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Date: 12 October 2009

Dear Member

COUNTY COUNCIL - THURSDAY, 15 OCTOBER 2009

I am now able to enclose, for consideration at next Thursday, 15 October 2009 meeting of the County Council, the following reports that were unavailable when the agenda was printed.

Agenda No Item

8. **Potential to Refocus and Restructure the Overview and Scrutiny Function - to follow** (Pages 1 - 8)

11. **Government Consultation on "Shaping the Future of Care Together" - The Green Paper on Care and Support** (Pages 9 - 30)

Yours sincerely



Peter Sass
Head of Democratic Services & Local Leadership

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By: Alex King, Deputy Leader
Peter Gilroy, Chief Executive

To: County Council – 15 October 2009

Subject: Potential to Refocus and Restructure the Overview and Scrutiny Function

Introduction

1. (1) At the first meeting of this new County Council on 25 June 2009, the Leader announced a thorough review of the Overview and Scrutiny function would be carried out to ensure that it is fit for purpose in relation to the structure and shape of the new Council and in the context of external developments.

(2) The review did not have a remit over the role of the Governance and Audit Committee. That Committee is not a part of the suite of Overview and Scrutiny Committees, which includes the Policy Overview Committees, the Cabinet Scrutiny Committee, the Health Overview and Scrutiny Committee and the Policy Overview Co-ordinating Committee.

(3) Every Member of the Council has had the opportunity to contribute to the preparation of the proposals set out in this paper. I am most grateful for the constructive contribution of Members of all parties.

(4) The report summarises the key features of the extensive discussions which have taken place and concludes with a series of recommendations which I, with my Cabinet colleagues, commend to the County Council as a basis for change and as a firm foundation for further evolution of this important democratic role.

Context

2. Members will be aware of the context and background to this report:

- (a) the financial pressure on all public sector organisations and particularly local authorities;
- (b) the need to ensure the Council maintains the highest standards of probity and good governance in its decision-making;
- (c) the County Council's emerging approach to Localism and the variety of models being established across the county which include, where appropriate, our partners;
- (d) the development of Member roles and the County Council's application for the South East Employers Member Development Charter;

- (e) implementation of the recommendations arising from the Informal Member Group on Member Information, approved by the County Council on 11 December 2008;
- (f) the opportunities, working in partnership with Borough/District colleagues, that may exist to pool resources supporting Overview and Scrutiny activity across the county and to agree shared work programmes on issues which will add value without duplication to the communities which we all serve;
- (g) the emerging scrutiny roles for which legislation/regulations have been published, including scrutiny of the Crime and Disorder Reduction Partnerships and scrutiny of the Local Area Agreement;
- (h) the scrutiny by Members of the wide range of public sector bodies advocated in the consultation document “Strengthening Local Democracy”.

Overview and Scrutiny – the Key Challenges

3. (1) Members are reminded that, as the strategic authority for Kent, the County Council and its Members have a unique community leadership role. The challenge for Members is to:

- (a) lead the provision of public services in the area;
- (b) engage with local communities, tiers of local government and stakeholders;
- (c) assess with them the future of the locality; and
- (d) achieve and deliver the strategies and visions that best serve the people.

(2) The Overview and Scrutiny process was initially designed to help and support policy development and provide challenge to the Council’s own decision making processes and service performance. That remains one aspect of the role, but much of the most effective work has involved engagement with the wider community and across all public service issues. It is now incumbent upon all Members to develop imaginative forms of engagement, to involve local people, service users and others in scrutiny. This is a wider conversation in which all Members can participate.

Challenges

4. (1) The challenges the Council faces include:
- (a) widening the engagement and understanding of elected Members in effective partnership working;
 - (b) bringing Members’ knowledge of local issues and communities to service providers involved in partnerships;

- (c) holding the leadership of strategic partnerships across the public sector, including local authorities, to account.
- (2) Effective Overview and Scrutiny must contribute to effective partnership working. This can be done through:
 - (a) using individual projects to bring partner organisations together to find new ways of working jointly to tackle important local problems;

(A good example of this was the work of the Health Overview and Scrutiny Committee (HOSC) in the summer of 2008, which facilitated a discussion between the Acute Hospital Trust, the Primary Care Trust, Dover District Council and the County Council to look at what could be the best outcome for Dover residents in terms of future healthcare provision);

- (b) raising the profile of this work to enhance public understanding and recognition – which clearly forms a part of the Council’s commitment to ‘championing the people of Kent’; and
- (c) building alliances with the Executive and other stakeholders to gain support for recommendations;

(A good example here is the work of the previous Council through the Select Committees on Autism Spectrum Disorder and Alcohol Misuse, where all the partners that had contributed to the recommendations (which were not wholly in the gift of the County Council’s Executive to deliver) were brought together before the Select Committee report was published to support the recommendations and take ownership for their delivery).

(3) Without exception, Members have stressed the importance of ensuring that the overview and scrutiny process adds real value, reaching positive and realistic recommendations. It is not about duplicating the work of Regulators and Inspectorates. It is very much about identifying the key issues and widening the conversation to engage local people, service providers, neighbourhood users, communities, as well as elected Members.

Statutory Requirements

5. The County Council must have:

- (1) one scrutiny committee responsible for the scrutiny of Executive decisions and operating a “call in“ procedure;
- (2) a statutory Health Overview and Scrutiny Committee, which encompasses Adult Social Care as well as NHS matters;
- (3) at least one committee designated as the Crime and Disorder Scrutiny Committee (these new powers currently sit with the Communities Policy Overview Committee); and

(4) statutory co-optees as required, primarily Church Diocesan representatives and Parent Governors, who serve on the Cabinet Scrutiny Committee and the education related Policy Overview Committees.

Summary of Discussions in preparation for this Report

6. (1) There is no real appetite to fundamentally change the existing structure of the Cabinet Scrutiny Committee, the Health Overview and Scrutiny and the Policy Overview Committees.

(2) However, it is essential that all Members are fully engaged in the business of the County Council. Over the last nine years we have evolved a new model of decision making to a maturity which needs some refinement in order to enable further development to meet the challenges described earlier in this report.

(3) As a consequence, this review has provided the opportunity to explore what is needed to enhance the overview and scrutiny function so that it adds greater value to the decision-making processes and to service delivery.

(4) It has been evident from the discussions that the Cabinet model, while improving the effectiveness of decision-making, has created a situation whereby those elected Members who are not in the Cabinet often feel remote from the decision making process, and do not feel that they are able to contribute to it effectively. There is unanimity that this is not sustainable and one way in which this deficit can be addressed is to improve the constructive working relationship between the Executive and the Overview and Scrutiny Committees. The discussions have re-affirmed the view that the role of the Policy Overview Committees should be strengthened to ensure that those committees are looking at the issues where they can exercise greatest influence over the Executive and add most value to the end users, the residents of Kent.

Parity of Esteem

(5) As the overview and scrutiny function has matured, there is a greater understanding amongst Members that parity of esteem between those Members who are not Cabinet Members is key to the future development of the function and its effectiveness in holding decision makers to account (the constructive critical friend) and the opportunity to develop policy and measure the effectiveness of these policies.

Cabinet Scrutiny Committee and Policy Overview Committees

(6) There was a very constructive discussion at the Cabinet Scrutiny Committee about clearly defining the role of that committee separately from the Policy Overview Committees. The Committee concluded that its work programme needed to be developed to ensure that it looks at those strategic issues where it can make an impact on decisions taken by the Cabinet or by individual Cabinet Members, leaving other issues to be considered through the strengthened Policy Overview Committees. This paper therefore recommends that the terms of reference of the Cabinet Scrutiny Committee be changed to reflect that its sole purpose will be to operate the “call in” process and hold the

Cabinet and individual Cabinet Members to account for the formal Executive decisions they have made. The Policy Overview Committees will be renamed Policy Overview and Scrutiny Committees. Their prime role will be to develop and scrutinise policy. The Scrutiny Board will exercise the "call in" process for the discharge of any functions which are not the responsibility of the Executive and all officer decisions.

Policy Overview Co-Ordinating Committee

(7) This paper recommends that the Policy Overview Co-ordinating Committee is re-named the Scrutiny Board as the senior committee in the Overview and Scrutiny suite with revised terms of reference in order to address:

- (a) the operation of the "call-in" process for:
 - (i) decisions made or actions taken in connection with the discharge of any functions which are not the responsibility of the Executive
 - (ii) any actions taken by Cabinet or Cabinet members (other than formal decisions) in connection with the discharge of their Executive functions
 - (iii) all officer decisions

allocating them as appropriate to one or more of the relevant Policy Overview and Scrutiny Committees;

- (b) the need to involve all Members in the policy development and decision making process;
- (c) how overview and scrutiny is commissioned, including cross cutting issues, particularly with the emerging agenda of increased overview and scrutiny of partnerships (e.g. scrutiny of the Crime and Disorder Partnership and the Local Area Agreement);
- (d) agreeing the Select Committee Topic review programme and deploying the resources to support that programme; and
- (e) exploring with our partners the opportunity to work together collaboratively on shared work programmes and resources across overview and scrutiny

Forward Plan of Key Decisions

(8) The Forward Plan is a key document for all Members of the County Council. Communication and the flow of information between the Executive and non-Executive Members is key to the future development of the Overview and Scrutiny function.

(9) The Forward Plan is one small but very critical element in the context of how Members' information needs can best be served. Implementation of the recommendations of the IMG: Member Information,

approved by the County Council on 11 December 2008, is key and is being pursued separately.

(10) The statutory provisions for the Forward Plan require that decisions which fall within the criteria for a Key Decision (decisions which are significant in terms of their effect on communities living or working within one or more electoral divisions, and expenditure/savings over £1m) for the forthcoming four months do not provide Members with sufficient information.

(11) It is therefore proposed that the period of time covered by the Forward Plan be extended from four to six months, recognising that the last period is tentative and subject to change.

Co-optees

(12) Members will be aware that when a Select Committee is established, consideration is given to the potential benefit from the advice/assistance of co opted members.

(13) The Scrutiny Board will need to consider the issue of co-option each time it commissions a piece of work, and keep under review the possible need for a formal scheme of co-option.

Involvement of the Media/Press in Scrutiny

(14) The County Council has an agreed protocol for publishing and launching Select Committee reports.

(15) The Overview and Scrutiny Committees are keen to develop a constructive dialogue with the media and press. As a bare minimum it has been suggested that the dates of meetings of the Overview and Scrutiny Committees should be widely published by the press and media. However, if a work programme for the Overview and Scrutiny Committees is agreed in advance then there is also an opportunity to promote this through the media and seek the public's views.

(16) Taking this one stage further, it should be possible for the public to email in questions they would like asked as Overview and Scrutiny meetings are progressing. This is an exciting proposal and would need careful consideration by the Scrutiny Board in consultation with the Leader of the Council, Leader of the Opposition, Leader of the Labour Group and independent member before it is implemented.

Rapporteurs

(17) Members have expressed a wish to develop a rapporteur scheme so that elected Members with a specific interest can volunteer to take ownership of a piece of work, undertake the research themselves and prepare a report. The Health Overview and Scrutiny Committee (HOSC) has expressed a wish to pilot a rapporteur scheme and a number of items currently within the work programme for the HOSC have been identified by members of that committee to take forward. The Regeneration and Economic Development POC agreed

that Members would take responsibility and ownership for working with partners to get an understanding of the economic development and regeneration issues for each of the Borough/District Council areas.

(18) If the County Council agrees to the development of a rapporteur scheme, then it is recommended that the proposed Scrutiny Board in collaboration with the Cabinet and Chief Officers would want to develop clear guidelines on how this would operate, the responsibility of a rapporteur, what they could reasonably do and not do and what level of support might be available to them

Health Overview and Scrutiny Committee (HOSC)

(19) The HOSC has some very specific issues which it is seeking to address, including how the work programme of the committee can be delivered working in partnership with the Borough and District Councils, Medway Council the Local Involvement Network for Kent (LINK) and other Overview and Scrutiny Committees.

Conclusion

7 Following decisions taken by the County Council on the future direction of the Overview and Scrutiny function, Democratic Services officers are proposing to arrange a series of events in which all Members and a range of officers will be briefed in:

- (a) the role of the Overview and Scrutiny function;
- (b) the powers of the Overview and Scrutiny Committees; and
- (c) the opportunities for all elected members to contribute and influence work programmes for the Overview and Scrutiny Committees.

Recommendations

8. The County Council is recommended to agree the following:

- (a) The refocusing, renaming and strengthening of the role of the Overview and Scrutiny Committees as described in this report;
- (b) To ask the Scrutiny Board (formerly the Policy Overview Co Ordinating Committee) in consultation with the Cabinet to identify and pilot new ways of working to build capacity including a rapporteur scheme, engagement with the press and media, the information and period of time the Forward Plan of Key decisions covers; and
- (c) Note that any consequential changes to the Articles of the Constitution will be brought back to the County Council for approval.

