DEMOCRATIC SERVICES
SESSIONS HOUSE
MAIDSTONE
Tuesday, 28 August 2007

To: All Members of the County Council

Please attend the meeting of the County Council in the Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 6 September 2007 at **10.00 am** to deal with the following business. **The meeting is scheduled to end by 4.30 pm.**

1. Declarations of Interest

2. Minutes of the meeting held on 21 June and 24 July 2007 and if in order, to be approved as a correct record. (Pages 1 - 10)

3. Chairman's Announcements

4. Questions

5. Report by Leader of the Council (Oral)

6. Changes to the Constitution (Pages 11 - 20)

7. Live Life to the Full - A Public Health Strategy for Kent (Pages 21 - 82)

8. Informal Member Group "Going Local" - Concluding Report to County Council and Cabinet September 2007 (Pages 83 - 110)

9. Minutes for Approval - Governance and Audit Committee - 29 June 2007 (Pages 111 - 114)

10. Minutes for Information (Pages 115 - 128)

2.15 pm

11. Presentation on Innovation in Social Care - Supporting Independence

12. Motion for time limited debate by Mrs C Angell seconded by Mr C Hart

    "That Council believes that a Children's Trust can only be truly successful if it involves democratically elected Members from the outset."

Peter Sass
Head of Democratic Services and Local Leadership
01622 694002

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KENT COUNTY COUNCIL

MINUTES of a Meeting of the Kent County Council held at County Hall, Maidstone on Thursday, 21 June 2007.

PRESENT:
Mr L B Ridings (Chairman)
Mr P W A Lake (Vice-Chairman)

Mrs A D Allen, Mrs C Angell, Mr M J Angell, Mr A R Bassam, Mr T J Birkett, Mr R H C Bliss, Mr A H T Bowles, Mr D L Brazier, Lord Bruce-Lockhart, Mr J R Bullock, MBE, Mr R B Burgess, Mr C J Capon, Mr A Chell, Mr L Christie, Mr B R Cope, Mr A D Crowther, Mrs V J Dagger, Mr D S Daley, Mr M C Dance, Mr J A Davies, Mrs T Dean, Dr M R Eddy, Mr K A Ferrin, MBE; Mr C G Findlay, Mr M J Fittock, Mr J B O Fullarton, Mr T Gates, Mr G K Gibbens, Mr R W Gough, Mrs E Green, Ms A Harrison, Mr M J Harrison, Mr C Hart, Mr W A Hayton, Mr C Hibberd, Mr P M Hill, OBE; Mr D A Hirst, Mrs S V Hohler, Mr G A Horne, MBE, Mr E E C Hotson, Mr I T N Jones, Mr A J King, MBE; Mr R E King, Mr S J G Koowaree, Mr C J Law, Mr J F London, Mr R L H Long, Mr K G Lynes, Mr T A Maddison, Mr R F Manning, Mr R A Marsh, Mr J I Muckle, Mrs M Newell, Mr W V Newman, DL, Mr M Northey, Mr R J E Parker, Mr R J Parry, Mr R A Pascoe, Mr A R Poole, Dr T R Robinson, Mrs E D Rowbotham, Mr G Rowe, Mr J E Scholes, Mr J D Simmonds, Mr D Smyth, Mrs P A Stockell, Mr R Tolputt, Mrs E Tweed, Mr M J Vye, Mr C T Wells, Mr B P Wood and Mr F Wood-Brignall.

IN ATTENDANCE:- The Chief Executive, Mr P Gilroy, OBE and the Director of Law and Governance, Mr G Wild.

UNRESTRICTED ITEMS

1. Minutes

RESOLVED that the Minutes of the meeting held on 17 May 2007 are correctly recorded and that they be signed by the Chairman.

2. Chairman's Announcements

Mr P Raine, Managing Director Environment and Regeneration

(1) The Chairman informed the Council that this was the last meeting that Mr Raine would be attending prior to leaving the County Council. Various Members paid tribute in respect of Mr Raine's services.

(2) RESOLVED that the County Council places on record its appreciation and thanks for the loyal and efficient service rendered to the Council by Mr Raine.

Lord Bruce-Lockhart

The County Council congratulated Lord Bruce-Lockhart on his appointment as Chairman of English Heritage.

3. Questions

Under Procedure Rule 1.18, 9 questions were asked and replies were given. Question 2 fell as Ms Cribbon was not in attendance at the meeting. 4 questions remained unanswered at the end of thirty minutes and written answers were given.

4. Report by the Deputy Leader of the Council

The Deputy Leader updated the Council on the budget under-spend; the Turner Contemporary; European Business Community Congress; the County Show and the Council's progress on its CPA.

5. KCC Annual Plan 2007-08

(1) Mr A J King MBE moved, Mr K A Ferrin MBE seconded, that the Annual Plan 2007-08 be approved.

(2) Dr M Eddy moved, Mr G Smyth seconded that the following words be added to the recommendation:-

> "and notes the overall high standard of performance and instructs the relevant Managing Directors to present performance improvement plans for all those local and national performance indicators which are in the lower quartile, and below or at the median.**"**

(3) The amendment was put to the vote when the voting was as follows:-

For – 17
Mrs C Angell, Mr T Birkett, Mr L Christie, Dr M R Eddy, Mr M J Fittock, Ms E Green, Ms A Harrison, Mr C Hart, Mr I T N Jones, Mr T Maddison, Mr J I Muckle, Mr R J E Parker, Mr A R Poole, Mrs M Newell, Mr W V Newman, Mrs E Rowbotham, and Mr D Smyth.

Abstain – 4
Mr B R Cope, Mrs T Dean, Mr S J G Koowaree and Mr M J Vye.

Against – 42
Mrs A D Allen, Mr M J Angell, Mr A R Bassam, Mr R Bliss, Mr D L Brazier, Mr J R Bullock, Mr R B Burgess, Mr A D Crowther, Mr M C Dance, Mr J A Davies, Mr K A Ferrin, Mr C G Findlay, Mr J B O Fullarton, Mr W A Hayton, Mr P M Hill, Mr G K Gibbens, Mr M J Harrison, Mr C Hibberd, Mrs S V Hohler, Mr T Gates, Mr R W Gough, Mr G A Horne, Mr E E C Hotson, Mr A J King, Mr J F London, Mr R L H Long, Mr K G Lynes, Mr R F Manning, Mr R A Marsh, Mr M Northey, Mr R J Parry, Mr R A Pascoe, Mr L B Ridings, Dr T R Robinson, Mr G Rowe, Mr J E Scholes, Mr J D Simmonds, Mrs P A Stockell, Mr R Tolputt, Mrs E Tweed, Mr C J Wells and Mr F Wood-Brignall.

