

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, 19 November 2024.

PRESENT: Mr P Cole (Vice-Chairman in the Chair), Mrs P T Cole, Ms S Hamilton, Ms J Hawkins, Mr A R Hills, Mr A Kennedy, Mr J Meade, Ms L Parfitt and Mr R G Streatfeild, MBE

ALSO PRESENT: Mr D Watkins (Cabinet Member for Adult Social Care and Public Health), Mr P J Oakford (Deputy Leader and Cabinet Member for Finance, Corporate and Traded Services) and Mr D Shipton (Head of Finance)

IN ATTENDANCE: Dr E Schwartz (Deputy Director Public Health), Mrs V Tovey (Assistant Director of Integrated Commissioning), Ms R Kulkarni-Johnston (Public Health Consultant), Mr C Beale (Commissioner), Ms W Jeffreys (Consultant in Public Health), Ms N Reeves (Public Health Specialist) and Ms D Smith (Public Health Specialist) and Ms G Humphreys (Democratic Services Officer)

UNRESTRICTED ITEMS

343. Apologies and Substitutes
(Item 2)

Apologies were received from Mrs Game and Ms Constantine.

Ms Hamilton and Ms Hawkins were in attendance virtually.

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

There were no declarations of interest.

345. Minutes of the meeting held on 17 September 2024
(Item 4)

RESOLVED that the minutes of the meeting held on 17 September 2024 were a correct record and that they be signed by the Chair.

346. 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. The new Kent and Medway Integrated Work and Health Strategy was led by the Strategic Partnership for Health and Economy, to integrate and improve support for those with health issues and disabilities to thrive within the workplace. 27% of economic inactivity amongst 16 – 64-year-olds in Kent and Medway was due to long-term ill health, which was higher than the South-East average. The draft strategy included improved information for employers through a multi-agency approach to tackling barriers and maximising impact, helping residents get back to work.
 - b. Mr Watkins had visited drug and alcohol treatment service providers (the Forward Trust and Change, Grow, Live). Public Health was awaiting information on government funding to increase the outreach of these providers.
 - c. Mr Watkins joined KCC's Mental Health Champions on a tour of mental health facilities on World Mental Health Day.
 - d. Mr Watkins attended a Kent and Medway Health Symposium at the Guru Nanak Darbar in Gravesend. The Chair added that he also attended this event and noted the excellent opportunity for discussions and networking.
 - e. Kent had an aging population, therefore KCC were seeking views on postural stability services. A consultation was taking place on proposed changes to the KCC's Postural Stability Service, which suggested switching to a shorter, more intensive, 12 week set of classes and expansion of the service to more areas and to residents from age 50.
 - f. Mr Watkins visited the ONE YOU Shop in Ashford, which offered a number of services such as support to stop smoking, to become more active and NHS health checks.
 - g. Mr Watkins joined a KCC Councillor in visiting Ebbsfleet Garden City to better understand how communities can be built to achieve better public health.
 - h. Mr Watkins visited the Fusion Healthy Living Centre in Maidstone, it had a community lead approach, to support communities that had experienced disadvantages and health inequalities.
2. Dr Ellen Schwartz, Deputy Director of Public Health, gave a verbal update on the following:
 - a. KCC's role in improving health and wellbeing had been achieved through contributions to the Kent and Medway Integrated Care

Strategy. There had been work done with Officers across the Council to improve health and wellbeing as well as developing key priorities for each directorate endorsed by Kent residents.

- b. The Kent Marmot Coastal Region aims to improve social determinants and reduce inequalities in health. A Coastal Region Lead position had been filled with the intention of helping to coordinate the program. A paper on the program was expected to come to the Committee in January 2025.
- c. The Pharmaceutical Needs Assessment was set to be published in October 2025.
- d. Kent Housing Strategy, there was work being done to refresh the strategy, this was a shared post created between Public Health and Housing Groups to prioritise health.
- e. There was continued work being done on the campaign to increase awareness and uptake of MMR vaccines. Data from previous quarters showed a decrease in the uptake of some of the primary care networks. Between January and October 2024 there were 11 confirmed cases of measles in Kent.
- f. The World Health Organisation declared Clade 1B MPOX as a public health emergency of international concern. The risk was considered low in the UK and there were four controlled cases in the UK. The UK Health Security Agency (UKHSA) had updated their toolkit, the NHS and partner organisations have tested their capabilities to deal with infectious diseases.
- g. COVID-19 cases had lessened, flu cases had increased and respiratory viruses' levels remained the same. Norovirus cases remained high in the weeks prior to the meeting of this Committee. An early warning surveillance system for pandemic's was in planning stages.
- h. In regard to mental health and climate change, the UKHSA were inviting submissions of case studies which demonstrated provision of mental health intervention in relation to mental health.
- i. Work had been done to support managers of refugee and asylum seeker reception centres around infection prevention and control, additionally, isolation pathways and suites had been established.
- j. The Diphtheria Vaccination Program based at the Manston Reception Centre was stood down and lessons were learnt from the work that took place.
- k. Promotion of vaccinations in care home and wider social care settings had taken place.

