maximising access – through family hubs, outreach, and digital delivery
- Communication and engagement – increasing awareness of and access to support and services.
- Integration – with agencies working in a more joined up way.
- Management Information – Needs assessments, monitoring and evaluation, assessing reach, addressing equality and diversity.
- Engagement with underserved and vulnerable groups
- The importance of peer support
- Workforce development
- Co-design with parents and carers

2.4 KCC secured 'Trailblazer' status in February 2023 and as such has agreed with the DfE to deliver a number of initiatives that support high impact areas through an associated delivery plan.

2.5 A Kent webpage is now live at www.kent.gov.uk/startforlife and hard copy resources are available to signpost families who do not have regular internet access.

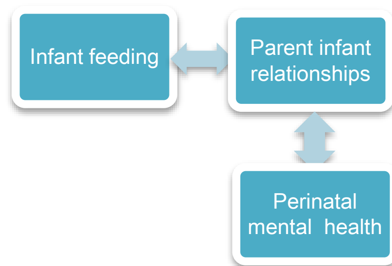
3. Key Areas of Public Health Involvement

3.1 We know that reducing health inequalities and improving health and wellbeing outcomes requires partners to work together within a system approach. Public health has a significant role leading the Start for Life elements as they link with the core business of health visiting and specialist infant feeding support.

3.2 Public health has been involved through the process of preparing to be a Family Hub local authority and has supported development of the delivery plans. Initial DfE requirements as part of the Family Hub and Start for Life Programmes included short deadlines for iterative plan submission and a continuously evolving co-design model, in order to jointly shape proposals throughout the transformation period.

3.3 The Start for Life offer will be a combination of an enhanced current offer and some new service delivery. The funding allocated for the Family Hub and Start for Life Programmes is for transformational activity. It is essential that investments into services are sustainable beyond March 2025. Investing in training and development of the children's partnership workforce will help support sustainability.

3.4 The three key aspects within Start for Life are: infant feeding, perinatal mental health and parent-infant relationships. The minimum requirements and the go further elements presented by DfE across these three areas are presented in appendix 1



4. Parent Infant Relationships and Perinatal Mental Health

4.1 Parent infant relationships refers to a baby's social emotional and cognitive development and wellbeing. Infancy is a time when a baby's brain and stress response systems develop rapidly and to thrive during this period babies need high quality nurturing relationships with their parents or carers.

4.2 The funding will provide the opportunity to develop and embed access to level 1 support on parent infant relationships though improved capability across the children partnership workforce for learning and training. The funding may enable access to level 2 parent infant relationship interventions.

4.3 Perinatal Mental Health (PMH) refers to mental health difficulties that emerge antenatally and in the first two years of a baby's life which can be experienced by mums, dads or partners. The scope for this funding is mild to moderate PMH difficulties in the antenatal and first postnatal year.

4.4 PMH difficulties are common. Poor mental health can impact a family's ability to bond with their baby, to develop the invaluable attachment and have the capacity to nurture them. Increasing awareness of PMH with expectant parents, families and the wider workforce, additional access to identified support and improved capability across the children partnership workforce from new learning and training will help to reduce stigma surrounding PMH.

4.5 We will be co-creating a PMH and Parent Infant Relationships Strategy which will identify actions to further inform our work in Kent.

4.6 We have also invested in:

- Increasing our understanding of the requirements and feasibility of an antenatal/postnatal support offer for men, through a pilot programme, to engage parents to-be and postnatal partners in conversations about their mental health and the support that they would like.

- Improving access for support via the Citizens Advice Bureau money and mental health service to ensure that families experiencing

perinatal mental health and debt have quick access to high quality financial advice and guidance.

- Increasing access to the Live Well Kent 24/7 phone line for those suffering from PMH are able to contact someone whenever they need to, day or night.

5. Infant feeding

5.1 In the context of Start for Life the infant work which is funded and set out in the guidelines refers to the feeding of a baby from birth to the age of two which is critical to a baby's healthy growth and development.

5.2 Many women struggle with breast feeding in the early days following birth as they and their baby learn together. Increasing awareness and knowledge through learning and training to offer early support on breast feeding, encouragement to continue breast feeding and refer to the specialist infant feeding service for re-lactation or other specialist support. We propose to enhance our existing infant feeding support offer to all families.

5.3 We have developed:

- Animated films on responsive bottle feeding for the workforces and breastfeeding in the first days, weeks, and months.

- A process to offer the provision of maternity wear and some associated infant feeding resource to maternal women living in the most deprived wards in Kent.

5.4 In parallel we are undertaking insights activity to better understand barriers to breast feeding in our most deprived communities which will help inform the co-created Infant Feeding Strategy with priority actions for Kent which is being developed.

5.5 We propose to offer all families an information contact before a child is born, and a virtual infant feeding contact in the early days after birth and an offer of weekly contacts until the infant is 12 weeks old.

6. Programme Impact

6.1 The government has set out what we need to measure and the areas they think we should focus on (Appendix 3). However, we have identified additional areas that we will monitor to ensure we are making a difference to the most vulnerable young people, children, and their families.

1) An increase in the proportion of infants have a first feed of breast milk and being breastfed in the first weeks and months after birth.

2) A reduction in young people not in education, employment, or training.

3) A reduction in the number of parents requiring mental health support during pregnancy.

4) An improvement in children and young people's emotional wellbeing

5) A reduction in the number of children requiring a social worker.

6) An increase in the number of Children with special education needs who's educational and health needs are being met.

7) An increase in school attendance for children and young people who have school-based anxiety.

8) An increase in the number of Dads engaging with support and services.

6.2 Effective evaluation of the Start for Life Programme in Kent will be crucial and will include:

- Family survey [digital] to measure outcomes from service users.
- Digital survey for the workforce to measure impact of training on practice and identify additional need.

6.3 The evaluation process will also include commissioning an academic organisation to examine progress and outcomes and interventions. The intention is for the evaluation planning to begin in July 2023.

7. Governance

7.1 There is clear governance oversight for family hubs. The development towards a family hubs application to DfE has been through a family hub steering group, since late 2021 to the Kent strategic transformation board. The member lead is the cabinet member for Children's, Young People and Education with key decisions having been presented to the Children's, Young People and Education Cabinet Committee.

7.2 A Family Hub Board including membership from external partners was set up in June 2023, and is chaired by the Director of Integrated Children's Services and co-chaired by the Director of Public Health. In addition, a multi-agency Start for Life Board chaired by the Director of Public Health (and co-chaired by the Director of Integrated Children's Services) has also been established which reports to the Integrated Care System through the Kent and Medway CYP Programme Board and links across to the Inequality Prevention & Population Health Committee (IPPH). These two internal boards (Family Hubs and Start for Life) are interlinked.

7.3 Public Health officers are active members on both these internal boards and play a key integral role in the evolving working groups which feed up to these boards. (See appendix 2 for the high-level governance process).

7.4 For the Start for Life programme, in terms of key decisions and formal KCC governance, the lead member is the Cabinet Member for Adult Social Care and Public Health. This is because of the core public health content of this programme, and KCC Public Health Department being responsible for its delivery. Furthermore, it is proposed that the Start for Life Programme reports to the Health Reform and Public Health Cabinet Committee and that key decisions and recommendations come to the committee and key decisions are taken by the Cabinet Member for Adult Social Care and Public Health.

8. Funding

8.1 To support the delivery of the Family Hub Transformation Programme, KCC will receive a one-off grant from the DfE of up to £11 m over the next three-years Approximately £3m of this grant has been received to date with a further £5m expected in 2023 and £3m in 2024.

8.2 The grant is to support system transformation through work-force development and supporting development of new services.

8.3 The DfE has also set out their priorities for how the local authority should spend the grant in achieving the outcomes of the Family Hub and Start for Life Programmes. The Start for Life elements are set out below.

Funding Strand	**£'m**
Perinatal Mental Health and Parent-Infant Relationships	**£3.2m**
Infant Feeding Support	**£1.3m**

8.4 This and all other activity is outlined in an agreed submitted delivery plan to DfE which will be reviewed and resubmitted in August 2023. In order to keep our programme delivery on track we now need to progress key workstreams further in order to: meet delivery targets, improve outcomes for families and access ongoing allocated funding from the DfE.

9. Challenges/Impact/implications

9.1 The most significant challenge is moving the programme at the pace to meet the reporting requirement of DfE to reflect and demonstrate impact of delivery of activities.

9.2 The council has entered into a Memorandum of Understanding (MoU) with the DfE which creates obligations to meet specific deadlines and timescales set by the DfE or risk losing further funding or funding claw back.

9.3 Access to the associated funding of up to £11m, depending on the type and level of transformation activity eventually progressed, is conditional on compliance with the terms of the MoU and demonstration of progress toward an effective Family Hub Model.

8.4 The council will then enter into a number of contractual arrangements to support delivery in line with Spending the Council's Money and Public Contract Regulations 2015.

9.5 KCC remains responsible for sustaining the costs of the new service offer through council resources.

9.6 There is no increased capacity in the Public Health Team so there is challenge in terms of resource, flexibility to respond and impact on other programmes of work. We have recruited to two new posts who will be responsible for supporting the activity and progress of the Start for Life activity. It is expected that these posts will start in August and September.

