HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Tuesday, 19th November, 2024

2.00 pm

Council Chamber, Sessions House, County Hall, Maidstone

Kent County Council
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AGENDA

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

Tuesday, 19 November 2024 at 2.00 pm

Council Chamber, Sessions House, County Hall, Maidstone

Ask for: **Georgia Humphreys**

Telephone: **03000412133**

Membership (17)

Conservative (12):	Mrs L Game (Chair), Mr P Cole (Vice-Chairman), Mr D Beaney, Mrs P T Cole, Ms S Hamilton, Mr A R Hills, Mr A Kennedy, Mr J Meade, Ms L Parfitt and Ms L Wright and two vacancies
Labour (2):	Ms K Constantine and Ms K Grehan
Liberal Democrat (1):	Mr R G Streatfeild, MBE
Green and Independent (2):	Ms J Hawkins and vacancy

UNRESTRICTED ITEMS

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

1 Introduction/Webcast announcement

2 Apologies and Substitutes

3 Declarations of Interest by Members in items on the agenda

4 Minutes of the meeting held on 17 September 2024 (Pages 1 - 12)

5 Verbal updates by Cabinet Member and Director

6 Draft Revenue and Capital Budget and MTFP (Pages 13 - 52)

7 Annual Report on Quality in Public Health (Pages 53 - 58)

8 Young People and Mental Health (Pages 59 - 66)

9 Implications of Climate Change for Public Health (Pages 67 - 78)

10 Local Stop Smoking Services Update (Pages 79 - 88)

11 Work Programme (Pages 89 - 90)

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, 11 November 2024

KENT COUNTY COUNCIL

HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Health Reform and Public Health Cabinet Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 17 September 2024.

PRESENT: Mr P Cole (Vice-Chairman in the Chair), Mr D Beaney, Ms K Constantine, Ms S Hamilton, Ms J Hawkins, Mr A Kennedy, Mr J Meade, Ms L Parfitt, Mr R G Streatfeild, MBE and Ms L Wright

ALSO PRESENT: Mr D Watkins

IN ATTENDANCE: Dr E Schwartz (Interim Deputy Director Public Health), Mrs V Tovey (Public Health Senior Commissioning Manager), Mr M Chambers (Head of Health Intelligence), Ms S Crouch (Public Health Consultant), Ms R Kulkarni-Johnston (Public Health Consultant), Ms C Nelson (Public Health Commissioner), Ms A Ojo (Public Health Specialist) and Mrs K Goldsmith (Research Officer - Overview and Scrutiny)

UNRESTRICTED ITEMS

331. Apologies and Substitutes
(Item 2)

Apologies were received from Mrs L Game, Mrs K Grehan, Mrs P Cole and Mr T Hills.

Mrs K Constantine and Ms J Hawkins were in attendance virtually.

332. Declarations of interest by Members on items on the Agenda for this meeting
(Item 3)

There were no declarations of interest.

333. Minutes of the meeting held on 2 July 2024
(Item 4)

RESOLVED that the minutes of the meeting held on 7 July 2024 were a correct record and that they be signed by the Chair.

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

1. Mr Watkins, Cabinet Member for Adult Social Care and Public Health, gave a verbal update on the following:
    a. **Health Protection-** The covid and flu booster vaccine roll out for autumn and winter 2024 was set to commence from 1st September 2024. Mr Watkins set out eligibility. Further details were to be shared with all Members.

    b. **Kent and Medway Integrated Care Strategy-** The service delivery component was being implemented after receiving the necessary sign offs.

    c. **World Suicide Prevention Day-** The theme for World Suicide Prevention Day 2024 was 'Changing the Narrative' with a call to 'start the conversation'. The Kent and Medway Suicide Prevention Team marked the Day by working with local charities and creating a film to demonstrate the importance of starting a conversation as well as signposting free access to suicide prevention training.

    d. **Lifesaving health checks at work trial -** Several thousand Kent residents were to be offered cardio-vascular health checks within their workplace. A £200,000 government grant had been awarded to locally roll out the national scheme, which identified individuals most at risk of cardiovascular disease (CVD). CVD was the leading cause of death and disability in England and 80% of cases were considered preventable. The trial would run between September 2024 and March 2025 across several sectors including building, transport, hospitality and social care. The initiative's aim was for 4,000 Kent residents aged between 40 and 74, to get convenient checks for heart disease, strokes, kidney disease and some cases of dementia. Mr Watkins set out what the health checks involved and what happened next for those found to be at risk. He set out the pilot's findings to date, as well as the benefits of attending the health check if offered.

    e. **DadSpace-** This community initiative gave fathers a safe place to talk, listen and share experiences of fatherhood. The network was set to expand following a grant award from KCC. They were seeking volunteers, and KCC would provide training to ensure individuals had the necessary skills.

    f. **Sexual Health-** Kent residents at risk of sexually transmitted diseases have been urged to order a free screening kit from the KCC website. Kits were delivered in discreet packaging directly to home addresses (or another named location) and helped protect the population against rising levels of sexually transmitted diseases. Those most at risk included younger people, those who had recently changed partner and those who were part of a community where sexual health is a taboo subject.

2. Dr Ellen Schwartz, Deputy Director of Public Health, gave a verbal update on the following:
    a. **Publication of the Lord Darzi Report-** The independent investigation into the NHS in England was published on 12th September 2024. The report referenced the power of prevention in reducing the pressure on the NHS and social care. Dr Schwartz announced the development of a Kent Marmot Coastal Region, using the eight principles of Sir Michael Marmot, to address the social determinants of health and reduce health inequalities. This had been shaped around the coastal areas of Kent and would initially focus on work and skills for work. It was designed to be a long-term program with a layered approach, and other social determinants would be addressed later.

    b. **Development of Healthy Alliances-** There were eight Healthy Partnerships in operation across the Kent districts. They were shaped around the priorities in the Kent and Medway Integrated Care Strategy and published in the associated shared Delivery Plan. Other areas were developing alliances, except in Swale (where there was no need or plan).

    c. **Health Protection -** There had been steady improvements in uptake of the MMR vaccine across all the primary care networks. An ICB sub-group was dedicated to improving the uptake of childhood vaccinations and reducing variations across the county. In relation to M-Pox (formally Monkey Pox), the UK Health Security Agency remained in the preparation phase with no reported cases of the clade 1 subvariant.

    d. **Refugees and Asylum Seekers-** There had been continued support for new reception centres and children's homes with advice about infection prevention and control.

    e. **Diphtheria-** The Diphtheria vaccination program based at the Marsdon Reception Centre was to be stood down at the end of 2024 due to a change in national guidance.

    f. **Sexual Health-** A draft of the sexual health needs assessment, intended to inform the transformation work, would be ready for internal review within the next month. The reignited Kent Sexual Health Collaborative would share best practice, with a focus on optimising women's sexual health.

    g. **Children, Young People and Maternity -** The "Nurturing Little Hearts and Minds" Strategy had been put forward as an example of excellence to the Department of Health and Social Care. Workforce training within Family Hubs was focussing on 0- to 19-year-olds, the improvement of health visiting services for those 0 to 4 years of age and school health services for 5 to 19 years of age.

h. **Oral Health-** Trials of supervised toothbrushing within some of Kent's nursery and primary schools had seen almost 1,000 children brush their teeth under supervision. When tooth decay was detected, letters were sent home and there was further engagement with those children. Feedback had been positive, there was an improved plaque score, and indicators showed the programme was effective.

i. **Vaping Survey for young people -** 33 schools across Kent had been engaged, and just over 5500 people had completed the survey. The survey aimed to measure the prevalence of vaping amongst those aged 11 to 18, to understand their attitudes, and gain some actionable insight from young people. The prevalence of vaping in Kent would be compared to other areas.

j. **Tackling the stigma around Mental Health-** The work aimed to reduce the 30-year life expectancy gap between those with severe mental illness and those without mental illness. There had been a slight decrease in suicide rates (from 12.1 to 11.7 per 100,000 to 11.7), but Kent remained above national rates therefore it needed to be a continued focus area for the council.

3. In response to comments and questions, it was said:
   a. Committee Members Mr Kennedy and Mr Meade were to visit voluntary organisations around the county for Mental Health Awareness Day (10th October). They requested that Members share details of organisations that could be included in their schedule.

   b. Dr Schwartz assured members that whilst there had been less cases of measles in Kent than in other counties, and the uptake of vaccines had increased, there was still a need to keep the pressure on.

   c. Asked about standardisation of performance reporting, as referenced in the Darzi report, Mr Watkins acknowledged standardisation risked stifling innovation and pulling some areas down whilst improving others. However, he understood the report was referring to standardisation across ICBs which he felt was less concerning.

4. RESOLVED that the updates be noted.

335. Public Health Performance Dashboard - Quarter 1 2024/25
(Item 6)

1. Victoria Tovey (Assistant Director for Integrated Commissioning) introduced the report which detailed performance against Key Performance Indicators within Public Health commissioned services. Four areas were performing above target whilst two were below the target.

2. Ms Tovey noted the fall in performance against PH14 “number of mothers receiving an antenatal contact by the health visiting service”. Members asked for further information:
    a. The provider (KCHFT) had identified a data reporting error subsequent to their move to a new IT system. That error had inflated their previous performance, upon which the 24/25 targets had been set. The error had been resolved, but that led to a decline in performance against targets (i.e. less women had received face-to-face contact from their health visitor than originally recorded).

    b. Every family known to the service had received a welcome letter from the Health Visiting service and there was a significant amount of universal support available. Vulnerable families and first-time mothers were prioritised for visits.

    c. KCHFT were paid as a block contract, as opposed to outcomes based, and any underspends were discussed and either the money went back into the Public Health Grant for re-investment, or the funding was reallocated to other public health activities.

    d. As to why the data error had not been discovered sooner, Ms Tovey explained a rolling 12-month target was used and the base line fluctuated in line with birth rates. It was therefore not immediately obvious when looking at the declining performance against target.

    e. National staff shortages meant the service ran a risk-based approach, prioritising other activities in the service over the antenatal contacts (for example, safeguarding visits) as individuals were under the care of maternity services. However, there was an open offer in place for anyone requesting support, and services including Family Hubs and Midwifery also provided care.

    f. Consideration was being given to centralising the antenatal offer within the service to reduce instances of antenatal visits being de-prioritised in locations with lower staff numbers.

3. In response to questions around the lower number of people attending an NHS Health Check than being invited for one, it was said:
    a. The Health Checks program was stopped during the Covid-19 pandemic and once it re-started progress varied across primary care providers. The 2024/25 target was increased to reflect the over-achievement of the 2023/24 target.

    b. To increase attendance, various pilots were underway, including a campaign looking at the wording used in communications to different groups of people.

    c. An audit had been undertaken into the individuals that did not respond to invitations to understand the barriers. The outcomes were being used to inform future communications. Following a question around the number of people setting a quit date for

smoking, Ms Tovey explained that the service was evidence based (NICE guidelines) but there were a number of other initiatives helping to improve effectiveness. There was an aspiration to use linked data (using NHS numbers to anonymously monitor whether an individual's outcomes have improved since using a service).

4. RESOLVED that the performance of Public Health commissioned services in Q1 2024/2025 be noted.

336. Strategic indicators report - Kent and Medway Integrated Care Strategy *(Item 7)*

1. Mark Chambers, Head of Intelligence, provided an overview of the report:
    a. A selection of 10 indicators from the Integrated Care Strategy were included in the report. These were presented in greater detail than they would be to the Integrated Care Strategy Board, with trends and benchmarks for each set out along with a breakdown by district.

    b. Whilst there were targets for each indicator, this was not a performance report.

    c. The report showed the stark variation of outcomes between areas of Kent. Thanet, Swale and Gravesham for example were typically in the lower end of the spectrum, and this was reflective of the characteristics of the population.

    d. The report highlighted three areas of particular concern for Kent overall: a rise in severe obesity in children aged 10 to 11 years old; longer waits for diagnostic tests in East Kent and Swale; a stubborn gap in hospital admissions for ambulatory care sensitive conditions between most and least deprived populations.

    e. Mr Chambers assured members that his team continued to monitor the indicators and data, working with colleagues across the Integrated Care System.

2. In response to the comments and questions, it was said:
    a. Acknowledging only 63% of Year 6 children were a healthy weight, a Member asked for data about the children falling between a healthy weight and severely obese, as well as how that transferred into adulthood. Mr Chambers noted a worsening trend in Kent, and halting that decline was important. Secondary school children did not routinely get their weight measured, so it was not currently possible to monitor if obesity continued into adulthood. Childhood weight was measured against UK reference curves from 1990. Mr Chambers offered to report back on the weight range falling between healthy and obese.

    b. A Member asked about reablement services and the decline in performance in 2022/23. Mr Watkins provided reassurance that the

2023/24 data had improved, and this was an Adult Social Care Key Performance Indicator.

c. Ms Kulkarni-Johnston (Consultant in Public Health) explained that a system approach to healthy weight and obesity was underway and had been evaluated by the University of Kent. Public Health had engaged with a range of partners as well as 150 stakeholders, to promote cooking skills, encourage physical activity and a healthy lifestyle. An evaluation of work undertaken during the previous two years had shown a lot of appreciation for what had been done, and key organisations had been asked to commit to the programme on an ongoing basis.

d. Body Mass Index was not the most accurate way to measure a child's weight management, but it was considered the most appropriate, non-intrusive method based on those available and was recommended by NICE.

3. The Committee spoke about future reporting on the indicators. It was agreed that an annual report on the same 10 indicators would be brought before the Committee, with any additional indicators of concern highlighted in the narrative.

4. RESOLVED that the findings from the report be noted.

337. Public Health Communications and Campaigns update
(Item 8)

1. Dr Ellen Schwartz, Deputy Director of Public Health, provided a brief overview of the report that highlighted Public Health's communication activity during the 2024/25 year.

2. A Member requested that measures of campaign effectiveness be included in future reports.

3. A Member asked how adaptive campaign communications were to social media habits. Dr Schwartz undertook to provide a response outside of the meeting.

4. A Member reflected on society's changing attitude to activities such as drinking alcohol, where behaviour seemed to have changed without the input of a particular campaign. They questioned whether lessons could be learnt and applied to other areas.

5. The use of campaigns during particular events and seasons was noted, and a Member asked about the scope of working with other public bodies for joint areas of concern.

6. RESOLVED that the progress of Public Health communications and campaigns in 2024 and the need to continue to deliver throughout 2024/2025 be noted.

338. Update on Gypsy Roma Traveller health, including child immunisations and suicide prevention
(Item 9)

1. Sarah Crouch, Consultant in Public Health, provided an overview of the agenda report. She highlighted two key areas, whilst recognising that work was needed to build confidence and trust with the relevant communities:
    a. A community of practice had been established – a group of 25 stakeholders who were able to engage with communities and take forward the findings of the 2023 Health Needs Assessment.

    b. The role of a Gypsy, Roma and Traveller Co-ordinator was being recruited to.

2. In response to the comments and questions, it was said:
    a. The Health Needs Assessment had been populated with national research along with locally held data, supported by groups that were closely aligned with the GRT communities. Ms Crouch recognised that more work was needed before engaging with the communities directly.

    b. Access to primary care was a real issue, and a Member felt it important that the rights of individuals in the GRT community be reaffirmed. They also questioned whether there was suitable training in place for NHS workers. Ms Crouch confirmed that communications had been sent to GPs setting out the rights of individuals to register with a GP. Practices within close proximity of a known GRT site had received information about sending invitations to health screenings along with a survey about how well equipped they were to engage with GRT communities. Responses would inform the type of training required.

    c. The team had reached out to Districts to identify suitable contacts to support the work around health needs.

3. RESOLVED that the Committee notes the ongoing efforts and progress made to date to address the observed health inequalities of Gypsy, Roma and Traveller communities identified in the Health Needs Assessment.

339. Public Health and Adult Social Care joint working on prevention
(Item 10)

1. Sarah Crouch, Consultant in Public Health, provided an overview of the prevention agenda, which was looking at patterns of need alongside

preventative work on offer. The ambition was to change the trajectory of care and keep people well for longer.

2. A Prevention Delivery Group had been established to oversee the programme of work, and a Public Health and Social Care Innovation and Prevention Manager had been recruited which was jointly funded by adult social care and public health.

3. One of the first areas to be explored was preventing falls. The team were looking to use integrated data to identify people at risk of a fall who could benefit from an intervention. The team would then tailor a package of support based on the individual's needs and what methods were proven to be effective. Ultimately, a prevention blueprint would be created - a way of testing the impact of preventative action on improving the health of the population and reducing the need for adult social care.

4. In response to the comments and questions, it was said:
    a. A Member asked about the use of home modifications. Ms Crouch shared with members that her team had been looking into modifications such as grip rails and removing trip hazards – these were reactive to an individual's needs. Dr Schwartz added that the Kent and Medway Housing Strategy was undergoing a refresh and that involved planning for the future and building homes for life. She would feedback to the relevant group.

    b. Quantifying the savings made from upfront investment was difficult but vital because of the scale of savings needed in adult social care. Data sharing between organisations was historically difficult. Norfolk County Council presented a successful preventative pilot to the National Care Conference 2023 and Kent were working with those colleagues to learn lessons. Mr Watkins said Kent was in a good position when it came to data, and that could be used to target individuals at risk of a fall. District level data was not held, but the team planned to apply deprivation data to filter certain groups. There were also plans to establish a peer network with other councils.

    c. A Member asked about proposed cuts to community services, recognising the vital support they provide in the community. Mr Watkins noted there were no relevant savings in the 2024/25 budget but there were in future years. He assured members that any proposals would be subject to public consultation before being made. He highlighted the importance of community groups being able to evidence their effectiveness. Dr Schwartz noted the variation of community services across Kent, and the importance of making decisions based on evidence.

5. RESOLVED that the Committee note the content of the report and the work underway with the Prevention Programme.

340. Kent Weight Management Strategic Action Plan
(Item 11)

1. Rutuja Kulkarni-Johnston, Consultant in Public Health, gave a presentation on the contents of the report. She explained KCC and the Kent and Medway Integrated Care Board (ICB) had jointly developed the Kent Weight Management Strategic Action Plan, which sought to tackle obesity across the county. There were seven strategic actions. Weight management services were provided across four tiers, with tiers 1 and 2 commissioned by KCC.

2. A Member asked how many individuals would be treated under the action plan. In 2022-23, 3,000 people were referred into the service (tiers 1 and 2). This had increased to 5,000 in 2023-24. Ms Kulkarni-Johnston welcomed the uptake in individuals accessing support services.

3. In terms of judging the success of the programme, a Member asked for detail on overall need as well as the capacity of the service. Ms Kulkarni-Johnston would take the request away but noted that data would only include those accessing commissioned services, not those that were taking steps to manage their own weight. Dr Schwartz added there were numerous services that addressed weight management. The Member therefore suggested looking at system savings might be a way the Committee could monitor success going forward.

4. RESOLVED that the Committee consider and provide comment on the Weight Management Strategic Action Plan.

341. Public Health Service Transformation and Partnerships
(Item 12)

1. Chloe Nelson, Public Health Commissioner, provided an overview of the agenda report:
    a. The Programme aimed to ensure all services in receipt of Public Health Grant were efficient and effective in delivering outcomes for Kent residents.

    b. The Programme was in its local engagement phase, which involved testing the preferred service model through internal engagement, current providers, wider market providers and individuals.

    c. A public consultation was planned for proposed changes to the Emotional Wellbeing and Mental Health Service (for children and young people aged 5 to 19 with mild to moderate mental health needs) – currently known as the Kent Children and Young People's Counselling Service. A Key Decision would follow as part of the children's portfolio of work.

d. Evidence gathered showed an increasing demand for public health services, along with complexity of need.