Lost

(4) RESOLVED that the KCC Annual Plan 2007-08 be approved.

6. Appointment of Independent Members for Standards Committee

RESOLVED that a new recruitment process for independent people to serve on the Standards Committee and Member Remuneration Panel be undertaken and the terms of office of the existing independent Members be extended until such time as the Council makes new appointments.

7. Standards Committee Annual Report

(1) The Chairman moved, the Vice Chairman seconded, that the report be received and the new draft Code of Conduct for Members be adopted.

(2) Dr M Eddy moved, Mr L Christie seconded, as an amendment that:

"all agenda for meetings of this Council should have as standard on those agenda an item at which all Members can declare or raise any issues concerning possible personal and/or prejudicial interests."

(3) Dr Eddy, with the consent of his seconder and the Council agreed to withdraw this amendment following an assurance by the Deputy Leader that an item on Declaration of Interest would appear on all agenda in the future.

(4) During discussion the Deputy Leader agreed to a request by Mr L Christie that Members' Declarations of Interest be published on the website.

(5) The Council received a presentation by Mr J Ogden, Chairman of the Standards Committee, on the new Code of Conduct.

(6) RESOLVED that:-

(a) the report be received;

(b) an item on Declaration of Interests be placed on all agenda in the future;

(c) Members' Declarations of Interest be included on the website together with their Annual Reports; and

(d) the new draft Code of Conduct for Members be adopted.

8. Tour de France

RESOLVED that the report be noted and event be supported.

9. Minutes for Information

Pursuant to Procedure Rules 1.10 and 1.19A the Minutes of the Planning Applications Committee and Regulation Committee were noted.

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KENT COUNTY COUNCIL

MINUTES of a Meeting of the Kent County Council held at County Hall, Maidstone on Tuesday, 24 July 2007.

PRESENT:
Mr L B Ridings (Chairman)
Mr P W A Lake (Vice-Chairman)

Mrs A D Allen, Mrs C Angell, Mr M J Angell, Mr A R Bassam, Mr T J Birkett, Mr D L Brazier, Lord Bruce-Lockhart, Mr J R Bullock, MBE, Mr C J Capon, Miss S J Carey, Mr P B Carter, Mr N J D Chard, Mr A Chell, Mr L Christie, Mr B R Cope, Ms C J Cribbon, Mr A D Crowther, Mr J Curwood, Mrs V J Dagger, Mr D S Daley, Mr M C Dance, Mrs T Dean, Dr M R Eddy, Mr K A Ferrin, MBE; Mr M J Fittock, Mr J B O Fullarton, Mr T Gates, Mr G K Gibbens, Mr R W Gough, Ms A Harrison, Mr M J Harrison, Mr C Hart, Mr C Hibberd, Mr P M Hill, OBE; Mr D A Hirst, Mrs S V Hohler, Mr G A Horne, MBE, Mr I T N Jones, Mr A J King, MBE; Mr R E King, Mr S J G Koowaree, Mr C J Law, Mr J F London, Mr R L H Long, Mr K G Lynes, Mr R F Manning, Mr R A Marsh, Mr J I Muckle, Mrs M Newell, Mr W V Newman, DL, Mr M Northey, Mr R J E Parker, Mr R J Parry, Mr A R Poole, Dr T R Robinson, Mrs E D Rowbotham, Mr G Rowe, Mr J E Scholes, Mr J D Simmonds, Mr D Smyth, Mr M V Snelling, Mrs P A Stockell, Mr R Tolputt, Mr R Truelove, Mrs E Tweed, Mr M J Vye, and Mr F Wood-Brignall.

IN ATTENDANCE:- The Chief Executive, Mr P Gilroy, OBE and the Director of Law and Governance, Mr G Wild.

UNRESTRICTED ITEMS

1. County Councillors

The Chairman formally reported the election of Mr I S Chittenden as County Councillor for Maidstone North East who filled the vacancy caused by the death of Mrs M E Featherstone.

2. Public Health Strategy

(The following Members made disclosures of personal interest in accordance with Part 2 of the Code of Conduct. Mr P Lake and Mr M Angell as Non-executive Directors of the Kent and Medway NHS and Social Care Partnership Trust, Mr J Fullarton as a Mental Health Manager, East Kent and Mr A Crowther as a Partnership Governor of the Medway Maritime Hospital when new Trust is formed.)

(1) Mr G Gibbens moved Mr M J Fittock seconded the recommendations contained in the report.

(2) Ms A Sutton, Chief Executive, Eastern and Coastal Primary Care Trust, briefly addressed the Council and emphasised the need for a joint commitment to improve health in Kent. She thanked the Council for the opportunity to engage in the day's debate.

(3) The County Council viewed a DVD on "Living Life to the Full" which introduced Kent's Draft Public Health Strategy.

(4) RESOLVED that:-

(a) this Council be committed, at a local level, to working in partnership with the Eastern and Coastal Kent and West Kent Primary Care Trusts and Local Government to secure maximum funding for a Public Health strategy to reduce health inequalities and improve the health of Kent's residents; and

(b) consultation on the draft Public Health Strategy continue prior to the Strategy being presented to Eastern & Coastal Kent and West Kent Primary Care Trust Boards and the County Council for approval and adoption in September 2007.

Carried without a vote

3. Select Committee Report on Personal Social Health Education

(1) Dr T Robinson moved Ms C J Cribben seconded the recommendation contained in the report.

(2) The County Council viewed a DVD on an abridged version of the Channel 4 programme "Let's Talk Sex" and copies of the UK Youth Parliament report on Sex Relationships Education – Are You Getting It?" were circulated in the Chamber.

(3) RESOLVED that:-

(a) the report and the recommendations contained therein, attached as Appendix 1 to these minutes, be approved; and

(b) the Select Committee be thanked for producing a relevant and balanced report.