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Government Consultation on shaping the future of care together –
The Green Paper on Care and Support

Response from Kent County Council: **Demographic Supplement**

Background: This is a demographic supplement to Kent County Council's response to Government's Green paper (14 July 2009). The purpose is to give sufficient context to produce a more focussed debate. All "Kent" data presented in this paper is for the KCC Area only.

For Information:

1.0 Introduction:

- i) There is a large variation in the relative economic prosperity across Kent. According to the deprivation index, Sevenoaks is one of the most affluent districts in England while Thanet, one of the poorest in the South East. This disparity has an equally disproportionate impact on the population's ability, or inability, to remain active and independent well into old age. With a statutory responsibility to ensure the well being for the whole population of Kent, it is important that we support both the "able", and the "less able" to ensure an affordable Social Care system that cares for as many of Kent's people as possible. Therefore, the facts contained in this paper support the County Council's preferred option for the Green Paper consultation.

2.0 The Population of Kent

- i) Current Population: The majority of Social Care Clients are over retirement age. However, the Joint Strategic Needs Assessment (JSNA) stress the need to do preventative work, especially those aged over 50 who are more likely to become KASS Clients in the near future. Older Persons (50+) make up just over one-third (36.4%) of the entire population ¹. However, as Kent is such a large county, 508,200 people aged 50+ in the KCC Area is nearly the size of the whole of East Sussex (509,900 people). In turn, among those aged 50+, over half are pre-retired (52.4% aged 50 to 64), a quarter newly retired (65 to 74), and the remaining quarter aged 75 and over ².
- ii) Population Forecasts: The Older Population is forecast to increase rapidly. Currently, in the county, there are an additional 1,200 persons aged 85 and over every year. This accelerates to an annual increase of 2,500 persons per annum between 2011 and 2016 and by around 2021, the increase is an additional 6,500 per annum ³. Maidstone has the highest number, with Dartford the least ⁴.

¹ CHART 1: Population aged 50+, KCC Area, Estimates 2007

² CHART 2 Detailed age group 50+, KCC Area, Estimates 2007

³ CHART 3 Forecast Population by detailed age groups 50+, KCC Area, 2006 to 2021

⁴ CHART 4 Forecast Population aged 50+. KCC Districts, 2006 to 2021

- iii) Demographic Support Ratio: The older population is increasing at a much greater rate than the working age population. A balance between these two groups can be taken as a ratio between the numbers of those working per those over the state pension age. At 2001, this ratio stood at 3.1 working person to each person retired; and by 2026, this is projected to be only two working persons per retired person. To keep the working ratio at a higher level, it is important to have a phased increase in the number of people retiring⁵.
- iv) Forecast of KASS Clients: KASS Clients fall into two broad age groups: 18 to 64 (which are split into those with Learning Disability or Physical Disability) and those aged 65 and over (Older Persons). Forecasting of the caseload populations show that there will be no significant increase in the number of Clients with Learning (+0.9%) or Physical Disabilities (+0.8%); although they may be more multiply disabled as they age⁶. However, due to a rapidly aging population, clients aged 65 and over are expected to increase significantly (+26.7%)⁷.
- v) Ethnicity: It is worth a quick note that Kent's ethnic population is predominantly Asian and is highly concentrated in a handful of wards within Gravesham and Dartford⁸.

3.0 Active Lives

- i) Life Expectancy: There are large discrepancies in longevity depending on which end of Kent you live. If you are male aged 65 and living in Ashford, you can expect to live another 18.9 years. However, if you live in Thanet, Swale or Dartford, you can expect to die two years younger with only 16.6 years left. If you are female, living in Sevenoaks offers highest longevity with 65 year olds looking forward to another 21.6 years, while in nearby Dartford, typical lifespan is another 18.8 years; almost three years shorter⁹.
- ii) Death by cause: The cause of death of people aged 51+ would be an indication of the service demands required by Health and Social Care Professionals. This could help inform Public Health policies as well as preventative interventions. Ischaemic Heart Disease, or the inadequate supply of blood to the heart caused by clogged arteries, is the single largest killer in Kent for both males (13.2% of all deaths aged 51+) and females (9.4% of all deaths aged 51+). This is followed by lung cancer (second highest killer for males), pneumonia (second highest killer for females). A gradual damage to the heart, leading to a heart attack (Myocardial Infarction) is the third highest killer for males, and fourth for females¹⁰.

⁵ CHART 5: Kent's Demographic Support Ratio: 2001 to 2026

⁶ CHARTS 6a) and 6b): JSNA Forecast of Clients with Learning and Physical Disabilities

⁷ CHART 7 JSNA Forecast of Older Person Clients

⁸ TABLE 1 Ethnicity by highest 10 Wards in KCC Area, Census 2001

⁹ CHARTS 8a) and 8b): Life expectancy at 65, Males and Females

¹⁰ TABLE 2 Top 5 Causes of Death aged 51+ Kent 2006 2a) Males, 2b) Females

- iii) Your Health: Good? Fairly Good? Or Not Good?: This question was asked of the entire population during the 2001 Census and not surprisingly this tends to deteriorate as we age. By age 85+ only 1 in 4 of us would consider we are in Good Health¹¹.
- iv) Hospital Admissions: When we do have to go to hospital, we hope that this would be a planned episode in conjunction with our physicians. Fortunately this is largely the case (60%) for everyone aged 50 and over. However, by the time we reach 75 and over, more than half (53%) of hospital admissions are due to an unexpected (emergency) admission¹².
- v) Reasons for Hospital Admissions: It is not surprising to know the likelihood of admission to hospital increases as we age. We are twice as likely to be admitted when aged 75+, when compared to when we are aged 51 to 64¹³. When looking at conditions in detail, the highest single reason is for admission is for Arthritis (over 14,000 expected); second is COPD (Chronic Obstructive Pulmonary Disease, or smoking related lung disease, with over 12,000 admissions expected); and Diabetes (nearly 11,000 admissions in Kent expected)¹⁴. All these conditions are extremely disabling and highly dependant on Social Care.
- vi) Support networks: When people become dependant, the first line of support is from the spouse or partner. However, it is not surprising we are more likely to be widowed or widowered as we age. Four out of five of us are married or cohabiting when aged 50 to 64; but this falls dramatically to under one in five of us by the time we reach 85 and over. Conversely, by the time we reach 85 half of us will be living alone, and one in five can expect to be living in a residential or nursing home¹⁵. As we age, more and more of us are choosing to live at home, therefore, the number of people aged 85+ living alone is expected to increase by nearly 60% to over 25,000 households by 2026¹⁶.
- vii) Carers: Informal care giving is very important in older age. However, what is the profile of Carers in Kent? At age 50 to 64, about 1 in 5 of us provide some form of care. This trend is in line with regional and national patterns. However, at age 75 to 84, those living in Kent and the South East are twice as likely to remain care givers than England as a whole. This is most probably due to people remaining active and capable, compared to equivalent peers in inner city deprived locations¹⁷.
- viii) The burden of care giving: At a younger age (50 to 64) 75% of us provide care (most likely to be for a parent or parent-in-law) and this is typically low levels, clocking fewer than 20 hours per week. As we age, our care responsibilities shift to providing longer hours of care (20 hours or more), more likely for spouses and partners and this increases

¹¹ CHART 9: General Health aged 50+ Kent, 2001

¹² CHART 10: Hospital Admissions Electives or Emergencies aged 51+ Kent 2007/08

¹³ CHART 11: Hospital Admissions by broad age groups Kent 2007/08

¹⁴ CHART 12: Forecast of Hospital Admissions by Condition Kent 2012

¹⁵ CHART 13: Family Type by broad age groups 50+ Kent 2001

¹⁶ CHART 14: Forecast of Family Types aged 85+ Kent 2006 to 2021

¹⁷ CHART 15: Care Givers aged 50+ Kent, South East and England & Wales, 2001

significantly as we age. So by the time we reach 85 or over, half of us are full-time carers providing 50 or more hours of care per week¹⁸.

- ix) Independence: Car Ownership: If giving up driving can be considered one sign of reducing independence, then the trend by age is significant. At age 50 to 64, over 90% of us own a car. This rapidly shrinks to only 32% by the time we reach 85 or older¹⁹. If you live in a rural setting, the need for a car is much greater. However, older people living in a rural setting in Thanet are more likely to be without a car (17% of people aged 50+ without a car) compared to 12.1% in Sevenoaks²⁰.
- x) Leisure and Citizenship: Older residents (aged 50+) who exercise the most (half hour moderate exercise, at least three days per week) live in Maidstone (15.7%), Sevenoaks (14.9%) and Canterbury (14.0%); while those least active live in Gravesham (9.4%), Dover (10.1%) or Dartford (10.1%)²¹. For voluntary work, people aged 55+ are twice as likely to be an officer for an organisation or club than those aged 16 to 54. Otherwise, rates of volunteering are similar across the age groups²². Finally, the older we get, the more likely we are to vote, rising from only one in three of us aged 19 to 24, compared to four out of five aged 85+²³.

4.0 Wealth

- i) Tenure: The ability to buy our own homes relies on how much we earn before retirement. The sooner we own our properties outright, the more we are able to afford formal care in old age. By the age of 50, over half (51.6%) of Kent's residents own their homes outright. A further quarter (26.4%) are home owners with a mortgage. The remaining rent (17.1%), live rent free (1.8%) or live in a residential or nursing home (2.8%)²⁴. As we age, we are more likely to own our homes outright. However, presently, there is still a small but present generation of very elderly (aged 85+) who predate Britain's evolved widespread culture of home ownership. By the age of 85, one in five would be living in a residential or nursing home²⁵.
- ii) Economic Activity: Around 65% of people aged 50 to 64 are still working; two thirds (36.3%) full-time employees and one in 10 (9.6%) self-employed. By retirement age, only 10% of us are still working, mostly as part-time employees²⁶. This varies significantly across the county, with the highest activity rates in Tunbridge Wells (51.9%) and lowest in Thanet (38.7%)²⁷.

¹⁸ TABLE 3: Unpaid Carers by hours per week, Carers aged 50+, Kent, SE, E&W, 2001

¹⁹ CHART 16: Car ownership aged 50+ Kent 2001

²⁰ TABLE 4: Proportion of people aged 50+ in Urban or Rural Areas with No Car

²¹ CHART 17: Proportion aged 50+ who are Inactive or Regular Active Kent Districts 2005/6

²² CHART 18: Volunteering activities aged 16-54 or 55+ Kent 2008

²³ CHART 19: Voting patterns by Age Groups, Kent, 2005 General Election

²⁴ CHART 20: Percent Older Persons (aged 50+) by Tenure, Kent 2001

²⁵ TABLE 5: Percent Older Population (50+) by Tenure, Kent, 2001

²⁶ CHART 21: Proportion of 50 to 74 Employed, Kent. 2001

²⁷ CHART 22: Proportion of 50 to 74 Employed, Kent Districts, 2001

- iii) **Economic Inactivity:** At age 50 to 64, one third (34%) of us are not working. Half of these are retired but the remainder are permanently sick or disabled or looking after the family²⁸. Welfare dependency varies widely across the county with consistently highest dependency for Thanet and lowest for Sevenoaks. This is the case for Incapacity Benefit (those aged 50 to 64: Thanet: 12.8%, Sevenoaks 4.9%)²⁹; Disability Living Allowance (those aged 50 to 64: Thanet: 10.5%, Sevenoaks 4.2%)³⁰ and Attendance Allowance (those aged 65+: Thanet: 18.6%, Sevenoaks: 12.7%)³¹.

5.0 Conclusion:

- i) Kent, like the nation as a whole is fortunate to have a range of people of varying health and economic abilities. This range means that those who are able to remain active, and to save, will be in a position to do so in preparation for years of formal care needs when frail. To ensure the welfare of the population as a whole, public expenditure should be focussed for those most in need, whose needs are greater and have not been able to prepare before becoming dependant.