2. A Member asked what steps had been taken to engage with young people. Ms Tovey assured Members that a significant amount of work had gone into seeking the views of children and young people, including engagement events, and working with staff such as youth workers to promote the consultation. There had also been networks through youth clubs and schools and the team had built on work conducted by the ICB.

3. The report set out the timescales of future consultations and Key Decisions.

4. Services included in the Programme were those funded/part-funded by the Public Health Grant. There were no plans in place to cut service budgets, although efficiency savings were being considered. The funding allocation for 2024/25 was not yet known. Additional funding was sometimes received for specific areas (such as substance misuse and smoking) but there were often conditions attached.

5. RESOLVED that the Committee note and comment on the report.

342. Work Programme
(Item 13)

RESOLVED that the work programme was noted.

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From: Roger Gough, Leader of the Council

Peter Oakford, Deputy Leader and Cabinet Member for Finance, Corporate and Traded Services

Dan Watkins, Cabinet Member for Adult Social Care and Public Health

Dr Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee
19th November 2024

Subject: **Draft Revenue Budget 2025-26 and Medium Term Financial Plan (MTFP) 2025-28**

Classification: **Unrestricted**

Summary:
This report sets out key policy considerations within the administration's draft revenue budget proposals for 2025-26 (together with any full year consequences in subsequent years) for the Cabinet portfolios and directorates relevant to this committee for scrutiny. Unlike recent years this is a tailored report for each committee with the overall draft budget proposals contained within appendices and in particular choices about spending growth and savings/income. The draft proposals have been prepared before the Chancellor's Autumn Budget based on assumptions about future spending requirements, government grant settlement, and council tax referendum levels. These assumptions are likely to change but overall it is still likely that a balanced budget can only be achieved with significant savings and income generation as spending growth is likely to continue to exceed the funding available from the government settlement and local taxation.

Recommendations:
The Health Reform and Public Health Cabinet Committee is asked to:
a) NOTE the administration's draft revenue budgets including responses to consultation
b) SUGGEST any changes which should be made to the administration's draft budget proposals related to the Cabinet Committee's portfolio area before the draft is considered by Cabinet on 30th January 2025 and presented to Full County Council on 13th February 2025.

1. Background and Context

1.1 The setting of the budget is a decision reserved for Full Council. The Council's Budget and Policy Framework requires that a draft budget is issued for consultation with the Cabinet and Scrutiny Committees to allow for their comments to be considered before the final budget proposals are made to Full Council.

1.2 The Council is under a legal duty to set a balanced and sustainable budget within the resources available from local taxation and central government grants and to maintain adequate reserves. This duty applies to the final draft budget presented for Full Council approval at the annual budget meeting. The overall strategy for the

budget is to ensure that the Council continues to plan for revenue and capital budgets which are affordable, reflect the Council's strategic priorities, allow the Council to fulfil its statutory responsibilities and continue to maintain and improve the Council's financial resilience.

1.3 A MTFP covering the entirety of the resources available to the Council is the best way that resource prioritisation and allocation decisions can be considered and agreed in a way that provides a stable and considered approach to service delivery and takes into account relevant risks and uncertainty.

1.4 The administration's initial draft budget proposals have been prepared in advance of the government's Autumn Budget and Spending Review 2024 (announced 30th October 2024) and in the absence of a provisional local government finance settlement or detailed spending plans inherited from the previous government. This draft budget is based on an assumed grant settlement and council tax referendum limits.

1.5 The administration's draft budget 2025-26 and MTFP over the three years are not yet completely balanced. The factors causing the plans to be unbalanced are principally due to undelivered savings within Adult Social Care and the timing of the £19.8m policy savings previously agreed to replace the use of one-offs to balance 2024-25 budget. These two factors are covered in more depth in Appendix A. Other than these issues, the 2025-26 budget is broadly balanced within acceptable tolerances, given the number and range of forecasts within the plan at this stage. Other than adult social care, the MTFP is broadly balanced over the three years, but as yet not necessarily in each individual year. The Adult Social Care challenge will be covered in more depth in the report for the relevant Cabinet Committee. These factors do not preclude scrutiny of the remainder of the Administration's draft budget plans. There is a balance to be struck between planning for what is currently known (which are the factors cited above) and the likelihood of an improvement in the financial position via any additional Government support or improved tax take, with the risk being managed through reserves.

1.6 This report focuses on the key policy considerations within the administration's draft budget proposals for each Cabinet portfolio in a timely manner in November. This is a more focussed report to address previous concerns that presenting the entire budget proposals for the whole Council does not allow for sufficient scrutiny on key service issues by individual Cabinet and Scrutiny Committees. To assist this, a summary of the 2025-26 proposals for the relevant Cabinet portfolio is included in this report, together with a more detailed table setting out the key policy considerations and accompanying narrative (in the next section of this report). An interactive dashboard is also provided to Members, enabling the details of all proposals to be examined and scrutinised.

1.7 Separate appendices are included which set out:

- the key assumptions within the administration's overall initial draft budget (appendix A)
- how the proposals are consistent with the Council's strategic priorities and legal requirements (appendix B)
- a summary of the responses from the recent budget consultation (appendix C)
- a summary of the Administration's Draft Budget proposals (appendix D)
- a high-level summary of the overall MTFP covering 2025-28 (appendix E)

- a summary of the proposals for Public Health for 2025-26 (appendix F)
- a detailed list of the key policy considerations for Public Health (spending and savings proposals) (appendix G)
- an assessment of financial resilience (appendix H)

1.8 This provides the same level of background information as presented to Cabinet and Scrutiny committees in previous years. A more detailed report on the budget consultation, which closed on 7th August 2024, is provided as a background document.

1.9 Following the November scrutiny process, a revised draft of the administration's final budget proposals will be published in January for further consideration prior to final approval at County Council in February 2025. This will include:

- resolution of the outstanding issues in this draft
- the outcome of the Chancellor's Autumn 2024 Budget and Local Government Finance Settlement for 2025-26
- the provisional council tax base information for council tax precepts
- any other updates since this initial draft

1.10 Wherever possible, draft key decisions will be presented for consideration by Cabinet Committees in principle (pending final budget approval) in January together with the opportunity for scrutiny of the key changes arising from the above points, with those draft key decisions that cannot be considered in January reported to the March round of meetings.

2. Key Policy Considerations

2.1 Public health spending is fully externally funded through specific grants and income with no contribution through core funding from general grants and local taxation. This means the net budget proposals from spending, savings, income and reserves must net to zero as summarised in appendix F. The 2024-25 budget is reported through Adult Social Care Directorate:

Key Service	2024-25 Staffing £000s	2024-25 Non Staffing £000s	2024-25 Gross Expenditure £000s	2024-25 Income £000s	2024-25 Grants £000s	2024-25 Net Cost £000s	Key Service Description
Public Health Director: Dr Anjan Ghosh							
Public Health - Advice and Other Staffing	5,381.1	1,469.1	**6,850.2**	-628.0	-6,222.2	**0.0**	Includes cost of management, commissioning, and operational staff to deliver statutory Public Health advice
Public Health - Children's Programme	0.0	34,707.5	**34,707.5**	-43.0	-34,664.5	**0.0**	Includes provision for 0-19 year olds and their families including: Health Visiting, School Public Health, Oral Health, services delivered through Children's Centres and Adolescent services
Public Health - Healthy Lifestyles	0.0	10,986.2	**10,986.2**	0.0	-10,986.2	**0.0**	Improving health and lifestyles through provision of Integrated Lifestyle services and NHS Health Checks to support the following outcomes; reduction in smoking, improved exercise and healthy eating to tackle obesity levels
Public Health - Mental Health, Substance Misuse & Community Safety	273.8	17,886.8	**18,160.6**	-1,060.0	-17,100.6	**0.0**	Includes the provision of drug and alcohol services, domestic abuse services and Mental Health early intervention
Public Health - Sexual Health	0.0	15,851.0	**15,851.0**	-2,049.1	-13,801.9	**0.0**	Commissioning of mandated contraception and sexually transmitted infection advice and treatment services
Total - Public Health (PH)	**5,654.9**	**80,900.6**	**86,555.5**	**-3,780.1**	**-82,775.4**	**0.0**	

2.2 The 2025-26 proposals include £3,456.2k of increased spending, of which £783.5k is increased spending on substance misuse services funded from additional temporary grants for recovery and treatment from Office for Health Improvement and

Disparities/Rough Sleer Grant and £30.k reduced spending from removal of targeted funding for housing support interventions.

2.3 The remaining £2,703.5k increased spending is funded from the general public health grant, and drawdown from reserves. The increased spending includes £1,746.5k increases in prices of NHS contracts, £197.9k increases in other contract prices, £626.9k for staff pay award, increases, increases in demand for sexual health services/long-acting reversible contraception/nicotine replacement therapy, and increases/removals for time limited transitional activities and service investments.

2.4 The grant increases include £1,048.9k assumed 1.3% increase in public health grant with the remainder of spending increases in 2025-26 funded from draw down from reserves. These spending increases, assumed increase in the public health grant and drawdown from reserves are detailed in the table below. Further information is available in the member dashboard.

2025-26 Spending Proposals funded from General Public Health Grant & Reserves

Headline description	Brief description	2025-26	2026-27	2027-28	Base budget for context (£k)		
		£k	£k	£k	Gross	Income	Net
Public Health - Substance Misuse	Removal of additional one-off investment in Recovery Housing (new contract) in 24/25	-30.0	0.0	0.0	14,736.4	-14,736.4	0.0
Public Health - Staffing, Advice & Monitoring	Removal of temporary investment in Cohort Modelling in 23/24 & 24/25	-21.0	0.0	0.0	6,850.2	-6,850.2	0.0
Public Health - Staffing, Advice & Monitoring	Reduction in temporary investment in research capacity in 23/24 & 24/25	-29.5	0.0	0.0	6,850.2	-6,850.2	0.0
Public Health - Staffing, Advice & Monitoring	Removal of additional temporary investment in Public Health Consultants in 23/24 and 24/25	-267.3	0.0	0.0	6,850.2	-6,850.2	0.0
Public Health - Mental Health	Additional one-off funding for Live Well Kent Mental Health contract	-250.0	-250.0	-500.0	3,424.2	-3,424.2	0.0
Public Health - Children's Health Programme	Therapeutic Services for Young People costs to transition to a new delivery model	400.0	-400.0	0.0	10,195.6	-10,195.6	0.0
Public Health - Sexual Health	Increased Demand for Sexual Health Services	27.3	0.0	0.0	15,851.0	-15,851.0	0.0

Public Health - Sexual Health	Increase in costs associated with long-acting reversible contraception for GP charges and prescribing costs	148.0	0.0	0.0	15,851.0	-15,851.0	0.0
Public Health - Staffing, Advice & Monitoring	Pay adjustments including 25/26 pay uplift for Public Health staff	626.9	0.0	0.0	6,850.2	-6,850.2	0.0

Headline description	Brief description	2025-26	2026-27	2027-28	Base budget for context (£k)		
		£k	£k	£k	Gross	Income	Net
Public Health contracts	Increase in NHS Provider contracts	1,746.5	0.0	0.0	86,555.5	-86,555.5	0.0
Public Health Contracts	Other Contractual/inflationary increases	197.9	0.0	0.0	86,555.5	-86,555.5	0.0
Public Health - Health Visiting	One-off transitional costs for Infant feeding Service	100.0	-100.0	0.0	24,511.9	-24,511.9	0.0
Public Health - Healthy Lifestyles	Temporary transitional Funding for Postural Stability to move to new delivery model	56.5	-31.5	-25.0	10,986.2	-10,986.2	0.0
Public Health - Healthy Lifestyles	Contribution towards new Healthy Living Centre in Thanet	38.8	0.0	0.0	10,986.2	-10,986.2	0.0
Public Health - Stop Smoking Services	Increase in Nicotine Replacement Therapy (NRT) due to demand	75.0	0.0	0.0	10,986.2	-10,986.2	0.0
Public Health - Children's Health Programme	New contract for Families and Childrens' Relationship with Food	36.0	0.0	0.0	10,195.6	-10,195.6	0.0
Public Health	Increase in corporate overhead charges	92.5	0.0	0.0	86,555.5	-86,555.5	0.0
Public Health - Children's Health Programme	Additional one-off expenditure for children's Hearing pilot to support more accurate testing	10.0	-10.0	0.0	10,195.6	-10,195.6	0.0
Public Health	Additional temporary expenditure for the Marmot Coastal Initiative	90.0	-45.0	-45.0	86,555.5	-86,555.5	0.0

Public Health	Realignment of charge for corporate overheads	-344.1	0.0	0.0	86,555.5	-86,555.5	0.0
		2,703.5	**-836.5**	**-570.0**			

2025-26 Increase in General Public Health Grant

Headline description	Brief description	2025-26	2026-27	2027-28	Base budget for context (£k)		
		£k	£k	£k	Gross	Income	Net
Public Health	Estimated Increase in Public Health Grant in 2025-26	-1,048.9	0.0	0.0		-75,734.8	-75,734.8

2025-26 Drawdowns from Reserves

Headline description	Brief description	2025-26	2026-27	2027-28	Base budget for context (£k)		
		£k	£k	£k	Gross	Income	Net
Public Health - Health Visiting	Drawdown of Reserves to fund one-off expenditure for infant feeding service	-100.0	0.0	0.0	24,511.9	-24,511.9	0.0
Public Health - Healthy Lifestyles	Drawdown from reserves to fund Postural Stability Transition Costs for new delivery model	-56.5	-25.0	0.0	10,986.2	-10,986.2	0.0
Public Health - Children's Health Programme	Drawdown from Reserves for One-off expenditure on Children's Health programme	-410.0	0.0	0.0	10,195.6	-10,195.6	0.0
Public Health	Drawdown from Reserves for temporary spending for Marmot Initiative	-90.0	-45.0	0.0	86,555.5	-86,555.5	0.0
Public Health - Mental Health	Temporary funding for Live Well Kent Mental Health contract	-750.0	-500.0	0.0	3,424.2	-3,424.2	0.0
Public Health - Staffing, Advice & Monitoring	Drawdown of Reserves to fund temporary expenditure to cover staffing costs	-291.6	-291.6	-291.6	6,850.2	-6,850.2	0.0
		-1,698.1	**-861.6**	**-291.6**			

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Background documents

Below are click-throughs to reports, more information, etc.
Click on the item title to be taken to the relevant webpage.

1. KCC's Budget webpage
2. KCC's Corporate Risk Register (Governance and Audit Committee 16th May 2024)
3. KCC's Risk Management Strategy, Policy and Programme (Governance and Audit Committee 19th March 2024)
4. KCC's approved 2024-25 Budget
5. 2025-26 Budget Consultation (Let's Talk Kent), which includes a report summarising the responses to the recent Budget Consultation
6. Summary of budget engagement exercise with KCC management cohort (known as T200)
7. 2024-25 Budget Monitoring Report (Cabinet 26th September 2024 – item 5)
8. Securing Kent's Future – Budget Recovery Strategy
9. Securing Kent's Future – Budget Recovery Report
10. Member Budget Dashboards (access restricted and available from 2pm on 30 October)

Key Budget Assumptions

1.1	Current plan includes high-level assumptions for 2025-26 and 2026-27	The 2024-27 medium term financial plan (MTFP), presented to County Council in February 2024, was based on assumptions regarding the funding settlement, spending growth, savings and income, and contributions/drawdowns from reserves. These included a combination of corporate and directorate assumptions. At the time the plan was prepared the later years (2025-26 and 2026-27) it represented a high-level balanced position, and it was acknowledged that the full detail of some elements e.g. £19.8m of policy savings necessary to replace the use of one-offs to balance 2024-25 budget, would be developed for subsequent updates.
1.2	Initial update as at 30th September 2024 in advance of Chancellor's Autumn Budget 2024	The plans have been updated based on the latest available information as at end of September 2024. The timetable for updating the plan and publishing draft 2025-26 budget proposals for scrutiny was agreed before the announcement that Chancellor of the Exchequer's Autumn Budget would be on 30th October 2024. This date is too late to include the impact in the draft budget for scrutiny and any consequences will have to be included in the final draft budget in January. The Chancellor's Autumn statement is unlikely to have a significant impact on KCC spending or savings/income plans for 2025-26. It is more likely to impact on the funding settlement and the need to balance the budget from reserves and one-off measures.
1.3	Corporate assumptions for Business Rates, Council Tax and funding settlement	On Council Tax income, the plans for each of the three MTFP years assume an increase of 5% (3% general referendum limit and 2% adult social care levy), alongside a taxbase increase of 1.5% plus an additional assumption from the introduction, from 1 April 2025, of 100% premiums on 2nd Homes. There are no assumed impacts from changes to discounts or premiums. On Business Rates, the plan assumes no growth in the taxbase. We have assumed that Government Grants which attracted an inflationary uplift in 2024-25 will continue to receive an inflationary uplift in each year, and we have based these increases on the Bank of England's forecasts.
1.4	Corporate assumptions for spending growth	Inflation is based on May 2024 Bank of England CPI forecasts Demand and cost drivers based on same methodology as 2024-25 assuming current trends continue. Pay costs are based on transition to the new pay strategy approved for April 2025 plus assumed pay award (which is subject to bargaining with the recognised trade unions) and maintaining the link to the Foundation Living wage for the lowest pay rate.

1.5	Corporate assumptions for reserves	Assumes general reserve is restored to 5% of net revenue. No assumed replenishment of reserves drawn down to balance 2023-24 outturn. Treatment of safety valve contributions is consistent with the latest external audit advice, which was received in April 2024, after the final 2024-25 budgeted position was reported to Cabinet on 21st March 2024. The advice in March was to show these contributions as spending growth within the government and legislative category. The latest advice from our external auditors is to show these as contributions to reserves rather than spending increases. The impact of this latest advice means that our core funded spending growth in 2025-26 of £117.2m has been reduced by £15.1m to remove the 2024-25 contribution, and our contributions to reserves for 2025-26 includes the safety valve planned contribution £14.6m. Had this advice been received in time for the final 2024-27 plan, the core funded spending growth for 2025-26 forecast would have been £132.2m (as opposed to the £147.3 in the published plan) and contributions to reserves would have been £33.1m (as opposed to £18.5m in the published plan). To compare like with like, the movement between the original published plan for 2025-26 and this latest draft needs to be based on these revised calculations taking account of the latest guidance e.g. core funded spending growth has reduced from £132.2m to £117.2m. Priority over medium term needs to be given to restoring reserves closer to average for similar authorities as % of net revenue and to better reflect enhanced risks.
1.6	£19.8m policy savings	The 2024-25 budget was balanced by three one-offs (£9.1m from reserves, £7.7m from capital receipts and £2.0m from New Homes Bonus grant) which was acknowledged at the time must be replaced by sustainable and ongoing savings/income in subsequent years. The administration's draft budget includes £5.7m of additional policy proposals as part of this replacement impacting in 2025-26. These proposals are set out in detail in the papers for the Children's Young People & Education Cabinet Committee, Growth, Economic Development & Communities Cabinet Committee, and Policy & Resources Cabinet Committee. Some of the policy options which were originally flagged for 2025-26 are now recommended not to be pursued until 2026-27 for contractual and legal reasons. The savings proposed for 2025-26 relate to removing subsidies from partner organisations where there is no statutory requirement or to secure full cost recovery through charges on discretionary services.