Carried without a vote

Appendix 1

Recommendation 1

That all those dedicated individuals working to provide young people in Kent with high standard sexual health services be commended.

Recommendation 2

The Committee urges that all key agencies be wholly committed and signed up to the Kent Teenage Pregnancy Strategy in an effort to decrease the rate of teenage pregnancy.

Recommendation 3

The Committee endorses and supports all the efforts of the Kent Teenage Pregnancy Partnership. It recommends expanding the Partnership's reach to all the young people in Kent by further promoting its sexual health services in places young people frequent.

Recommendation 4

The Committee strongly recommends the broad production, promotion and distribution of discreet information on local sexual health services and support.

Recommendation 5

The Committee recommends that all partner agencies involved must facilitate the expansion of the National Chlamydia Screening Programme, to ensure full screening coverage of all sexually active young people in Kent under the age of 25.

Recommendation 6

That GUM clinics must replace appointments with a "walk in" service. The Committee insists that the proportion of Genito-Urinary Medicine (GUM) clinic attenders offered an appointment within 48 hours of contacting the service must reach 100% by 2008.

Recommendation 7

That the number of school nurses working in secondary schools in Kent be increased, and that the number of accessible, confidential and young people friendly sexual health clinics in all secondary schools in Kent be raised by at least one per cluster by 2008.

Recommendation 8

The Committee commends and supports all those working with disengaged, vulnerable young people, and urges the effective re-integration of more young mothers and fathers into school to complete their statutory education.

Recommendation 9

The Committee recommends that all schools in Kent work towards Healthy Schools validation by March 2009, through a process which is all inclusive to parents and governors.

Recommendation 10

The Committee strongly recommends a strategy for a more consistent and systematic Personal, Social and Health Education (PSHE) delivery, that is coupled with more robust assessment and monitoring methods, and that is adopted in all primary and secondary schools in Kent.

Recommendation 11

The Committee urges that the new RE and Citizenship Advisor remains permanently in place to ensure that one advisor is permanently and wholly responsible and accountable for PSHE in Kent.

Recommendation 12

That PSHE certificates for both teachers and nurses be widely promoted and supported. That each school cluster in Kent has a PSHE lead and each secondary school in Kent has at least one PSHE certified teacher. That PSHE awareness be raised through a countywide multi-agency conference, which includes all the decision makers, by March 2008.

Recommendation 13

The Committee strongly urges the County Council to press Government to make PSHE statutory and therefore part of the core curriculum, thereby ensuring that a selection of PSHE lessons are duly observed during inspections by Ofsted.

Recommendation 14

The Committee insists that all secondary schools in Kent ensure access to websites such as “foryoungpeople”, “RUthinking” and “Frank”, and that they provide permanent information on local sexual health services on a visible notice board.

Recommendation 15

The Committee recommends that school governors ensure that strong and consistent sex and relationships education within a PSHE framework is delivered. That SRE be taught appropriately from primary school and by specialist teachers.

Recommendation 16

The Committee strongly recommends that the “relationships” aspect of SRE be emphasised more than the biological aspect, and that, in order to reflect this emphasis, the name “sex and relationships education” be changed to “relationships and sex education”.

Recommendation 17

That the nature of SRE lessons reflects equality of responsibility between boys and girls, and therefore that it has a stronger focus on young men and on their attitudes and responsibilities when negotiating sexual relationships. That it be considered to teach particular aspects of SRE in single-sex groups.

Recommendation 18

The Committee commends that schools encourage greater involvement of both pupils and parents/carers in the planning and evaluation of SRE programmes.

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Question No. 1

COUNTY COUNCIL MEETING

6 September 2007

Question by Ms C J Cribbon to the Chairman of the Cabinet Scrutiny Committee

Would the Chairman of Cabinet Scrutiny Committee outline the lessons he has learnt from scrutiny of the proposal for Kent TV considered at the meeting on 25 April 2007.

Answer

The Council will be aware that the Cabinet Scrutiny Committee, when it met on 25 April 2007, expressed its disappointment that Cabinet had felt itself unable to share information about the proposals for Kent TV more widely among Members. The Committee also asked that a presentation on Kent TV be arranged for all Members by the appointed provider as quickly as possible and accepted the Leader's offer to circulate regular updates on progress.

Members received their first briefing note, dated May 2007, on or shortly after 8 June. A presentation on the subject was held on 16 July.

It would have been quite clear to any observer of the Cabinet Scrutiny Committee that backbench Members of all parties had been excluded from discussions as to the viability and desirability of the Kent TV project and that until 25 April only Members of the Cabinet have received any briefings on this substantial investment.

Questions were also raised on 25 April regarding the governance of Kent TV and the appointment of the proposed Board of Governors. These issues, the appointment of Governors, are as yet to be resolved.

Following the presentation on 16 July, I had a meeting with representatives of TenAlps at which I expressed the views of the Cabinet Scrutiny Members, of members of the public and, as it now transpires, of a former Cabinet Member.

The lessons that I would draw from this are similar to those that one sees so frequently during the scrutiny process – that the administration's initiatives require a greater degree of forethought that they actually receive.

Question No. 2

COUNTY COUNCIL MEETING

6 September 2007

Question by Dr M R Eddy to the Leader of the County Council

Would the Leader of the Council inform Members how many Ombudsman's enquiries are currently being carried out into the business of this Council and can he provide a breakdown by Directorate?

ANSWER

As Dr Eddy will know, detailed statistics on complaints to the Local Government Ombudsman against the County Council are reported to the Governance and Audit Committee every 6 months. The most recent report went to the Committee on 29 June and this set out the position up to 31 March 2007.

Between then and 31 August, 79 more complaints about the County Council have been made to the Ombudsman. The Directorate breakdown of these complaints is as follows:-

Chief Executive's	1	
Children, Families and Education	58	(but 50 of these were about school admission appeals, not unusual for this time of year)
Communities	0	
Environment and Regeneration	14	
Kent Adult Social Services	6	

Question No. 3

COUNTY COUNCIL MEETING

6 September 2007

Question by Mr T J Birkett to the Cabinet Member for Environment, Highways and Waste

Would the Cabinet Member for Environment, Highways and Waste inform the Council of the number of orders for new vehicles placed and then withdrawn in the current financial year so far, and if they were withdrawn, why?