6.0 Acknowledgement: the data for this paper has been sourced primarily from The Older People of Kent Report, November 2008

²⁸ CHART 23: Economic Inactivity of those aged 50 to 74, Kent, 2001

²⁹ TABLE 6: Older Persons (50+) Claiming Incapacity Benefit, Kent Districts, 2007

³⁰ TABLE 7: Percent Older Persons (50+) Claiming Disability Living Allowance, Districts, 2007

³¹ TABLE 8: Percent Older Persons (60+) Claiming Attendance Allowance, Districts, 2007

CHART 1

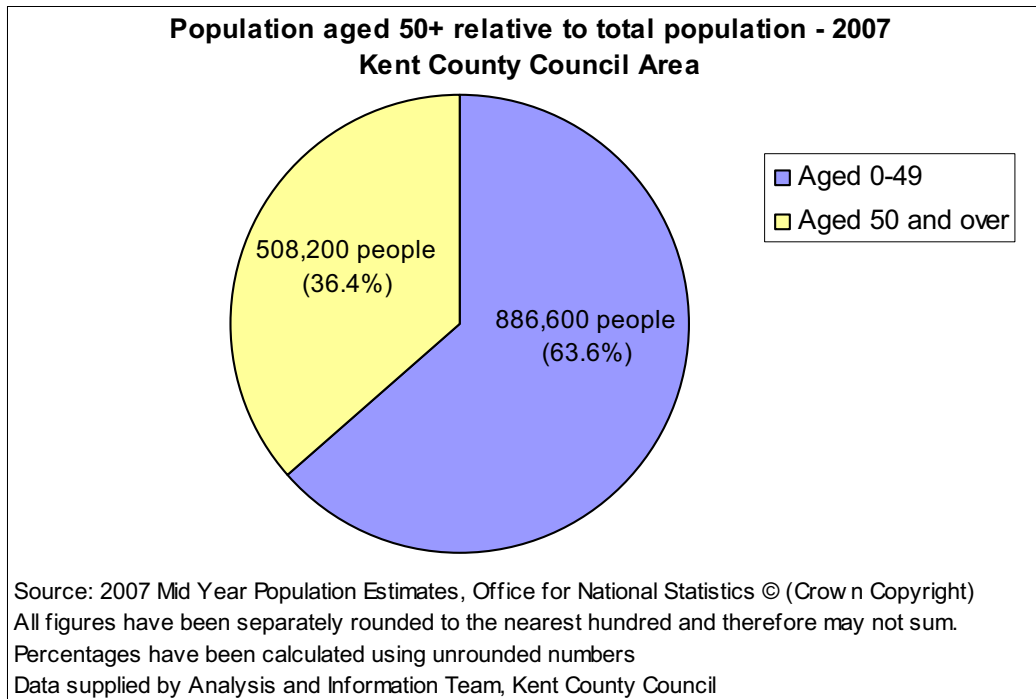


CHART 2

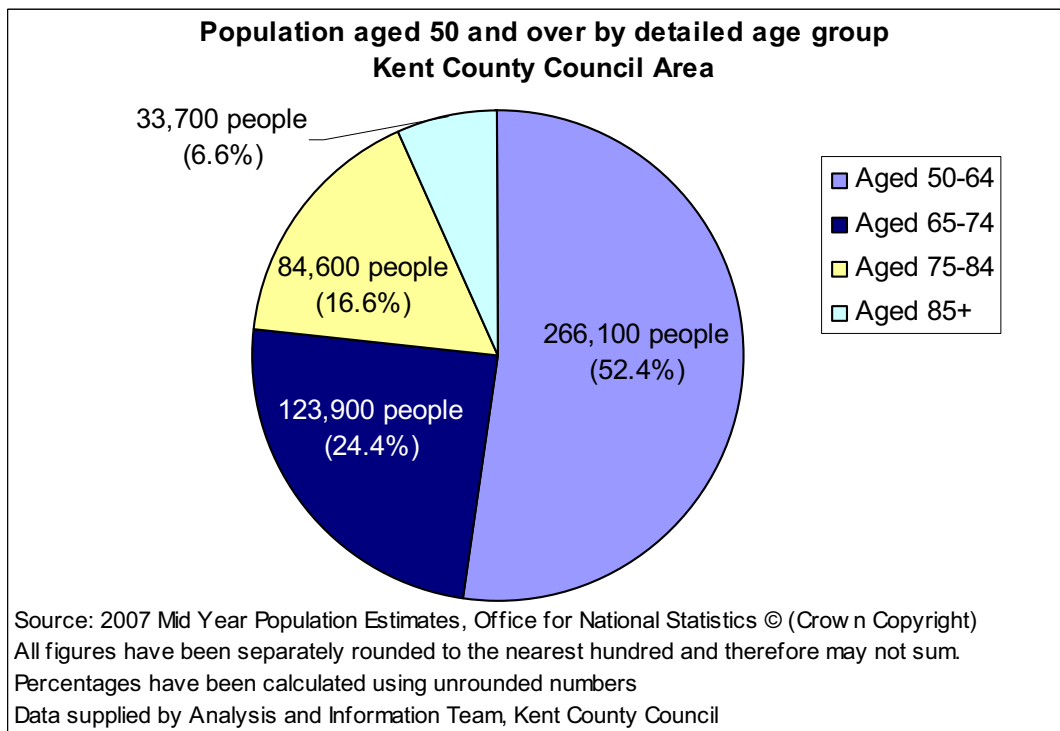


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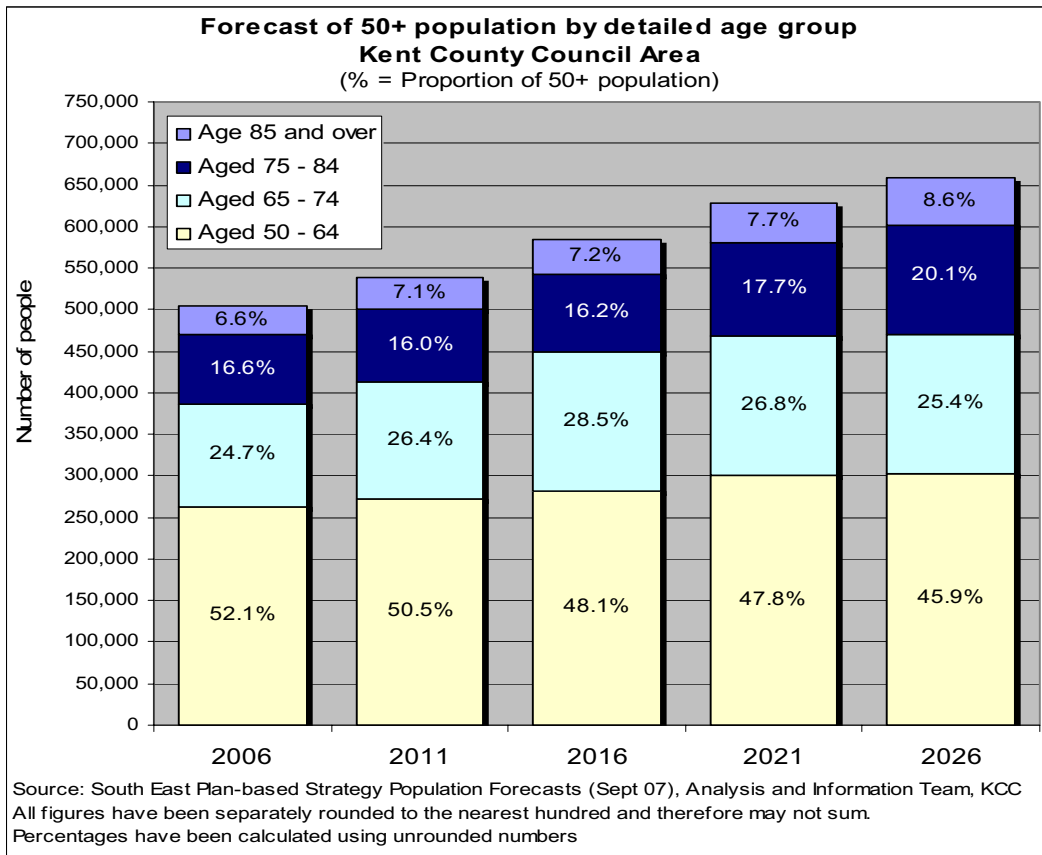


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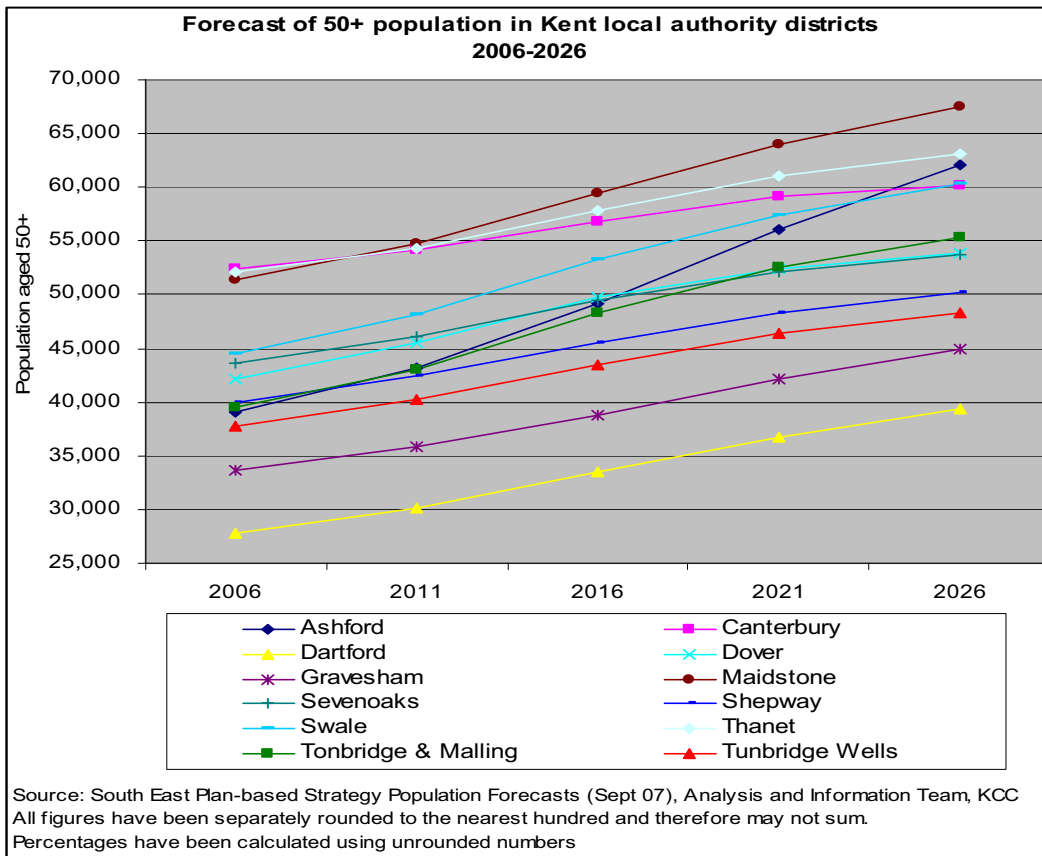


CHART 5

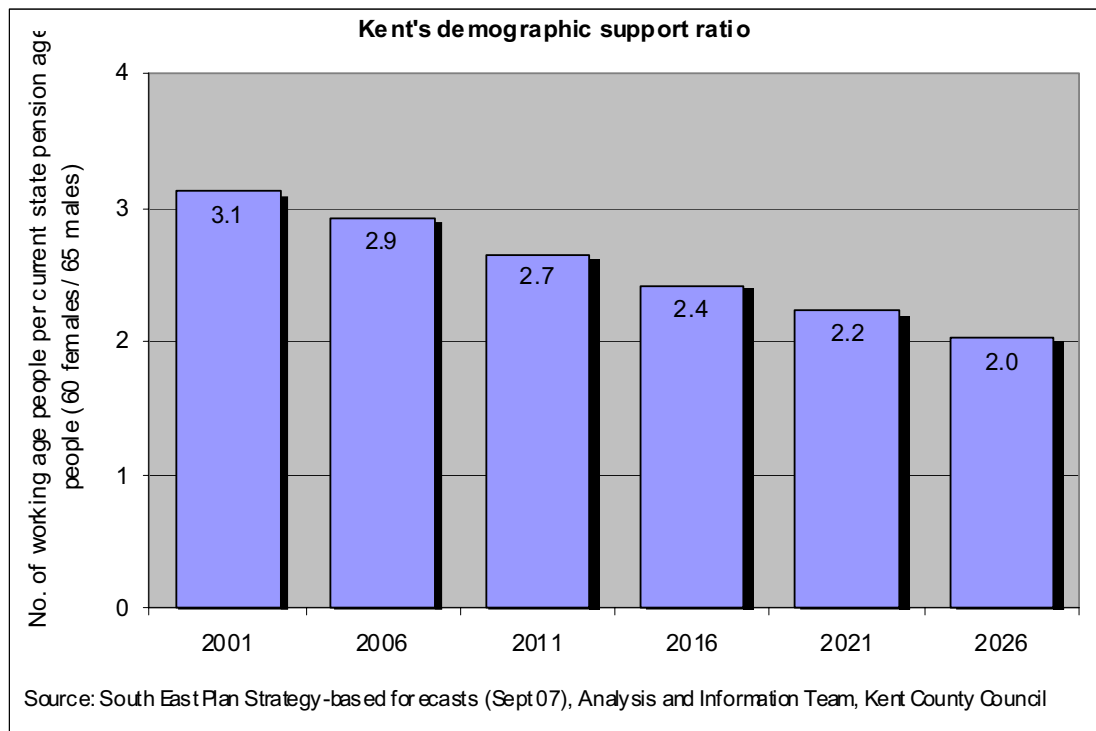


CHART 6a)