		This leaves a balance of £14.1m which is still to be agreed. At this stage this has been shown in the draft plan as a temporary loan from reserves in 2025-26 which must be replaced with sustainable and ongoing savings/income in 2026-27 to replace the use of reserves. The loan must be repaid, which will require further savings or alternative solutions, which at this stage is shown as an unresolved balance in the plan for 2026-27. Potential further savings are still being assessed and we will still be exploring all avenues to reduce the amount needed to be loaned from reserves in 2025-26.
1.7	Adult Social Care	The Adult Social care budget in recent years has included significant transformation, efficiency and policy savings, as well as income generation from client charges and health. The 2023-24 ASC directorate budget included £22.3m of new savings and income, and the 2024-25 ASC directorate budget included a further £53.2m of savings and income. Delivery of savings plans of this magnitude has proved to be challenging and some savings need to be rephased into subsequent years, whilst others have been deemed irrecoverable. This has contributed to an in-year overspend and, in the case of irrecoverable savings, require the base budget to be increased in subsequent years. Rollovers increase the in-year savings that need to be achieved in subsequent years. Savings of this magnitude are necessary to balance the significant year on increases in costs for and demands on adult social care services. These costs largely arise from annual increases in the fees paid to providers for care services for all clients, increased costs for the fees for new clients compared to average fees for existing clients (partly due to complexity and partly due to availability of placements), increasing numbers of clients or increases in hours per week to meet client needs. These costs have been increasing significantly in excess of the specific funding available through social care grants in the local government finance settlement and the adult social care council tax precept, as well as a pro rata share of general grants in the settlement and general council tax precept. In recent years the pace of growth and under delivery of savings has meant adult social care has accounted for an increasing share of the council's overall budget. The challenge is whether, over the medium term, spending on adult social care can be contained within the available specific, and share of general, funding available. Targets have been set for each year of the MTFP based on this principle. This is shown as a savings target in the 2025-26 budget plan. The targets for subsequent years are reflected as an adult social care "challenge" (reflecting the unpredictability of forecasts into later years of the

		plan). The 2025-26 ASCH draft budget shows a net total of savings and income proposals of £24.0m. This comprises of £38.7m new savings and income proposals, netted off by realignments to reflect delays or reductions to previous years' savings. A further £12.9m of savings from 2024-25 are forecast to be rolled forward for delivery in 2025-26. This forecast roll forward together with the £38.7m of new savings and income for 2025-26 described above would mean that the adult social care directorate would need to find over £50m of savings and income in a single year. At this stage the forecast irrecoverable savings from 2024-25 of £8.65m are shown as the adult social care challenge for 2025-26, whilst further options to recover the original savings plans and / or identify other alternatives are explored.

Strategic Context

The setting of the budget is a decision reserved for Full Council. The Council's Budget and Policy Framework requires that a draft budget is issued for consultation with the Cabinet and Scrutiny Committees to allow for their comments to be considered before the final budget proposals are made to Full Council.

The overall strategy for the budget is to ensure that the Council continues to plan for revenue and capital budgets which are affordable, reflect the Council's strategic priorities, allow the Council to fulfil its statutory responsibilities and continue to maintain and improve the Council's financial resilience. This is consistent with the objectives set out in Securing Kent's Future – Budget Recovery Strategy. However, these aims are not always an easy combination and involves some difficult decisions about service levels and provision both for the forthcoming year and over the medium term. In reaching this balance it is essential that the Council has regard to bearing down on future spending growth (price uplifts, other non-inflation related cost increases, and demand increases), delivering efficiency & transformation savings, generating income to offset cost of services, and agreeing changes in policies to reduce current recurring spending and/or avoid future spending while making the necessary investments to support service improvement. In this context it is worth clarifying that savings relate to reducing current recurring spend whereas bearing down on future growth is cost avoidance, both amount to the same end outcome of reducing future spending from what it would otherwise have needed to be without action and intervention. The draft budget should be assessed against these aims recognising that the draft is based on assumptions which could subsequently change.

The Council is under a legal duty to set a balanced and sustainable budget within the resources available from local taxation and central government grants and to maintain adequate reserves. An MTFP covering the entirety of the resources available to the Council is the best way that resource prioritisation and allocation decisions can be considered and agreed in a way that provides a stable and considered approach to service delivery and takes into account relevant risks and uncertainty. At this stage the later years of MTFP is set out as a high-level plan showing the forecast strategic trajectory for changes in funding, spending, savings and income, and reserves with a focus for scrutiny on the detail for 2025-26 together with any full year impacts in subsequent years.

This first draft budget has been prepared in advance of the government's Autumn Budget and Spending Review 2024 (announced 30th October 2024) and in the absence of provisional local government finance settlement or detailed spending plans inherited from the previous government. This draft budget is based on an assumed grant settlement and council tax referendum limits. This means that funding forecasts for the forthcoming year are speculative, consequently planning has to be sufficiently flexible to respond accordingly. Even so, it is likely that 2025-26 and medium term to 2027-28 are likely to continue to be exceptionally challenging and will require real terms reductions if forecast spending continues to grow at a faster rate than available resources. The lack of a settlement does not prevent scrutiny of spending and savings plans at this stage and it likely that any changes in the settlement following the Autumn Budget 2024 will impact on one-off measures and reserves in the final draft budget rather than materially changing spending and savings plans.

As the Council develops its detailed proposals it must continue to keep under review those key financial assumptions which underpin the Council's MTFP particularly in the context of

wider public spending and geo-economic factors. Over the previous decade the Council had to become ever more dependent on locally raised sources of income through Council Tax and retained business rates, and it is only in recent years that additional central government funding has been made available to local authorities, primarily to address spending pressures in social care (albeit at a time when the national public sector deficit has been increasing). However, there is no certainty that this additional central government funding will be baselined for future years until the local government finance settlement is announced and multi-year settlements are reintroduced.

The administration's draft budget for 2025-26 (core funded) includes £117.2m (8.2% of 2024-25 approved budget) of forecast spending growth, funding is assumed to increase by £67.5m (4.7%). The £49.8m difference needs to be closed from savings, income and changes in reserves. At this stage the difference is not fully closed largely due to outstanding issues in adult social care which are still being resolved. Spending growth and savings/income are net and include new amounts for 2025-26 as well as some partially offsetting reversals of one-offs and realignment of current/previous plans. The vast majority of the spending growth (gross) is on adult social care (£67.3m, 10.8% increase), children's social care (£16.2m, 7.2% increase) and home to school transport (£16.9m, 17.7% increase). Spending pressures on these services are common across all upper tier councils. These services currently account for 71.0% of the 2024-25 budget (excluding non-attributable costs), the net increase in the 2025-26 draft budget for these services after savings and income (including assumed share of centrally held amounts, excluding unresolved issues) accounts for 83.3% of the overall net increase, as these three services continue to account for an ever increasing share of the Council's budget.

In the Council's submission to HM Treasury in advance of the Autumn 2024 budget we highlighted that this trend of spending growth exceeding the available funding from local taxation and central government cannot continue. We urged that either funding needs to increase to better reflect spending demands or the statutory requirements on councils need to be reduced as otherwise councils' role would be reduced to solely providing care services with no scope to provide community services which help make local places vibrant for residents and businesses. Council tax increases on their own cannot be expected to solve the shortfalls in funding.

In accordance with Financial Regulations, a medium-term capital programme and financing plan is prepared on an annual basis. Where capital estimates are included, funding must be secured and approved prior to any expenditure being incurred.

Setting the annual budget is one of the most significant decisions the County Council takes each year. It sets the County Council's share of council tax and the overall resource framework in which the Council operates. The administration's budget is the financial expression of the Council's strategic priorities. The budget gives delegated authority to manage the budget to Corporate Directors and Directors within the parameters set out in the Council's Constitution and Financial Regulations. Corporate Directors and Directors are accountable for spending decisions within delegated powers reporting to the Chief Executive, and these are monitored through the Council's budget monitoring arrangements regularly reported to Cabinet. The draft budget is developed, scrutinised and ultimately approved in compliance with the following six key considerations:

A) Strategic Priorities – Strategic Statement

In 2022, KCC published Framing Kent's Future (FKF) the council's high-level strategic statement. It sets out the challenges and opportunities Kent is faced with and the actions the Council will prioritise to address them over the next four years, focussing on four key priorities. Since this strategy was approved there has been a significant shift in the financial and operating landscape.

KCC's Budget Recovery Strategy, Securing Kent's Future, was agreed at a Cabinet meeting on 5th October 2023. This updated the Council's ambitions in light of the changed landscape and given the significance of adults and children's social care within the Council's budget, and that spending growth pressures on the Council's budget overwhelming (but not exclusively) come from social care, that the priority of delivering New Models of Care and Support within FKF must take precedence over the other priorities.

The 2024-25 budget was based on the revised strategic ambitions set out in Securing Kent's Future (SKF) approved by Cabinet in October 2023 which recognised the necessity of the ambition to deliver New Models of Care and Support which must take precedence over the other priorities. This creates an expectation that council services across all directorates must collectively prioritise delivering the new models of care and support objective as a collective enterprise. All of the net growth in the 2024-25 budget went into adult social care, children's care and home to school transport consistent with the revised prioritisation of the Council's strategic objectives.

This does not mean that the other objectives of Levelling Up Kent, Infrastructure for Communities, and Environmental Step Change are not still important and all work on these must stop. However, the scope of these other three objectives will have to be scaled back in terms of additional investment and funding, and management time and capacity that can reasonably be given to them. It also does not mean that we can ignore unavoidable spending in other areas of council activity but policy ambitions in these areas may have to be limited.

The administration's draft budget for 2025-26 continues to prioritise the objectives set out in SKF. All of the adult social care council tax precept is passed into social care spending (along with an appropriate share of the general precept and other general sources of funding). Other spending increases focus on unavoidable costs and all local choices are clearly linked to the Council's strategic objectives. All areas of discretionary spending have been explored for savings again linked to the Council's strategic objectives.

B) Best Value

The Council has statutory Best Value duty to secure continuous improvement having regard to economy, efficiency and effectiveness. The latest guidance explicitly states that this covers delivering a balanced budget, providing statutory services, including adult social care and children's services, and securing value for money in all spending decisions. Those councils that cannot balance competing statutory duties, set a balanced budget, deliver statutory services, and secure value for money are not meeting their legal obligations under the Local Government Act 1999. The statutory Best Value duty must frame all financial, service and policy decisions and the council must pro-actively evidence the best value considerations, including budget preparation and approval.

C) Requirement to set a balanced budget

The Local Government Finance Act 1992 requires the Council to consult on and ultimately set a legal budget and Council Tax precept for the forthcoming financial year, 2025-26. This requirement applies to the final draft budget presented for County Council approval. It does not apply to interim drafts. Whilst there is no legal requirement to set a balanced MTFP, this is considered good practice with an expectation that the financial strategy is based on a balanced plan in the medium term (albeit based in planning assumptions)

Setting the Council's revenue and capital budgets for the forthcoming year will be incredibly challenging due to the fiscal environment with the government's stated objective to adhere to limit the annual budget deficit (borrowing) and for overall debt both to be falling as percentage of GDP. These fiscal targets are likely to restrict the scope for increased central government funding for local government. The current year's budget was balanced through a significant level of planned savings, income and one-off use of reserves/capital receipts. Delivery of these savings is crucial to delivering a balanced outturn without further draw down from reserves. A similar scenario is predicted for 2025-26 and subsequent years with forecast spending growth exceeding the likely funding requiring further significant annual recurring savings and income to balance the budget. The scope for savings of the required magnitude is increasingly limited unless the statutory obligations are changed...

What is meant by 'balanced' is not defined in law and relies on the professional judgement of the Chief Financial Officer to ensure that the budget is robust and sustainable. A prudent definition of a balanced budget would be a financial plan based on sound assumptions which shows how planned spending and income equals the available funding for the forthcoming year. Plans can take into account deliverable cost savings and/or local income growth strategies as well as useable reserves.

The previous government had confirmed that the Statutory Override for the Dedicated Schools Grant deficits was extended for a further 3 years from 2023-24 to 2025-26. It is unclear at this stage whether the new government will provide a further extension. Under the Safety Valve agreement the Council has made budget provision for its contribution for 2024-25 and subsequent years in the MTFP for the duration of the agreement which together with planned actions to reduce the annual deficit and DfE contributions would see the accumulated DSG deficit cleared by 2027-28.

While there is no legal definition of a balanced budget, legislation does provide a description to illustrate when a budget is considered not to balance:

- where the increased uncertainty leads to budget overspends of a level which reduce reserves to unacceptably low levels, or
- where an authority demonstrates the characteristics of an insolvent organisation, such as an inability to pay creditors.

To avoid the risk of an unbalanced budget the Council has to be financially resilient. Good financial management is fundamental in establishing confidence in the budget and ensuring that savings plans are achievable, and the finances can withstand unexpected shocks.

The draft budget continues to include an assessment of financial risks. The 2025-26 budget also includes a new assessment of the financial resilience of the Council based on

latest CIPFA guidance on building financial resilience. Both of these measures show that the Council has some way to go to improve its financial resilience.

D) Equalities Considerations

The Equality Act 2010 requires the Council, in the exercise of its functions to have due regard to eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not.

To help meet its duty under the Equality Act the council undertakes equality impact assessments to analyse a proposed change to assess whether it has a disproportionate impact on persons who share a protected characteristic. As part of our budget setting process an equality impact assessment screening will be completed for each savings proposal to determine which proposals will require a full equality impact analysis (with mitigating actions set out against any equality risks) prior to a decision to implement being made.

The amounts for some savings can only be confirmed following consultation and completion of an equalities impact assessment. Consequently, amounts are only planned at the time the budget is approved and can change. Any changes will be reported through the in-year budget monitoring reports which will include separate and specific consideration of delivery of savings plans.

E) Treasury Management Strategy

The Treasury Management Strategy Statement will be included as an appendix to the report for approval by full Council in accordance with the CIPFA Treasury Management Code of Practice. The Statement sets out the proposed strategy with regard to borrowing, the investment of cash balances and the associated monitoring arrangements.

The prudential indicators set out in the Treasury Management Strategy and Capital Strategy will be based on the first three years of the 10 year Capital Programme.

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Summary of Budget Consultation

The Council's 2025-26 budget public consultation ran from 13th June to 7th August 2024. It was hosted on the Council's Let's talk Kent website and can still be viewed via this link https://letstalk.kent.gov.uk/budget-consultation-2025-26**.**

In total, 2,389 people responded to the questionnaire, which is 8.8% lower than the response rate to last year's budget consultation. Responses were received from Kent residents, KCC staff, and a range of local businesses and organisations. 30% of respondents found out about the consultation via Facebook, and 25% via an email from Let's talk Kent or the Council's engagement and consultation team.

A supporting document was provided, which set out the background to the consultation including: key facts about Kent; KCC's strategic priorities; the financial challenges the council has had to address in recent years including areas of significant spending growth in particular in providing services for the most vulnerable residents; an overview of how the Council plans to spend the 2024-25 budget and how we are funded; and the 2025-26 financial challenge. The document included information on the council tax referendum principles, the assumed increases for 2025-26, and the impact on council tax bills. The document sets out the financial outlook for the forthcoming year and that difficult decisions will be needed to balance significant forecast spending increases with the forecast resources from council tax and central government settlement.

The consultation sought views on council tax proposals for both general council tax and the adult social care levy, and asked respondents to indicate their level of support for increases in line with, above (for general council tax only), or below the referendum level, or whether they are opposed to an increase. The consultation sought views on how services should be prioritised and savings should be made, by asking for levels of comfortableness with making spending reductions across the Council's different service areas, as well as which of these service areas to prioritise if there was only £1 of investment left to make. The consultation also sought views on some specific approaches to saving the Council money or generating more income and asked for any other suggestions on ways to make savings or increase income.

A detailed report setting out the responses received from the public consultation is included as a background document to this report along with feedback from engagement with VCSE sector. An exercise with KCC management cohort is reported separately from the public consultation.

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Summary of Administration's Draft Budget Proposals

The administration's initial draft budget proposals are subject to Cabinet Committee scrutiny process in November. The estimates in the draft budget at this stage are early forecasts which can, and in all likelihood will, change in the final draft budget. This includes the estimates for local government finance settlement and local taxation the details of which had not been announced in time for the initial publication.

Following the scrutiny process the administration's final draft budget for approval will be considered by Cabinet on 30th January 2025 and by full County Council on 13th February 2025. As required by the Council's Constitution and Financial Regulations, the final draft budget for County Council approval will be proposed by the Leader and published in a format recommended by the Corporate Director, Finance and agreed by the Leader.

The draft proposed ten-year capital spending plans for 2025-35 are being updated to reflect the recent monitoring position and are currently work in progress. The updated plans will also include the changes as detailed below, with the comprehensive refresh scheduled to be published in January:

- Roll overs from the 2023-24 outturn position,
- Addition of two fully funded bids: Ebbsfleet Development Corporation Landscaping and Manston to Haine Link Road,
- Addition of the invest to save proposal - Project Athena,
- To include pressures identified on Essella Road Rail Bridge and Tunnels

The presentation of the administration's draft revenue budget focuses on the key policy and strategic implications of the proposals, with much greater emphasis on the choices within each portfolio presented to the relevant Cabinet Committee for scrutiny. These choices are set out in the body of the report for each cabinet committee. In response to comments expressed by members the additional spending/savings/income have been put into context of the current budget. The full details of individual proposals can be examined through the member dashboard which is published alongside the reports. The dashboard provides a much more flexible tool to scrutinise proposals and includes a number of enhancements from last year (again including contextual budgets where there are choices) although until this process becomes fully embedded there will still be some variations in quality of information within the individual entries some fields.

The same high level overall council three-year plan is presented as an appendix for each committee. A separate appendix shows the individual elements for 2025-26 for the relevant directorate and Cabinet portfolios using the same spending and saving categories as the high level plan. The definitions for these categories are set out later in this appendix. The high level three-year plan shows KCC core funded and externally funded spending saving/income separately and individual directorate/portfolio appendix for 2025-26 shows just core funded.

It is not feasible or appropriate to produce a key service presentation in the initial draft budget for scrutiny as the scrutiny process needs to focus on the proposed changes from the approved budgets for 2024-25 before more detailed delivery plans are completed and these plans will inform the key service budgets for 2025-26.

Additional proposed spending growth includes the impact of decisions and activities already being delivered in the current year not included in the current base budget and

known future contractual obligations. It also includes forecasts for future cost or activity changes for the forthcoming year, or changes in Council policy. These are set out in fuller detail in dashboards including an explanation of the reasons for the change, key impacts and risks, dependencies and sensitivities.

The savings and income options in the tables in the reports and dashboards follow a similar pattern with amounts for the full year effect of 2024-25 plans; new savings and income for 2025-26 from the original 2024-27 MTFP (albeit updated); savings/income from the application of existing policies; new savings/income that do not require any changes in policy; and those that require policy changes presented as policy savings, efficiency/transformation savings, income or financing savings. Given the scale of the savings, enhanced detailed delivery plans will be required and monitored.

The table below sets out the high-level equation for changes in forecast spending for 2025-26 (growth, savings, income and net contributions to reserves) compared to forecast changes in funding. This shows the net balance still to be resolved of £11.4m, which includes the £8.65m ASC challenge from irrecoverable savings and small £2.8m remaining balance which is considered acceptable within tolerances at this stage.