Answer

There have been no orders placed to date for new vehicles in KHS in the current financial year. There is the intention to buy 60 highway inspector vans in three tranches over the next six months.

Question No. 4

COUNTY COUNCIL MEETING

6 September 2007

Question by Mr L Christie to the Cabinet Member for Adult Social Services

Would the Cabinet Member for Adult Social Services please inform the Council how many responses he has received to the consultation on changes to domiciliary care charges and how many of these responses have been favourable to the proposed changes?

ANSWER

The collation and analysis work on the outcome of the consultation, on the proposed changes to the Charging Policy for Home Care and other non-residential services is near completion. The report on the consultation will be attached to the Key Decision report which will be submitted for my consideration on 7 September 2007. In line with the decision-making process copies will be sent to the Chairman and Spokesmen of Cabinet Scrutiny Committee and made available for public inspection. Copies will also be made available to all County Council Members.

On the issue of changes to domiciliary care charges I can confirm that of the 9000 questionnaires despatched there were 2294 responses. In relation to proposal number one – to increase from 65 to 85 the percentage of available income to work out a person's charge - 1222 (53%) either agreed, gave no reply, neither agreed or disagreed or did not know. 1072 people (47%) disagreed with the proposal.

KCC is committed to maintaining the eligibility criteria at a level that would not disadvantage those people who need a moderate level of support.

KCC has many tough decisions to make in delivering excellent social care to as many as possible.

We have looked at other authorities and we compare well against them as many are at 100% of residual income. We are broadly in the middle of the pack with the rate at an average of 85 – 90%.

Question No. 5

COUNTY COUNCIL MEETING

6 September 2007

Question by Mr M J Vye to the Cabinet Member for Regeneration and Supporting Independence

Will the Cabinet Member for Regeneration and Supporting Independence identify the parishes in Kent where standard access to Broadband is not available, and give the Council the combined population figure for these parishes?

Answer

All 127 telephone exchanges are now broadband enabled, so there are no parishes where broadband is not available. However, there are individual properties in many parishes where broadband is not available due to the condition of the local loop.

The Council's Connecting Kent programme (an MTFP initiative) has identified Kent's problem areas - known as "not spots" – and has asked BT to investigate them, let us know what the issues are and how they will be solved. Although State Aid rules and limited budgets mean KCC cannot directly resolve all such issues the Council has indicated that a grant process open to all suppliers will be considered, targeted at communities considered a priority. In 2006/7 this grant process was used to fund the broadband enablement of the last three Kent telephone exchanges - Elmsted, Milstead and Selsted.

Question No. 6

COUNTY COUNCIL MEETING

6 September 2007

Question by Mr D S Daley to the Cabinet Member for Environment, Highways and Waste

I have received complaints from constituents regarding £1,000 fee cheques for kerb crossovers installation that have been cashed by KCC, despite, when applying to the appropriate department, assurances that cheques will be held by the County Council until the work is actually in hand. Residents have been waiting for over 2 months for the works to be completed.

Will the Cabinet Member for Environment, Highways and Waste inform the Council how many Kent residents' cheques have been cashed in advance of the crossover installation works, why has the stated agreement to hold cheques until the work is "in hand" been over-ridden and whether KCC intends to compensate these residents?

Answer

Under the new Road and Streetworks Act we are required to check on the location of statutory undertakers plans before issuing a works order. This process normally takes six weeks.

The current procedure has always required that cheques are banked upon receipt. Assurances to the contrary should not have been given by any member of staff. Staff have been reminded about this requirement.

Nevertheless can I take the opportunity to apologise to anyone who has been misled and I will look into any specific case which has been brought to my attention.

In future, residents' cheques for the construction costs and inspection fee will not be sought until the utility checks have been confirmed.

Question No. 7

COUNTY COUNCIL MEETING

6 September 2007

Question by Mr J Law to the Cabinet Member for Regeneration and Supporting Independence

The Government have instructed Post Office Ltd. to close 2,500 post offices based on measures of public usage.

These measurements will again put pressure on the existence of post offices especially in rural areas where they not only give post office services to residents but also subsidise other essential service provision.

Would the Cabinet Member for Regeneration and Supporting Independence assure this Council that within the County of Kent we are making every effort to retain essential post office services presently available to our rural residents.

Also will he assure residents that KCC Service Centres are used where ever possible to help subsidise the provision of post office services locally, particularly in rural areas?

Answer

Kent County Council is very concerned about the impact that the proposed implementation of the Network Change Programme in Kent by Post Office Ltd will have on Kent's communities and businesses.

At this stage, Post Office Ltd have not published their area plan for Kent, which we understand is the first County, to go through this process, but we have a number of concerns about the way that the network change process is being implemented. These include:

- the timescale for this restructuring is too short to create a sustainable network for the future
- the proposed six week public consultation period is unacceptable
- appropriate levels of funding are not in place to set up alternative arrangements where a post office is identified for closure
- impacts on local business (especially rural shops and small businesses) and the environment have not been taken into account.

This short and rushed time frame is also not conducive to Post Office developing integrated, new service delivery models with other partners – such as linking up with KCC's Gateway initiative. We have made these views known in the KCC response to the former DTI's consultation on the Network Change Programme in March.

In response, KCC will be:

a) Seeking to launch a campaign to encourage Kent's businesses and communities to support our Post Offices – and articulate our above concerns.
b) Working with partners to develop a number of two dedicated workstreams to support affected rural retailers and communities affected by rural closures.
c) Exploring opportunities to link up with KCC's Gateway's Strategy – and especially those afforded with the roll out of mobile gateways.

Question No. 8

COUNTY COUNCIL MEETING

6 September 2007

Question by Mr M J Harrison to the Cabinet Member for Environment, Highways and Waste

Would the Cabinet Member for Environment, Highways and Waste update the Council on KCC's approach to the proliferation of advertising hoardings which are appearing at an alarming rate in the fields alongside our county's very busy road network.