9.7 In addition, we will be recruiting two 18-month fixed term KR 11 commissioners for this programme.

10. Opportunities

10.1 To embed collaborative working and to enable families to have an improved offer support to support their early parent programme.

11. Conclusions

1) Kent has received significant funding for the development and transformation of Start for Life programme, specifically 4.5 million.

2) A number of key activities have been delivered to support this programme.

12. Recommendation(s)

12.1 Recommendations: The Health Reform and Public Health Cabinet Committee is asked to:
CONSIDER and **COMMENT** on the Public Health Start for Life activity as part of the Kent Family Hubs Programme.
ENDORSE and **NOTE** the governance for this programme including the Start for Life Programme.
NOTE Annex 1 The update on infant feeding which reports that breast feeding prevalence is increasing.

13. Background Documents

The Best Start for Life: Early Years Healthy Development Review Report

https://www.gov.uk/government/collections/family-hubs-and-start-for-life-programme

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Annex1: Infant feeding

1. Background

1.1 ‘Breastfeeding is a highly emotive subject in the UK because so many families have not breastfed or have experienced the trauma of trying very hard to breastfeed and not succeeded. The pain felt by so many parents at any implication that they have not done the best for their child can close down conversation.’ [1]

1.2 Evidence advises that milk provides the nutrition for babies for the first six months of life. Infants may be exclusively breast fed, receive mixed feeding of breast and formula milk or formula milk only.

1.3 Pregnant women will be asked by the maternity service at antenatal appointments about their decision to feed baby and will be encouraged to consider breastfeeding specifically to offer colostrum which helps provides protection against infection in the first six months of life. Many but not all babies have a period, approximately an hour, following birth of being very alert and this is an ideal time to let the baby lie against the mums breast and attempt to find the breast and feed.

2. BFI accreditation

2.1 The UNICEF Baby Friendly initiative [BHI] is well recognised and recommended across various government policy documentation including the NHS plan. The national programme supports organisations such as maternity services, neonatal care, health visiting services and children’s centres to transform their care, as set out in a series of standards.

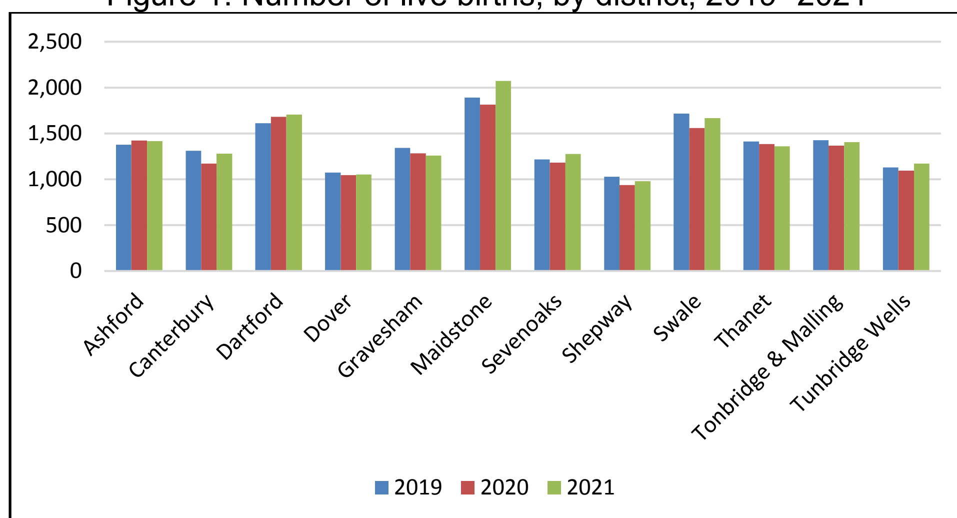
2.2 An organisation can apply to be assessed against the standards from BFI level 1 to gold standard. The health visiting service are working with the children’s centres in Kent to achieve gold standard by February 2024.

[1] UNICEF BFI https://www.unicef.org.uk/babyfriendly/about/breastfeeding-in-the-uk/

3. Population and infant feeding

3.1 The population in Kent is changing and this is also seen in the annual number of births. (Figure 1)

Figure 1: Number of live births, by district, 2019 -2021



Data Source: [ONS Dataset: Births in England and Wales]

3.2 The following table provides presentation of babies who have had a first feed of breast milk. This could be maternal or donor breast milk.

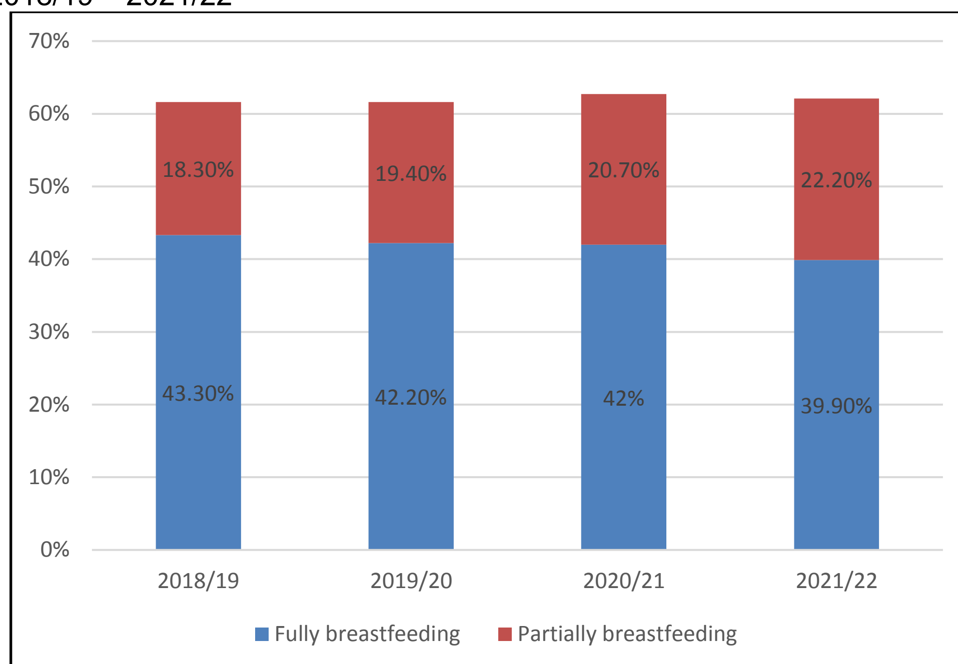
Table 1: Percentage of babies first feed breast milk, Kent and England 2018/19 -2021/22.

	2018/19	2019/20*	2020/21	2021/22
England	67%	60%	61.70%	73.1%
Dartford & Gravesham NHS Trust	66%		66%	70.14%
East Kent Hospitals University Foundation Trust	59%		65.60%	61.28%
Maidstone & Tunbridge Wells NHS Trust	72%		74%	77.99%
Medway Foundation NHS Trust	71%		33%**	66.52%

Data Source: NHS Digital maternity statistics
* Trust level data was not available for 2019/20 ** Likely incomplete data submitted or data reporting issues

3.3 Infant feeding status is recorded by the health visiting service at the mandated newborn health and wellbeing review which is undertaken between day 10 and 14. The proportion of babies who are recorded as fully or partially breast feeding at this review are presented below.

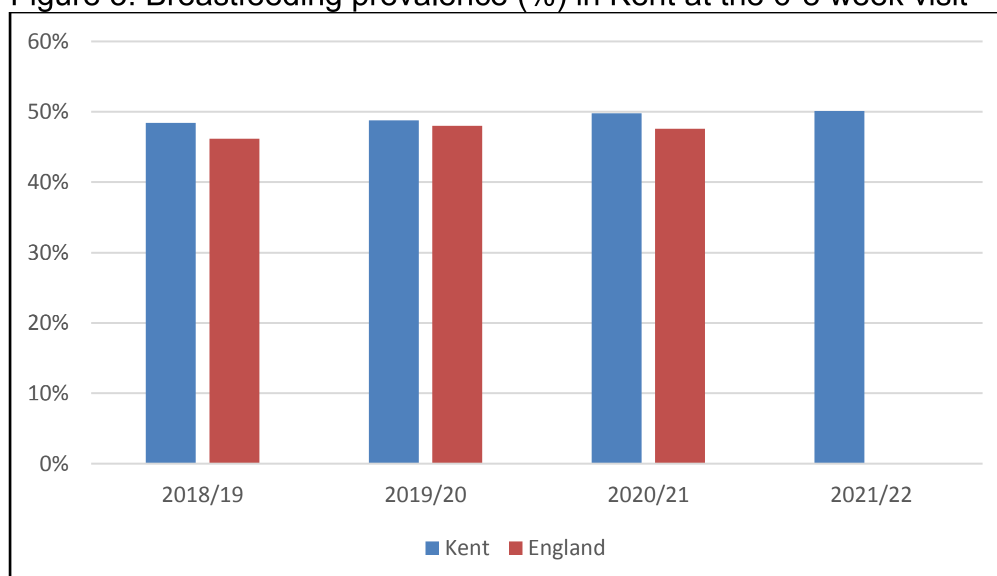
Figure 2: Breastfeeding prevalence (%) fully and partially at the New Birth Visit, Kent 2018/19 – 2021/22



Data Source: Kent Community Health NHS Foundation Trust

3.4 The following measurement of breastfeeding prevalence is taken at the 6-8 week mandated health and wellbeing review. Overall, the numbers of infants breastfed at 6-8 weeks after birth in Kent has been slowly increasing over the past 4 years and is consistently just above the England average (Figure 3). The published England average in 2021/22 was 49.3%.