Table – Net Change in Spending and Funding

Change in Net Spending	Core Funded	External Funded	Change in Net Funding	Core Funded
Change in forecast spending	+£117.2m	+12.6m	Estimated change in Social Care grants	-£5.3m
Proposed savings from spending reductions and future cost avoidance	-£34.5m	-£0.1m	Estimated change in other government grants	+£4.7m
Proposed changes in income	-£7.1m	-	Estimated change in council tax base	+£16.0m
Assumed changes in specific government grants	-	+£7.4m	Assumed increase in general council tax charge	+£28.5m
Base transfer between core and external	-£0.8m	+£0.8m	Assumed increase in ASC council tax charge	+£19.0m
Proposed net change in reserves	+£4.1m	-£20.8m	Estimated change in retained business rates	+£2.7m
			Estimated change in CT & BR collection fund balances	+£1.8m
Sub Total - Total Change in Net Spending	+£78.9m	£0m	Sub Total – Total Change in Net Funding	+£67.5m
Balance to be resolved including ASC challenge	-£11.4m	-		
Total Change in Net Spending	+£67.5m	£0m	Total Change in Net Funding	+£67.5m

Pressures arising from Special Education Needs & Disabilities (SEND) impact upon both the Dedicated Schools Grant (DSG) and the General Fund. Pressures on DSG are addressed primarily by the Safety Valve mechanism, whereby Department for Education (up to £140m) and local authority (up to £82.3m) both provide a substantial contribution to resolve the accumulated deficit in return for improvements to the SEND system to bring annual recurring spending back to within the level of DSG high needs grant. Pressures on the General Fund are reflected primarily on the number of requests to assess, produce

and then annually review Education & Health Care Plans (EHCP) and the associated increased SEND home to school transport costs. There is already substantial work being undertaken to manage down this financial pressure and additional work will focus on identifying and reviewing changes to existing policy and practice so that we are meeting statutory minimum requirements, but ceasing discretionary services where they are not cost effective and only issuing EHCPs where they are necessary, and needs cannot be met by other means.

The additional assumed core funded spending growth (i.e. excluding the changes arising from external funding) of £117.2m for 2025-26 is set out in detail in the member dashboard and where there are local choices or a mixture of choice and unavoidable detailed in the tables in individual reports. It has been subdivided into the following categories:

Net base budget changes £11.2m	Changes to reflect full year effect of cost and activity spending variations in the current year's monitoring forecast compared to approved budget. These adjustments are necessary to ensure the draft budget is based on a robust and sustainable basis. The net base changes include both increases and reductions. The net base changes do not include variations on savings delivery as these are included as positive amounts within the savings section.
Demand and Cost drivers £71.2m	Forecast estimates for future non-inflationary cost and demand increases such as increased population & eligible clients, additional care hours, increased costs for new placements (complexity and availability of placements), increased journey lengths and vehicle occupancy, etc. across a range of services most significantly in adult social care, integrated children's services, home to school transport and waste tonnage.
Price uplifts £34.0m	Obligatory and negotiated price increases on contracted services, including full year effect of planned mid-year uplifts in current year, forecast future price uplifts. Also includes provision for price uplifts on contracts due for retender.
Pay £12.1m	Additional net cost of assumed Kent Scheme pay award that is subject to local bargaining with the recognised trade unions, transition to new Kent pay structure and increase to lower pay scales in line with Foundation Living Wage after savings from appointing new staff lower in pay ranges.
Service Strategies & Improvements £4.2m	Other assumed spending increases to deliver strategic priorities and/or service improvements and outcomes including most significantly replacing grant funding that has temporarily supported maintaining bus services, investment leading to increased divided from trading companies, mobilisation costs for new contracts
Government & Legislative -£15.5m	Additional spending to meet compliance with legislative and regulatory changes and, most significantly, a change in accounting treatment for the local authority contribution to High Needs Safety Valve which needs to be treated as contribution to reserve rather than revenue spending pressure.

The proposed savings, income and future cost increase avoidance of £41.6m for 2025-26 is set out in detail in the member dashboard and where there are local policy choices or transformation detailed in the tables in individual reports. It has been subdivided into the following categories:

Policy Savings -£8.1m	Comprises of £16.0m of new savings including £5.7m policy choices towards the £19.8m requirement to replace one off savings and £10.3m from full year effect of previous policy choices or policy choices which were already identified for 2025-26 in the original 2024-27 plan. New savings are partially offset by £7.9m realignment to reflect of previous savings now deemed unachievable.
Transformation Savings -£36.9m	Savings aimed at achieving improved or the same outcomes at less cost comprising £43.6m of new, or continuing, proposals and £6.7m partially offset from removing unachieved savings from previous years (part of the £8.65m irrecoverable ASCH savings from 2024-25, with the remainder being shown as reversals in policy and efficiency savings). The new proposals include the 2025-26 target for ASCH to contain spending growth within the available share of specific and general funding available. New proposals also include £10.3m transformation from cost avoidance on home to school transport, and £2.1m staffing through the Securing Kent's Future (SKF) objectives.
Efficiency Savings +£1.4m	Comprises £2.8m of proposals which are more than offset by £4.2m realignment for unachieved savings from previous years. This includes rephasing of savings previously identified for 2025-26 in the original 2024-25 budget plan, full year effect of 2024-25 savings and new proposals for 2025-26.
Financing +£9.0m	Comprises £1.5m of savings from the review of amounts set aside for debt repayment (MRP) and reduced base budget. These are more than offset by £7.7m removal of one-off use of capital receipts to support the costs of transformation activity in 2024-25 and £2.8m reduction in investment returns
Income Generation -£7.1m	Comprises £10m increased income from fees and charges for council services from applying existing policies on fee uplifts (including contributions from other bodies), application of full cost recovery policy and new income generation proposals. Partially offset by £2.9m reversal of one-off additional divided income in 2024-25 and removal of project grant income.

APPENDIX E - High Level 2025-28 Revenue Plan and Financing

2024-25				2025-26			INDICATIVE FOR PLANNING PURPOSES 2026-27			2027-28		
Core £000s	External £000s	Total £000s		Core £000s	External £000s	Total £000s	Core £000s	External £000s	Total £000s	Core £000s	External £000s	Total £000s
			Original base budget	1,429,506.8	0.0	1,429,506.8	1,496,958.2	0.0	1,496,958.2	1,566,679.1	0.0	1,566,679.1
			internal base adjustments	-836.6	836.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1,315,610.6		1,315,610.6	Revised Base	1,428,670.2	836.6	1,429,506.8	1,496,958.2	0.0	1,496,958.2	1,566,679.1	0.0	1,566,679.1
			SPENDING									
31,721.5		31,721.5	Base Budget Changes	11,242.8	-744.1	10,498.7	-100.0	0.0	-100.0	0.0	0.0	0.0
35.0		35.0	Reduction in Grant Funding	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10,798.4	505.1	11,303.5	Pay	12,112.5	626.9	12,739.4	12,340.2	0.0	12,340.2	11,901.7	0.0	11,901.7
49,568.4	1,695.6	51,264.0	Prices	33,987.2	1,944.4	35,931.6	28,618.5	0.0	28,618.5	21,216.2	0.0	21,216.2
85,349.7	284.7	85,634.4	Demand & Cost Drivers - Cost	48,209.4	0.0	48,209.4	46,631.1	0.0	46,631.1	46,631.1	0.0	46,631.1
		0.0	Demand & Cost Drivers - Demand	22,983.5	24,150.3	47,133.8	23,014.5	-15,600.0	7,414.5	22,968.7	-14,200.0	8,768.7
16,393.1	-10,327.3	6,065.8	Government & Legislative	-15,548.0	-13,687.9	-29,235.9	192.0	0.0	192.0	3,212.0	-1,898.1	1,313.9
15,712.2	-1,538.8	14,173.4	Service Strategies & Improvements	4,217.4	269.2	4,486.6	7,187.4	-836.5	6,350.9	173.9	-4,142.2	-3,968.3
209,578.3	-9,380.7	200,197.6	**TOTAL SPENDING**	**117,204.8**	**12,558.8**	**129,763.6**	**117,883.7**	**-16,436.5**	**101,447.2**	**106,103.6**	**-20,240.3**	**85,863.3**
			MEMORANDUM:									
			Unavoidable	20,004.6	887.6	20,892.2						
			Local Choice	2,612.9	423.8	3,036.7						
			Mixture of both	95,311.1	26,273.4	121,584.5						
			Removal of temporary changes	-723.8	-15,026.0	-15,749.8						
				117,204.8	**12,558.8**	**129,763.6**						
			SAVINGS, INCOME & GRANT									
-36,454.8		-36,454.8	Transformation - Future Cost Increase Avoidance	-32,375.9	0.0	-32,375.9	-10,788.7	0.0	-10,788.7	-10,300.0	0.0	-10,300.0
2,068.7		2,068.7	Transformation - Service Transformation	-4,500.0	0.0	-4,500.0	-1,900.0	0.0	-1,900.0	-400.0	0.0	-400.0
-16,195.0		-16,195.0	Efficiency	1,412.0	-65.0	1,347.0	-3,963.5	0.0	-3,963.5	-151.0	0.0	-151.0
-15,406.6	-281.3	-15,687.9	Income	-7,097.1	0.0	-7,097.1	-5,870.6	0.0	-5,870.6	-6,052.8	0.0	-6,052.8
-10,967.6		-10,967.6	Financing	9,022.0	0.0	9,022.0	-767.7	0.0	-767.7	-2,166.3	0.0	-2,166.3
-11,910.2	-9.2	-11,919.4	Policy	-8,094.1	0.0	-8,094.1	-17,078.1	0.0	-17,078.1	-9,586.0	0.0	-9,586.0
-88,865.5	-290.5	-89,156.0	**TOTAL SAVINGS & INCOME**	**-41,633.1**	**-65.0**	**-41,698.1**	**-40,368.6**	**0.0**	**-40,368.6**	**-28,656.1**	**0.0**	**-28,656.1**
	7,210.7	7,210.7	Increases in Grants and Contributions	0.0	7,435.8	7,435.8	0.0	0.0	0.0	0.0	-8,729.7	-8,729.7
-88,865.5	6,920.2	-81,945.3	**TOTAL SAVINGS, INCOME & GRANT**	**-41,633.1**	**7,370.8**	**-34,262.3**	**-40,368.6**	**0.0**	**-40,368.6**	**-28,656.1**	**-8,729.7**	**-37,385.8**

2024-25				2025-26			INDICATIVE FOR PLANNING PURPOSES 2026-27			2027-28		
Core £000s	External £000s	Total £000s		Core £000s	External £000s	Total £000s	Core £000s	External £000s	Total £000s	Core £000s	External £000s	Total £000s
			RESERVES									
27,481.5		27,481.5	Contributions to Reserves	30,040.9	14,200.0	44,240.9	38,695.2	14,200.0	52,895.2	33,900.0	34,300.0	68,200.0
-24,739.6		-24,739.6	Removal of prior year Contributions	-26,524.8	-10,640.0	-37,164.8	-30,040.9	-14,200.0	-44,240.9	-38,695.2	-14,200.0	-52,895.2
-14,877.4	-1,350.5	-16,227.9	Drawdowns from Reserves	-14,255.2	-25,598.1	-39,853.3	0.0	-9,161.6	-9,161.6	0.0	-291.6	-291.6
5,318.9	3,811.0	9,129.9	Removal of prior year Drawdowns	14,877.4	1,271.9	16,149.3	14,255.2	25,598.1	39,853.3	0.0	9,161.6	9,161.6
-6,816.6	2,460.5	-4,356.1	**TOTAL RESERVES**	**4,138.3**	**-20,766.2**	**-16,627.9**	**22,909.5**	**16,436.5**	**39,346.0**	**-4,795.2**	**28,970.0**	**24,174.8**
113,896.2	0.0	113,896.2	**NET CHANGE**	**79,710.0**	**-836.6**	**78,873.4**	**100,424.6**	**0.0**	**100,424.6**	**72,652.3**	**0.0**	**72,652.3**
			UNRESOLVED BALANCE	-2,771.5	0.0	-2,771.5	-13,503.7	0.0	-13,503.7	16,566.3	0.0	16,566.3
			ADULT SOCIAL CARE FUNDING UNRESOLVED BALANCE	-8,650.5		-8,650.5	-17,200.0		-17,200.0	-15,300.0		-15,300.0
1,429,506.8	**0.0**	**1,429,506.8**	**NET BUDGET**	**1,496,958.2**	**0.0**	**1,496,958.2**	**1,566,679.1**	**0.0**	**1,566,679.1**	**1,640,597.7**	**0.0**	**1,640,597.7**
			MEMORANDUM:									
			The net impact on our reserves balances is:									
27,481.5	0.0	**27,481.5**	Contributions to Reserves	30,040.9	14,200.0	**44,240.9**	38,695.2	14,200.0	**52,895.2**	33,900.0	34,300.0	**68,200.0**
-14,877.4	-1,350.5	**-16,227.9**	Drawdowns from Reserves	-14,255.2	-25,598.1	**-39,853.3**	0.0	-9,161.6	**-9,161.6**	0.0	-291.6	**-291.6**
12,604.1	**-1,350.5**	**11,253.6**	**Net movement in Reserves**	**15,785.7**	**-11,398.1**	**4,387.6**	**38,695.2**	**5,038.4**	**43,733.6**	**33,900.0**	**34,008.4**	**67,908.4**

2024-25				2025-26			INDICATIVE FOR PLANNING PURPOSES 2026-27			2027-28		
Core £000s	External £000s	Total £000s		Core £000s	External £000s	Total £000s	Core £000s	External £000s	Total £000s	Core £000s	External £000s	Total £000s
			Funding per the Local Government Finance Settlement & Local Taxation									
		11,806.0	Revenue Support Grant			12,195.6			12,390.8			12,564.2
		117,046.1	Social Care Grant			117,046.1			117,046.1			117,046.1
		26,969.4	Adult Social Care Market Sustainability and Improvement Fund			21,703.9			21,703.9			21,703.9
		11,686.6	Adult Social Care Discharge Fund			11,686.6			11,686.6			11,686.6
		1,311.9	Services Grant			1,311.9			1,311.9			1,311.9
		147,382.5	Business Rate Top-up Grant			152,092.1			154,308.4			156,468.7
		50,014.7	Improved Better Care Fund (iBCF)			50,014.7			50,014.7			50,014.7
		51,080.2	Business Rates Compensation Grant			52,712.5			53,480.6			54,229.4
		2,058.5	New Homes Bonus			0.0			0.0			0.0
		3,544.6	Other Un-ringfenced grants			3,544.6			3,544.6			3,544.6
		65,740.7	Local Share of Retained Business Rates			68,463.6			69,392.1			70,297.0
		2,682.8	Business Rate Collection Fund			0.0			0.0			0.0
		800,320.3	Council Tax Income (including increase up to referendum limit but excluding social care levy)			842,537.0			885,560.8			931,219.7
		135,347.0	Council Tax Adult Social Care Levy			156,649.6			179,238.6			203,510.9
		2,515.5	Council Tax Collection Fund			7,000.0			7,000.0			7,000.0
		1,429,506.8	**Total Funding**			**1,496,958.2**			**1,566,679.1**			**1,640,597.7**

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APPENDIX F - PUBLIC HEALTH
PROPOSED 2025-26 BUDGET CHANGES

	Public Health
	Dan Watkins
	External
	£000s
Original base budget	0.0
internal base adjustments	436.6
Revised Base	**436.6**
SPENDING	
Base Budget Changes	-344.1
Pay	626.9
Prices	1,944.4
Demand & Cost Drivers - Cost	0.0
Demand & Cost Drivers - Demand	250.3
Government & Legislative	709.5
Service Strategies & Improvements	269.2
TOTAL SPENDING	**3,456.2**
MEMORANDUM:	
Unavoidable	*887.6*
Local Choice	*823.8*
Mixture of both	*2,373.4*
Removal of temporary changes	*-628.6*
	3,456.2
SAVINGS, INCOME & GRANT	
Transformation - Future Cost Increase Avoidance	0.0
Transformation - Service Transformation	0.0
Efficiency	-65.0
Income	0.0
Financing	0.0
Policy	0.0
TOTAL SAVINGS & INCOME	**-65.0**
Increases in Grants and Contributions	-1,801.6
TOTAL SAVINGS, INCOME & GRANT	**-1,866.6**
RESERVES	
Contributions to Reserves	0.0
Removal of prior year Contributions	-1,600.0
Drawdowns from Reserves	-1,698.1
Removal of prior year Drawdowns	1,271.9
TOTAL RESERVES	**-2,026.2**
NET CHANGE	**-436.6**
PROPOSED NET BUDGET	**0.0**

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APPENDIX G - SPENDING PROPOSALS FUNDED FROM GENERAL PUBLIC HEALTH GRANT & RESERVES

Directorate Reference	Cabinet Member	Headline description	Brief description	2025-26 £k	2026-27 £k	2027-28 £k	MTFP Category	Base budget for context (£k) Gross	Income	Net	what is budget figure based on
2025-26 SPENDING PROPOSALS FUNDED FROM GENERAL PUBLIC HEALTH GRANT & RESERVES											
Investment in recovery housing	Dan Watkins	Public Health - Substance Misuse	Removal of additional one-off investment in Recovery Housing (new contract) in 24/25	-30.0	0.0	0.0	Service Strategies & Improvements	14,736.4	-14,736.4	0.0	Public Health - Drug & Alcohol services
017 2526 8PZSavingModellingCosts	Dan Watkins	Public Health - Staffing, Advice & Monitoring	Removal of temporary investment in Cohort Modelling in 23/24 & 24/25	-21.0	0.0	0.0	Service Strategies & Improvements	6,850.2	-6,850.2	0.0	Public Health - Staffing, Advice & Monitoring
Research Capacity	Dan Watkins	Public Health - Staffing, Advice & Monitoring	Reduction in temporary investment in research capacity in 23/24 & 24/25	-29.5	0.0	0.0	Service Strategies & Improvements	6,850.2	-6,850.2	0.0	Public Health - Staffing, Advice & Monitoring
Public Health Consultants	Dan Watkins	Public Health - Staffing, Advice & Monitoring	Removal of additional temporary investment in Public Health Consultants in 23/24 and 24/25	-267.3	0.0	0.0	Service Strategies & Improvements	6,850.2	-6,850.2	0.0	Public Health - Staffing, Advice & Monitoring
Live Well Kent MH contract	Dan Watkins	Public Health - Mental Health	Additional one-off funding for Live Well Kent Mental Health contract	-250.0	-250.0	-500.0	Service Strategies & Improvements	3,424.2	-3,424.2	0.0	Public Health - Mental Health including Violence Prevention & Support
009_2526_8PNTherapeuticServices	Dan Watkins	Public Health - Children's Health Programme	Therapeutic Services for Young People costs to transition to a new delivery model	400.0	-400.0	0.0	Service Strategies & Improvements	10,195.6	-10,195.6	0.0	Public Health - Other Children's Public Health Programmes
003_2526_8PABC_SHActivity	Dan Watkins	Public Health - Sexual Health	Increased Demand for Sexual Health Services	27.3	0.0	0.0	Demand & Cost Drivers - Demand	15,851.0	-15,851.0	0.0	Public Health - Sexual Health Services
005_2526_8PABC_SHLARC	Dan Watkins	Public Health - Sexual Health	Increase in costs associated with long-acting reversible contraception for GP charges and prescribing costs	148.0	0.0	0.0	Demand & Cost Drivers - Demand	15,851.0	-15,851.0	0.0	Public Health - Sexual Health Services
Pay increase for Public Health staff	Dan Watkins	Public Health - Staffing, Advice & Monitoring	Pay adjustments including 25/26 pay uplift for Public Health staff	626.9	0.0	0.0	Pay	6,850.2	-6,850.2	0.0	Public Health - Staffing, Advice & Monitoring
Annual increase in NHS provider contracts	Dan Watkins	Public Health contracts	Increase in NHS Provider contracts	1,746.5	0.0	0.0	Prices	86,555.5	-86,555.5	0.0	Total Public Health budget
Contractual increases in other contracts	Dan Watkins	Public Health Contracts	Other Contractual/inflationary increases	197.9	0.0	0.0	Prices	86,555.5	-86,555.5	0.0	Total Public Health budget