I would draw his attention to one particularly bad area which is on the hillside to the left of the roundabout at the junction of the A249 and the M2, this now has at least five different signs in place. The latest one, which has only just appeared, is attached to an elderly 4x4 vehicle which I am given to understand bypasses one section of the planning regulations. Can he please explain if this is in fact true and are Kent's roadside fields to become like the depressing state of affairs in parts of Essex?

Answer

Enforcement of items, articles, signs, etc erected on private land is an issue for the local Planning Authority i.e. District/ Borough Councils. The Highway Authority can only intervene when such items/signs are erected on highway land or when they are deemed to have an adverse impact on highway safety. The advertising signs referred to are in private land and therefore are an issue for Maidstone Borough Council. We have passed issue to the planning enforcement team at Maidstone Borough Council for action.

Question No. 9

COUNTY COUNCIL MEETING

6 September 2007

Question by Mr J F London to the Cabinet Member for Operations, Resources and Skills CFE

Would the Cabinet Member for Operations, Resources and Skills CFE, please explain why County Members will not be able to represent their constituents at education admission appeals next year.

ANSWER

The School Admission Appeals Code, issued by the Department for Education and Skills, requires Admission Authorities to act in accordance with the provisions, requests and guidelines set out in the Code.

The current Code states that parents should be allowed to be accompanied by a friend, adviser or interpreter. The Code goes on to advise that it is not good practice for the parent's "friend" to be a member of the Council or a local politician, as this may lead to a conflict of interest for them. At the moment this is only advisory and some County Members do still choose to represent their constituents at education admission appeals. However, a revised Schools Admission Appeals Code is due to be laid before Parliament in January 2008 and, if passed, will take effect from 1 March 2008. One of the proposed amendments in the new Code is that it will be a mandatory requirement that the parent's friend or adviser **must not** be a Member of the Council, a member of the Admission Authority, or a local politician. The new Code again states that this may lead to a conflict of interests and adds that it may place undue pressure on the Panel. Therefore, if the new Code does become legislation next year, it will be illegal for County Members to be able to represent their constituents at education admission appeals.

Question No. 10

COUNTY COUNCIL MEETING

6 September 2007

Question by Mr I Chittenden to the Cabinet Member for Environment, Highways and Waste

Would the Cabinet Member for Environment, Highways and Waste explain why the scheme to improve safety by extending the existing 20mph zone into Hilary Road in Maidstone to include St Paul's School, under the Safer Routes to School' scheme, has been withdrawn; advise what alternative action will be taken without further delay to improve safety for parents and children; and advise when the original scheme is likely to be restored to the works programme, as Hilary Road is a road with sharp bends, narrows down effectively to one lane due to parking and is heavily used by cars and commercial vehicles?

Answer

The North Maidstone Safer Routes to School scheme (which includes Hilary Road and the area around St Paul's School) has, along with all other schemes that are bids for Local Transport Plan funding, been subject to the new priority rating process (called Pipkin). This assesses all bids on a countywide basis against the national and local policies that guide the LTP system. The rating of the North Maidstone scheme fell below the threshold for funding in the programme for the next financial year (2008/09). Although it a worthwhile proposal, there are other schemes that have achieved a higher rating. The programme for 2008/09 will be reported to the Highways Advisory Board in September, and then on to the next cycle of Joint Transportation Boards. The Maidstone JTB will receive a report on the outcome of the Pipkin process, which will include information about the rating of those Maidstone schemes that were assessed but fell below the funding threshold. It is not possible to give an advance commitment to fund the North Maidstone scheme, as the programme will be re-assessed annually, and the works programme in each future year will depend on the level of funding available and the relative priorities of all the countywide bids.

In terms of alternative action, our records show that that there have been no injury crashes recorded in the vicinity of the School in the last three years, so that no formal safety problem has been identified, but officers would be happy to discuss any potential minor improvements to signs or road markings that might alleviate the local concern.

Question No. 11

COUNTY COUNCIL MEETING

6 September 2007

Question by Mr G Koowaree to the Cabinet Member for Adult Social Services

In view of increasing concerns about abuse, both physical and financial, to older people, would the Cabinet Member for Adult Social Services please state whether there has been an increase in domiciliary care protection cases or complaints from clients, explain the current system of checks on home care assistants and advise if there are any plans to strengthen those checks?

Answer

Reports of the number of vulnerable people abused in their own homes have increased slightly. This is as a result of improved public awareness and the confidence people have in KCC that we will take action.

The current system of checks includes:

- Enhanced CRB checks of Home Care Assistants
- Inspection of Domiciliary Care Providers by CSCI
- Monitoring by KASS staff
- Families able to access information about the quality of providers via CSCI and KASS online websites

Plans to strengthen the system involves:

- KASS working with CSCI to improve their Red Flag system so that KCC staff are notified at an early stage when problems occur
- Better reporting of information to identify the abuser ie care assistant or relative
- Introduction of the national Vetting and Barring Scheme in October 2008 should also provide better safeguards
- CSCI Star Rating system for all registered social care providers in 2008
- Implementation of the Mental Capacity Act 2005 will bring into force a new offence of neglect and abuse

By: Chairman of the Selection Committee

To: County Council – 6 September 2007

Subject: Changes to Constitution

Summary: The County Council is asked to consider proposed recommendations to amend the Procedure Rules applying to meetings of the County Council.

FOR DECISION

Introduction

1. At its meeting on 6 July 2007, the Selection Committee considered a series of recommendations put forward by the Informal Member Group: Going Local which, if approved by the Selection Committee and County Council, would require amendment to the Procedure Rules as set out in Appendix 4 Part 1 of the Constitution. A copy of these Procedure Rules is attached as **Appendix 1**.

Procedure Rule 1.34(1)

2. (1) The Council is reminded that when it met on 17 May 2007 it referred back to the Selection Committee for further consideration the proposed amendment to the wording of Procedure Rule 1.34(1):

> "The text of any written motion or amendment must be given to the Clerk by 10 am on the morning of the meeting. If it is not, the Chairman may rule that it falls. Any proposed motion/amendment to be treated in confidence by the Clerk"

(2) After further consideration the Committee recommend that no amendment should be made to Procedure Rule 1.34(1) because the proposal could restrict members during the course of debate.