- ii. Dr Schwartz added that the Public Health Strategy, formally known as the Integrated Care Strategy, would be overseen by the Committee.

4. RESOLVED that the updates be noted.

347. Draft Revenue and Capital Budget and MTFP
(Item 6)

Mr P Oakford (Deputy Leader and Cabinet Member for Finance, Corporate and Traded Services) and Mr D Shipton (Head of Finance) were present for this item.

1. Mr Oakford, Deputy Leader and Cabinet Member for Finance, Corporate and Traded Services, introduced the report to the Committee, reminding Members that it was a provisional budget and that Public Health funding was ringfenced.
2. This draft budget was prepared in advance of the Government's budget and therefore there was to be another round of scrutiny in January 2025.
3. There were one off costs approved by the Council which required £19.8 million worth of policy savings. After the first quarter there was a £16 million overspend in Adult Social Care which increased pressure on the finances.
4. The Government's increase in National Minimum Wage and employers' contributions to National Insurance (NI) had increased pressure on employers. An increase of 3% was budgeted for these areas, but within the Government's budget there was an 11% increase.
5. There was an increase in the Adult Social Care grant from the Government. Estimated figures showed that KCC was to receive around £13 million. However, since Adult Social Care had to make savings of £54 million in 2024 and a further £40 million in 2025, a significant amount of additional savings needed to be made.
6. Mr Watkins noted a 1% uplift from the Government for Public Health. There was a transformational program underway to assess the efficiency of KCC services, to ensure spending was targeted and effective in order to achieve the best outcomes. Following the Government's pay awards for NHS staff there were increased costs of almost £2 million for KCC connected to the commissioning from NHS Trusts.
7. Mr Shipton, Head of Finance, encouraged Members to use the KCC Budget Dashboard for a further breakdown of spending.
8. In response to comments and questions, it was said:
 - a. A Member questioned the impact of employer NI contributions on non-governmental organisations (i.e. social care providers). Mr

Oakford shared that he and other senior Members and Officers had met with the Kent Integrated Care Alliance (KiCA). A joint press release had been produced to urge the Chancellor of the Exchequer to exempt social care providers from the NI contributions increase.

- b. A Member asked for further detail on the Mental Health Grant. Mr Watkins shared that £3.5 million of funding had been allocated to mental health.
- c. A Member highlighted KCC's intention to offset money to create a safety net for those who could have struggled with the changes to the Winter Fuel Allowance and questioned whether there were systems in place to help identify those who would require support efficiently. Mr Oakford assured Members that systems were in place to ensure residents were supported.

9. RESOLVED that the Committee:
 - a. NOTED the administration's draft revenue budgets including responses to consultation.
 - b. SUGGESTED 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.

348. Annual Report on Quality in Public Health
(Item 7)

1. Mr Watkins noted that the contents of the report showed good results and only six complaints were received.
2. Dr Ellen Schwartz introduced the report, in 2023 there was a review of Public Health quality assurance processes which was paused due to capacity issues. Within the Public Health Service Transformation Programme, the appointment of a Pharmacy and Quality Lead took place, to support the co-ordination of the Quality Committee.
3. RESOLVED that the Committee commented on and noted the content of this report.

349. Young People and Mental Health
(Item 8)

1. Dr Ellen Schwartz introduced the report, outlining an update on the impact of the implementation of the Botulin Toxin and Cosmetic Fillers (Children) Act 2021. It provided an overview of the enforcement activity undertaken, which included checks on compliance with the legislation, through this

some weaknesses were identified which led to the development of a local campaign.

2. The Act had not yet been implemented for a sufficient amount of time to determine whether it had an impact in Kent on mental health.
3. In response to comments and questions, it was said:
 - a. A Member expressed concern at the levels of young people suffering with a probable mental disorder and questioned the root cause of adolescent mental health and body dysmorphia and whether there was anything that could be done to tackle it.
 - i. Dr Schwartz said that non-surgical interventions were the tip of the iceberg of the underlying mental health challenges that could be observed within young people. Colleagues in Public Health were researching into parent-infant relationships and support to children at the earliest opportunity.
 - ii. Natalie Reeves added that the results of health needs assessments undertaken by young people had shown that COVID-19 Pandemic lockdown had an impact on their mental health and social abilities, and that there was work to be done on this.
 - iii. Mr Watkins added that the rise in use of social media and technology had coincided with a negative trend in regard to young people's mental health and an increase in disorders such as body dysmorphia.
 - iv. The Chair shared that he had attended a smartphone free event and raised the idea of restricting young people's access to smartphones.
4. A Member suggested involving the KCC Youth County Council to assess the impact of technology on young people. They requested an update on the data within the report, asked how to encourage engagement from more providers and questioned what plans were in place for more challenge 25 checks from Trading Standards. They also questioned whether Public Health could provide guidance to providers to ensure questions are asked around mental health prior to procedures.
 - a. Mr Watkins noted the idea of taking this issue to the KCC Youth County Council.
 - b. Ms Kulkarni-Johnston added that Public Health had worked with Trading Standards to prevent providers from offering cosmetic procedures to those who were underage.
5. Members highlighted the importance of the Children and Young People Directorate working with Public Health to ensure young people's mental health was addressed in the most holistic way possible.
6. A Member questioned whether a campaign could be organised to promote a healthy body image. Additionally, addressing the hopelessness some young people felt in regard to climate change which would negatively affect their mental health. Mr Watkins shared that there were budgets