Directorate Reference	Cabinet Member	Headline description	Brief description	2025-26 £k	2026-27 £k	2027-28 £k	MTFP Category	Base budget for context (£k) Gross	Income	Net	what is budget figure based on
006 2526 8PYHVInfantfeeding	Dan Watkins	Public Health - Health Visiting	One-off transitional costs for Infant feeding Service	100.0	-100.0	0.0	Service Strategies & Improvements	24,511.9	-24,511.9	0.0	Public Health - Children's Public Health Programmes: 0-5 year olds Health Visiting Service
002 2526 8PEPosturalstabilityTransformation	Dan Watkins	Public Health - Healthy Lifestyles	Temporary transitional Funding for Postural Stability to move to new delivery model	56.5	-31.5	-25.0	Service Strategies & Improvements	10,986.2	-10,986.2	0.0	Public Health - Integrated Health & Lifestyle Service
004 2526 8PEHLC	Dan Watkins	Public Health - Healthy Lifestyles	Contribution towards new Healthy Living Centre in Thanet	38.8	0.0	0.0	Service Strategies & Improvements	10,986.2	-10,986.2	0.0	Public Health - Integrated Health & Lifestyle Service
005 2526 8PLStopSmoking NRT	Dan Watkins	Public Health - Stop Smoking Services	Increase in Nicotine Replacement Therapy (NRT) due to demand	75.0	0.0	0.0	Demand & Cost Drivers - Demand	10,986.2	-10,986.2	0.0	Public Health - Integrated Health & Lifestyle Service
007 2526 8PNRelationships WithFood	Dan Watkins	Public Health - Children's Health Programme	New contract for Families and Childrens' Relationship with Food	36.0	0.0	0.0	Service Strategies & Improvements	10,195.6	-10,195.6	0.0	Public Health - Other Children's Public Health Programmes
010 2526 8PNPIMH	Dan Watkins	Public Health	Increase in corporate overhead charges	92.5	0.0	0.0	Service Strategies & Improvements	86,555.5	-86,555.5	0.0	Total Public Health budget
011 2526 8NHearingPilot	Dan Watkins	Public Health - Children's Health Programme	Additional one-off expenditure for children's Hearing pilot to support more accurate testing	10.0	-10.0	0.0	Service Strategies & Improvements	10,195.6	-10,195.6	0.0	Public Health - Other Children's Public Health Programmes
015 2526 8PZMarmot	Dan Watkins	Public Health	Additional temporary expenditure for the Marmot Coastal Initiative	90.0	-45.0	-45.0	Service Strategies & Improvements	86,555.5	-86,555.5	0.0	Total Public Health budget
016 2526 8PZOverheads	Dan Watkins	Public Health	Realignment of charge for corporate overheads	-344.1	0.0	0.0	Base Budget Changes	86,555.5	-86,555.5	0.0	Total Public Health budget
TOTAL SPENDING PROPOSALS FUNDED FROM GENERAL PUBLIC HEALTH GRANT & RESERVES				**2,703.5**	**-836.5**	**-570.0**					
2025-26 INCREASE IN GENERAL PUBLIC HEALTH GRANT											
0012526PHGrantIncrease	Dan Watkins	Public Health	Estimated Increase in Public Health Grant in 2025-26	-1,048.9	0.0	0.0	Increases in Grants and Contributions		-75,734.8	-75,734.8	Public Health grant
TOTAL INCREASE IN GENERAL PUBLIC HEALTH GRANT				**-1,048.9**	**0.0**	**0.0**					

Directorate Reference	Cabinet Member	Headline description	Brief description	2025-26 £k	2026-27 £k	2027-28 £k	MTFP Category	Base budget for context (£k) Gross	Income	Net	what is budget figure based on
2025-26 DRAWDOWNS FROM RESERVES											
006a 2526 8PYHVInfantFeeding TransitionReserves	Dan Watkins	Public Health - Health Visiting	Drawdown of Reserves to fund one-off expenditure for infant feeding service	-100.0	0.0	0.0	Drawdowns from reserves	24,511.9	-24,511.9	0.0	Public Health - Children's Public Health Programmes: 0-5 year olds Health Visiting Service
002a 2526 8PEPosturalStabilityTransitionPH Reserve	Dan Watkins	Public Health - Healthy Lifestyles	Drawdown from reserves to fund Postural Stability Transition Costs for new delivery model	-56.5	-25.0	0.0	Drawdowns from reserves	10,986.2	-10,986.2	0.0	Public Health - Integrated Health & Lifestyle Service
009a&011a 8PNOne-offReserves Funding	Dan Watkins	Public Health - Children's Health Programme	Drawdown from Reserves for One-off expenditure on Children's Health programme	-410.0	0.0	0.0	Drawdowns from reserves	10,195.6	-10,195.6	0.0	Public Health - Other Children's Public Health Programmes
015a 2526 8PZMarmot Reserves	Dan Watkins	Public Health	Drawdown from Reserves for temporary spending for Marmot Initiative	-90.0	-45.0	0.0	Drawdowns from reserves	86,555.5	-86,555.5	0.0	Total Public Health budget
Drawdown for Live Well MH Contract	Dan Watkins	Public Health - Mental Health	Temporary funding for Live Well Kent Mental Health contract	-750.0	-500.0	0.0	Drawdowns from reserves	3,424.2	-3,424.2	0.0	Public Health - Mental Health including Violence Prevention & Support
Drawdown for one-off PH staffing costs	Dan Watkins	Public Health - Staffing, Advice & Monitoring	Drawdown of Reserves to fund temporary expenditure to cover staffing costs	-291.6	-291.6	-291.6	Drawdowns from reserves	6,850.2	-6,850.2	0.0	Public Health - Staffing, Advice & Monitoring
TOTAL DRAWDOWNS FROM PUBLIC HEALTH RESERVE				**-1,698.1**	**-861.6**	**-291.6**					

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Building Financial Resilience

Financial resilience describes the ability of the authority to remain viable, stable and effective in the medium to long term in the face of pressures from growing demand, tightening funding and an increasingly complex and unpredictable financial environment.

The following table sets out the key 'symptoms' of financial stress identified by CIPFA and assesses the current position of the County Council against each indicator. Overall, the prognosis is that there has been a recent deterioration in resilience which needs to be reversed in particular on the delivery of savings and managing spending within approved budgets.

Symptom	KCC Assessment
Running down reserves/a rapid decline in reserves Score 6/10 Scope for Improvement - Moderate	<u>Evidence</u> The council maintained a relatively stable level of usable revenue reserves between April 2016 to March 2018 of approx. £0.2bn (excluding schools and capital reserves) with small net movements between years. This comprised general reserve of around £0.037bn (3% of net revenue) and earmarked reserves of between £0.159bn to £0.166bn Over the period April 2018 to March 2020 usable revenue reserves increased to £0.224bn at end of 2018-19 and £0.271bn end of 2019-20, although £0.037bn of the earmarked reserves in 2019-20 was the unspent balance of first tranche of Covid-19 emergency grant (general reserves remained around £0.037bn and all the increases were in earmarked reserves). There was a more rapid increase in usable revenue reserves in 2020-21 (largely due to underspends during lockdown and timing differences between the receipt of Covid-19 grants and spending, and impact of business rates reliefs/compensation for local taxation losses coming through from collection authorities) Usable revenue reserves at the end of 2020-21 were £0.398bn (of which general remained £0.037bn, earmarked reserves increased to £0.272bn, and Covid-19 reserves were £0.088bn). There was a further increase in total usable revenue reserves at end of 2021-22 up to £0.408bn. Most of the increase was in general reserve which was increased to £0.056bn (5% of net revenue) in line with agreed strategy to strengthen reserves due to heightened risks, with smaller increase in earmarked to £0.277bn, and small reduction in Covid-19 reserves to £0.075bn. This pattern of stable then increasing reserves over the period 2016-22 was despite between £0.009bn and £0.022bn drawn down each year to smooth delivery of revenue budget savings (£0.074bn over 6 years). In 2022-23 there was an overall reduction in usable revenue reserves to £0.391bn (£0.037bn general, £0.271bn earmarked, £0.047bn Covid-19 and £0.036bn in new partnership reserve from the excess safety valve contributions). The reductions included £0.047bn draw down from general reserves and earmarked reserves to balance 2022-23 outturn. In 2023-24 there was a further reduction in total usable reserves to

	£0.358bn (£0.043bn general, £0.268bn earmarked, £0.0.10bn Covid-19 and £0.036bn Safety Valve partnership reserve). The small increase in the general reserve reflected the overall increase in 2023-24 budget to maintain the reserve as % of net revenue but did not include any movement to restore the reserve to 5% of net revenue following the draw down in 2022-23. 2023-24 included a review of reserves to ensure balances in individual categories remained appropriate. This included transfer of £0.048bn from other earmarked reserves into the smoothing category which was partially drawn on by £0.012bn to balance the 2023-24 outturn. Quarter 1 monitoring for 2024-25 shows further forecast overspends which if not reduced or mitigated would require a third year of draw down. This would further reduce resilience from reserves. **<u>Conclusions</u>** **Two successive years of drawdowns from reserves to balance overspends represents a reduction in financial resilience (with only a partial restoration of reserves included in future medium term financial plans).** **The Council's reserves have been deemed as adequate in the short-term by S151 officer pending those restoration plans being delivered in future budgets. In particular, the general reserve needs to be restored to 5% of net revenue within the 2025-28 MTFP.** **A small amount of smoothing within the annual revenue budget to reflect timing differences between spending and savings plans is considered acceptable provided these are replaced and replenished in future years through a balanced medium term financial plan.**
A failure to plan and deliver savings in service provision to ensure the council lives within its resources Score 4/10 Scope for Improvement - High	<u>Evidence</u> The council has planned (and largely delivered) £0.883bn of savings and income since 2011-12 (up to 2023-24). The council has delivered a balanced outturn with a small surplus each year since 2000-01 up to 2021-22 (22 years) including throughout the years when government funding was reducing and spending demands were still increasing. This demonstrated that in the past savings were sustainable. The approved budget for 2022-23 included £33.9m of savings and income (3% of net budget) in order to balance spending growth (£93.0m) with increase in funding from core grants and local taxation (£59.1m). Separate savings monitoring was re-introduced in 2022-23 following suspension of previous monitoring arrangements during Covid-19. The 2022-23 outturn was the first year in 23 years that the authority ended the year with a significant overspend (£44.4m before rollover). This overspend was partly due to under delivery of savings but more materially was due to un-forecast increases in costs compared to when the budget was set particularly in adult social care, children in care and home to school transport. These unbudgeted costs increases have been a more material factor than under delivery of savings (although if they had been forecast would have increased the savings requirement which itself may not have been deliverable).

The approved budget for 2023-24 included £54.8m of savings and income (4.6% of net budget) to balance spending growth (£178.9m) and increase in funding (£124.1m). The higher spending growth included the full year effect of forecast overspend in 2022-23 and the impact of the rapid increase in inflation during 2022-23.

The 2023-24 outturn showed an overspend of £9.6m before rollover. This was significantly lower than had been forecast earlier in the year following agreement of revised strategic ambitions in Securing Kent's Future – Budget Recovery Strategy. These ambitions included reducing the 2023-24 overspend, focuses on ambitions for new models of care (addressing the unsustainable increases in sending in adults, children's and home to school transport), scope of the council's strategic ambitions and transforming the operating model of the council through Chief Executive model. Stringent spending controls were introduced in 2023-24 with the objective of reducing the overspend. As in 2023-24 the overspend arose from a combination of unbudgeted costs and under delivery/rephasing of savings.

The approved budget for 2024-25 includes £89.2m of savings and income (6.8% of net budget) to balance spending growth (£203.1m) and increased funding (£113.9m). The increased spending growth included revised approach to demand and cost drivers as well price uplifts (linked to inflation) and full year effect of 2023-24. Initial monitoring for 2024-25 shows further forecast underspends again from combination of unbudgeted spend and savings delivery. Under delivery of savings is now largest contributor to forecast overspends.

Savings planning and monitoring has been enhanced with greater emphasis on more detailed monitoring of progress on the most significant savings. Enhanced monitoring will not in itself ensure improved delivery performance, especially in the short-term.

Conclusions

The significant increase in the savings requirement over the last 3 years is cause for serious concern and is unsustainable. This savings requirement is driven by ever increasing gap between forecast spending growth and increase in available resources from core government grants and local taxation. This gap needs to be resolved either from reducing spending expectations and / or increased funding if resilience is to be improved.

The increased under delivery of savings indicates a lack of capacity within the organisation and that savings are put forward with over optimistic timescales (or inadequate resources to ensure delivery) and in some instances were not sustainable. This combination is weakening financial resilience.

As identified in Securing Kent's Future – Budget Recovery Strategy addressing these unsustainable growth increases that are leading to structural deficit are key to restoring financial resilience.

Shortening medium term financial planning horizons perhaps from three or four years to two or even one Score 7/10 Scope for Improvement - Moderate	<u>Evidence</u> The council has traditionally produced a three year medium term financial plan (MTFP). This plan sets out forecast resources from central government and local taxation with spending forecasts balanced by savings, income generation and use of smoothing reserves. Generally funding forecasts have been robust (other than in 2016-17 when changes in the distribution of core grants were made with no prior consultation or notification) and tax yields have remained buoyant (other than a dip in 2021-22 due to delays in housebuilding, earnings losses leading to higher council tax reduction discounts and collection losses during Covid-19 lockdowns). Spending forecasts for later years of the plan have tended to be underestimated (albeit compensated through the inclusion of "emerging issues" contingency based on experience and risk assessment). Up until 2017 the three-year MTFP was a separate publication from the annual budget (albeit produced alongside the annual budget). Since 2018 the plan has been produced as a single slimmed down document within a single publication with the annual budget. A one-year plan was published in 2020-21 recognising the one-year settlement and the absence of spending plans following the December 2019 general election. The further one-year settlement for 2021-22 also impacted on the ability to produce a full three-year plan although a number of medium-term scenarios were set out based on the trajectory of the pandemic (similar to the trajectories used by Office for Budget Responsibility). High-level three year plans were produced in 2022-23, 2023-24 and 2024-25 although experience has proved that these have been less robust and susceptible to the un-forecast spending trends experienced in these years. Funding forecasts have continued to be speculative in the absence of multi-year settlements. Council tax base estimates have proved to be extremely reliable although business rates have been more volatile. <u>**Conclusions**</u> **Medium term plans are still considered to be reasonable even if for forecasts for the later years are less reliable, as a broad indicator of direction of travel rather than a detailed plan. Plans should be less speculative if multi-year settlements are re-introduced.** **Draft budget proposals need to be made available for scrutiny and savings planning earlier (even if these have to be based on less up to date forecasts). The preplanning of savings needs to recognise lead-in times of 6 to 9 months from initial concept to final approval.** **Medium term plans will need to consider alternative potential scenarios for future plans reflecting the volatile and uncertain circumstances.**

A lack of firm objectives for savings – greater "still to be found" gaps in savings plans Score 5/10 Scope for Improvement – Good	It has been common that in later years of the plan there have been balancing "savings still to be found" and those savings that were identified have often lacked detailed plans, especially in later years and plans were held and maintained locally within directorates and services. Even where plans are detailed there have been evidence that some savings have subsequently not been implemented following further scrutiny. Greater emphasis needs to be placed on identifying consequences, risks, sensitivities, opportunities and actions in the early planning stages before plans are presented for scrutiny. **<u>Conclusions</u>** **Changes have been introduced to maintain a comprehensive central database of all savings plans over the three years which contain information about impacts, risks, dependencies, sensitivities as well as forecast financials, timescales and staffing. This database is backed up with detailed delivery plans.**
A growing tendency for directorates to have unplanned overspends and/or carry forward undelivered savings into the following year Score 4/10 Scope for Improvement - High	<u>Evidence</u> The Covid-19 pandemic had a significant impact on budgets in 2020-21 with savings undeliverable in the immediate aftermath albeit offset by significant underspends due to impact of lockdowns. 2021-22 budget was delivered although there were early signs of underlying unbudgeted growth trends which were largely disguised by ongoing Covid-19 impacts and availability of additional Covid 19 grants. Significant and material overspends were reported in 2022-23. These had been partly anticipated and mitigated through the creation of a budget risk reserve and strengthening of general reserves in 2021-22, and the transfer of insecure funding into reserves in 2022-23 budget. The enhanced risks following the Russian invasion of Ukraine after 2022-23 budget had been set were reported to Cabinet on 31st March together with further strengthening of reserves from final local government finance settlement and final notification of retained share of business rates. The full consequences of global and national circumstances in 2022-23 could never have been fully foreseen when the budget was set, and it was acknowledged that reserves were only adequate and not as generous as other comparable councils. Initially work in 2022-23 focussed on verifying the forecasts rather than immediate remedial action on the basis that these were expected to be short-term temporary consequences. The 2023-24 budget included unprecedented levels of growth including the full year impact of 2022-23 overspends, historically high levels of inflation and other cost driver growth as best could be forecast at the time. This still proved insufficient and further unplanned overspends were reported in 2023-24 due to a combination of unbudgeted growth and under delivery of savings. "Securing Kent's Future – Budget Recovery Strategy" was agreed in October 2023. This strategy includes immediate actions with the objective of bringing spending into balance in 2023-24 through spending reductions across the whole council for the remainder of the year and actions

expected to have impacts in 2024-25 and over the medium term to reduce the structural deficits in the areas of overspend. The plan recognises it may take time to reduce spending in key areas in adults and children's and thus further savings from contracts coming up for renewal and other areas of activity outside adults and children's in the interim.
SKF and the imposition of spending controls on uncommitted spending resulted in a reduction in the overspend by year end 2023-24 although within this there were still significant overspends in Adult Social Care and Children and Young People due to combination of unbudgeted growth and under delivery of savings.

Early forecasts for 2024-25 identify overspends in Adult Social Care and Growth Environment and Transport Directorates. Again these arise from a combination of unbudgeted growth and increasingly under delivery or rephasing of savings. Some savings included in the budget have subsequently been challenged and not agreed following publication of detailed options (including withdrawing consultation. Budget plans did not include alternative mitigations or any contingency to allow for variations from the original plan.

Conclusions

Failure to deliver to budgets is becoming a significant concern. Failure to deliver budget has multiple impacts in that it either requires "right-sizing" in future budgets (increasing spending growth), roll forward of savings (increasing the in-year savings requirement in future years to an extent that there may be inadequate capacity) and is a drain on reserves.