Figure 3: Breastfeeding prevalence (%) in Kent at the 6-8 week visit



Data Source: Kent Community Health NHS Foundation Trust and England data – OHID Gov Breastfeeding Data

4. Infant feeding support

4.1 The We Are Beside You website (www.wearebesideyou.co.uk) provides information for breastfeeding support across Kent and Medway. This can also be accessed via social media (#wearebesideyou) using Facebook, Instagram and Twitter. The Beside You campaign was launched by Medway Council in 2016 and expanded to be a Kent and Medway resource in 2020.

4.2 Pregnant and breastfeeding women and their families can access information about breastfeeding and where to find further support in their local area. This includes services provided by Kent Community Health Foundation Trust (KCHFT), but also voluntary groups and national helplines.

4.3 The Health Visiting service runs a Duty Line during weekdays 9am-5pm, offering telephone and email support for professionals and directly to families needing advice.

4.4 Breastfeeding drop ins are accessible across the 12 districts in Kent and there are healthy child clinics where families have opportunity to weigh their infant and ask for support and guidance.

4.5 Families with a baby with two documented feeding assessments identified to have tongue tie, will be supported with feeding until a frenotomy procedure is completed and subsequently followed up post-surgical intervention.

Appendix 1:

Breastfeeding – minimum expectations

This slide sets out the proposed breastfeeding 'minimum expectations'. The '**minimum expectations**' describe what we expect all 75 LAs to deliver with the funding at a minimum; we will ask each LA to agree to these in return for taking part in the programme.

Physical

- Dedicated breastfeeding space and physical information available at the family hub.
- Antenatal breastfeeding classes are offered to all parents
- Face to face support (peer and professional) is accessible via the hub.
- Specialist support is available for those with additional needs (e.g. tongue-tie or lactation challenges).
- Drop-in classes are available at the family hub.
- Equipment (e.g. breast pumps) is available on loan via the family hub.
- All families have access to a key contact within the hub.

Virtual

- Online breastfeeding information is clearly signposted.
- Parents are directed to breastfeeding helplines (e.g. the National Breastfeeding Helpline) and Better Health: Start for Life's "Breastfeeding Friend".
- A remote support service is available.
- An out of hours support service is available.

Outreach

- Services are promoted locally to raise awareness of the support available.
- Support is provided in a range of settings and tailored to those less likely to breastfeed and less likely to engage.
- Staff are trained to support families from different communities.
- Parents are connected to venues, initiatives and support groups within the wider community.
- Community initiatives educate and promote breastfeeding.

Systems-level

- There is an embedded multidisciplinary infant feeding strategy that ensures a joined up approach.
- Data monitoring and analysis is used to inform the design of services.
- All staff receive appropriate training and have the skills and capacity to provide families with high-quality support.
- The right supervision structures are in place to enable staff to work together in an embedded way.

Breastfeeding – 'go further' menu of options

This slide sets out the proposed breastfeeding 'menu of options. The '**menu of options**' give examples of how to go above and beyond the minimum expectations. We will work with LAs to agree exactly how they will do this, depending on their starting point and local need.

Most of these options are not new services, but instead build on the minimum expectations through improving flexibility, tailoring services to support underserved groups, offering services in different locations, and enhancing the availability of out of hours or remote support.

Physical

- 1:1 support is available on wards to support initiation.
- Tailored antenatal breastfeeding classes are offered to underserved groups.
- Regular drop-in sessions are available through the hub, above and beyond the minimum expectations.
- The peer support service is expanded and/or enhanced.
- Maternity units have a dedicated Infant Feeding Team.

Virtual

- Peer support groups have a virtual element.
- Additional virtual support is available in a way that is convenient for parents whenever issues occur, and that goes above and beyond the minimum expectations e.g:
  - A local helpline gives advice on face to face services;
  - A local app provides peer to peer support;
  - Parents have access to a virtual forum where they can report problems and receive support during the night.

Outreach

- Home visits are offered beyond statutory requirements.
- Mothers are actively contacted and offered support during immediate postnatal period.
- An enhanced targeted approach is in place.
- Support sessions are carried out in alternative venues.
- Peer support is representative of the community.
- Language services are available.
- The LA makes creative use of community assets to engage parents and create a breastfeeding friendly environment.

Systems-level

- A multidisciplinary infant feeding working group has oversight of the delivery of the infant feeding strategy.
- More extensive data monitoring is in place and used to inform the design of services.
- A local infant feeding support network is established and/or the LA builds stronger relationships with wider community networks to maximise the use of community assets.

Perinatal Mental Health & Parent-Infant Relationships – minimum requirements and menu of options

This slide sets out a summary of the proposed Parent infant Relationship and Perinatal Mental health 'minimum requirements' and 'menu of options'. The '**minimum requirements**' will set out what we expect all 75 LAs to deliver with the funding; we will ask each LA to agree to these in return for taking part in the programme. The '**menu of options**' will set out how LAs can go further; we will work with LAs to agree which of the options they will deliver, depending on local needs, provision and starting point. The below list gives **some examples** for each category..

Minimum requirements

Physical

- Staff within the Family Hub are appropriately trained and have the knowledge and skills needed to provide early help, support, and signposting to parents who may need it.

Virtual

- Information about perinatal mental health and parent-infant relationships is available online with clear signposting to services available. Remote / virtual / digital support is promoted and accessible.

Outreach

- Professionals and peer supporters can connect parents and carers struggling with their mental health or relationship with their baby to help available through alternative venues, community initiatives, and support groups within the wider community..

Systems-level

- There is a multidisciplinary perinatal mental health and parent infant relationship strategy with clear referral pathways for families. This ensures a coherent and joined up approach between services for babies and their families.

Menu of options / 'go further'

Physical

- Regular drop-in sessions are available through the Family Hub. These will be flexible to meet local needs. For example, times that are suitable for families (which may include out of hours), and targeted sessions for hard to reach groups, such as Foster Carers, Dads or Co-parents.

Virtual

- Parents have access to a local support app or online platform where they can self-refer to support services offering evidence-based interventions.

Outreach

- Clear notification, triage, and referral pathways are in place to help families receive the appropriate level of support for their mental health and parent-infant relationship. Families who are identified as being at risk or vulnerable are proactively offered support.

Systems-level

- Established a multidisciplinary Parent-infant Relationship and Perinatal Mental Health working group (including all key delivery partners) to have oversight of the delivery of their strategy.

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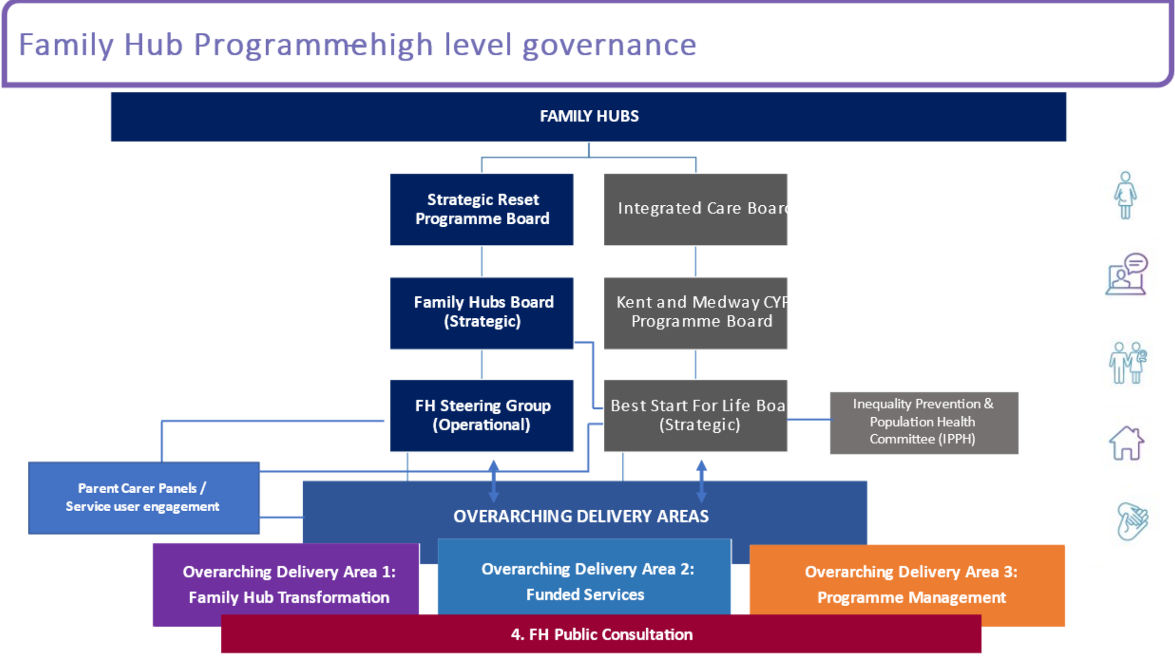
Appendix 2