Changes to Procedure Rules Applying to Meetings of the Council proposed by the Informal Member Group: Going Local

3. After consideration of the suggestions put forward by the Informal Member Group: Going Local, the Committee unanimously recommend to the Council that:

(a) the number of Council meetings to be held each year should be increased by one (normally to take place in April)

(b) Council meeting finish times should be extended from 4:00 pm to 4:30 pm

(c) the time permitted for time limited debate be increased from 30 minutes to 45 minutes

(d) no speech on items for time limited debate should exceed 3 minutes in length.

4. In addition, the Selection Committee unanimously expressed the following views:

(a) the idea of a public question time at full council meetings should not be pursued for the time being

(b) Members' Questions should be subjected to rigorous checking to ensure that they comply with the rules of the Constitution – those that do not comply should be rejected.

RECOMMENDATION

5. That the Council approve the recommendations of the Selection Committee as set out in paragraph 3 above and agree to the necessary changes being made to Procedure Rules.

If these recommendations are agreed by the County Council they will come into effect from 18 October 2007.

Mrs P A V Stockell
Chairman, Selection Committee

Background Information: *Include ALL background information taken into account in preparing the report. (This does not include previous Committee Reports)*

Appendix 4 Part 1:
Rules applying to Council Meetings
Definitions

1.1 "Chairman" means the Chairman of the Council or the Member presiding at the meeting of the Committee or Sub-Committee.

"Clerk" means an officer appointed for that purpose by the Monitoring Officer. "Political group" means a group formed under Section 15 of the Local Government and Housing Act 1989.

1.2 The Chairman's ruling on the meaning or application of these Procedure Rules or any other aspect of the proceedings of a Council or Committee meeting cannot be challenged.

1.3 The Chairman may give any directions he considers appropriate to deal with an emergency or ensure compliance with these Procedure Rules or a resolution of the Council related to them.

Planning of the Council Meeting

1.4 The Council normally meets in County Hall, Maidstone, on such days as it determines. In particular, it will meet:

(1) during February each year to consider the Budget and set the rates of Council Tax

(2) during May each year as its annual meeting

(3) normally during September, October/November and December each year

(4) additionally during April in each County Council election year.

1.5 Meetings normally begin at 10:00 am.

1.6 If a meeting cannot begin or has to cease because there is no quorum, it shall be reconvened at a date and time to be decided by the Chairman.

1.7 The Chairman may vary the day, time and place of a meeting or convene an additional meeting if he considers it necessary, after consultation with the political group leaders.

1.8 (1) The Chairman, allocates seats at Council meetings to each Member. Members must sit in their allocated seat.

(2) Members attending Council meetings must sign an attendance list.

1.9 The Clerk summons all Members to meetings by sending an agenda and accompanying papers to each Member's nominated address. The agenda and papers are normally sent out at least seven clear days before the meeting.

Agendas for Meetings

1.10 The agenda for each meeting, except the Budget meeting, will include:

(1) minutes of the previous meeting for approval and signing

(2) an item for questions to be asked by Members

(3) reports on items for decision

(4) policy items for discussion referred by a Policy Overview Committee or the Leader prior to the preparation of final proposals

(5) reports by the Leader, the Cabinet, the Cabinet Scrutiny Committee, Policy Overview Committees, the Health Scrutiny Committee or Select Committees

(6) one item for full debate

(7) up to three items for time-limited debate

(8) minutes of the Planning Applications and Regulation Committees for information only

(9) minutes of the Governance & Audit Committee for time-limited debate

(10) any other relevant reports or papers.

1.11 The Chairman determines the topic of the item for full debate, the order of items and a timetable for each Council meeting after consultation with the political group leaders.

1.12 (1) The Council adjourns for lunch at a convenient point after 12:45 pm decided by the Chairman. The lunch adjournment will not exceed an hour and a quarter.

(2) Each meeting shall end by 4:00 pm unless otherwise agreed by the Council by a vote without a debate. Any recommendations by the Leader or the Cabinet that have not been dealt with at the end of the meeting shall be deemed to have been agreed as recommended. Any other motions or recommendations that have not been put to the vote fall.

1.13 The agenda for the Budget meeting is limited to:

(1) questions

(2) consideration of the Leader's recommendations for the Budget, Capital Programme, Borrowing Policy, Council Tax and the limits defining key financial decisions

(3) other items the Chairman agrees be taken as urgent.

1.14 Additional (extraordinary) meetings, including meetings requisitioned by groups of Members under Schedule 12 of the Local Government Act 1972, will only consider the items of business for which they have been called and any other items the Chairman considers appropriate.

Quorum

1.15 The quorum for a meeting of the Council is 21 Members.

Chairman and Vice-Chairman

1.16 (1) The Chairman and Vice-Chairman of the Council are elected at the annual meeting of the County Council. They remain in office until the election of their successor, they resign or the Council vote their removal. In the latter two cases, an election for their successor should be held as soon as possible.

(2) No Member, who has a personal or prejudicial interest (as defined in the Code of Member Conduct) in any matter being considered by the Council, may preside at a meeting while that matter is under discussion.

(3) If neither the Chairman nor Vice-Chairman is present or able to preside, the Council shall elect another Member to preside for that meeting or item.

Minutes of Council Meetings

1.17 The Chairman asks the Council to agree the minutes of the previous meeting as a true record. No discussion may take place except on their accuracy.

Questions

1.18 (1) Any Member may ask one question at each meeting. Questions must be signed and delivered to the Clerk before 5:00 pm on the Friday before the meeting. The Clerk gives each question a number and informs the Member of this number and records the time of receipt.

(2) Questions must not:

(a) ask for information already in the Member's possession or which has been published to Members either in a Committee report or otherwise

(b) be about something that is outside the responsibilities or powers of the Council

(c) criticise the motives or personal character of any Member or employee of the Council.

(3) The Chairman can decide that a question shall not be asked or answered if it would not be in the public interest or on any other reasonable ground.

(4) Questions will be called in their numbered order and be answered in the order they are received by the Clerk unless the Chairman decides otherwise.

(5) If the questioner is not present when called by the Chairman, the Chairman shall call the next question.

(6) Answers to questions will be given by the Leader, the relevant Cabinet Member, Committee Chairman, the Member nominated by the Police or Fire Authorities or by another Member designated by the Chairman of the Council.