Table: Usable Revenue Reserves Balances

	ACTUALS								
	2015-16	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**	**2021-22**	**2022-23**	**2023-24**
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
General	-36,404	-36,671	-36,903	-37,054	-37,183	-37,075	-56,188	-36,918	-43,030
Earmarked*	-163,914	-159,357	-155,319	-180,424	-190,656	-261,165	-259,933	-254,219	-251,339
Covid	0	0	0	0	-37,307	-88,209	-75,122	-47,100	-10,000
Public Health	-1,988	-3,825	-3,634	-6,036	-5,877	-11,126	-16,817	-16,899	-16,984
Safety Valve	0	0	0	0	0	0	0	-36,263	-36,263
Totals	**-202,306**	**-199,852**	**-195,856**	**-223,514**	**-271,023**	**-397,575**	**-408,060**	**-391,398**	**-357,616**

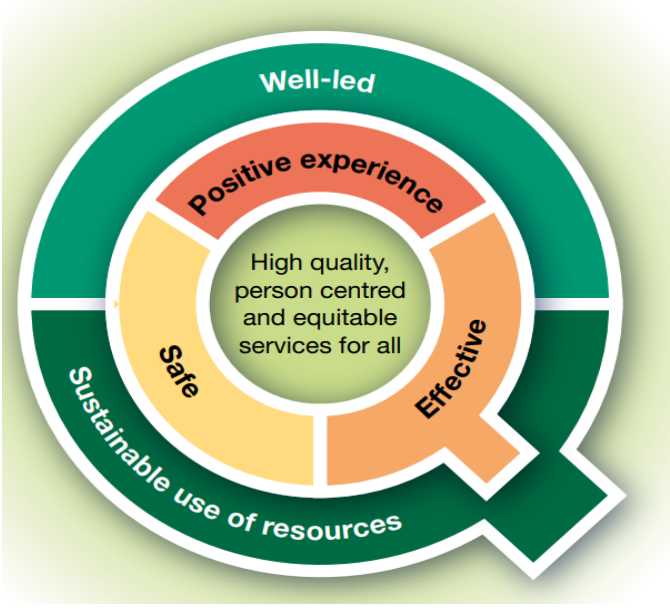
From:	Dan Watkins, Cabinet Member for Adult Social Care and Public Health Dr Anjan Ghosh, Director of Public Health
To:	Health Reform and Public Health Cabinet Committee – 19 November 2024
Subject:	**Public Health Annual Quality Report For 2023/2024**
Classification:	Unrestricted
Past Pathway of Paper:	None
Future Pathway of Paper:	None

Summary: This report covers the year 2023 to 2024. It provides an update on the actions public health has taken since the recommendations made in the 2022/2023 report to maintain the promotion of high quality, safe effective services which provide a positive experience for people who use our services.

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

1. Introduction

1.1 This Public Health Quality Annual Report 2023-2024 provides an update of the quality and governance processes and controls that are in place to deliver quality assurance of commissioned services.



Source: Quality in Public Health a shared responsibility 2019

2. Background

2.1 The quality of Public Health Services is considered at all steps of the commissioning cycle from needs assessment to delivery of services. Commissioners, as well as public health consultants and specialists are involved throughout the commissioning cycle. The processes, as set out below, describes what is in place to ensure services are safe, effective and provide a positive experience for people who use our services.

2.1.1 The Public Health Service Transformation Programme started in the summer of 2023 and includes a detailed review of individual services including quality indicators and processes. In 2024, the Public Health Service Transformation Programme included a peer review process with a neighbouring County Council Public Health Team.

2.1.2 A review of Quality Processes in public health was undertaken in May 2023 which resulted in a list of 13 recommendations.

2.2 <u>What is in place to promote quality of services?</u>

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

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

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

2.2.4 Public Health commissioners ensure that a contract with a service has, as a minimum, the following in place:

- Safeguarding Children Policy (to include Child Sexual Exploitation, Criminal Exploitation of Children, Missing Persons, Radicalisation)
- Safeguarding Adults Policy (dependant on commissioned service)
- Equalities and Diversity Policy
- Health and Safety Policy
- Whistleblowing Policy
- Supervision and Performance Management Policy

- Governance/Clinical Governance
- Information Governance/Data Management
- Complaints (and complements)
- Incidents/Serious Incidents

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

2.2.6 During mobilisation of a newly commissioned service, public health commissioners check that procedures stated in policies are in place.

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

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

2.3.2 In addition, there are governance meetings in place in which people with lived experience, commissioners, public health consultants and specialists review processes and data to ensure quality. An example of a governance meeting is the drug and alcohol services prescribing governance meeting.

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

2.3.5 Service provider contracts include the requirement to obtain the views and experiences of people who use these services and to show how these are used to improve the provision of services. The contracts also include the requirement to audit specific activities at set intervals. The results of these surveys and audits are shared and discussed at governance or contract meetings as appropriate.

2.3.6 Work linked to the provision of quality and safety of services is led by relevant lead organisations such as the NHS that public health staff contribute to e.g., child and adult safeguarding, child death overview panels, domestic homicide reviews, suicide prevention real time surveillance and the Controlled Drug Local Intelligence Network.

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

3.1 Incidents

3.1.1 Serious Incidents – Serious Incidents provide an opportunity to learn, improve and develop services. Public Health has a system in place for reporting serious incidents, reviewing, learning, and applying learning. This process, including the reporting facilities, was reviewed and improved in 2020. The process clearly defines the responsibilities of the public health consultants, contract mangers, providers and commissioning and commercial

assistants together with timelines for each step. The serious incident process links with the death in service process.

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

4. **Complaints, Compliments and Comments**

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

4.2 The table below details the number of complaints, compliments and comments received during 2023/2024.

Case type	Total
Complaints: • 1 x Trauma informed Care • 1 x Data Breach • 1 x West Kent Integrated Sexual Health Service • 1 x Access to One You service (Swale) • 1 x Stop Smoking Service (catchment area) • 1 x Health Visiting Service	6
Comments • 2 x comments regarding distribution of promotional material.	2
Member Enquiries • 1 x GP Practice Closure (forwarded to NHS) • 1x Weight management support (forwarded to NHS)	2
General Enquiries • 1 x Request to use branded Release The Pressure materials	1
Compliments	0
Total Cases	11

4.3 The complaint regarding Trauma Informed Care required escalation to enable resolution.

4.4 <u>Horizon scanning</u>

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

4.5 Networking

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

5. Recommendations for improvement

5.1 Public health has many processes in place to ensure the quality of services but are not complacent. The 2023 quality processes review identified several areas for improvement:

- Re-establishing a Public Health Quality Committee
    - The Quality Committee's inaugural meeting took place in September 2023 and will meet quarterly going forward. Meetings were paused and will resume in the autumn of 2024.
    - A Pharmacy and Quality Lead was recruited in September 2024 who will coordinate committee meetings going forward
    - Membership consists of commissioners, Public Health Consultants, and the Pharmacy and Quality Lead
    - Initial aim of the committee is to address the gaps identified in the quality processes review.
- Improving assurance processes for the JSNA
- Undertaking targeted audits of services.
- Improve processes to assess equity of access, uptake, and outcomes.
    - This has been taken forward as part of the Public Health Transformation Programme
- Implementing a Professional Development policy for public health
    - A draft Professional Development Policy is in place.
- Strengthening the links with other local quality and serious incident groups to develop system wide learning.
    - The Kent and Medway Integrated Care System Quality Group is being used to share learning.
- Review and improve the complaints and compliments processes.
- Strengthen the serious incident process to ensure a timely and holistic analysis of received reports.

6. Conclusions

6.1 Processes are in place to ensure that the characteristics of high-quality Public Health Services are met.

6.2 A review of quality processes in public health in 2023 led to the re-establishment of a Public Health Quality Committee to oversee the implementation of steps to address gaps in existing processes. After a pause, committee meetings will be resumed in the autumn of 2024.

6.3 The Public Health Service Transformation Programme includes a detailed review of services and their quality indicators and processes.

6.4 The changes to the Health and Care Act 2022, which have facilitated greater partnership working with the wider health and social care structure, provide opportunities for further development of joint quality processes.

7. Recommendations

7.1Recommendations: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** the content of this report.

8. Background Documents

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

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From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health

Dr Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee, 19 November 2024

Subject: Young People and Mental Health (to include body image and the impact with the implementation of the new regulations of non-surgical procedures set out in the cosmetics act 2020)

Classification: Unrestricted

Summary: The purpose of this paper is to provide an overview of Young People and their mental health and the impact body image has.

Recommendations: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and to **COMMENT** the information contained within this report.

1. Introduction

1.1 This report was requested by committee members to provide an overview of Young People and Mental Health (to include body image and the impact with the implementation of the new regulations of non-surgical procedures set out in the cosmetics act 2020).

2. Mental health of adolescents

2.1 The mental health of adolescents has been reported as declining with concerns about capacity within the system and waiting lists in a context of a range of services with different access points. The longitudinal study of children and young people's mental health which started in 2017 has reported change with needs being observed earlier in childhood. The most recent study reported in 2023[1] found that among 8 – 16 year olds, 1 in 4 had a probable mental disorder. The figures were similar for boys and girls in this age band. The 2023 survey found that 11 - 16 year olds with a probable mental disorder were five times more likely than those unlikely to have a mental disorder to have been bullied in person (36.9% compared with 7.6%). They were also more likely to have been bullied online (10.8% compared with 2.6%).'[2]

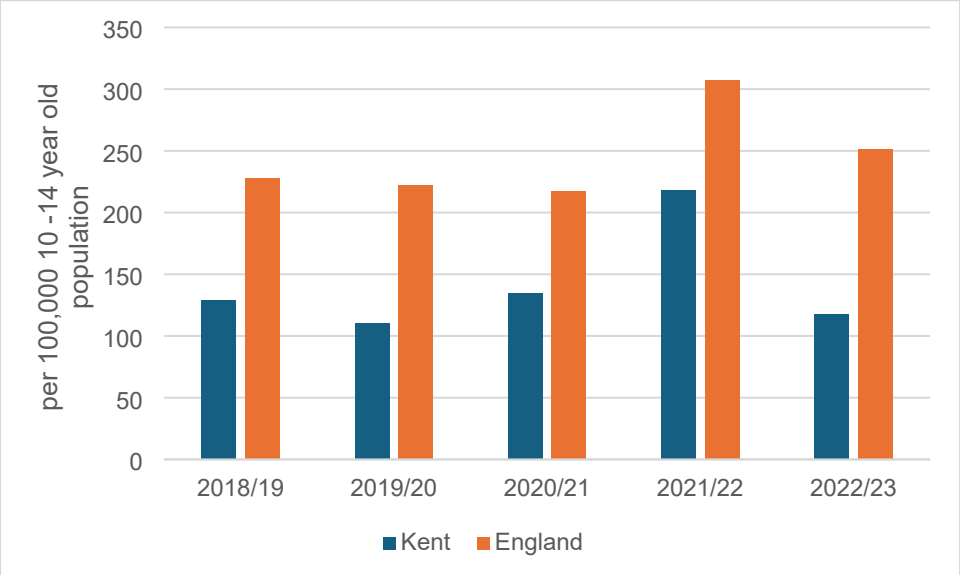
[1] Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey - NHS England Digital

[2] Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey - NHS England Digital

2.2 The SMART Schools study which involves 30 secondary schools is due to complete in July 2025. It explores the impact of daytime restrictions of smartphone and social media use on indicators of adolescent mental well-being, anxiety, depression, physical activity, sleep, classroom behaviour, attainment and addictive social media use. Current outputs includes a paper on safeguarding concerns in research. They report "a high prevalence of participants (aged 12–13 and 14–15 years) reporting thoughts and behaviours related to self-harm or suicide (24% of participants)".[3]

2.3 Mental health needs may lead to requiring care in hospital as shown below.

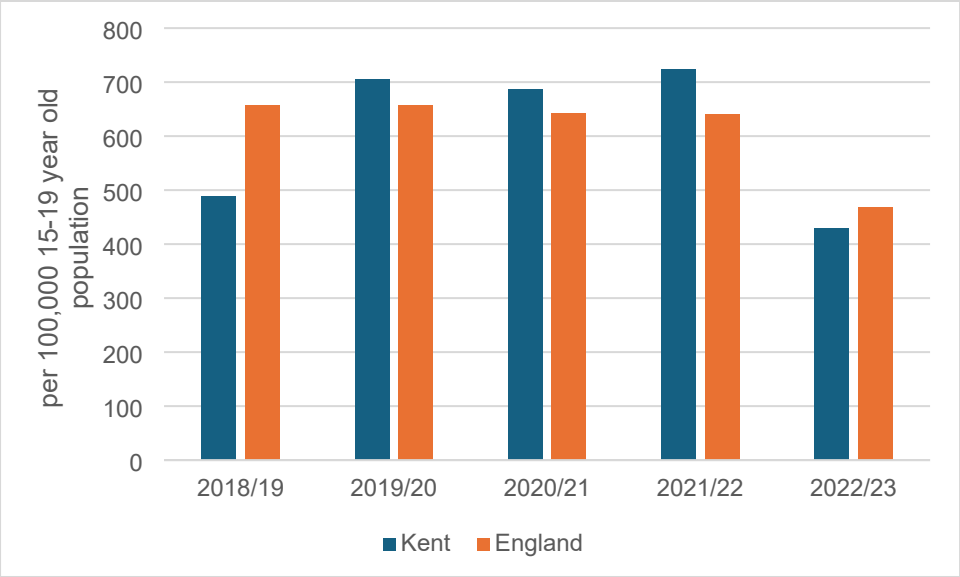
Figure 1: Crude rate of finished admission episodes for self-harm per 100,000 population aged 10-14 years 2018/19- 2022/23 Kent and England.



Source: Fingertips

[3] Safeguarding in adolescent mental health research: navigating dilemmas and developing procedures | BMJ Open

Figure 2: Crude rate of finished admission episodes for self-harm per 100,000 population aged 15-19 years 2018/19- 2022/23 Kent and England.



Source: Fingertips

2.4 These two figures show changes regarding admission for self-harm across the five year period. The higher rates of admission for self-harm are amongst 20-24 year olds.

2.5 There is growing concern about how body image dissatisfaction negatively impacts the health and wellbeing of children and young people. These concerns have led to calls for the implementation of stricter legislations and control measures regarding the access and licensing of cosmetic procedures in England.

2.6 The Mental Health Foundation defines body image as the way people think and feel about their bodies, including how satisfied they are with their body and how much they value what other people think about their body. The Mental Health Foundation study in 2019 [4]reported that 31% of teenagers and 35% of adults felt ashamed or depressed because of their body image. Of young people aged 13–19, 40% reported that images on social media made them worry in relation to their body image, which was tied for the most reported factor along with things their friends said. These findings were corroborated in the Good Childhood report in 2021[5] which highlighted appearance as a leading cause of unhappiness among young people and indicated that appearance concerns are increasing year on year.

[4] Mental Health Foundation. (2019). Body Image: How we think and feel about our bodies. London: Mental Health Foundation https://www.mentalhealth.org.uk/publications/body-image-report.

[5] . https://www.childrenssociety.org.uk/2021

The Body Dysmorphic Foundation [6]also projected that 1 in 5 adults and 1 in 3 teenagers feel shame about the way they look.

3. Body Dysmorphic Disorder (BDD)

3.1 The term Body Dysmorphic Disorder (BDD) describes a disabling preoccupation with perceived defects or flaws in appearance. A person's skin, hair, weight, or muscles become a complete pre-occupation. It can affect all genders, and makes sufferers excessively self-conscious. The body images presented through social media have a detrimental effect. People may react by withdrawing and avoiding [avoidance behaviour]. Accessible resources to support families and schools[7] [8] are available.

3.1 The intensity of body dysmorphia to correct a flaw in appearance means the availability of and access to non-surgical cosmetics is a worry. A recent health box initiative at one healthy living centre in Kent for young people to leave questions on health, has found body imagery and mental health to be one issue highlighted.

4. Non-Surgical Cosmetic procedures

4.1 The non-surgical cosmetic procedures [9] landscape encompasses a vast range of procedures, techniques, products and services, with wide variation in complexity and invasiveness. The range of procedures available in Kent includes ear piercing, cosmetic piercing, semi-permanent makeup, micro blading, tattooing, acupuncture, electrolysis and tooth whitening.

4.2 Parliament has been advocating for change[10] much of which has not been legislated at this time. The intention is to have all practitioners licensed and all premises licensed with the relevant local authority. [11]

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[6] Homepage - BDD Foundation

[7] https://www.mentalhealth.org.uk/our-work/programmes/families-children-and-young-people/resources/body-image-school-pack

[8] https://www.mentalhealth.org.uk/explore-mental-health/body-image-and-mental-health/mind-over-mirror/mirror-my-mind-comics

[9] Cosmetic procedure' means a procedure, other than a surgical or dental procedure, that is or may be carried out for cosmetic purposes; and the reference to a procedure includes:
(a) the injection of a substance
(b) the application of a substance that is capable of penetrating into or through the epidermis
(c) the insertion of needles into the skin
(d) the placing of threads under the skin
(e) the application of light, electricity, cold or heat

[10] Consultation on the licensing of non- surgical cosmetic procedures in England September 2023 https://www.gov.uk/government/consultations/licensing-of-non-surgical-cosmetic-procedures/the-licensing-of-non-surgical-cosmetic-procedures-in-england

[11] Health and Care Act 2022 – powers and definitions. The powers prohibit people in England from: Carrying out specified cosmetic procedures in the course of business unless they hold a personal licence, and; Using or allowing the use of a premises for the provision of these procedures unless they have a premises licence

4.3 The information on premises which offer non-surgical procedures locally suggests that these may be registered annually with a local authority. Tattooing cannot be offered to under 18's, the police can enforce the Tattooing of Minors Act 1969. Consent by practitioners for piercing those under 16 years may require parental consent. Tooth whitening should not be undertake with those under 18 years of age. Until the consultation on legislation for non-cosmetic procedures which was completed in the last parliament is progressed, access of young people to non-surgical procedures remains and the varying impacts on wellbeing continue.

4.4. From 1 October 2021 the Botulinum Toxin and Cosmetic Fillers (Children) Act 2021 made it an offence for a person to administer botulinum toxin, or a filler by way of injection for a cosmetic purpose, to a person under 18 in England. The act also made it an offence to make arrangements to undertake, or arrange for another person to undertake, these procedures on a person under 18 in England. Botulinum toxins are medicines injected into the skin to smooth lines and wrinkles. Cosmetic fillers are gel-like substances commonly injected into the lips or face to add volume and plump the injected area.

4.4 The act was introduced in recognition of the fact that those procedures carry risks to physical health, including infection, blindness and, in rare cases, death and there are psychological implications associated with changing physical appearance. Young people are particularly vulnerable as they are developing physically and mentally, and there are ethical implications around the extent to which they can give informed consent to procedures. These procedures can only be carried out by qualified and regulated healthcare professionals working out of Care Quality Commissioning (CQC) registered premises. Guidance for families on this act is available.[12]

4.5 The Public Health grant conditions in 2023/24 included an adjustment to cover the cost of the roll out of local authority duties under the Botulinum Toxin and Cosmetic Fillers (Children) Act 2021. The value of the grant in Kent was £30,748 for local government trading standards. A memorandum of understanding [MoU] was developed as part of the enforcement elements of the Botulinum Toxin and Fillers (Children) Act 2021.

4.6 Trading standards engaged a contractor who identified and contacted 307 providers of Botulinum Toxin and Cosmetic Filler treatments in Kent. Letter and guidance notes regards the legislation were provided with visits to businesses which found some closed. Checks on compliance with the legislation revealed some weakness in due diligence which led to the development of #LetsTalkBotox Kent Trading Standards Botox Campaign
Recommendation from this work included that future advice and compliance visits and Challenge 25 tests are conducted.

[12] Botulinum toxin and cosmetic fillers for under 18s - GOV.UK

5 Conclusion

5.1 It is unclear whether there has been change for young people in Kent through the introduction of the legislation on cosmetic procedures in 2021 as there is no information found which identifies the procedures undertaken previously or currently. It is not known whether questions are asked about mental health and wellbeing prior to any procedure and if any follow up takes place.

6. Recommendation

6.1 The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and to **COMMENT** the information contained within this report.