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Section 1c – Programme Delivery Outcomes

<table>
<tr><td rowspan="5">Access Key Criteria 1</td><td>An increased number of families are aware of the branding of Kents Family Hubs and have a positive association through annual family surveys. Baseline established by September 2023 and by September 2024 to expect a 50% increase on the baseline.</td></tr>
<tr><td>Establish a network where 90% of families can reach a physical Family Hubs building/ services within a 5 mile radius by June 2023.</td></tr>
<tr><td>Increased uptake in family useage of the of Family Hub social media digital offer. Baseline established by September 2023 and to expect a 10% increase on the baseline by September 2024 through annual family surveys.</td></tr>
<tr><td>Increase uptake in family useage of the of Family Hub webpages. Baseline established by September 2023 and to expect a 20% increase on the baseline by September 2024 through annual family surveys.</td></tr>
<tr><td>Establish an outreach network where 30% of families can reach a Family Hub service by June 2023.</td></tr>
<tr><td rowspan="6">Connection Key Criteria 2, 3 & 4</td><td>Increase in families receiving a range of multi agency information and advice through physical Family Hubs as measured by family surveys. Baseline established by September 2023 and by September 2024 to expect a 40% increase on the baseline.</td></tr>
<tr><td>Increase in families receiving a range of multi agency information and advice through the digital Family Hub offer as measured by family surveys. Baseline established by September 2023 and by September 2024 to expect a 30% increase on the baseline.</td></tr>
<tr><td>Family Hub networks staff and partners are reporting positive outcomes due to integrated partnership working, through Family Hubs staff and partner surveys. Baseline established by December 2023 and to expect a 25% increase on the baseline by December 2024.</td></tr>
<tr><td>Increase of 10% in the Family Hub volunteering network and their period of retention to a year from baseline established in March 2023.</td></tr>
<tr><td>The whole Family Hub workforce, incl. the partnership - will be trained in safeguarding, increasing the knowledge across the Family Hubs on intra- and extra familial risks of harm, within 3 months of joining.</td></tr>
<tr><td>Increase the number of families that receive multi agency support, as measured by the number of shared multi agency support plans. Increase from 0 to 20% of targetted families on the Family Hub caseload by December 2024.</td></tr>
<tr><td>Relationships Key Criteria 5</td><td>Increase in offer of whole Family support by the Family Hub workforce by March 2024 as measured through the staff and partner survey. Baseline established by December 2023 and to expect a 25% increase on the baseline by December 2024.</td></tr>
</table>

	Embed family coaches across the Kent Family Hub Network to ensure we have a minimum of 60 family coaches by January 2024.
	75% of the Family Hub workforce including volunteers are trained in whole Family relational working. By December 2024.
	75% of the Family Hub Workforce including volunteers are trained in emotional wellbeing resilience by December 2024.
Family Hub Wider Services (including 0-2 age range)	The Family Hub Workforce including volunteers are trained in the navigator function to increase the uptake of wider hub joined up services including accessing support for domestic abuse, housing, substance misuse services, debt, money management, financial support and welfare advice. To be measured by family surveys. Baseline established by September 2023 and by September 2024 to expect a 75% increase on the baseline.
	10% of birth registrations to take place within the Family Hub network service provision by September 24
	Increase in families receiving a support around key transitions. As measured by family surveys. Baseline established by September 2023 and by September 2024 to expect a 15% increase on the baseline.
	Annual incremental 3% Increase in the take up of early years education (Free for Two) entitlement from the baseline of 73.08% (As at Autumn 2022)
	Increase in the number of multi-agency professionals who report they understand early years development and the Start for Life offer to families. Baseline established by December 2023 and by December 2024 to expect an 75% increase on baseline
	Increase in Family Hub workforce understanding of transitions and how best to support families. Baseline established March 2024 and by March 2025 expect an 20% increase on baseline
Parenting Support	Deliver universal parenting support to support parent/child attachment. Increase in participants by 25% in March 2023 to March 2024,
	Offer targeted Parenting Programmes (Triple P) to 30% of the families supported by Children's Social Work teams for identified families with new babies.
	Parents/carers report more confidence in handling their childrens social, emotional and behavioural problems as a result of following the Triple P Parenting Programme, evidenced in parenting programme evaluations from May 2023 to March 2025
	Increase in numbers of the Family Hub workforce delivering evidence based parenting programmes from May 2023 to December 2024 by 15%.

Parent-infant relationships and perinatal mental health support	Family Hub networks staff and partners are reporting an increase in their knowledge and awareness of mild to moderate perinatal mental health and include Reducing Parental Conflict through Family Hubs staff and partner surveys. Baseline established by December 2023 and to expect a 75 % increase on the baseline by December 2024.
	Increase in families with children under the age of 2 reporting a better understanding of services available for perinatal mental health as measured by family surveys. Baseline established by September 2023 and by September 2024 to expect a 30% increase on the baseline.
	Increase in families reporting by partners to be and postnatal partners that they have engaged in conversations about their mental health as measured by family surveys. Baseline established by September 2023 and by September 2024 to expect a 30% increase on the baseline.
	Increased reporting by parents and carers in improved attached and relationship with their new baby. Baseline established by September 2023 and by September 2024 to expect a 75% increase on the baseline.
	Increase in Family Hub volunteer workforce confidence in supporting conversations about perinatal mental health. Baseline established by December 2023 and to expect a 75 % increase on the baseline by December 2024. To be measured by volunteer serveys.
	Trailblazer: 75% of the Family Hub workforce including partners to be offered Path training resources by September 2023
Early language and the home learning environment	Increase in targeted families reporting increased access to Speech and Language (Communication) information and advice for 2-3 years olds. Baseline established by September 2023 and by September 2024 to expect a 40% increase on the baseline. To be measured by family surveys.
	Increase families reporting increased access to Speech and Language resources and additional support. Baseline established by September 2023 and by September 2024 to expect a 20% increase on the baseline.
	Increase families reporting involvement in their child's learning through EFICL resources and principles. Baseline established by September 2023 and by September 2024 to expect a 10% increase on the baseline.
	Increase in Family Hub volunteer workforce reporting increased knowledge to support an increase daily play activities at home via the staff survey. Baseline established by December 2023 and to expect a 75 % increase on the baseline by December 2024
	Increase of 500 additional targeted visits to support increased learning from play at home by Family Hub workers annually from March 2023

	60 family coaches to work alongside peer to peer support network to increase support and information around infant feeding, and report positive experiences through the Family survey. Baseline established by September 2023 and by September 2024 to expect a 10% increase in access to information from the baseline.
	Family Hub workforce to increase access to information, advice and
Infant Feeding Support	guidance to universal and specialist infant feeding support. Baseline established by September 2023 and by September 2024 to expect a 40% increase in access to information from the baseline through the family survey
	Increase in the annual breastfeeding prevalence at 6-8 weeks after birth in Kent (compared to baseline 50.1% at 2021/22) in 2023/24 and 2024/25.
	Reduction in the proportion of women who particpate in the infant feeding specialist service audit in Kent [90% baseline 2022] who report that they stopped breastfeeding in the first weeks but that they were not ready to do so 80% 2023/24- 70% in 2024/25.
	Trailblazer: Family Hub workforce inlcuding Health Visiting will have achieved UNICEF BFI gold accreditation in 2024
Parent and Carer Panels	Parent / Carer feedback to be reviewed in bi-monthly panels by representation including 2 members of identified protective characteristics and other seldom heard groups from April 2023 with annual review of membership
	Parent / Carer panels to recruit 24 Parent Ambassdors (2 per Kent Districts) by December 2023.
Publishing the Start for Life Offer	Increase of distribution of the Start for Offer publication materials through 250 community partners.
	An increased number of families are aware of the Start for Life offer and have a positive association through annual family surveys. Baseline established by September 2023 and by September 2024 to expect a 50% increase on the baseline.

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, 11 July 2023

Subject: **Update on the Immunisation Coverage in Kent with a Focus on Children**

Classification: Unclassified

Past Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This report presents the current commissioning and provider arrangements for immunisation services and the latest data available on the immunisation coverage in Kent with a focus on children. We present the immunisation uptake for districts and boroughs in Kent and also document how the uptake varies by deprivation across Kent.

Recommendation(s):

Members of the Health Reform and Public Health Cabinet Committee are asked to **NOTE** the contents of this report and support the immunisation initiative by raising awareness of its importance among the communities they represent when there are opportunities to do so.

1. Introduction

1.1 This report is being presented as requested by members of the committee to provide an update on immunisation coverage across Kent with a special focus on children.

1.2 It presents selected immunisation coverage for children aged up to five years registered with a Kent GP. The latest immunisation schedule in the UK is also included for information.

1.3 In addition, we are providing a brief overview of the commissioning and provider arrangements for childhood vaccinations. As the report only covers immunisations up to the age of five, school age vaccinations such as Human Papilloma Virus (HPV) is not included. The impact of the Covid-19 pandemic on the childhood immunisation coverage is presented by analysing uptake over the last four years from April 2019 to December 2022. To determine if there is any association between immunisation and deprivation childhood vaccination coverage is compared at general practice level based on practice deprivation

scores. Furthermore, immunisation coverage for all the local authorities in Kent is provided compared to the uptake figures for Kent County Council (KCC.