(7) The Member giving the answer has discretion as to the content of the reply and how it is given. In particular, he may decline to answer in full if this would involve an unreasonable amount of work or cost, or be contrary to the public interest. All oral answers to questions should be brief and relevant, with any detailed background or statistics given in writing.

(8) After the answer has been read out the questioner may put one supplemental question in order to clarify a point given in the answer.

(9) After the Council meeting, a copy of the question and the answer will be given to the Member asking the question and made available to all other Members of the Council.

(10) Questions that have not been answered before the end of the 30 minutes allowed will not be called but all questions will be answered in writing.

Reports on matters for decision or debate

1.19 The Chairman shall normally call on the Leader, relevant Cabinet Member or Committee Chairman to move any recommendation in a report before the Council with or without such amendment as that Member thinks fit.

Leader's Report

1.20 (1) The Leader may make an oral report on key issues arising since the last meeting.

(2) The Leader of the Opposition and the other political group leaders may comment on the Leader's report, but no other Member may speak except with the consent of the Chairman.

(3) The Leader has a right of reply to any comments made on his report.

(4) No motions may be moved nor resolutions passed under this item.

(5) The Leader's report shall not exceed ten minutes; his reply shall not exceed two minutes; and other speeches on this item shall not exceed seven minutes in length, except with the consent of the Council, which shall be given or refused without debate.

Item for Full Debate

1.21 (1) The Chairman, in consultation with the political group leaders, shall determine the topic of the item for full debate at each meeting.

(2) Each debate will be on the basis of a motion proposing an outcome (e.g. that the Council notes the information presented to it, or takes some specified action).

Items for Time-Limited Debate

1.22 (1) Each political group may place a motion on the agenda for time-limited debate by giving notice (including the written consent of a seconder) to the Clerk at least fourteen days before the meeting. The motion must relate to the work of the Council or to a matter of concern to the County of Kent. The Clerk shall place all such items on the agenda in the order that they are received.

(2) Debate on each motion shall not exceed thirty minutes.

Minutes of Governance & Audit, Planning Applications and Regulation Committees

1.23 (1) The Clerk shall include in the agenda for ordinary meetings of the Council the minutes of every meeting of the Governance & Audit, Planning Applications and Regulation Committees that have taken place since the previous meeting.

(2) Exempt minutes will not be submitted; instead, the Clerk shall include the written summary of proceedings prepared under section 100C(2) of the Local Government Act 1972 for public inspection.

(3) Debate on the minutes of the Governance & Audit Committee shall not exceed 15 minutes.

(4) The minutes of the Planning Applications and Regulation Committees are submitted to the Council for information only. No discussion shall be permitted on any such minute.

Motions and Amendments

1.24 (1) Motions, amendments and recommendations must be worded so that, if they are agreed by the Council, they can be passed as a valid resolution. If a motion, amendment or recommendation is not so worded, the Chairman may instruct the Clerk to omit it from the agenda or rule that the motion or amendment be not put.

(2) If a motion:

(a) proposes to rescind the whole or part of any resolution passed by the County Council or a Committee in the preceding six months; or

(b) has the same effect as a motion which has been rejected by the Council in the preceding six months; or

(c) has been proposed in Council but not seconded in the preceding six months; it must be signed by at least 22 Members before it can be accepted.

(3) If any such motion is considered and rejected by the Council or falls at the end of debate, no motion to the same effect can be proposed for a further 12 month period. At the end of that further period, a motion to the same effect as that rejected or fallen may only be accepted if it is signed by 32 Members of the Council.

(4) This Procedure Rule does not apply to any motion proposed by the Chairman or the Leader or to any motion proposed by a Member moving the recommendation of a Committee to the Council.

Voting at meetings of the County Council

1.25 (1) Whenever a vote is required at meetings of the Council it will be taken using the electronic voting system.

(2) Members are not entitled to vote unless their own cards have been inserted into their delegate unit so that their names and presence in the Council Chamber can be registered by the system.

(3) Any vote cast from a delegate unit other than a Member's own is not a valid vote unless the Chairman is satisfied that a Member's delegate unit is not in working order and/or has directed that a Member sit in a seat other than his own and use another delegate unit.

(4) Before a vote is taken the Chairman shall announce that a vote is to be taken and the division bell shall be rung for 60 seconds unless the Chairman is satisfied that all Members are present in the Chamber.

(5) 20 seconds will be allowed for electronic voting to take place.

(6) The Chairman shall announce that the vote is closed and declare the result.

(7) The Clerk shall make the record of how votes were cast available for Member and public inspection and record in the minutes how each Member voted.

(8) If the votes for and against are equal, the Chairman shall immediately declare if he is using his casting vote and, if so, whether for or against the proposal.

(9) If the electronic voting system is not in working order, or the meeting is not taking place in the Council Chamber, Members shall vote by show of hands. Immediately before or after a vote is taken, ten Members may require a written ballot be conducted by rising in their places. The written ballot shall use forms distributed and collected by the Clerk.

1.26 No vote or debate shall be allowed on earlier business once the Council has proceeded to the next business.

Conduct of Debate

1.27 If the Chairman rises during a debate any Member then standing shall resume his seat and all Members except the Chairman shall be silent.

1.28 (1) When speaking Members must stand.

(2) Members may speak only when called by the Chairman.

(3) Members must address all their remarks to the Chairman.

(4) Speeches must be relevant to the matter under discussion, must not be unnecessarily repetitive, use unbecoming language, question the motives of any other Member, make personal comments about another Member, criticise an officer of the Council nor commit or incite any breach of order. The Chairman may call the Member to order for doing any of these things and may direct him to stop speaking.

(5) If a Member disregards the authority or ruling of the Chairman or behaves irregularly, improperly or offensively or wilfully obstructs the business of the meeting, the Chairman may propose that the Member leave the meeting.

(6) The Chairman will immediately seek for that motion to be seconded by another Member; if seconded, the motion is put to the vote without discussion.

(7) If the motion is carried, the named Member must leave the room for the remainder of the meeting or until the Council agrees, by vote taken without debate, he may return.

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By:	Graham Gibbens – Cabinet Member for Public Health
To:	County Council – 6 September 2007
Subject:	Live Life to the Full – A Public Health Strategy for Kent
Classification:	Unrestricted

Summary: The final version of the Public Health Strategy for Kent has been written.