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7. Background Documents

https://www.mentalhealth.org.uk/our-work/programmes/families-children-and-young-people/resources/body-image-school-pack
https://www.mentalhealth.org.uk/explore-mental-health/body-image-and-mental-health/mind-over-mirror/mirror-my-mind-comics

https://www.gov.uk/government/consultations/licensing-of-non-surgical-cosmetic-procedures/the-licensing-of-non-surgical-cosmetic-procedures-in-england

Botulinum toxin and cosmetic fillers for under 18s - GOV.UK

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From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health

Dr Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee, 19 November 2024

Subject: **Implications of Climate Change for Public Health**

Classification: Unrestricted

Summary: The report provides an overview of the implications of climate change on public health.

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

1. Introduction

The purpose of this report is to provide an overview of the implications of climate change on public health. This report will focus on climate change and public health and not on the multiple actions on climate change which are already being undertaken in Kent. Climate is one of the wider determinants of health impacting particularly on more deprived communities and groups.

1.1 What is climate change?

Climate change means shifts in weather patterns and warmer temperatures across the globe. The science is unequivocal: human influence has warmed the atmosphere, oceans and land, disrupting natural and human systems. Climate change means more droughts, scarce water, wildfires, melting polar ice, rising sea levels, extreme weather, flooding, catastrophic storms and declining biodiversity.

This long-term climate change has been caused by human activity, mainly from the widespread burning of fossil fuels- coal, oil and gas- in homes, factories and transport. When fossil fuels burn, they release greenhouse gases- mostly carbon dioxide (CO2). This traps extra energy in the atmosphere near the Earth's surface, causing the planet to heat up.

By making choices that reduce greenhouse gas emissions and preparing for the changes expected in the future, we can reduce the health risks from climate change.

There are some potential benefits and opportunities for health with the changing climate. Warmer winters will reduce health risks due to extreme cold and there may be some benefits to agricultural production for certain crops e.g. grapes. The extent to which health benefits can be gained from climate change will

largely depend upon if, how and how fast the UK and its health and care systems adapt to warming.

1.2 Political and strategic context

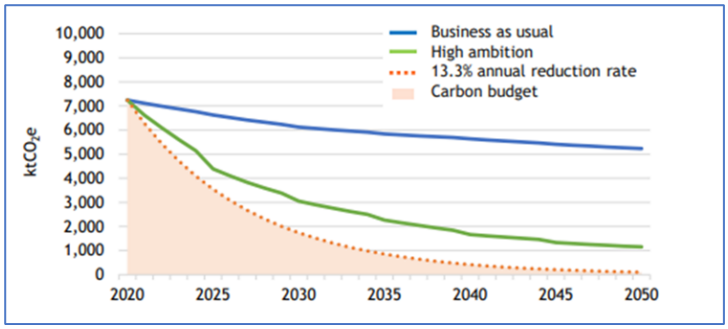
At a global level, the United Kingdom (UK) has signed the Paris Agreement, a legal commitment to keep global temperatures below 2 degrees Celsius and reduce carbon emissions by 45% by 2030.

At a national level, the UK Climate Change Act 2008 requires the government to undertake 5 yearly assessments of climate risks and produce a National Adaptation Plan for responding to the identified risks, including the risks to health and wellbeing. In addition, the Act requires the government to reduce emissions to net zero by 2050 relative to 1990 levels and it sets out how it will achieve this in the 2021 Net Zero Strategy: Build Back Greener - GOV.UK (www.gov.uk)

Locally, Kent County Council (KCC) recognised the UK climate emergency in 2019 and committed resources and to align its policies to address this. Through the framework of the Kent and Medway Energy and Low Emissions Strategy - Kent County Council , KCC in partnership with Medway Council and the Kent district councils have committed to reducing greenhouse gas emissions from the whole county to Net Zero by 2050.

KCC's current strategy Framing Kent's Future - Our Council Strategy 2022-2026 includes Priority 3; 'Environmental Step Change', that includes a commitment to work towards Kent being Net Zero by 2050, to support Kent to become a leading county for carbon zero energy production and use and to ensure the county is well placed to adapt to climate change.

In November 2022, Kent Chiefs and Leaders signed up to a *'High Ambition Emission Reduction Pathway'* committing Kent and Medway to reducing emissions as quickly as possible. The High Ambition Pathway is the green line in the graph below. This aims for a 50-60% reduction in Scope 1 and 2 emissions by 2030 Kent-wide from a 2019 baseline. Local authorities in Kent are decarbonising in accordance with the pathway.



More recently, the Kent and Medway Integrated Care Strategy addresses the environmental determinants that enable healthy lives with a specific mention of climate change.

1.3 Impacts of climate change in Kent

In 2019, a Climate Change Risk and Impact Assessment for Kent and Medway (CCRIA) was produced to describe the changes Kent might face and the potential risks to Kent's society, economy and environment. Climate Change Risk and Impact Assessment for Kent and Medway (CCRIA)

Understanding the potential future impacts of warmer, wetter winters and hotter, drier summers is crucial for future prosperity, environmental quality and health and wellbeing of communities.

Based on the Met Office's UK Climate Projections (UKCP) for the south east, by 2080

- Winters are likely to be warmer by around 3°C to 4°C
- Summers are likely to be hotter by around 5°C to 6°C
- Summer rainfall is likely to decrease by 30% to 50%
- Winter rainfall is likely to increase by 20% to 30%
- Sea level rise is likely to increase by 0.8m

The Kent and Medway CCRIA, states that the top 5 climate change risks include:

- Heat leading to increased mortality
- Overheating homes and public buildings causing productivity and health issues
- Overheating of public spaces affecting health
- Water scarcity and droughts affecting access to water
- Increase in flood risk impacting people's homes, businesses, health and social care facilities and access.

Kent's climate is already changing but its impacts are likely to be felt acutely in Kent with its long, strategically important coastline, large number of properties at risk of flooding and warm summers compared to the rest of the UK. It is important that the impacts of climate change are considered alongside other drivers of change including economic fluctuations, population growth and demographic shifts.

There are plans to update the CCRIA in 2025 based on new climate models and projections.

1.4 **The climate crisis is a public health crisis**

Climate Change is the greatest threat to global health and requires an emergency response.

The UK's 3rd Climate Change Risk Assessment Independent Report by the Climate Change Committee sets out the direct and indirect ways in which climate change can negatively impact our health. 3rd UK Climate Risk Report

A warming climate affects health in 3 main ways:

1. Effects of extreme weather, such as heatwaves, flooding, wildfires, storms and drought on physical and mental health (e.g. injuries and trauma, heat-related illness).
2. Effects on the planet's life-support systems, such as rising sea levels and safe water availability, changing patterns of zoonotic and vector borne disease (e.g. malaria, dengue fever), reduced pollination and crop failure leading to food shortages.
3. Effects mediated by social systems, such as livelihood loss, rising prices of food and fuel, supply chain disruption, conflict or forced migration and pressure on health and care services.

UK Climate Change Risk Assessment 2022 - GOV.UK

2. Climate Change and Public Health- Key Messages:

2.1 There is substantial and growing evidence of the effects of climate change on health in the UK

2.1.1 **Heat and Cold**

In the UK an estimated 2295 heat related deaths occurred during the summer of 2023 and almost 3000 in the summer of 2022, when temperatures exceeded 40°C for the first time. Extreme heat has also affected the UK's health service, as heatwaves in 2022 led to surgeries being cancelled largely because of staff and bed shortages and overheating operating theatres, causing IT systems to fail in three London hospitals.

More frequent and intense heatwaves due to rising temperatures could lead to a dramatic increase in heat-related deaths. By the 2070s, under a high-warming scenario without adaptation, the UK could see over 21,000 additional heat-related deaths annually. Despite the warming climate, deaths from cold are also expected to rise, mainly due to an ageing population.

2.1.2 **Flooding**

Since 1988, flooding in England and Wales has become more frequent. In a 2019 report on 'Climate Risk to the Health and Social Care Sector in Kent', there were approximately 64,000 properties at risk of coastal and fluvial flooding and 24,000 [1]at risk of flooding from surface runoff in Kent. In Kent, users of the Severe Weather Impacts Monitoring System (SWIMS) recorded 19 flood events

[1] **Solastalgia definition: distress caused by environmental change**

between 2012 and 2018, with a total reported cost of £1.05 million to public services.

Flood risk is projected to increase more steeply under high warming scenarios (4 degrees C of warming) compared to 2°C warming.

The risk of severe flooding in these coastal areas is likely to increase as a result of rising sea levels and increased storm surges. Over the last 30 years, Kent has lost more land to urbanisation and housing than any other county, and this increases the county's risk of being impacted by major weather events such as flooding". (Page 9 Framing Kents Future).

Coastal communities in Kent already experience considerable health inequalities and social vulnerability. They have less (financial) capacity to deal with climate shocks. Additionally, coastal climate risks can harm physical and mental health in three main ways:

1. Coastal hazards such as flooding or landslides cause injury, morbidities, poor health or death
2. Solastalgia[1] health consequences in coastal communities that must relocate due to loss of land, amenities or income
3. Economic and social impacts that can drive subsequent poor health such as loss of tourism leading to increased stress in the local population.

The report Flood Risk to Health and Social Care Infrastructure in Kent in 2019 concluded that nearly 10% of health and social care services/assets were found to be in or near an area of flood risk from rivers and the sea and a smaller number at risk from tidal flooding. Two-thirds of these assets were in coastal areas. Given the vulnerable populations that these services/assets care for, its important that these assets are adapted to the changing climate.

2.1.3 Sensitive infectious diseases

Any infectious disease whose transmission and spread are influenced by changes and variations in climate and weather is considered a climate-sensitive infectious disease. These include diseases that are spread by air, food, water or vectors. Vector-borne diseases are those caused by pathogens that have been transmitted to a human by a vector, such as a snail, fly, tick or mosquito. Changes in temperature and rainfall can have significant impacts on the spread of these vectors. Of particular note, are ticks and mosquitos. Warmer temperatures are leading to the expansion of the geographical range and seasonal duration of these vectors.

There is already a large increase in distribution of ticks in southern counties of England and there is the potential for a warming climate to increase the UK distribution of several tick species including Ixodes Ricinus, which can transmit Lyme disease and tick-borne encephalitis (TBE). Lyme disease is already increasing in the UK and although the risk of TBE is currently very low, there have been a small number of TBE detections in the UK since 2019. Increases in

these two infections are the most likely emergence tick-borne risks in the UK as the climate warms.

A concern under warming temperatures is the potential introduction and establishment of invasive mosquito species in the UK, particularly Aedes albopictus (Ae. Albopictus), a mosquito species that transmits dengue, chikungunya and Zika arboviruses. Invasive mosquitoes are actively monitored by the UK Health Security Agency (UKHSA) in Kent and have been detected. Their spread is being prevented through targeted interventions.

Climate change will also increase the risk of West Nile Virus (WNV) in the UK. So far, there have been no cases of this infection acquired in the UK,

UKHSA monitor populations of mosquitoes in the UK particularly at points of entry and urban centres. They also monitor tick species.

Rising temperatures and changing weather patterns will increase the risk of food-borne and water-borne bacterial infections like salmonella, campylobacter, and Vibrio spp leading to increased gastrointestinal illness.

2.1.4 Food imports and volatile pricing

Climate change has the potential to disrupt food supply systems with consequent risks to public health.

As the climate warms and impacts are felt, this is likely to mean that food imports and prices will be more volatile. This will impact availability of food and consumption of healthy food.

Many healthy foods are associated with lower greenhouse gas emissions - so there are potential co-benefits to health from switching to a healthier diet. Supply of both home-grown and imported fruit, vegetables and legumes will need to increase to meet the UK's dietary and health requirements.

Workforce issues and higher costs are putting pressure on Kent farms leading many to struggle. Locally demand is increasing for UK-grown sustainable long lasting produce grown without pesticides which requires investment in innovative growing techniques such as vertical farming. Support for farmers will be needed to enable them to boost local fruit and vegetable production.

2.1.5 Droughts and Food security

Since the 1950s, the frequency of heatwaves and droughts has increased, and it is expected that drought events will further increase in a warming world. As the planet continues to warm, water consumption will increase, with the Environment Agency (EA) concluding that an additional 3,435 million litres of water will be needed every day to meet public consumption by 2050.

Causes of drought include lack of rainfall, increased evaporation of surface water and declining water tables which can be exacerbated by human use of the water supply.

The primary concern of drought in the South East resides around water supply shortage. In Kent, 73% of the public water supply is from groundwater sources, predominantly from chalk aquifers, with the rest collected from rivers. Across the county, it is estimated that only 34% of rainfall reaches the water table, of which 11% is abstracted and 23% recharging groundwater supplies and rivers. With the population density of London and the South East of England being so high, this leaves a relatively small amount of water per person.

Droughts typically have slow onset and their health effects are harder to identify and are poorly understood. Droughts can impact health directly as they may affect water quality and quantity, and compromise crop yields, with implications for food supply and nutrition.

Droughts also have indirect effects, for example on vector-borne disease and have been linked to biodiversity loss, wildfires, increased concentrations of certain allergens and harmful mental health impacts (such as distress caused by loss of livelihood through damage to crops or livestock). As many effects are indirect, there is normally a delay in health impacts which are also often compounded by other concurrent weather-related events (such as heatwaves or wildfires). It is therefore difficult to quantitatively attribute morbidity and mortality specifically to drought.

Droughts followed by extreme rainfall may also occur more frequently, exacerbating existing health risks.

2.1.6 **Wildfires**

The heatwave in the summer of 2022, led to an unprecedented number of wildfires in urban locations, including one on Dartford Heath requiring 30 fire engines in response. Climate change and environment | Kent Fire and Rescue Service (fire-uk.org)

Wildfires can lead to a range of health impacts, including injuries, respiratory and cardiovascular effects from smoke exposure, harmful mental health effects and can negatively impact health services. Wildfires can alter the properties of soil, increasing the risk of flooding and landslides and affecting water quality. Whilst there is extensive evidence of health impacts from other countries, there is relatively limited but growing evidence specific to the UK. For example, studies of the impact of the large wildfires on Saddleworth Moor (northwest England) in 2018 found that as many as 4.5 million people were exposed to poor air quality caused by smoke and estimated that this may have increased air pollution related mortality by 2 and half times.

While it's currently uncertain if climate change is increasing wildfire incidence in the UK, Met Office projections suggest that a 2°C rise in global temperatures will double the days with very high fire danger and extend the wildfire season into late summer and autumn, particularly in the South and East of England.

2.1.7 **Aeroallergens**

Aeroallergens are airborne particles that can cause or exacerbate allergic conditions such as pollen and fungal spores. Aeroallergens can trigger hay fever and exacerbate asthma which affects about 11% of the UK population.

The changing climate is likely to shift and prolong the pollen season.

2.1.8 **Exposure to chemicals and ultraviolet radiation**

Experts agree that it is almost certain that climate change will affect human exposure to chemicals which could impact health.

Climate change affects how chemicals behave in the environment (air, water, soil, etc.). Higher temperatures and less rain can release more chemicals like pesticides into the air, increasing pollution.

Other ways climate change increases chemical exposure include:

- More use of pesticides and fertilizers due to changes in farming.
- Pests thriving and spreading, leading to more pesticide use.
- Chemicals from waste and industrial sites being released during extreme weather.

Temperature changes can make chemicals like pesticides vaporize and spread through the air. Warmer water can dissolve more pollutants, making them more widespread. Heatwaves can cause wildfires, releasing pollutants into the air.

Changes in rainfall can cause chemicals to run off into water bodies, affecting soil and groundwater. Dry soils from longer dry periods can lead to more runoff during heavy rain. Different rainfall patterns can change how some pollutants are distributed.

Sunlight has health benefits like Vitamin D production and mental health improvement, but too much Ultra Violet (UV) radiation can cause skin damage and cancer. Climate change can alter UV levels due to changes in ozone, clouds, and pollution. Predicting sunlight exposure changes in the UK is hard because it depends on lifestyle and behaviour more than climate change.

2.1.9 **Antimicrobial Resistance (AMR)**

Changes in temperature already shows an increase in infection rates and new infectious agents leading to bacteria resistant to antibiotic treatment. This constitutes a major global public health risk.

2.1.10 **Air Quality**

Air pollution is a major environmental risk in the UK, linked to an estimated 29,000 to 43,000 deaths annually. In a landmark case, air pollution was ruled a cause of Ella Kissi-Debrah’s death, with the coroner noting that failure to meet legal pollution limits and lack of information on its effects on asthma contributed to her death.

Key outdoor pollutants include particulate matter (PM), nitrogen dioxide (NO_2), and ozone (O_3), which are associated with reduced life expectancy and various

health issues like respiratory and cardiovascular diseases. People living near busy roads face higher pollution levels, and some vulnerable groups are more susceptible to the health effects of air pollution include those with pre-existing health conditions, pregnant women, young people, older adults, and low-income communities.

There are many interactions between air quality and climate change which could impact health.

2.1.11 **Greenhouse gases and air pollutants often come from the same source**
Reducing greenhouse gas emissions from Transport, Housing, and Business and Industry in Kent not only addresses climate change but also reduces air pollution, thereby lowering health risks, with current legislation supporting these efforts, though future actions are crucial for continued progress.

2.1.12 **Some local pollutants are climate-active**
Some local air pollutants like black carbon, ozone, and methane, which are short-lived but have a high global warming potential, can significantly impact the climate, and reducing them quickly benefits both the climate and human health.

2.1.13 **Climate change is expected to make air quality problems worse**
Climate change is expected to bring hotter, drier summers, leading to more heatwaves and wildfires, which will increase pollution events with high ozone and particle levels, exacerbating health impacts.

2.1.14 **Air pollution contributes to climate change**
Air pollution affects the climate by influencing atmospheric processes like cloud formation and traveling long distances, even reaching remote areas like the polar regions, which reduces sunlight reflection, and it harms ecosystems, impacting their ability to absorb carbon dioxide and affecting clean water, biodiversity, and crop yields.

Addressing air quality and climate change can reduce health inequalities and promote social justice, as vulnerable communities are disproportionately affected by both air pollution and climate change impacts.

2.2 The health risks of climate change will not be distributed equally across the UK or even in Kent

2.2.1 Climate risks to health will vary, with emerging vector-borne diseases, drought, and wildfires likely affecting southern UK regions first, while the increase in sea-levels and flooding will impact coastal towns and low-lying areas. Older adults and those with pre-existing health conditions are at the greatest risk from rising temperatures, and an ageing population will drive national climate vulnerability. Vulnerable groups, including children, people with disabilities, pregnant women, communities of colour, and those in specific settings like prisons and schools, will face heightened risks, reflecting existing health inequalities.

3. The health risks of climate change will not be distributed equally across generations.

3.1 Climate change affects different generations in various ways:

1. **Optimistic Scenario**: If we manage to keep warming low, temperatures will peak around mid-century. Current adults will be older and more vulnerable, while those who are young now will have to adapt the most in the 2050s to 2080s.
2. **Less Optimistic Scenario**: If warming continues as it is now, temperatures might not drop after mid-century or could keep rising. This means today's children and young people will face severe warming into their old age, and their children will also be affected.

3.2 In summary, climate change poses significant health risks for all generations, with current children and young people facing the most severe impacts as they age.

4. Health impacts will increase with progressive warming

4.1 Whilst the impacts of climate change are already being felt, the health risks from climate change over the next century depend on how much and how quickly the planet warms:

1. **Flood Risk**: More warming means more people at risk of flooding in the UK. By 2050, a modest warming (+2°C) could increase flood risk by 61%, while high warming (+4°C) could increase it by 118%.
2. **Sea-Level Rise**: Higher warming leads to greater sea-level rise, with about a one-meter difference between low and high warming scenarios.
3. **Resistant Infections**: Warmer temperatures and changing human behaviours could increase the spread of resistant infections, making it harder to fight antimicrobial resistance (AMR).
4. **Mosquito-Borne Diseases**: Higher warming will likely bring new mosquitoes to the UK, increasing the risk of diseases like dengue, chikungunya, and West Nile virus. By the 2040s and 2050s, most of England could see new domestic mosquitoes.
5. **Decarbonisation**: Reducing warming through decarbonisation can lessen these impacts and give society more time to prepare and adapt.