1.4 High immunisation coverage is a key measure to protect the population from infectious diseases. NHS offers free vaccination to various groups including children. It is important to analyse the uptake on immunisation and identify factors that influence this so that any actions can be taken to address this.

1.5 Using data from the Cover of Vaccination Evaluated Rapidly (COVER) programme we have analysed the childhood immunisation uptake for Kent, by districts and boroughs and any association with deprivation. Furthermore, we have also attempted to analyse the impact of the COVID-19 pandemic on the immunisation uptake.

2. Background

2.1 From the various tools available to Public Health practitioners, immunisation is one of the most effective interventions to protect the health of our population. Immunisation, also known as vaccination, is a process that stimulates the body's immune system to fight off infections and provides long-lasting protection against harmful diseases. Immunisation has saved countless lives and continue to protect the population from great harm (1).

2.2 Most immunisations are provided free of cost on the NHS, and they are provided across the life course from birth to the elderly. When specific diseases emerge, if appropriate population immunisation programmes are implemented, the most recent example being against COVID-19. General practices and school teams are a key part of the national immunisation programme.

2.3 KCC’s Director of Public Health and his Team have a dual role of working with partners to raise awareness of the importance of immunisation and thereby ensuring coverage and an assurance function to ensure as a system we are doing our best to protect our population.

- **Safeguarding against Infectious Diseases**: Immunisation acts as a shield, guarding individuals, communities, and even entire populations against a wide array of infectious diseases. Vaccines train the immune system to recognise and destroy specific pathogens, such as viruses and bacteria, before they can cause harm. Diseases such as measles, polio, diphtheria, tetanus, pertussis, and hepatitis B which used to kill many have been eliminated from many countries and the goal is to eradicate all vaccine preventable diseases.

- **Protection across the Life course**: Immunisation is not limited to childhood; it is a lifelong process that provides benefits across all age groups. Infants and young children receive vaccines to shield them from diseases during their most vulnerable years. Vaccinations, such as the measles-mumps-rubella (MMR) vaccine and the diphtheria-tetanus-pertussis (DTaP) vaccine, are administered early on to establish a good immune foundation. As individuals transition into adolescence and adulthood, additional vaccines, like the human

papillomavirus (HPV) vaccine and the influenza vaccine, offer protection against specific diseases prevalent in these age groups. Moreover, immunisation is crucial for older adults, who are more susceptible to severe complications from infectious diseases. Vaccines such as the pneumococcal and shingles vaccines help safeguard against pneumonia and herpes zoster, respectively, reducing the burden of illness and promoting healthy aging.

- **Herd immunity or immunity of a community:** When a significant portion of a population is immunised against a disease, it creates a protective barrier that prevents the spread of the pathogen. This indirect safeguard extends to those who cannot receive vaccines due to clinical contraindications, such as individuals with weakened immune systems or certain allergies. By limiting the circulation of infectious agents, herd immunity plays a crucial role in shielding vulnerable individuals, including infants and the elderly, from preventable diseases. immunisation campaigns and initiatives have made great contribution in eradicating diseases like smallpox and reducing the burden of others, such as polio and measles.

- **Importance of high immunisation coverage** (2)**:** It is essential that we need to achieve high immunisation coverage of any population as the benefits are many folds. As discussed above this not only protects the individual but those in the community including vulnerable sections of our community. High coverage is essential for disease prevention, protection of vulnerable populations, prevention of epidemics, reduced healthcare burden and the eradication and control of diseases. By prioritising and promoting high immunisation coverage, we can create healthier communities and safeguard the well-being of the populations we are here to serve. There have been recent concerns on the falling coverage of MMR vaccine both globally and in the UK (3) and increase in measles cases which is currently being addressed.

- **UK immunisation schedule:** Each country operates its own vaccination schedules which are slightly different depending on the local disease risk. Immunisations offered include routinely offered to all, selective immunisation programmes for example pregnant women or to protect against TB and additional vaccines for individuals with underlying medical conditions (4). The current NHS immunisation schedule (5,6) is presented in Table 1.

Table 1 NHS Immunisation schedule (4,5)

The routine immunisation schedule from February 2022

Age due	Diseases protected against	Vaccine given	Trade name	Usual site[1]
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, *Haemophilus influenzae* type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus[2]	Rotarix[2]	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	Prevenar 13	Thigh
	Rotavirus	Rotavirus[2]	Rotarix[2]	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	MenB	MenB	Bexsero	Left thigh
One year old (on or after the child's first birthday)	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMRvaxPro[3] or Priorix	Upper arm/thigh
	MenB	MenB booster	Bexsero	Left thigh
Eligible paediatric age groups[4]	Influenza (each year from September)	Live attenuated influenza vaccine LAIV[3,5]	Fluenz Tetra[3,5]	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Boostrix-IPV	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMRvaxPro[3] or Priorix	Upper arm
Boys and girls aged twelve to thirteen years	Cancers and genital warts caused by specific human papillomavirus (HPV) types	HPV (two doses 6-24 months apart)	Gardasil	Upper arm
Fourteen years old (school Year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y	MenACWY	Nimenrix	Upper arm
65 years old	Pneumococcal (23 serotypes)	Pneumococcal Polysaccharide Vaccine (PPV)	Pneumovax 23	Upper arm
65 years of age and older	Influenza (each year from September)	Inactivated influenza vaccine	Multiple	Upper arm
70 to 79 years of age	Shingles	Shingles	Zostavax[3] (or Shingrix if Zostavax contraindicated)	Upper arm

Pregnant women

When it's offered	Vaccines
During flu season	Flu vaccine
From 16 weeks pregnant	Whooping cough (pertussis) vaccine

3. Current commissioning and provider arrangements for childhood vaccinations in Kent

3.1 Childhood immunisations, including the seasonal flu vaccination programme, are currently commissioned by NHS England through Primary Care. This includes all childhood immunisations as detailed in the NHS routine immunisation schedule. Childhood immunisations are delivered in primary care to all eligible children with call and recall requirements detailed within the contract. Providers receive an Item of Service (IoS) payment for each vaccination administered.

3.2 In addition, selective immunisation programmes such as Hepatitis B vaccination, flu vaccination for children in clinical risk groups are also commissioned to be delivered in primary care, alongside additional vaccines for individuals with underlying medical conditions. Primary care providers are also commissioned to offer catch-up for adolescent immunisation programmes where the child or young person has not been able to access the vaccination through the school aged immunisation service.

3.3 Adolescent vaccinations, as detailed in the routine schedule, are commissioned by the NHS England Public Health Commissioning Team to be delivered by School Aged Immunisation Services (SAIS). In Kent, the service is delivered by Kent Community Health Foundation Trust (KCHFT). The service is commissioned to deliver the routine adolescent vaccination programmes mainly within a school setting but also in community settings for those who are not in education or unable to access the school sessions. As this report only covers immunisations up to the age of five, school age vaccinations such as Human Papilloma Virus (HPV) is not included. The SAIS is also commissioned to offer opportunistic childhood immunisations to those aged 0-19 years (up to their 20th birthday) where routine immunisations have been missed or the family have been unable to access the vaccination in primary care.

4. Immunisation coverage:

4.1 For this report we have included immunisation data for up to the age of five from the Cover of Vaccination Evaluated Rapidly (COVER) programme (7). Immunisation coverage of those aged up to five years provides a good indication of immunisation performance of a given area. From the list below we have included a few key vaccination indicators including MMR. The target coverage for all these vaccinations is 95%.

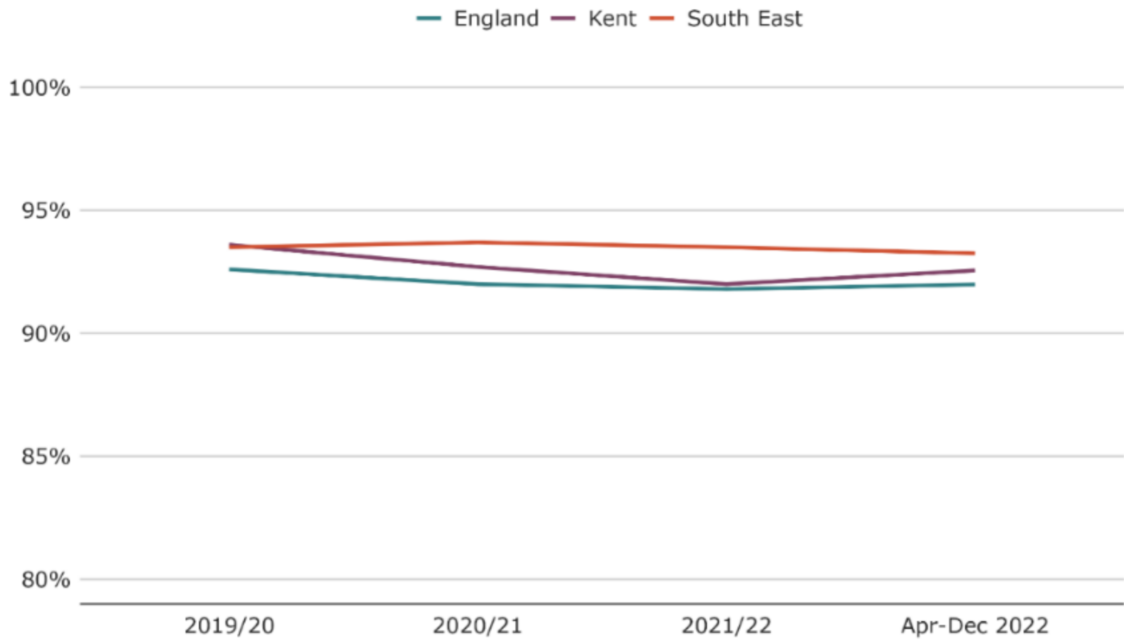
- DTaP/IPV/Hib (1 year old)
- DTaP/IPV/Hib (2 years old)
- MMR for one dose (2 years old)
- MMR for two doses (5 years old)
- DTaP/IPV/Hib (5 years old)
- DTaP and IPV booster (5 years old)
- DTaP - Diphtheria Tetanus and Pertussis, Hib – Human influenza type b, IPV – Inactivated Polio Vaccine, MMR – Mumps Measles and Rubella

5. Impact of the Covid-19 Pandemic on vaccination coverage

5.1 There has been an impact on all health care related activities during the pandemic including childhood vaccination. The figures below show the coverage for various vaccination for the period April 2019 to March 2020 and April 2022 to December 2022 the latest quarter for which data is available.