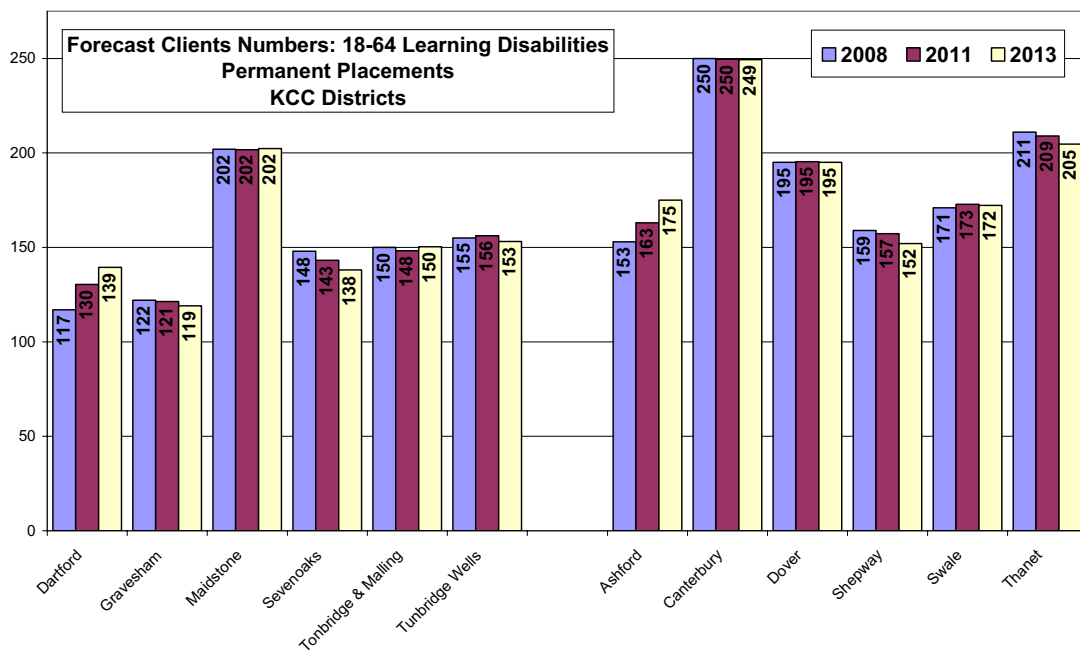


CHART 6b)

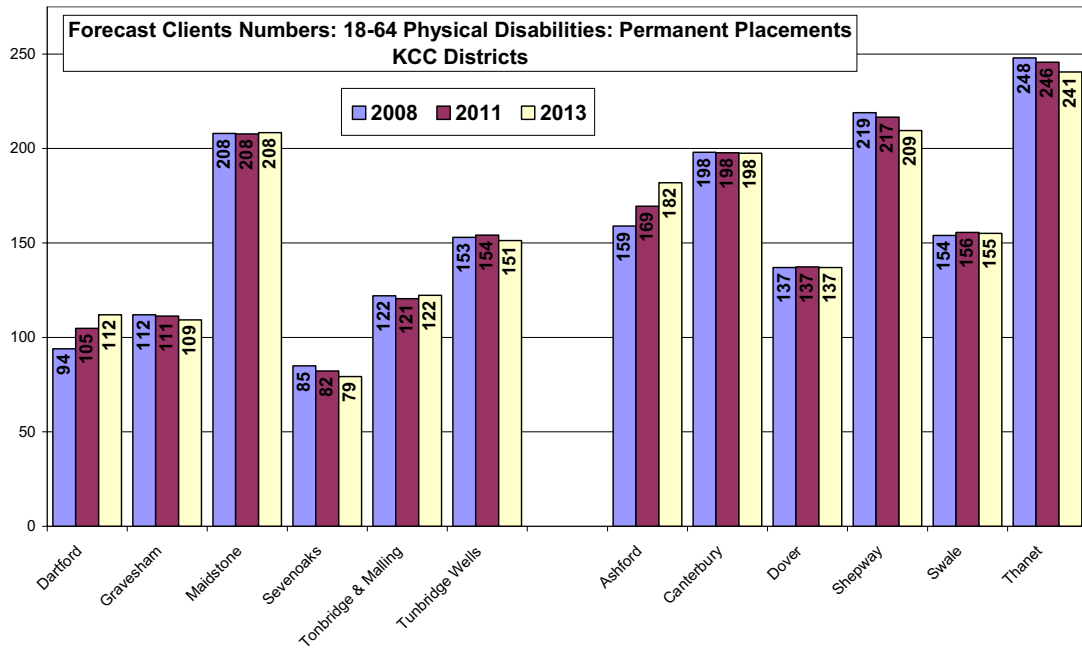


CHART 7

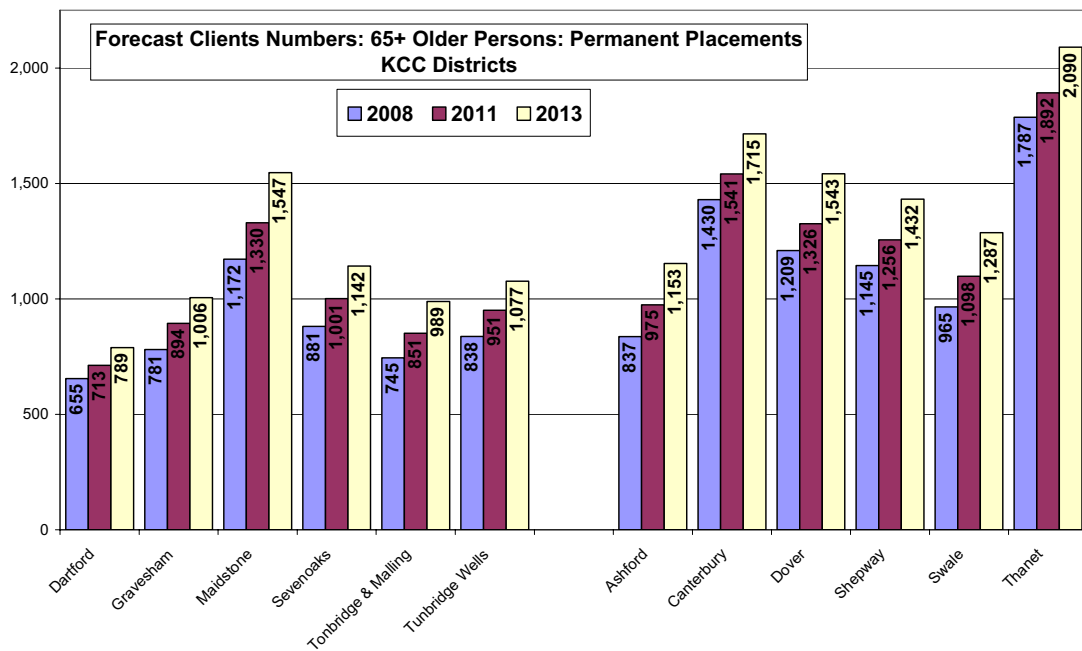


TABLE 1: Ethnicity by highest to lowest KCC Wards

Ward	Local Authority	BME population aged 50 and over	
		No.	%
Pelham	Gravesham	435	21.9%
Riverside	Gravesham	209	12.3%
Northfleet North	Gravesham	191	11.4%
Central	Gravesham	207	10.4%
Town	Dartford	70	9.4%
Northfleet South	Gravesham	151	8.4%
Newtown	Dartford	93	6.3%
Castle	Dartford	9	5.9%
Brent	Dartford	104	4.9%
West Hill	Dartford	73	4.4%

Source: 2001 Census Standard Table 101, Office for National Statistics © Crown Copyright
Table presented by The Analysis & Information Team, Kent County Council

CHART 8a)

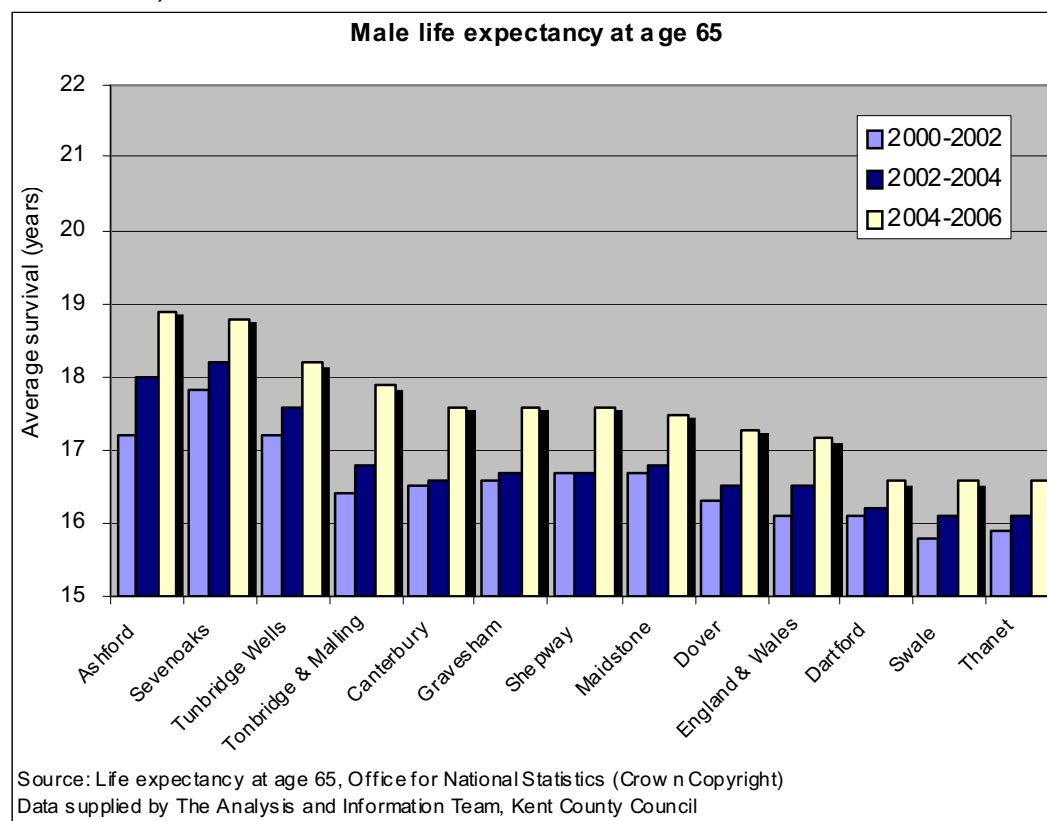


CHART 8b)

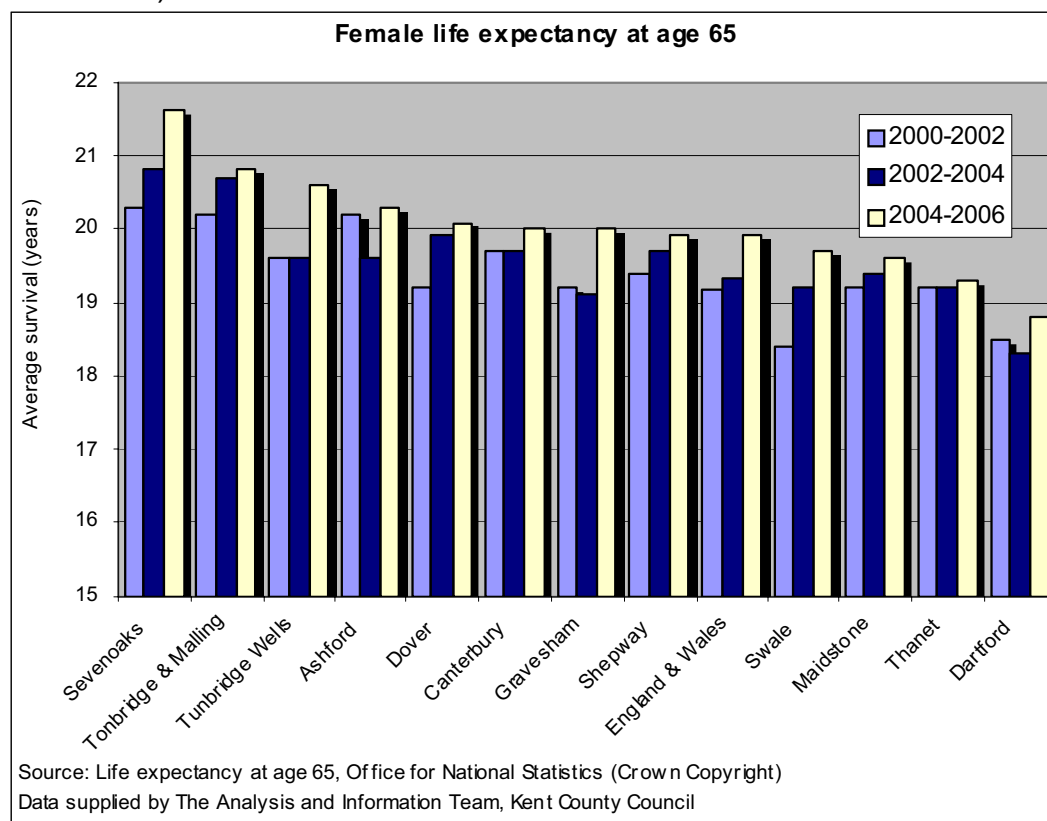


Table 2a) Death by cause: Male aged 51+ Kent 2006

Males		Total deaths aged 51+	% of all male 51+ deaths
I25	Chronic ischaemic heart disease	758	13.2%
C34	Malignant neoplasm of bronchus and lung	404	7.0%
I21	Acute myocardial infarction	339	5.9%
J44	Other chronic obstructive pulmonary disease	307	5.3%
J18	Pneumonia, organism unspecified	299	5.2%