within Public Health for marketing campaigns, and whilst there was not a campaign focusing on body dysmorphia at the moment, he would assess what was possible with the marketing team.

7. A Member noted the impact that the fear associated with climate change can have on young people's mental health. Young people could be given hope through an emphasis on how we can adapt to climate change, KCC could work with district councils to try and alleviate the stress around climate change on residents.
8. RESOLVED that the Committee note the content of the report.

350. Implications of Climate Change for Public Health
(Item 9)

1. Dr Ellen Schwartz introduced the report and gave a brief overview of its contents.
2. A Member shared that housing was a significant factor for mental health, noting that during the COVID-19 Pandemic individuals benefitted from more access to green spaces. Additionally, the Member referred to the farming process and its necessity for food security. Dr Schwartz noted that additional work was being done around food security. Dr Schwartz added that work was being done with the UK Health Security Agency on the surveillance and management of invasive species (i.e. mosquitos and ticks).
3. A Member questioned what assurances were in place for residents, in regard to a new threat, that unilateral action could take place whether on a regional or county wide basis. Also whether there were any restrictions nationally that would prevent acting on it. Dr Schwartz shared that whilst the majority of the decision making and planning was done on a national level, locally there was flexibility.
4. A Member noted the presence of inequalities within the impact of climate change. Dr Schwartz agreed that the effects of climate change had not affected all those in Kent equally. Public Health came together, to inform themselves as well as other organisations (i.e. emergency preparedness, the NHS, etc), and have developed a shared understanding of the distribution of inequality and how to optimise services. Collaboration was seen as the next step with a focus on public health outcomes.
5. Members felt that it would be positive if the issue and related reports could be considered by Full Council and other Cabinet Committees.
6. RESOLVED that the Committee note the content of the report.

351. Local Stop Smoking Services Update
(Item 10)

1. Mr Watkins introduced the report, sharing that smoking rates in Kent had decreased.
2. Chris Beale, Commissioner, shared that in June to October 2024, 75% of the stop smoking funding had been allocated, as of the meeting of this Committee 95-96% had been allocated.
3. Work was being done with the Adult Social Care Directorate to assess how to work with care homes to establish stop smoking ambassadors within them. In the first weekend launch of the Allen-Carr Method, it attracted 51 Kent residents with very little advertising, and by November 2024, 146 people had signed up.
4. Rutuja Kulkarni-Johnston, Consultant in Public Health, shared that the smoke free grant aimed to support a higher number of residents who smoked to stop, including efforts to address inequalities in access through the newly funded services.
5. Deborah Smith, Public Health Specialist, added that it had been estimated that 11.4% of Kent resident were smokers. There was an intention to set 6,252 quit dates and to maintain call services to support those trying to quit smoking. After delays, new initiatives had started, one of which was to target smokers who had been difficult to access.
6. Additionally, there had been a plan for a dedicated service for young people. The Allen Carr Method had been procured as an alternative to the NHS smoke free service that was in place. Fixed term staff had been procured in Commissioning, Project Development and Public Health to assist with this work.
7. There were plans to work with district and borough councils to develop smoking spaces to de-normalise smoking and keep town centres smoke free.
8. There had been work done with GPs to develop text messaging services to target smokers on GP registers to alert them of new service options to encourage quitting smoking.
9. Work was being done with Healthy Living Centres, the voluntary sector and other directorates within the local authority to utilise sustainability and services that deal with the community directly.
10. There was an intention to allocate any potential underspend to a grant allocation fund, to work with the voluntary and community sector to ensure funding was fully utilised.
11. A Member praised the fact that smoke free spaces were to go ahead, they questioned how much of the Public Health Grant was going towards it and

whether parish councils could request them. Ms Smith shared that £90,000 had been allocated across Kent, and following communication with all 12 districts and boroughs about the initiatives, nine had showed interest so far. There was an intention to meet with Parish Councillors directly, and a Member suggested utilising the Kent Association of Local Councils (KALC) for this.

12. RESOLVED that the Committee note the content of this report.

352. Work Programme
(Item 11)

RESOLVED that the work programme was noted.