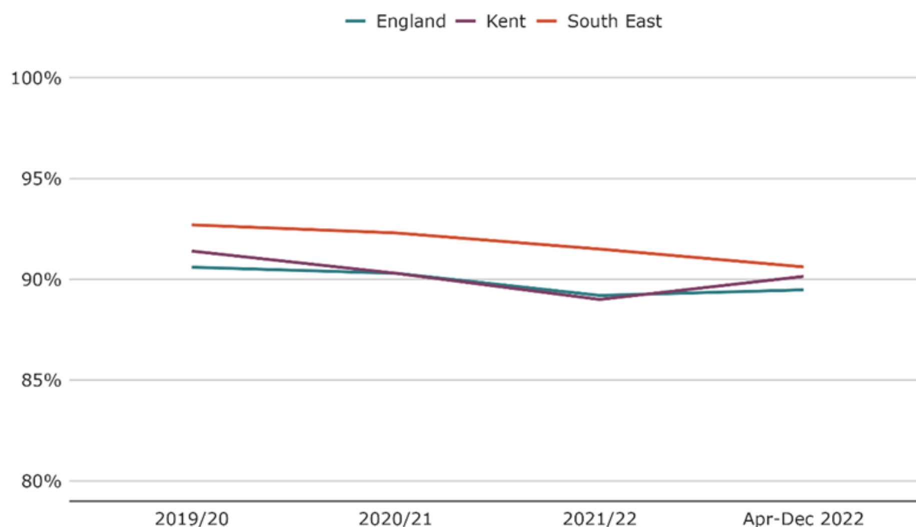
5.2 Figure 1 below shows Kent's 1-year DTaP/IPV/Hib immunisation coverage in 2019/2020 was 93.6% which was higher than both the Southeast average of 93.5% and the England average of 92.6%. While Kent's coverage since has remained higher than England average it has dropped lower than the Southeast average most notably in 2021/2022 with coverage of 92%. Kent's coverage appears to have increased slightly for the three-quarters of 2022/2023 to 92.6%.

Figure 1



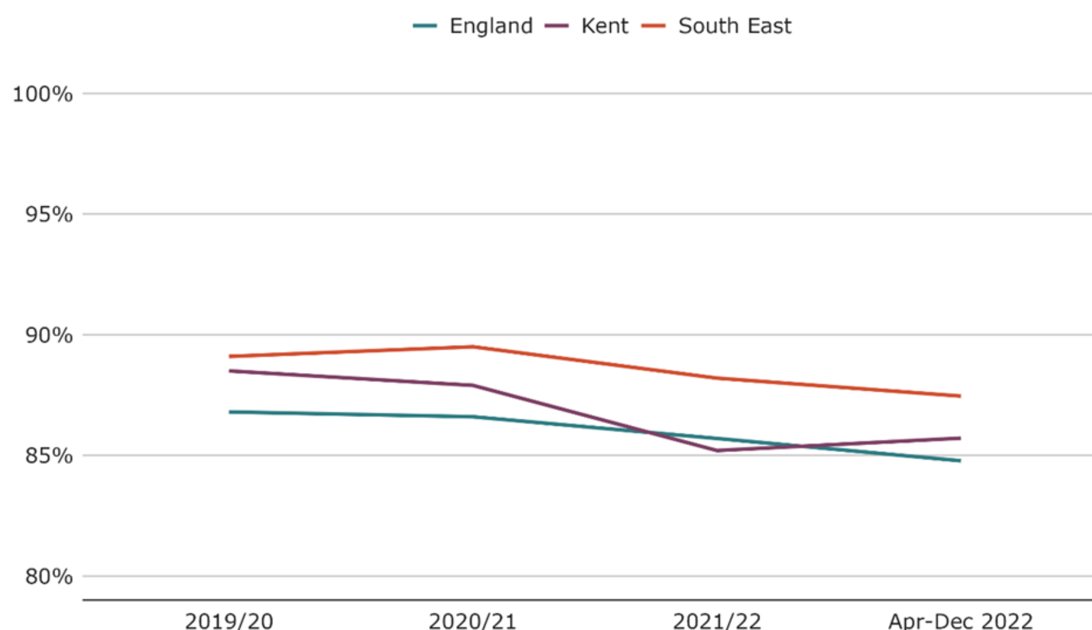
5.3 Figure 2 shows Kent's MMR1 immunisation coverage fell below the national average in 2021/2022 to 89% from 91.4% in 2019/2020 but is showing signs of an increase in uptake at 90.1% in 2022.

Figure 2



5.4 Figure 3 shows Kent's MMR2 immunisation coverage saw a fall from 88.5% in 2019/2020 to 85.2% in 2021/22 with a slight increase in uptake beginning to show in 2022 at 85.7%.

Figure 3



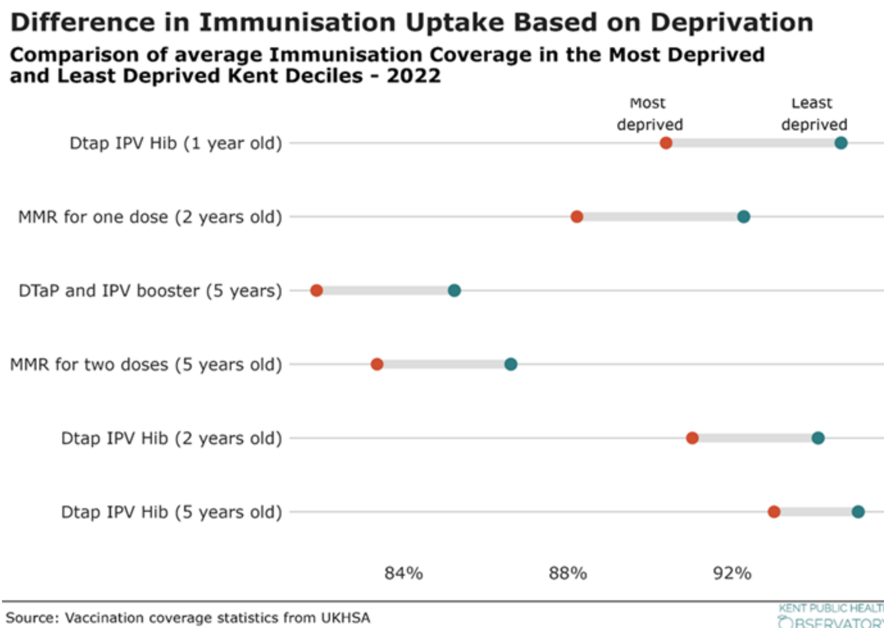
6. Immunisation coverage and the effect of deprivation

6.1 It has been well documented that immunisation uptake is influenced by deprivation. A study in Liverpool (8) showed that higher unemployment and

lower household income were significantly associated with low uptake. We examined this hypothesis in Kent.

6.2 Figure 4 shows data on GP immunisations for the four quarters from January 2022 to December 2022 were aggregated and sorted into deprivation deciles according to the GP deprivation scores. The average immunisation uptake for the GP populations which fell into the most and least deprived deciles were then compared. The difference in uptake between the two deciles ranged from two to four percentage points. The biggest difference was seen within the one- year DTaP/IPC/Hib immunisation with an uptake range of 94.6% for the least deprived falling to 90.4% for the most deprived areas.

Figure 4



7. Immunisation coverage by local authority

7.1 We analysed the immunisation coverage by local authority areas for the calendar year 2022. There is variation among districts and boroughs marked for some but not for all the immunisation indicators.

7.2 The results for all the indicators are presented below. Immunisation coverage for each authority is compared to Kent. The vertical pink line denotes the coverage for Kent and the horizontal black line represents the statistical uncertainty associated with the coverage value with the small horizontal bars representing the upper and lower values of the coverage. If the horizontal black lines cross the Kent value (Pink vertical line) then that local authority coverage

is not different from Kent. For example, in Figure 5 coverage in Tonbridge and Malling is significantly higher than Kent and coverage is Swale is lower.