Source: Kent Public Health Observatory

Table 2b) Death by cause: Female aged 51+ Kent 2006

Females		Total deaths aged 51+	% of all female 51+ deaths
I25	Chronic ischaemic heart disease	664	9.4%
J18	Pneumonia, organism unspecified	553	7.8%
I64	Stroke, not specified as haemorrhage or infarction	434	6.2%
I21	Acute myocardial infarction	355	5.0%
J44	Other chronic obstructive pulmonary disease	301	4.3%

Source: Kent Public Health Observatory

CHART 9

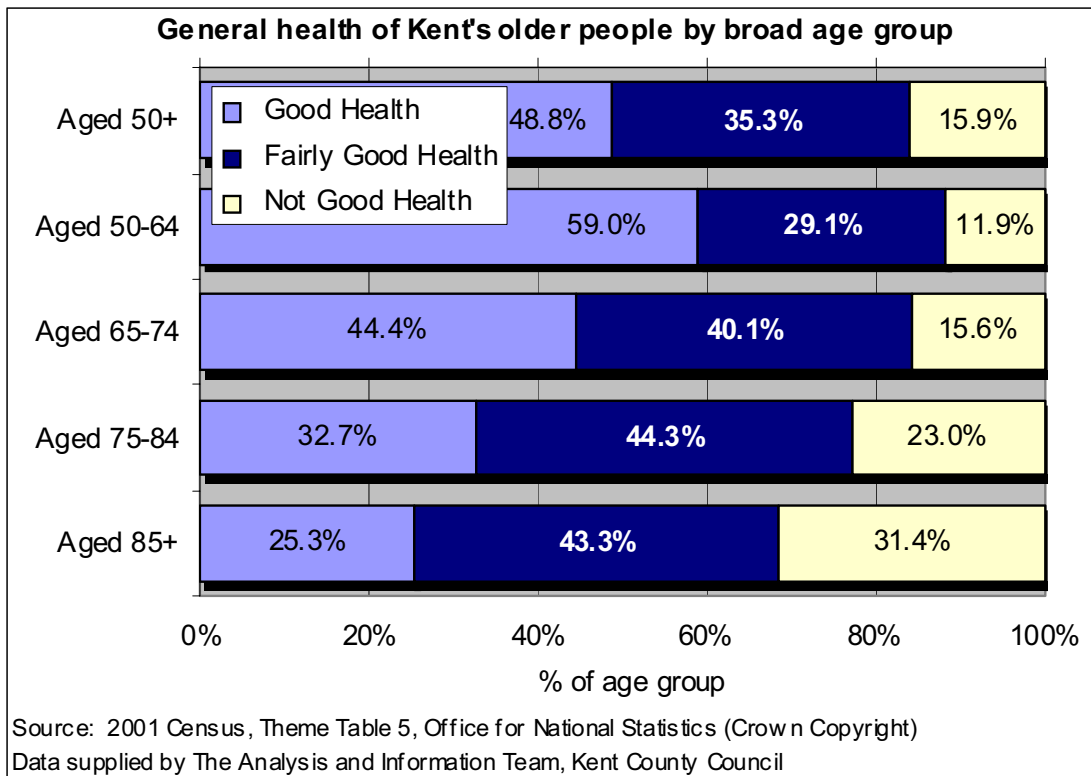


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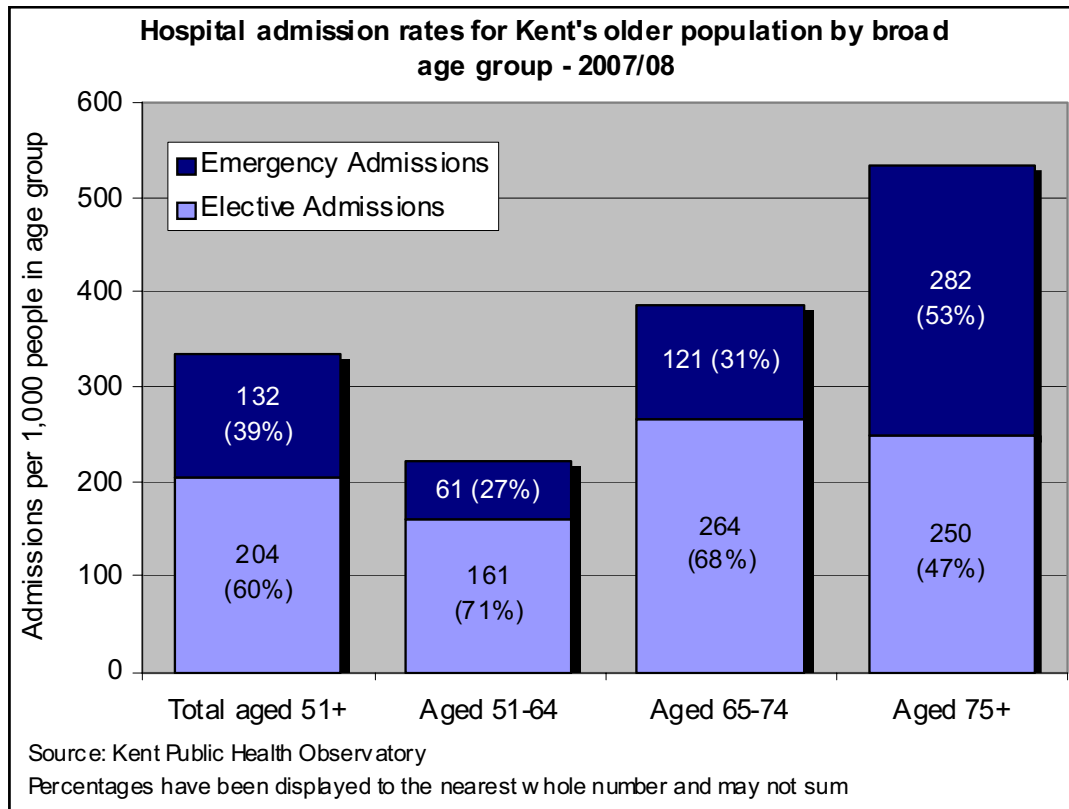


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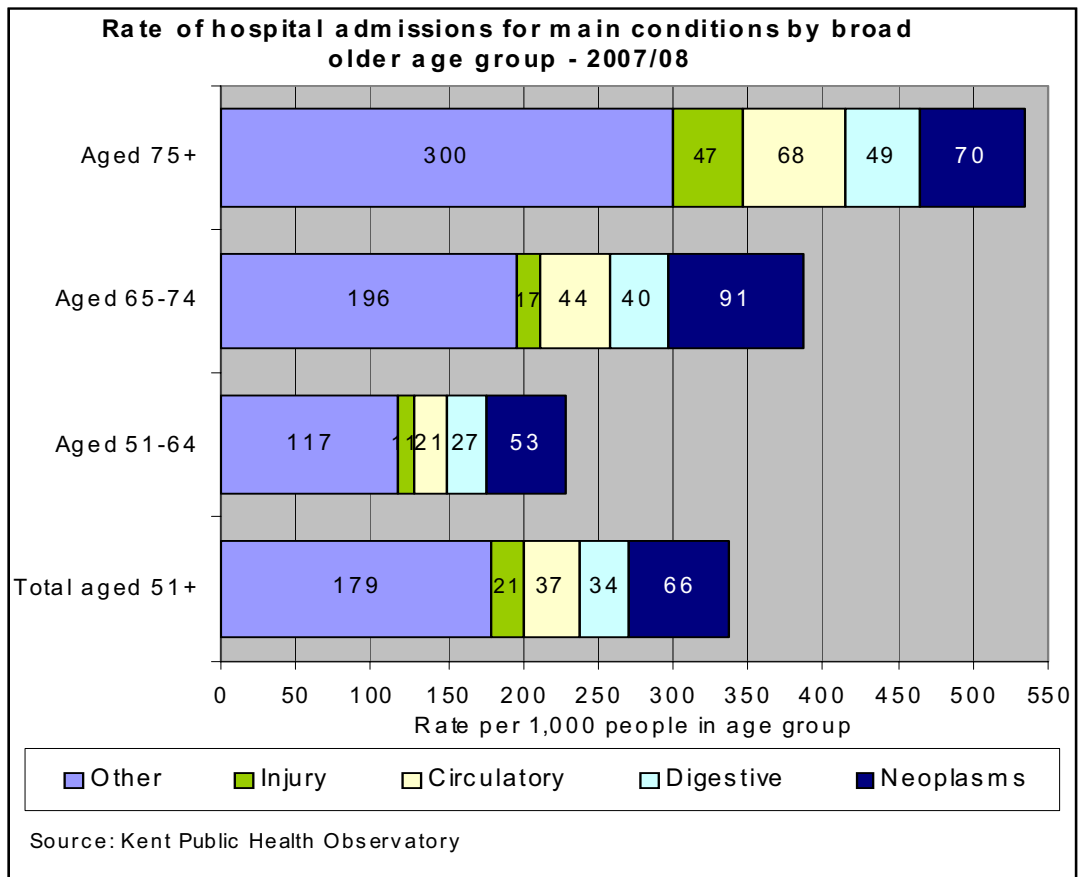


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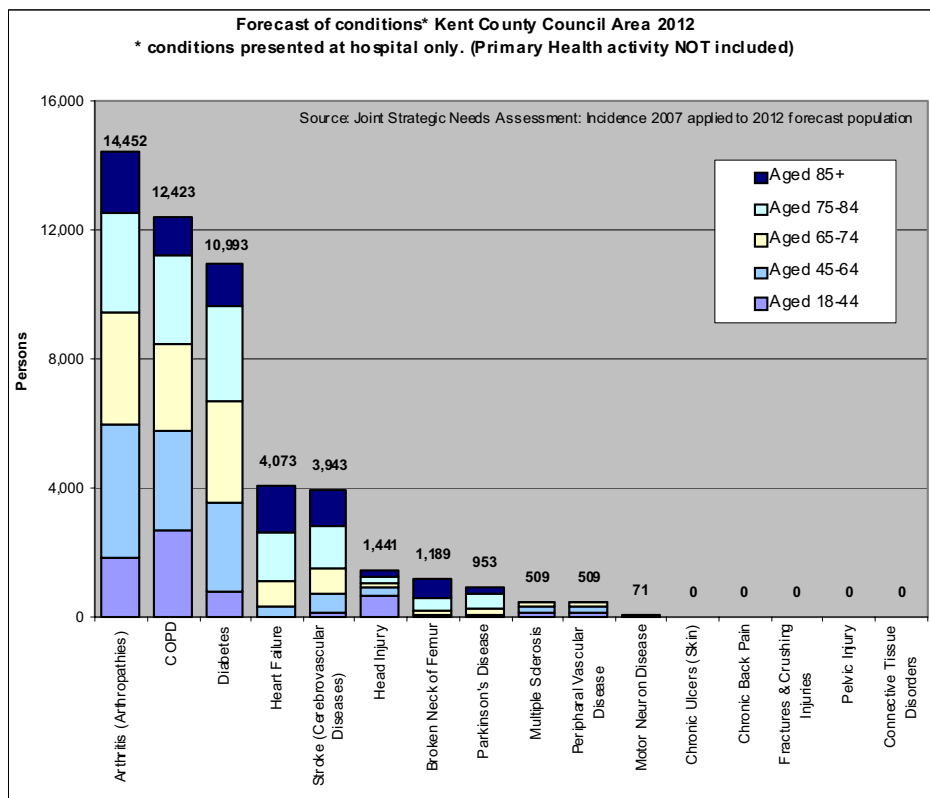