4.2 In short, less warming means fewer health risks and more time to adapt.

5. Many adverse health impacts are avoidable with climate change mitigation and preventable at lower warming levels through effective adaptation

5.1 At lower levels of warming, specific actions can save lives and reduce health problems from climate change. Effective measures include:

1. **Multi-Sectoral Actions**: National heat and cold alert systems, better housing with energy efficiency, shading, and greenspaces can reduce health risks.
2. **Multiple Benefits**: Some actions, like improving housing, offer multiple benefits (win-win), while others might create new risks (trade-offs).

3. **Climate Goals**: It's important to choose actions that protect health, support the UK's climate goals, and meet other societal needs.
4. **Mitigation Measures**: Using low-carbon heating and cooling, energy-efficient lighting, and solar energy can make homes more energy-efficient, reduce fuel poverty, and improve comfort. However, without good ventilation, indoor air quality might suffer. Air conditioning can protect against extreme heat but uses a lot of energy and carbon.

5.2 Therefore, it's crucial to minimize trade-offs and maximize health benefits in climate policies and planning.

6. There are many potential health co-benefits of climate action

6.1 The UK aims to reach net zero greenhouse gas (GHG) emissions by 2050, which will benefit health by reducing adverse impacts from climate change and providing other health co-benefits.

6.2 Transport, the largest contributor to UK GHG emissions, is a key focus for decarbonisation, with actions like promoting active travel and switching to electric vehicles offering significant health benefits. Improving the UK's poorly insulated housing stock can reduce heating demand, GHG emissions, and cold-related health issues, while also requiring adequate ventilation to prevent indoor air pollution. Transitioning farming practices and increasing plant-based food intake can reduce emissions and improve nutritional health, while nature-based solutions like urban greenspaces can lower temperatures and enhance mental health. The health sector can contribute to decarbonisation by switching to electric vehicles and low-carbon alternatives for anaesthetic gases and inhalers, highlighting the importance of integrating health considerations into climate actions.

7. Conclusion

7.1 There is substantial and growing evidence of the effects of climate change on health in the UK, potential impacts will be very significant and wide-ranging. The health risks of climate change will not be distributed equally across the UK or across Kent. Health impacts will increase with progressive warming. Many adverse health impacts of climate change are avoidable through climate change mitigation and others are preventable through effective adaptation. Maximising the health co-benefits of decarbonisation represents a key opportunity for health.

8. Recommendations

8.1 Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the content of this report.

9. Background Documents

UK Health Security Agency, Climate change: health effects in the UK, 2024.: https://www.gov.uk/government/publications/climate-change-health-effects-in-the-uk

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10. Contact details

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From:	Dan Watkins, Cabinet Member for Adult Social Care and Public Health Dr Anjan Ghosh, Director of Public Health
To:	Health Reform and Public Health Cabinet Committee - 19 November 2024
Subject:	Stop Smoking Services and Support Grant – Update
Classification:	Unrestricted
Past Pathway of Report:	N/A
Future Pathway of Report:	N/A
Electoral Division:	All

Is the decision eligible for call-in? Not applicable

Summary: On 4 October 2023, the government published *Stopping the start: our new plan to create a smokefree generation*[1]. This included a programme of funding to support current smokers to quit smoking, with Kent County Council (receiving £1.9 million additional funding for 2024/2025 for local stop smoking services and support.

The additional funding is a great opportunity for the council to increase and enhance the stop smoking service offer for Kent residents and therefore improve outcomes (measured through numbers of people setting a quit date). The funding will be used to build demand and capacity in stop smoking services and increase targeting.

The purpose of this paper is to update the committee on the progress of spending the Grant to date and share the plan for future work. It follows Key Decision papers previously presented at the Health Reform and Public Health Cabinet Committee in January 2024 (24/00001) and May 2024 (24/00028).

A variety of projects have been enacted utilising the Grant funding to increase awareness and demand, enhance existing service offers and increase choice and capacity with newly commissioned service offers, to increase the number of Kent residents giving up smoking

To date, good progress has been against the plan presented previously and it is anticipated the council will be on track to achieve its yearly target of 6,252 quit dates set once the newly commissioned services start delivery later in the year.

[1] Stopping the start: our new plan to create a smokefree generation - GOV.UK (www.gov.uk)

Recommendation(s): The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the information contained within this update report, and to **COMMENT** on the Grant and the future plans.

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1. Introduction

1.1 On 4 October 2023, the government published Stopping the start: our new plan to create a smokefree generation. This included a programme of funding to support current smokers to quit smoking, with £70 million additional funding per year for local stop smoking services and support. Kent County Council (KCC) was allocated £1.9 million from this funding for 2024/2025.

1.2 This new ring-fenced funding is in addition to the Public Health Grant and is being provided through a new Section 31 Grant on top of the current Public Health Grant allocations. The Department of Health and Social Care (DHSC) will provide the grant and the additional funding will be used to complement and enhance existing stop smoking services in Kent.

1.3 It is a condition of this Grant that funding levels for stop smoking services from the core Public Health Grant are maintained at the levels established in 2022/2023.

1.4 Key Decision papers were previously presented at the Health Reform Public Health Cabinet Committee in January 2024 (24/00001) and May 2024 (24/00028).

2. Stop Smoking Services and Support Grant Background

2.1 On 5 June 2024, the Cabinet Member for Adult Social Care and Public Health agreed to approve the commissioning of Stop Smoking Services to deliver against the Support Grant and project requirements, and approve the framework arrangements set out in the report for ongoing management of the Stop Smoking Services and Support Grant 2024/2025 to 2028/2029.

2.2 The Key Decision also delegated authority to the Director of Public Health, in consultation with the Cabinet Member for Adult Social Care and Public Health, to take relevant actions, including but not limited to, awarding, finalising the terms of and entering into the relevant contracts or other legal agreements, as necessary, to implement the decision.

2.3 Under this framework all expenditure of Local Stop Smoking Services and Support Grant funding must be in line with budget forecasting and adhere to DHSC Local Stop Smoking Services and Support Grant terms and conditions. Proposals for spend must meet the following criteria:

a. Will support the council in enhancing commissioned stop smoking services and support. This should not replace other/existing programmes which support smokers to quit, for example the tobacco dependency programme delivered within the NHS Long Term Plan

b. Will support the council to build capacity to deliver expanded local Stop Smoking Services and support

c. Will build demand for local Stop Smoking Services and support

d. Will support the council to deliver increases in the number of people setting a quit date and 4 week quit outcomes.

2.3 Following agreement in June, Public Health and Integrated Commissioning have been progressing plans against this framework, with further plans being developed and finalised, in order to spend Kent's full £1.9 million allocation by April 2025 and meet DHSC targets on the number of additional set quit dates achieved.

2.4 Future years funding allocations could be impacted by spending review settlements and any underspend potentially leading to a future deduction in subsequent years grant allocations.

3. Enhancing Commissioned Stop Smoking Services

3.1 Building Capacity within existing Kent Stop Smoking Services – Due to an increase in referrals into Kent's Stop Smoking Services (delivered by Kent Community Health NHS Foundation Trust (KCHFT)) in 2023/2024, and anticipated continued increases in 2024/25 onwards, some of the funding is being utilised to boost capacity within existing services to meet this increased demand.

3.2 KCHFT is utilising this funding to recruit an additional five stop smoking advisors who will predominantly support people being referred from health settings. The funding will also support the additional Nicotine Replacement Therapy (NRT) costs associated with supporting a greater number of people to quit smoking.

3.3 New referral pathways have also been established with the NHS Lung Health Check Programme and in Acute Hospital settings which are expected to further add to the increases in referrals from 2024/2025 onwards.

3.4 KCHFT advertised the positions in August 2024 and all five posts were filled through this process. It is estimated that these stop smoking advisors will begin delivery in mid-late Quarter 3 2024/2025 and will predominately support referrals from health settings.

3.4 **Additional money for new and returning Pharmacotherapy treatments –** In October 2021, Varenicline was removed from production by Pfizer due to an impurity found within the medicine. Up to this point, Varenicline was used within the council's local Stop Smoking Services and national Stop Smoking Services as a way of supporting people to quit smoking by reducing cravings. Following its removal, KCC only supplied NRT to support people to quit smoking.

3.5 In early 2024, it was announced that Varenicline would return to the UK in 2024 and in order to use this again within treatment services, KCC is working with the Local Pharmaceutical Committee and KCHFT to ensure the correct processes are in place in order to supply this again.

3.6 Alongside Varenicline, another smoking cessation pharmacotherapy, Cytisine, was given approval for use in the UK in early 2024 by the Medicines and Health Care Products Regulatory Agency. Cytisine is plant-based and therefore is able to be taken by vegans which Varenicline is not. This allows vegans to also access pharmacological support as part of their treatment plan.

3.7 Grant money is being allocated to fund access to both pharmacotherapies in 2024/2025. It is believed the availability of these other pharmacotherapies, alongside offering NRT, will increase the number of Kent residents quitting smoking successfully and help to facilitate client choice.

4. Support the Council to Build Capacity

4.1 **Public Health/Integrated Commissioning Staffing –** In order to deliver and achieve the funding outcomes at pace, additional fixed-term staffing resources have been recruited to in both the Public Health and Integrated Commissioning Teams. These roles will focus on delivering and monitoring the programmes and ensuring there is capacity within both teams to sufficiently meet the Grant aims.

4.2 Funding has also been used to fund substantive staff time spent on the Grant, in order to ensure KCC is still able to meet other responsibilities away from the Grant. As the newly appointed staff become more embedded within KCC it is envisaged that substantive staff time on the Grant will reduce.

5. Build Demand for local Stop Smoking Services

5.1 **Communications –** Money is being invested into the communications budget in order to further promote existing KCC Stop Smoking Services and newly commissioned services and increase demand from Kent residents.

5.2 KCC is investing in regionally produced branding “It’s Well Worth it” which will link smokefree messages with those of other local authorities. These will be modified to reflect the offer in Kent and signpost people to KCC’s Quit smoking website [2].

5.3 KCC’s Quit Smoking website will be updated as part of this work to reflect newly commissioned services and the benefits of quitting smoking. These updates will take place in Quarters 3 and 4 of 2024/2025.

5.4 KCC will also be increasing the visibility of its advertising of the services through this funding. Increased advertising on Spotify, Digital adverts, Social

[2] https://www.kent.gov.uk/social-care-and-health/health/one-you-kent/quit-smoking

Media advertising and YouTube adverts should give the services a greater digital reach. Physical adverts will also be erected at several Kent Football clubs to target individuals in attendance at matches.

5.5 **Smokefree Spaces projects -** Following on from the success of the smokefree play spaces and smokefree school gates projects in 2015 and 2017, KCC is allocating a budget from the Grant to incentivise District, Borough and City Councils to deliver smokefree public spaces.

5.6 The aim of this initiative is to reduce second-hand smoke exposure to members of the public and reduce the take up of smoking by de-normalising smoking in public. Councils can achieve this by delivering campaigns, erecting smokefree signage and implementing policy in public spaces such as the grounds of hospitals, parks and green areas, child-friendly play areas, and the immediate vicinity of public buildings and schools. These spaces will also promote commissioned stop smoking services in order to increase referrals.

5.8 **GP Text Messaging –** KCC is working alongside the Kent and Medway Integrated Care Board (ICB) and Local Primary Care Networks (PCNs) to fund an awareness raising text message campaign which will involve GPs messaging patients that smoke, details of how to self-refer to one of KCC's Stop Smoking Services.

5.9 The funding will also be used to encourage GPs to hand out marketing materials and display information within surgeries on local stop smoking services and how to make a referral.

6. Increase the number of people setting a quit date and four week quit outcomes.

6.1 **Place Based Smoking Service -** Utilising information from the Kent Tobacco Needs Assessment[3], funding is being allocated to commission a Stop Smoking Service which focuses delivery towards engagement with people from priority groups. This service will be based within communities and will look to motivate entrenched smokers to quit smoking.

6.2 The Service will work with a range of groups across Kent with a specific focus on supporting:

- Routine and Manual Workers
- Long term Sick and Unemployed
- Social Housing tenants
- People in the community with mental health needs who are receptive to stop smoking support
- Ethnic minority groups
- LGBTQ+ community

[3] https://www.kpho.org.uk/__data/assets/word_doc/0018/164034/Tobacco-Control-Needs-Assessment-2022.docx

- People experiencing homelessness
- People supported by the Criminal Justice System
- Smokers in substance misuse treatment services

6.3 This service will also include a dedicated provision/advisor(s) for young people who smoke (aged 12-25), delivering flexibly in locations where young people frequent. Support will be tailored to young people, ensuring that interventions are age appropriate.

6.4 It is envisaged that this service will go live during Quarter 3 of 2024/2025.

6.4 **Alternative Support pilot –** Some of the funding has been allocated to fund a pilot of an alternative method of supporting individuals to quit smoking. This service will explore supporting smokers to quit smoking without using NRT or pharmacotherapy as part of the quit journey.

6.5 A competitive procurement process was undertaken in Quarter 2 of 2024/2025 and Allen Carr EasyWay has been awarded the contract. Allen Carr focuses on changing a smoker's mindset towards smoking through a one day seminar (and the offer of smaller follow up sessions if required). The programme has proven successful in other Local Authority areas and across the world, and this will be a good opportunity for Kent to pilot this approach across the county.

6.6 Alongside Allen Carr, an evaluation of the approach will be undertaken, to assess the effectiveness and value for money achieved, to help inform future commissioning decisions.

7. Ideas in development

7.1 A Voluntary Community Sector (VCS) Grant process is being developed to encourage VCS organisations to promote KCC's smoking offer, signposting individuals to KCC's support offer and lead on potential harm reduction initiatives (e.g. Cut down to quit) with priority groups. This opportunity will be advertised via the KCC website, Community Grants and Funding page.

7.2 Public Health and the Integrated Commissioning team are also exploring other opportunities that the Grant funding could be utilised for in 2024/25. Conversations are being held with various KCC departments e.g. Adult Social Care, Growth, Economy and Transport to see if they are able to utilise the relationships they have with a variety of groups of people to support the aims of the Stop Smoking Services and Support Grant.

7.3 Projects funded through this stream are likely to focus on increasing the knowledge of Kent's smoking offer and training staff around smoking harm reduction strategies.

7.4 These initiatives will contribute to a raised awareness of Kent's smoking offer and a greater number of people accessing commissioned Stop Smoking services.

8. Reporting Requirement and Demonstrating Success

8.1 As part of the Grant Agreement, KCC is required to supply data and financial information to the DHSC quarterly. Kent's target is to achieve an additional 26,937 set quit dates over the next five years. In the first year (2024/2025) KCC is aiming for an additional 1,347 set quit dates, and 6,252 set quit dates in total, when combined with set quit dates from the core stop smoking service.

8.2 KCC has submitted its first return detailing the number of people supported in setting a quit date for Quarter 1 2024/2025. Kent has achieved 1,427 set quit dates in Quarter 1, which is 22% of its annual target.

8.3 Public Health and Integrated Commissioning are confident of reaching the first year's target once the additional Smoking Grant commissioned services begin in Quarters 2 and 3, adding to the set quit dates obtained from the core Stop Smoking Service.

9. Finance

9.1 Of Kent's £1.9m grant fund for 2024/2025, KCC has so far allocated £1,357,145, leaving an underspend of £587,677 which will go towards ideas currently in development (as set out earlier in the report)

9.2 There have been challenges around spending the total allocated amount with:

- Key decision to spend the funding was not possible until May 2024, delaying the start of commissioning activities
- Procurement and Commissioning activity takes time to implement, leading to services not starting until Quarter 2 of 2024/2025
- Delays with procuring the Place Based Service, linked to new Provider Selection Regime procurement legislation, leading to delays of two months
- Projects that were due to be funded by the project securing alternative funding sources
- Government reiterating that money could not be rolled over to other years to fund projects which begin in 2024/2025.
- Difficulties in recruiting staff for short time frames within existing services when future funding is not necessarily guaranteed and contract end dates are soon.

9.3 Public Health are continuing to explore ways to spend this year's allocation whilst meeting the criteria of the Grant funding. It is anticipated the full grant allocation will be allocated for 2024/2025.

10. Conclusions

10.1 The Stop Smoking Services and Support Grant presents a great opportunity to further reduce the number of smokers in Kent and improve the health of the Kent population.

10.2 The programme has made good progress and work will continue to ensure DHSC targets are met. Working closely with colleagues, in Commercial and Procurement Public Health and Integrated Commissioning are working hard to spend Kent's allocation on projects which will increase awareness and demand, enhance service offers and increase choice and capacity with new service offers, to increase the number of Kent residents giving up smoking.

10.3 The next steps will be to continue to utilise the funding, in line with the Stop Smoking Service Framework, to fund services and initiatives which increase awareness and demand for Kent's Stop Smoking offer and lead to a greater number of people setting a quit date.

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11. Recommendation(s): The Health Reform and Public Health Cabinet Committee is asked to **NOTE** the information contained within this update report, and to **COMMENT** on the programme.

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12. Background Documents

Stop Smoking Services and Support Grant (Section 31 Grant)
Decision - 24/00001 - Stop Smoking Services and Support Grant (Section 31 Grant) (kent.gov.uk)

Spending the Stop Smoking Services and Support Grant
Decision - 24/00028 - Spending the Stop Smoking Services and Support Grant (kent.gov.uk)

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HEALTH REFORM AND PUBLIC HEALTH CABINET COMMITTEE
WORK PROGRAMME
(updated 1 Oct 2024)

Item	Cabinet Committee to receive item
Verbal Updates – Cabinet Member and Corporate Director	Standing Item
Work Programme 2022/23	Standing Item
Key Decision Items	
Performance Dashboard	January, March, July, September
Update on Public Health Campaigns/Communications	Bi-Annually (January and July)
Draft Revenue and Capital Budget and MTFP	Bi-Annually (November and January)
Annual Report on Quality in Public Health, including Annual Complaints Report	Annually (November)
Risk Management report (with RAG ratings)	Annually (March)

21 JANUARY 2025		
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	Draft Revenue and Capital Budget and MTFP	
7	Public Health Performance Dashboard – Quarter 2 2024/25	Regular Item
8	Update on Public Health Campaigns/Communications	Regular Item
9	Kent Marmot coastal region project	Added by Dr Schwartz at committee meeting 17/09/24, for Jan or Mar agenda
10	Key decision: Children and Young People – Health Visiting and Infant Feeding Services	Added at Sept 2024 meeting
11	Work Programme	Standing Item
11 MARCH 2025		
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 2024/25	Regular Item

7	Risk Management report (with RAG ratings)	Annual Item
8	Key decision: Children and Young People – school health and proposed therapeutic support services	Key Decision as part of Public Health Service Transformation
9	Key decision: Adult Lifestyles - Smoking	Key Decision as part of Public Health Service Transformation
10	Key decision: Sexual Health services	Key Decision as part of Public Health Service Transformation
11	Work Programme	Standing Item
1 JULY 2025		
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 2024/25	Regular Item
7	Update on Public Health Campaigns/Communications	Regular Item
8	Key decision: NHS Health Checks	Key Decision as part of Public Health Service Transformation
9	Key decision: weight management and health lifestyles	Key Decision as part of Public Health Service Transformation
10	Work Programme	Standing Item