7.3 Significance indicates the difference seen is not due to chance or random variation but is real. There is some amount of variation between authorities and on rare occasions there is a 10-percentage point difference between the authority with the highest coverage Shepway 88% compared to Dartford 77% for DTaP and IPV booster at 5 years of age indicator (Figure 10)

Figure 5

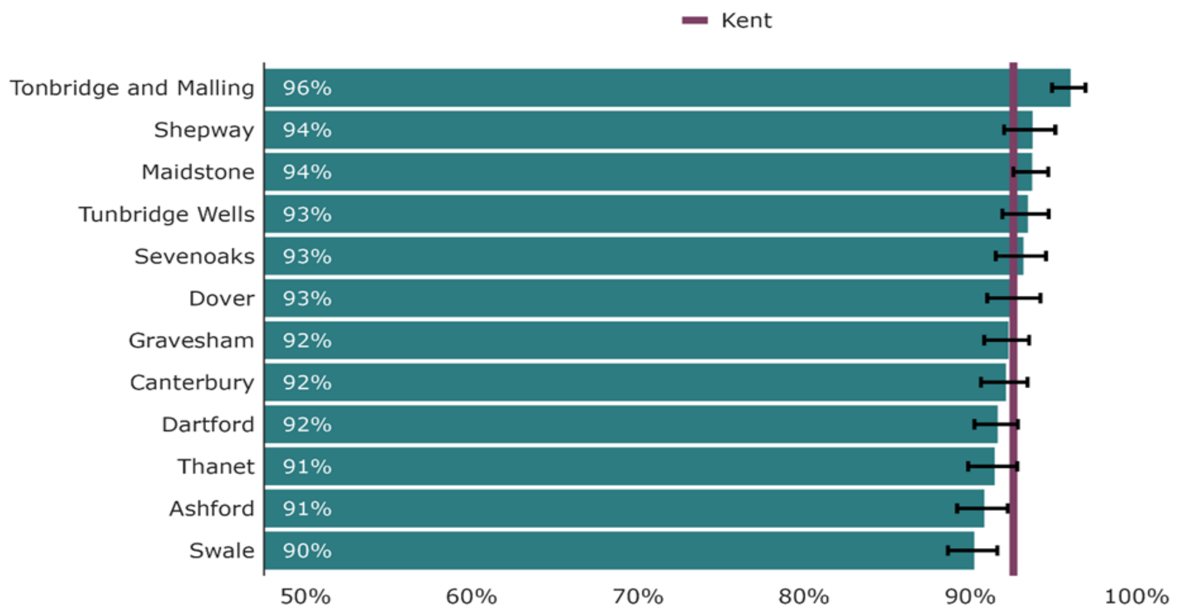


Figure 6

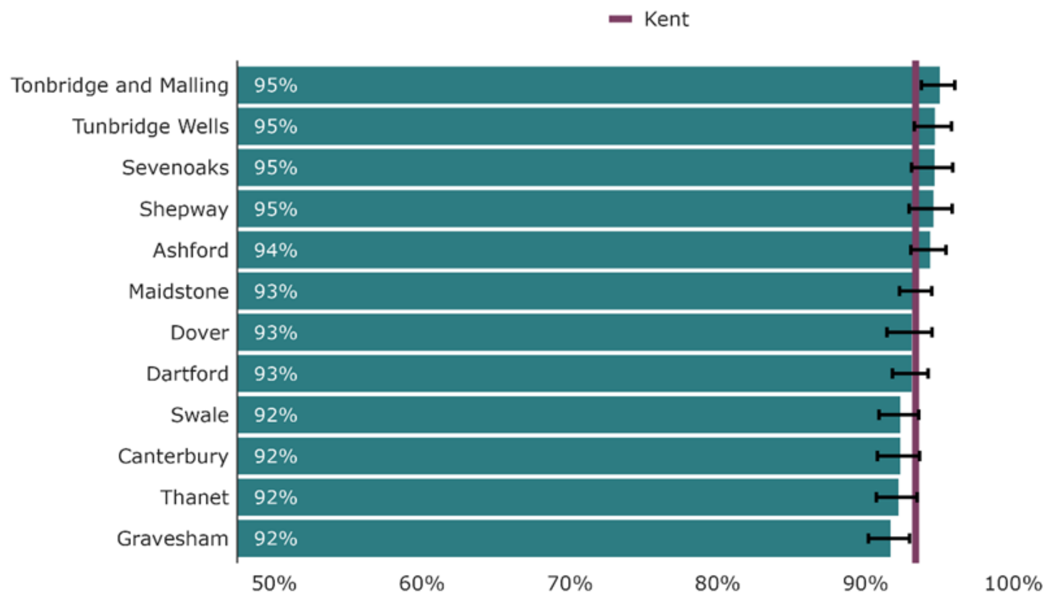


Figure 7

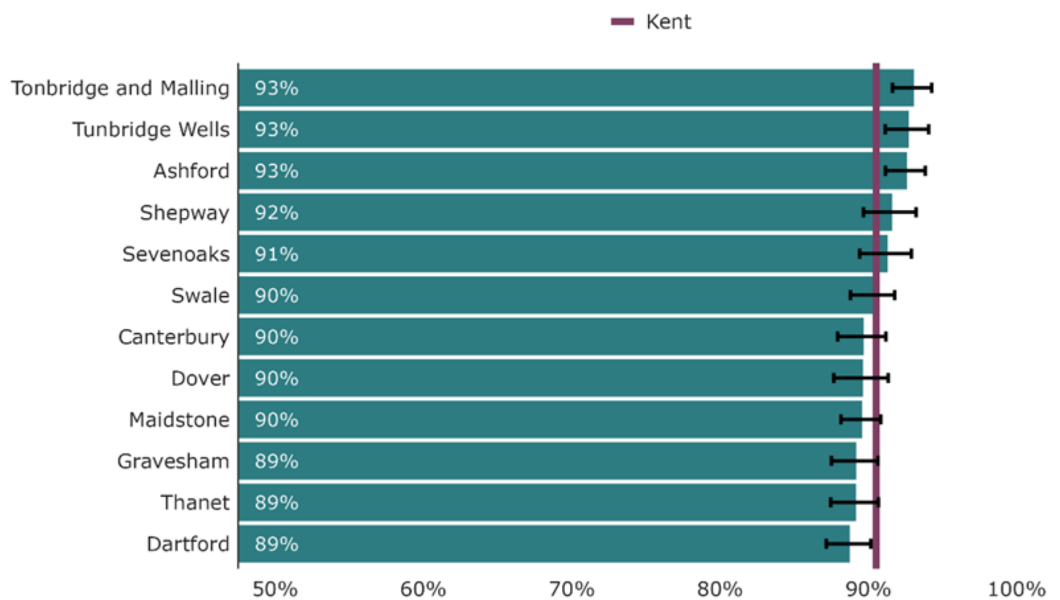


Figure 8

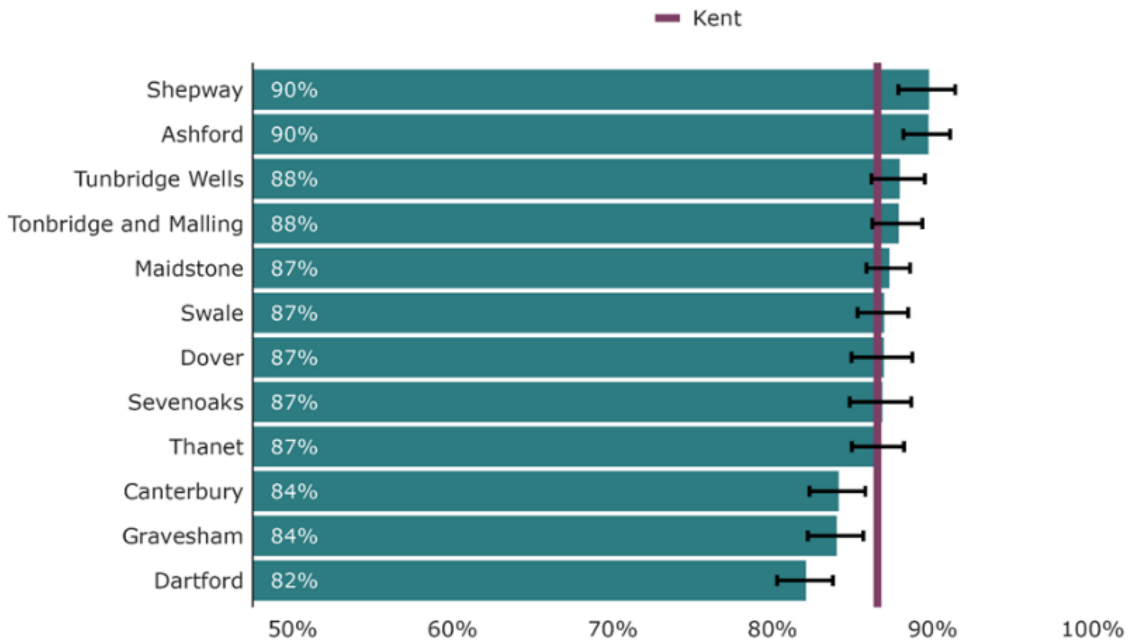


Figure 9

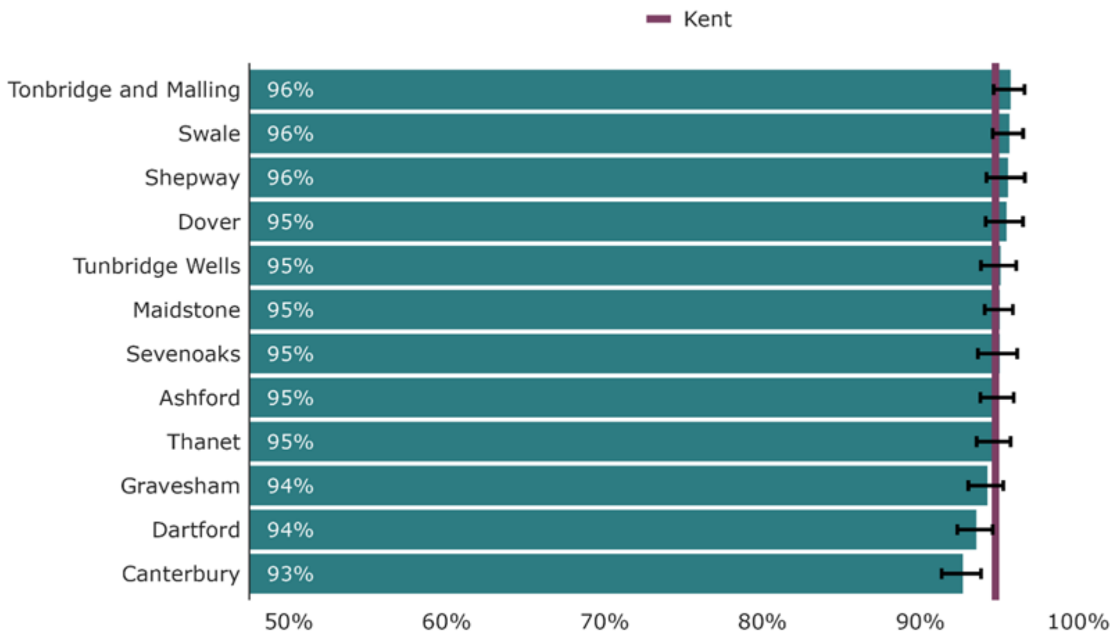
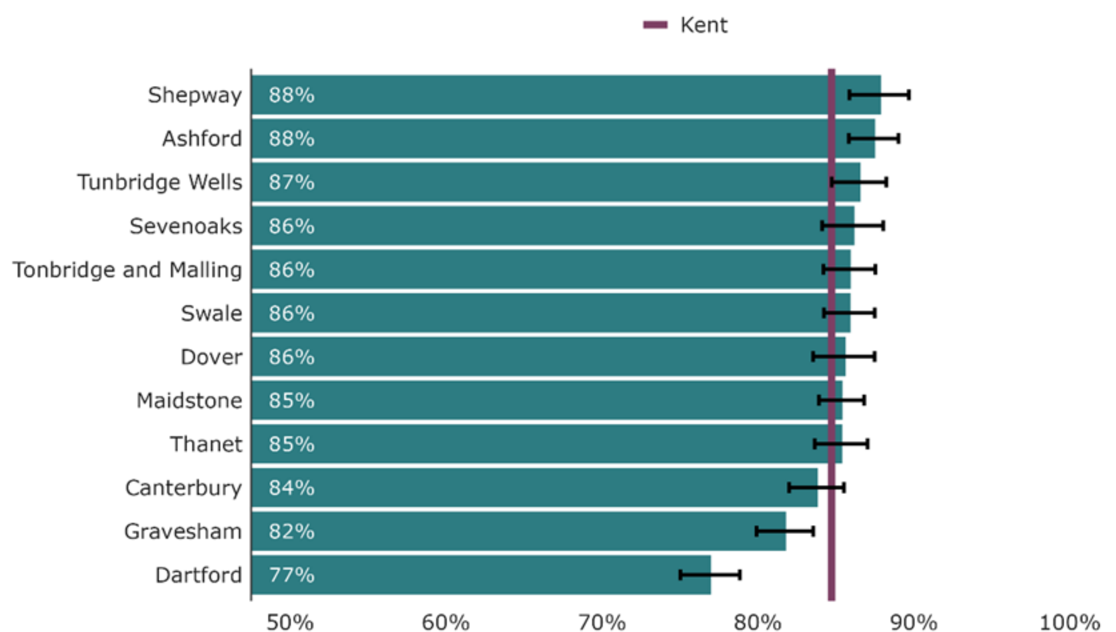


Figure 10



8. Key findings:

- The pandemic appears to have had an impact on the immunisation uptake and the downtrend appears to be stabilising now.
- As expected, there is a negative association with the uptake of childhood vaccinations and deprivation although the difference is not very marked in Kent.
- There is some variation in childhood immunisation coverage observed by geography based on district and borough boundaries which is very marked for a few indicators but for most indicators the coverage of districts and boroughs is not very different from the Kent average.
- There are also significant variations in childhood immunisation uptake at Primary Care Network and General Practice levels which are masked when data is presented in aggregate form.

9. Ongoing work to address the variation in immunisation uptake

- Kent County Council Public Health colleagues are liaising with the UK Health Security Agency to improve the uptake of the measles vaccination. Recently a press release was issued to raise awareness among the public on the falling MMR coverage and the need to get children vaccinated.

- The Kent and Medway Integrated Care System is in the process of setting up the Vaccination and Immunisation Board to provide system wide leadership and address the variation in immunisation uptake across the system.
- Kent Public Health colleagues are also working at the Health Care Partnership level to improve immunisation coverage. Consultants in Public Health provide leadership and support to these partnerships across a broad range of Public Health issues including immunisation.
- KCC's Public Health team is working closely with the Kent and Medway Integrated Vaccination Board and the Southeast Screening and Immunisation Team at NHS England to further improve vaccination update among the population we serve.
- The Kent Public Health Observatory Team will continue to undertake detailed analysis (such as this report) to identify areas and factors influencing uptake to prioritise action.
- A further update will be presented to the Health Reform and Public Health Cabinet Committee in the next twelve months to report on progress and highlight any other issues identified.

10. Financial Implications

10.1 None

11. Legal implications

11.1 None

12. Equalities implications

12.1 There is a negative association observed between deprivation and childhood vaccination indicators which is a very well-known fact and this is being addressed by all partners.

13. Conclusion

13.1 The pandemic appears to have had an impact on the immunisation uptake and the downtrend appears to be stabilising now . As expected, there is a negative association with the uptake of childhood vaccinations and deprivation although the difference is not very marked in Kent.