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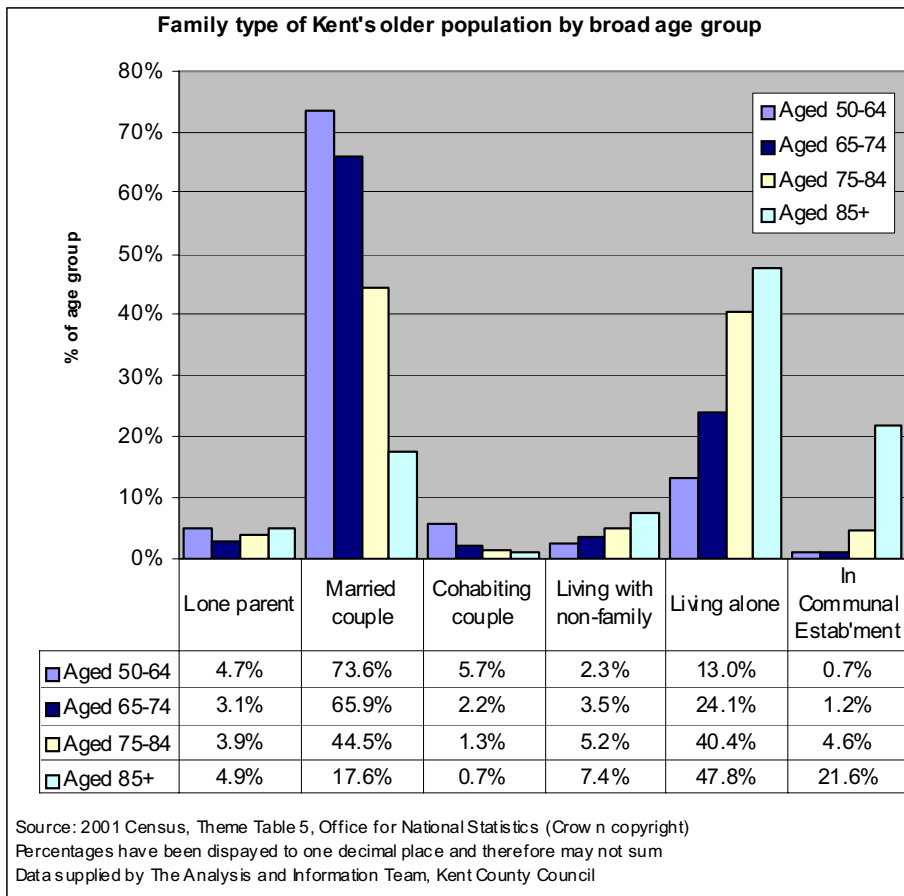


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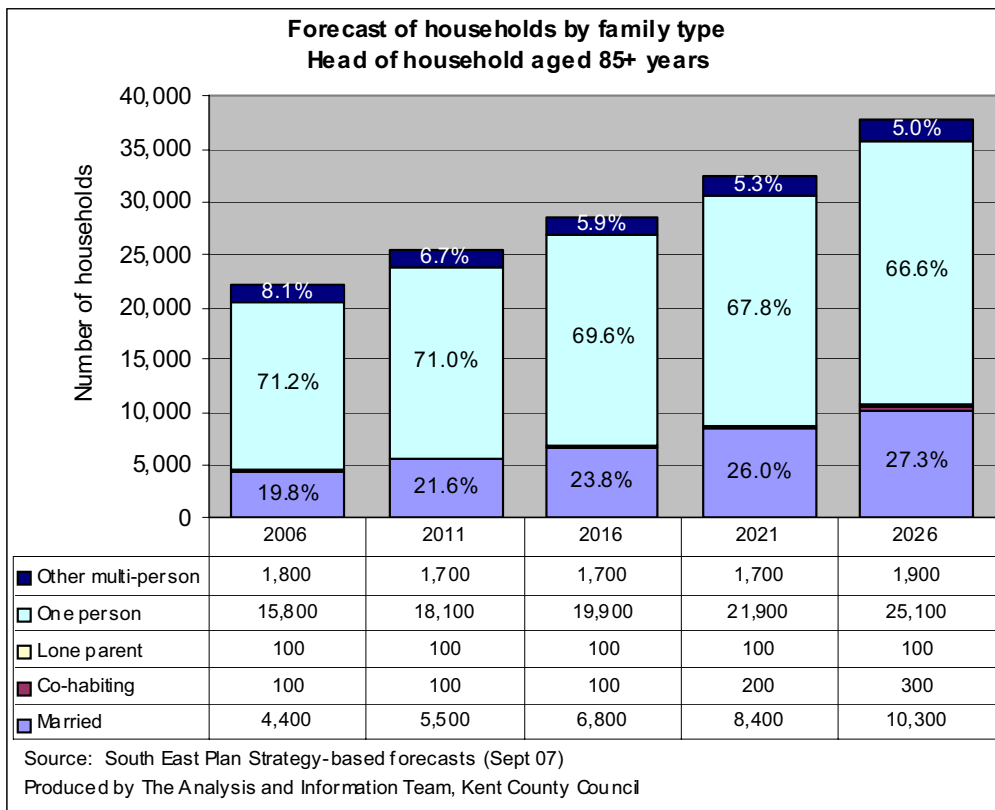


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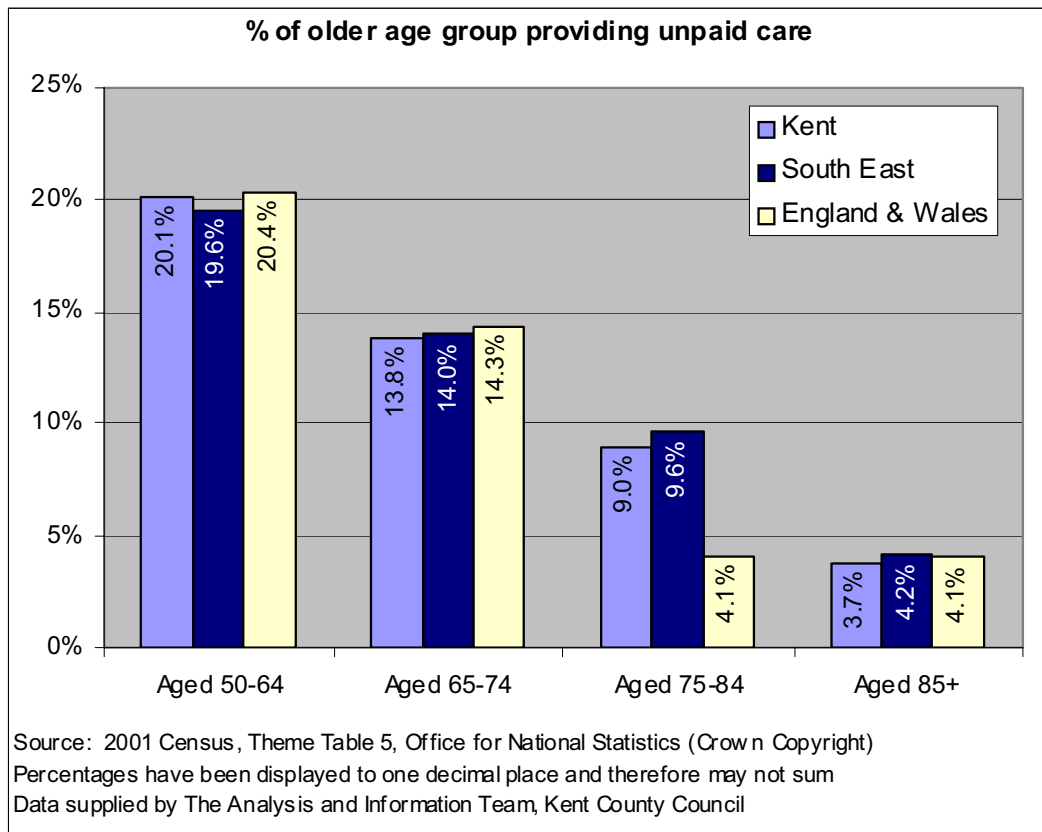


TABLE 3: Proportion of Unpaid Carers by hours per week

Providing 1 to 19 hours unpaid care per week	Kent	South East	England & Wales
Age 50-64	75.1%	77.8%	71.0%
Age 65-74	62.8%	65.8%	57.6%
Age 75-84	48.6%	51.7%	37.7%
Age 85+	38.1%	41.9%	37.7%
Providing 20 to 49 hours unpaid care per week	Kent	South East	England & Wales
Age 50-64	8.9%	8.4%	10.8%
Age 65-74	9.0%	8.8%	10.5%
Age 75-84	10.0%	10.4%	11.8%
Age 85+	12.5%	11.5%	11.8%
Providing 50 or more hours unpaid care per week	Kent	South East	England & Wales
Age 50-64	16.1%	13.9%	18.2%
Age 65-74	28.2%	25.4%	31.9%
Age 75-84	41.4%	38.0%	50.5%
Age 85+	49.4%	46.7%	50.5%

Source: 2001 Census, Theme Table 5, Office for National Statistics (Crown copyright)
 Percentages have been displayed to one decimal place and therefore may not sum
 Data supplied by The Analysis and Information Team, Kent County Council

CHART 16

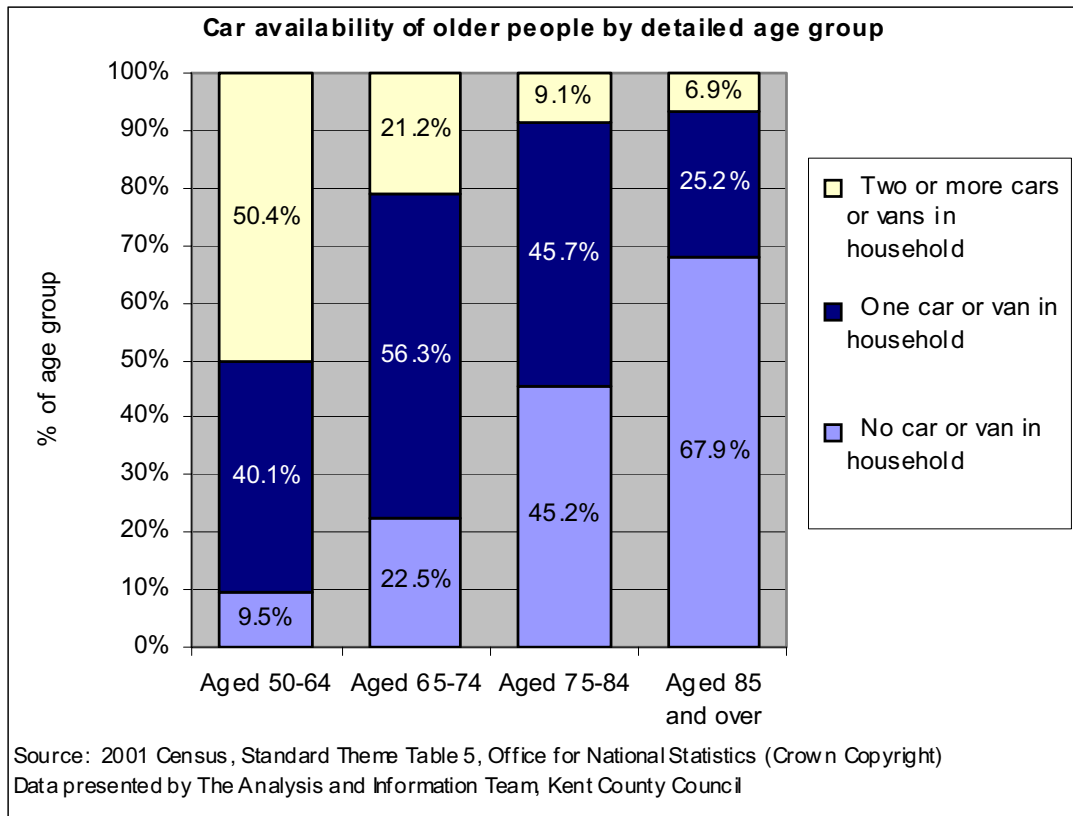


TABLE 4: Proportion of Older People in Rural or Urban Areas with No Car

	% 50+ with no car living in:		
	Urban areas	Rural areas	All Areas
Ashford	24.1%	13.1%	18.3%
Canterbury	24.3%	13.2%	22.1%
Dartford	21.8%	15.4%	20.9%
Dover	30.4%	15.9%	25.0%
Gravesham	28.1%	9.7%	23.6%
Maidstone	20.3%	12.7%	17.6%
Sevenoaks	16.9%	12.1%	14.6%
Shepway	27.0%	13.5%	21.6%
Swale	25.3%	12.3%	21.9%
Thanet	29.7%	17.5%	29.0%
Tonbridge & Malling	18.4%	14.7%	16.9%
Tunbridge Wells	22.1%	13.5%	18.3%
KCC Area	24.5%	13.4%	21.0%

Source: 2001 Census, CAS Theme Table 2, Office for National Statistics (Crown Copyright)
Percentages have been displayed to one decimal place and therefore may not sum
Data presented by the Analysis and Information Team, Kent County Council