13.2 There is some variation observed by geography based on district & borough boundaries marked for few indicators but for most indicators the coverage of district and boroughs is not very different from the Kent average. By raising awareness of this data and intelligence we hope to achieve better vaccination coverage among the Kent population.

14. Recommendation(s):

14.1 Members of the Health Reform and Public Health Cabinet Committee are asked to **NOTE** the contents of this report and to support the immunisation initiative by raising awareness of its importance among the communities they represent when there are opportunities to do so.

15. Background information and References

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8. Hungerford D, Macpherson P, Farmer S, Ghebrehewet S, Seddon D, Vivancos R, Keenan A. Effect of socioeconomic deprivation on uptake of measles, mumps and rubella vaccination in Liverpool, UK over 16 years: a longitudinal ecological study. Epidemiol Infect. 2016 Apr;144(6):1201-11.
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From: Benjamin Watts, General Counsel

To: Health Reform and Public Health Cabinet Committee – 11 July 2023

Subject: Work Programme 2023

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 2023.

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.

4. Recommendation: The Health Reform and Public Health Cabinet Committee is asked to consider and agree its Work Programme for 2023.

5. Background Documents: None

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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
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 (March)

	5 SEPTEMBER 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	Public Health Performance Dashboard – Quarter 1 2023/24	Regular Item
	7 NOVEMBER 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	Annual Report on Quality in Public Health, including Annual Complaints Report	Annual Item
	23 JANUARY 2024	
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	Public Health Performance Dashboard – Quarter 2 2023/24	Regular Item
7	Update on Public Health Campaigns/Communications	Regular Item
8	Draft Revenue and Capital Budget and MTFP	Annual Item
5 MARCH 2024		
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	Public Health Performance Dashboard – Quarter 3 2023/24	Regular Item
7	Risk Management report (with RAG ratings)	Annual Item
14 MAY 2024		
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
2 JULY 2024		
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	Public Health Performance Dashboard – Quarter 4 2023/24	Regular Item
7	Update on Public Health Campaigns/Communications	Regular 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 HRPH CC 20/01/2022
Mental Health for Younger People + Young Minds Presentation – added by Andrew Kennedy on 24/01/2022

Public Health Inequalities: Report on geographical poverty index figures – Requested by Mr Jeffery on 23/11/2022
Gypsy, Roma and Traveller (GRT) Health: Report on child immunisation and suicide prevention in the GRT community – Requested by Ms Constantine on 23/11/2022
Overview of Health Protection in Kent – 31/03/23
Substantive item on Social Prescribing – added by Andrew Kennedy 31/03/2023

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