CHART 17

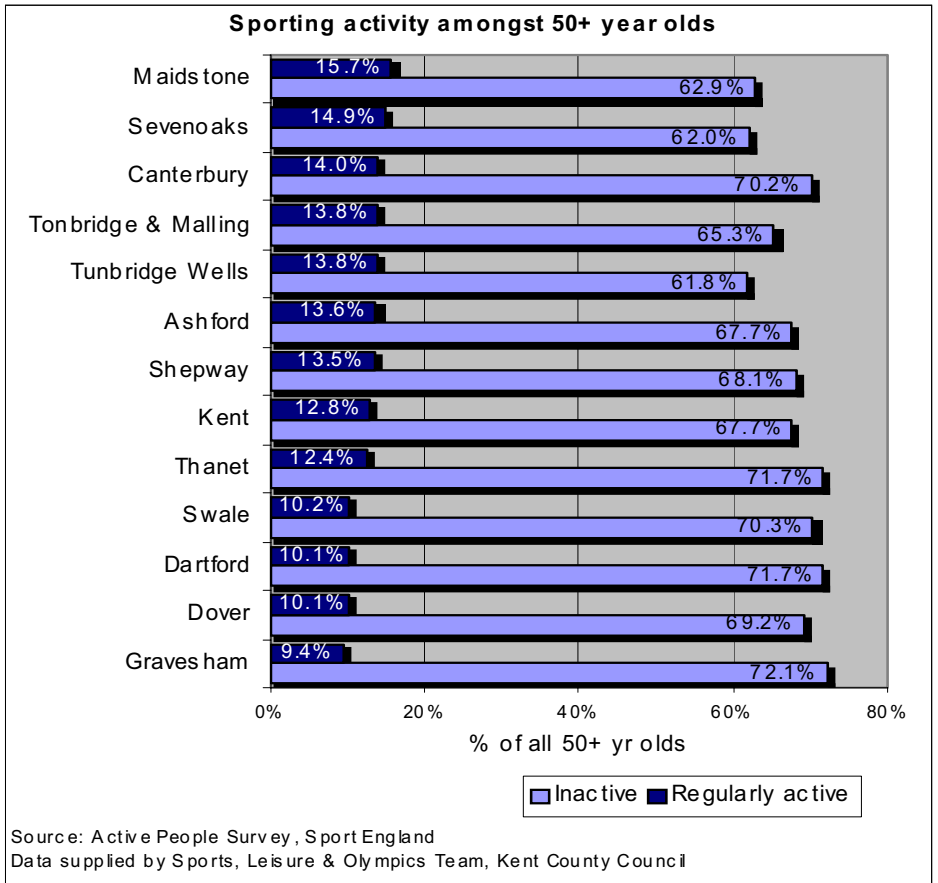


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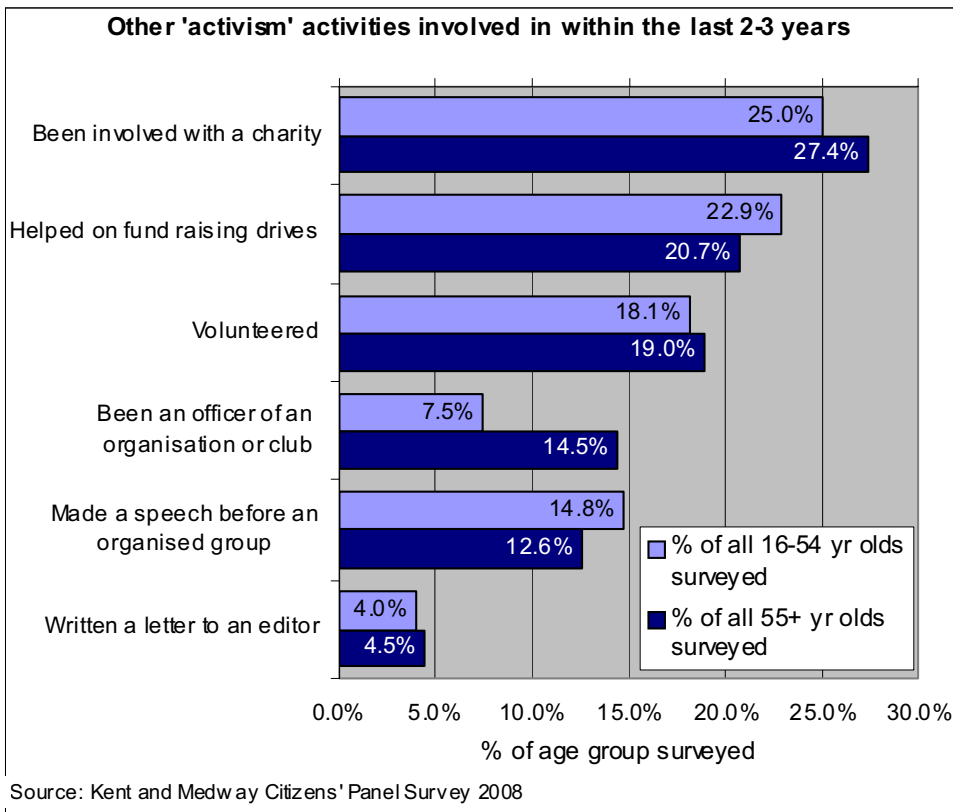


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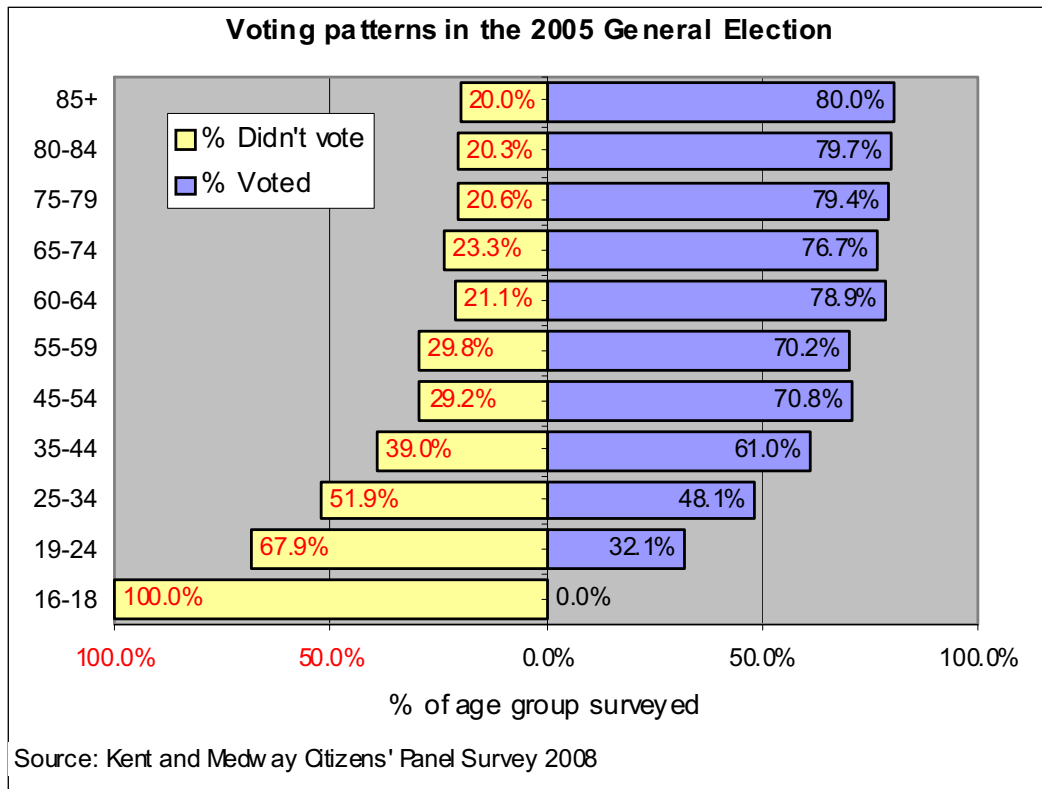


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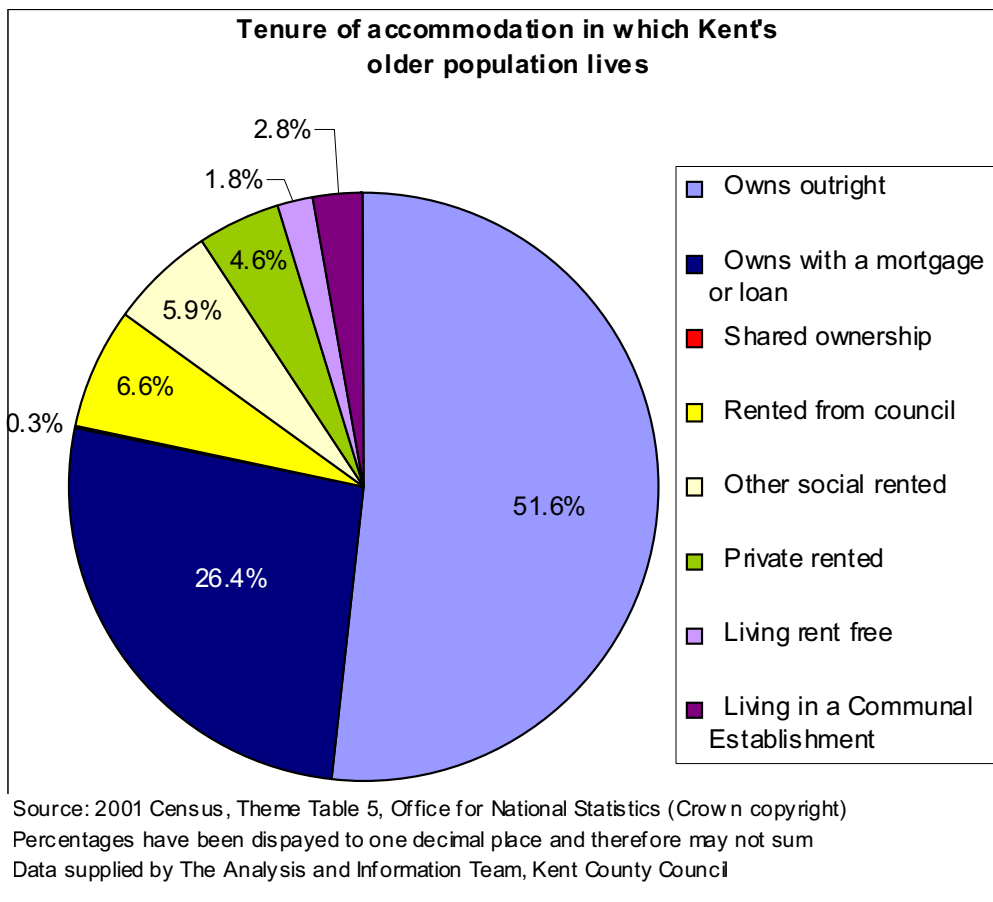


TABLE 5: Percentage of Older Population (50+) by Tenure, Kent

	Total aged 50+	Aged 50-64	Aged 65-74	Aged 75-84	Aged 85+
Owner occupied	78.0%	83.5%	79.0%	69.1%	52.3%
Owns outright	51.6%	41.1%	68.1%	61.8%	47.0%
Owns with a mortgage or loan	26.4%	42.4%	10.9%	7.3%	5.3%
Shared ownership	0.3%	0.3%	0.2%	0.3%	0.3%
Social rented	12.5%	9.3%	14.1%	18.6%	17.1%
Rented from council	6.6%	5.1%	7.4%	9.6%	8.1%
Other social rented	5.9%	4.2%	6.6%	9.0%	9.0%
Private rented	4.6%	5.0%	4.0%	4.2%	4.4%
Living rent free	1.8%	1.2%	1.5%	3.2%	4.2%
Living in a Communal Establishment	2.8%	0.7%	1.2%	4.6%	21.6%

Source: 2001 Census, Theme Table 5, Office for National Statistics (Crown Copyright)

Percentages have been expressed to one decimal place and therefore may not sum

Data supplied by The Analysis and Information Team, Kent County Council

CHART 21

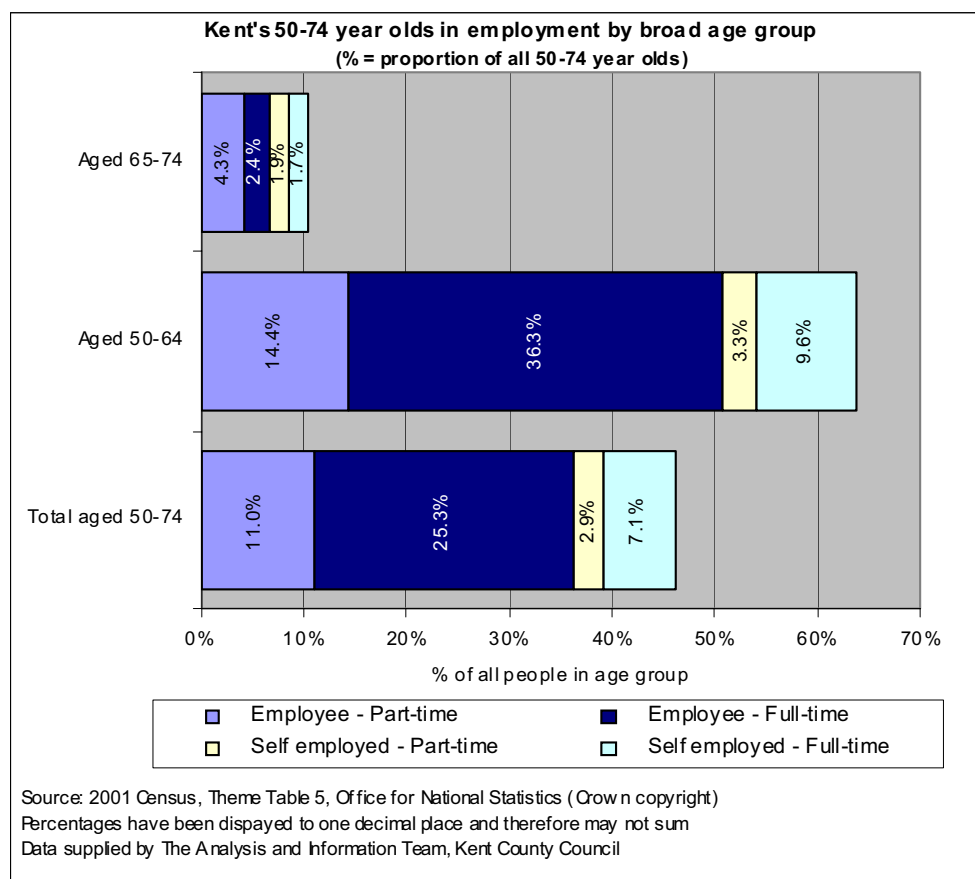


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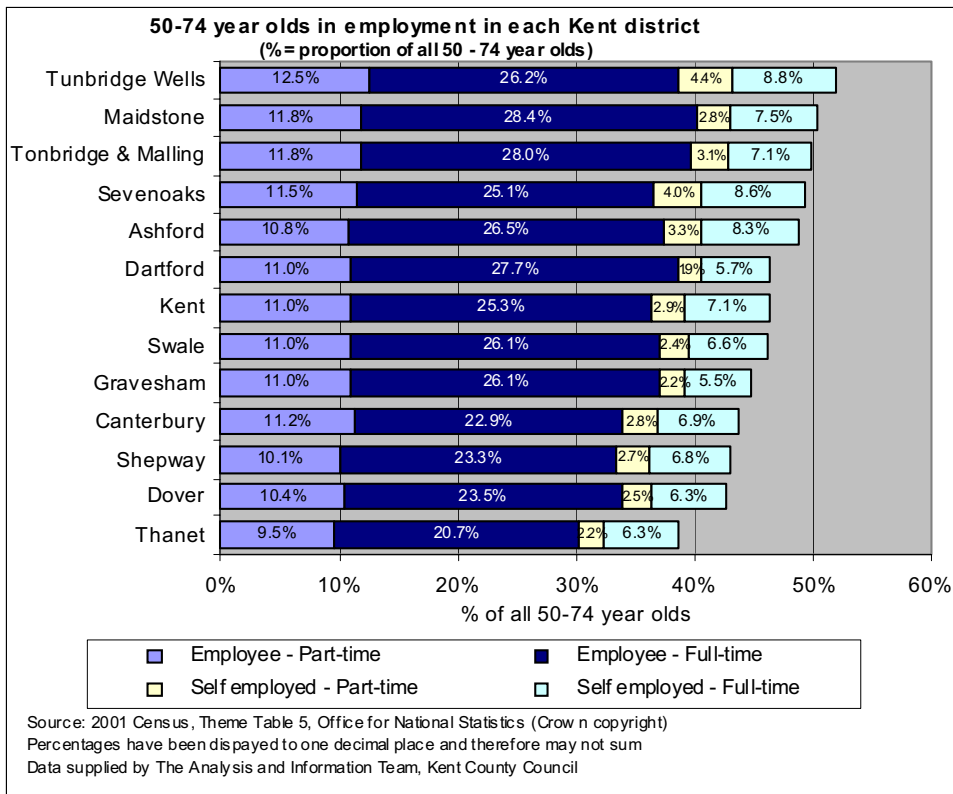


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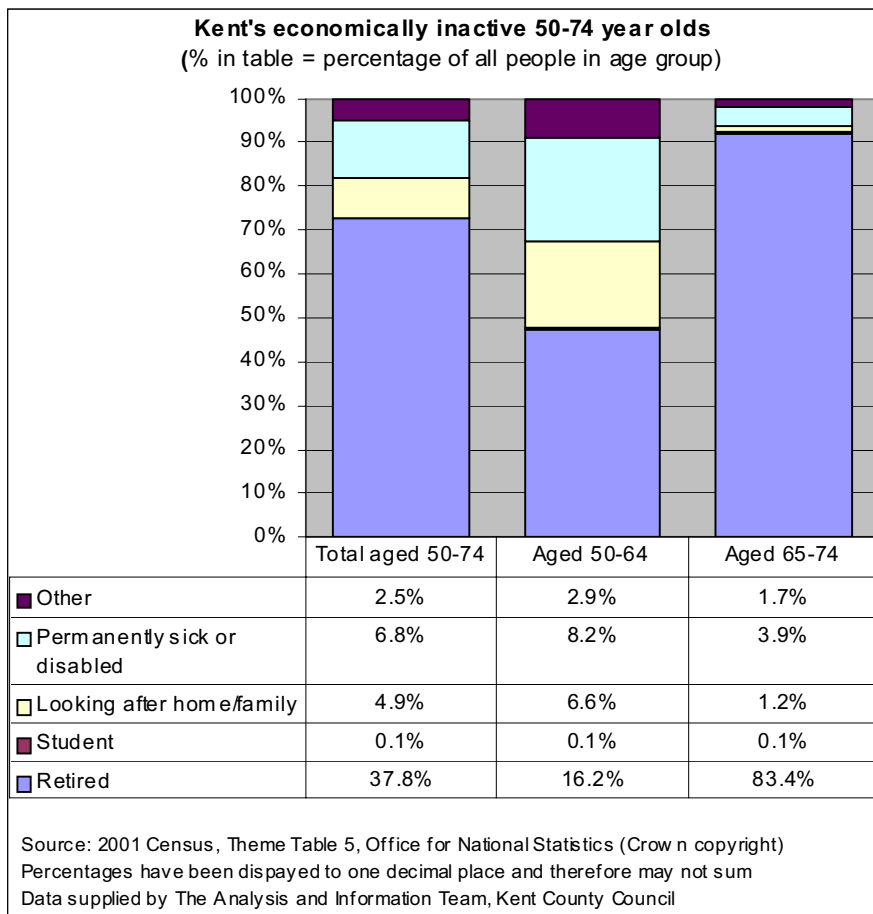


TABLE 6: Older Persons (50+) Claiming Incapacity Benefit, Kent, 2007

	All Claimants (regardless of age)	Claimants aged 50-64		Claimants aged 65+			
		Number	% of all 50-64 yr olds	% of all claimants	Number	% of all 65+ yr olds	% of all claimants
Ashford	3,380	1,410	6.6%	41.7%	30	0.2%	0.9%
Canterbury	5,080	2,290	8.8%	45.1%	80	0.3%	1.6%
Dartford	2,820	1,210	7.9%	42.9%	40	0.3%	1.4%
Dover	4,660	2,240	10.2%	48.1%	90	0.4%	1.9%
Gravesham	3,580	1,520	8.5%	42.5%	40	0.3%	1.1%
Maidstone	4,260	1,770	6.2%	41.5%	70	0.3%	1.6%
Sevenoaks	2,530	1,110	4.9%	43.9%	30	0.1%	1.2%
Shepway	4,520	2,000	9.8%	44.2%	70	0.3%	1.5%
Swale	5,420	2,420	9.7%	44.6%	50	0.2%	0.9%
Thanet	7,040	3,240	12.8%	46.0%	120	0.4%	1.7%
Tonbridge & Malling	2,660	1,180	5.4%	44.4%	40	0.2%	1.5%
Tunbridge Wells	2,800	1,090	5.5%	38.9%	30	0.2%	1.1%
KCC Area	48,750	21,480	8.1%	44.1%	680	0.3%	1.4%
South East	241,930	102,580	6.7%	42.4%	3,400	0.2%	1.4%
England	2,170,080	966,120	10.6%	44.5%	24,500	0.3%	1.1%

Source: Department for Work & Pensions

Table prepared by the Analysis & Information Team, Kent County Council

All data is rounded to the nearest 10

Percentages have been calculated using 2007 Mid Year Population Estimates, Office for National Statistics (Crown Copyright)

TABLE 7: Percent Older Persons (50+) Claiming Disability Living Allowance, Kent, 2007

	Claimants aged 50+		% of age group claiming DLA			
	% of all claimants	% of all 50+ yr olds	Aged 50-64	Aged 65-74	Aged 75-84	Aged 85+
Ashford	50.2%	5.4%	6.2%	6.7%	3.0%	0.4%
Canterbury	53.1%	6.1%	7.3%	7.6%	3.3%	0.7%
Dartford	49.4%	5.8%	6.4%	7.2%	3.5%	0.6%
Dover	56.6%	7.3%	8.4%	9.2%	3.8%	1.0%
Gravesham	49.1%	5.8%	6.4%	7.6%	3.0%	0.5%
Maidstone	48.4%	4.4%	5.0%	5.5%	2.4%	0.3%
Sevenoaks	50.8%	3.8%	4.2%	5.1%	2.4%	0.3%
Shepway	51.8%	6.9%	8.6%	7.9%	3.4%	0.3%
Swale	51.1%	7.4%	8.2%	9.2%	3.9%	0.8%
Thanet	54.7%	8.3%	10.5%	9.9%	4.0%	0.5%
Tonbridge & Malling	50.0%	4.3%	4.8%	5.2%	2.6%	0.4%
Tunbridge Wells	44.9%	3.7%	4.5%	4.1%	1.8%	0.4%
KCC Area	51.5%	5.8%	6.8%	7.2%	3.1%	0.5%
South East	50.2%	4.8%	5.5%	6.0%	2.5%	0.5%
England	56.9%	7.9%	8.5%	10.6%	4.7%	0.7%

Source: Department for Work & Pensions

Table prepared by the Analysis & Information Team, Kent County Council

Percentages have been calculated using 2007 Mid Year Population Estimates, Office for National Statistics (Crown Copyright)

TABLE 8: Percent Older Persons (65+) Claiming Attendance Allowance, Kent, 2007

	Total aged 65+	Aged 65 - 69	Aged 70 - 74	Aged 75 - 79	Aged 80 - 84	Aged 85 - 89	Aged 90 and over
Ashford	13.8%	1.4%	6.0%	12.2%	23.0%	36.2%	57.2%
Canterbury	17.1%	1.9%	6.3%	14.4%	26.3%	45.0%	65.4%
Dartford	14.7%	2.0%	6.2%	12.7%	26.8%	43.0%	64.6%
Dover	16.1%	1.8%	6.9%	13.2%	27.1%	44.7%	65.2%
Gravesham	13.7%	1.6%	6.4%	12.4%	24.3%	39.4%	63.5%
Maidstone	14.1%	1.5%	5.7%	12.2%	24.9%	40.0%	69.1%
Sevenoaks	12.7%	1.5%	4.8%	10.2%	20.6%	37.0%	53.3%
Shepway	16.8%	1.8%	6.7%	12.6%	27.2%	48.1%	72.0%
Swale	14.8%	1.6%	7.3%	13.1%	28.4%	44.2%	65.5%
Thanet	18.6%	2.2%	7.4%	14.9%	28.5%	48.6%	71.6%
Tonbridge & Malling	13.5%	1.5%	5.3%	11.6%	26.0%	39.1%	64.8%
Tunbridge Wells	13.7%	1.1%	5.1%	10.5%	22.6%	35.5%	61.8%
KCC Area	15.2%	1.7%	6.2%	12.7%	25.6%	42.3%	64.9%
South East	14.4%	1.5%	5.5%	11.5%	23.2%	39.1%	60.5%
England	17.4%	2.0%	7.3%	15.7%	30.7%	47.8%	67.9%

Source: Department for Work & Pensions

Table prepared by the Analysis & Information Team, Kent County Council

Percentages have been calculated using 2007 Mid Year Population Estimates, Office for National Statistics (Crown Copyright)