FOR INFORMATION

1. Introduction

The first strategy for public health in Kent has been produced following the permanent appointment of the Joint Director of Public Health between the Eastern Coastal and West Kent Primary Care Trusts and Kent County Council.

2. Report

(1) As a first strategy it brings together the elements of public health that are currently being delivered by a variety of organisations across Kent. It will form the basis for discussions about how public health in the county needs to develop further and in particular how public health priorities should be reflected in the next round of strategic plans for both the county council, e.g. LAA2, after 2010, and the NHS.

(2) The final version of this strategy is attached. It follows ongoing consultation with key stakeholders within KCC, District Councils, the NHS and more widely. All KCC directorates, NHS colleagues and district councils continue to be involved in developing the use of this document so that it can be taken to the wider public as the foundation of consultation on the various elements of public health and the priorities for action.

3. Recommendation

County Council Members are asked to agree the Strategy.

Meradin Peachey
Director of Public Health
Ext: 4293

Mark Lemon
Policy Manager
Ext: 4853

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Live Life to the Full

A Strategy for Public Health in Kent

2007/ 2008

Ashford Borough Council

Dartford Borough Council

Gravesham Borough Council

Sevenoaks District Council

Swale Borough Council

Tonbridge And Malling Borough Council

Canterbury City Council

Dover District Council

Maidstone Borough Council

Shepway District Council

Thanet District Council

Tunbridge Wells Borough Council

Eastern and Coastal Kent NHS Primary Care Trust

West Kent NHS Primary Care Trust

Kent County Council

Executive Summary

Good health is what we all aspire to, for ourselves, our families, carers, friends and communities.

Each person's health is affected by many factors, including our social circumstances, the environment, and our genetic makeup.

Public health is affected by health and social care professionals, organisations, government, the voluntary sector and communities. Business and industry have a major and increasing role to play.

As a speciality, Public Health has three components, health protection, health promotion and health care quality.

We can celebrate good health overall for people in Kent. However, this masks a number of local communities and families that do not enjoy such good health. We need to understand better why this is, especially the differences between wards in our districts.

The county's Primary Care Trusts, Kent County Council and the District Councils are jointly committed to improving the health of people in Kent and reducing inequalities in health. These organisations have many public health targets and actions to fulfil, some from government and some agreed with local people.

This strategy is being used to consult on the public health targets for the Local Area Agreement that runs until 2008. We recommend that – together with the public – we focus on six important public health priorities until October 2008. At that time, we will have an opportunity to set more or different public health outcomes with Government in a new Local Area Agreement.

The recommended priorities are:

1. Reducing health inequalities significantly

Variations in life expectancy between people living in different electoral wards in Kent range across 17 years. Programmes to regenerate the communities and increase the economic wealth and average income levels are just as important as healthy lifestyles.

2. Improving children's mental health and wellbeing

There are worrying trends in childhood obesity, mental health and educational achievement in some areas, as well as large numbers of children still living in poverty. Action is not simple. There are responsibilities of parents, carers and communities, as well as public services, in addressing these issues.

- *Kent County Council will keep encouraging all schools to reach the healthy school standards to improve nutrition and physical activity amongst children*
- *District councils will promote a wider range of options for physical activity in schools, local leisure centres and the private sector*
- *Primary care trusts will monitor child obesity levels and support good nutrition in the early years through health visitors and midwives*

3. Improving sexual health and reducing teenage pregnancies

Are young people equipped to be making healthy choices in life? Some of the issues facing them are: trends in teenage pregnancy and binge drinking, as well as the rise in sexual health diseases and mental health problems.

- *Kent County Council will arrange media campaigns that reflect the lives of young people and its youth services will advise young people about sexual health services*
- *Primary care trusts will develop young people's sexual health services in accessible places like town centres and nurses will communicate with young people via texting*

- *District councils will support healthy living centres for young people and provide computers for young people to use to find out about the consequences of some sexual behaviour, binge drinking and risks to their mental health*

4. More adults living healthier lives and preventing more disease

In the adult population, preventable diseases like cancer and coronary heart disease are reducing but not as fast in some of Kent's communities as in others.

- *Primary care trusts will extend the NHS stop smoking service to schools, council buildings, and the private sector*
- *Kent County Council will encourage its own staff to stop smoking*
- *District councils will run stop smoking services in their own facilities and promote a greater range of physical activity options*

5. Enabling more older people to live at home with chronic disease

People are living longer so a growing proportion of the population is over 65. Increasingly, older people spend many years living with at least one long-term health condition, such as heart disease or high blood pressure. They want to continue to live independently at home for as long as possible and to enjoy quality of life there or, if necessary, in a care environment – so it is crucial they have good quality services available when they need them. This has a big impact on health and social services in particular.

- *Kent County Council will drive the introduction of telehealth so people can be monitored by their family doctor at home*
- *Primary care trusts will continue to develop services in the community and at home to prevent unnecessary admissions to hospital and to assist early discharge back home for those who are admitted*

6. Reducing substance misuse and excessive alcohol drinking

Many public health issues arise from alcohol misuse, including the night time economy, binge drinking, violence on the streets and in the home, drug abuse, teenage pregnancies and sexual health diseases.

- *Crime and Disorder Partnerships have plans to control the night time economy and a new data collection system for use in A&E is being used to better identify how policing can support specific areas*
- *A Kent County Council alcohol select committee is investigating the problem and possible solutions*
- *There are innovative drugs programmes in all schools. Through theatre, young people are working with their peers and designing their own programmes*

This strategy outlines numerous action plans and targets to improve the health and wellbeing of people in Kent and concludes that these six priority outcomes will make the biggest difference.

Preface

This strategy brings together the public health plans and activities of Primary Care Trusts and Local Authorities and is a joint commitment from them to the public, to improve the health of Kent residents.

It clarifies what we mean by public health, explains why it is so important to address health inequalities and identifies what we believe are the top priorities. It includes initiatives that we will be implementing.

We intend to use the strategy as a platform for further discussion with stakeholders about the key factors in improving public health so that we can set agreed priorities for now and prepare to develop the priorities that will form part of next Local Area Agreement during 2008.

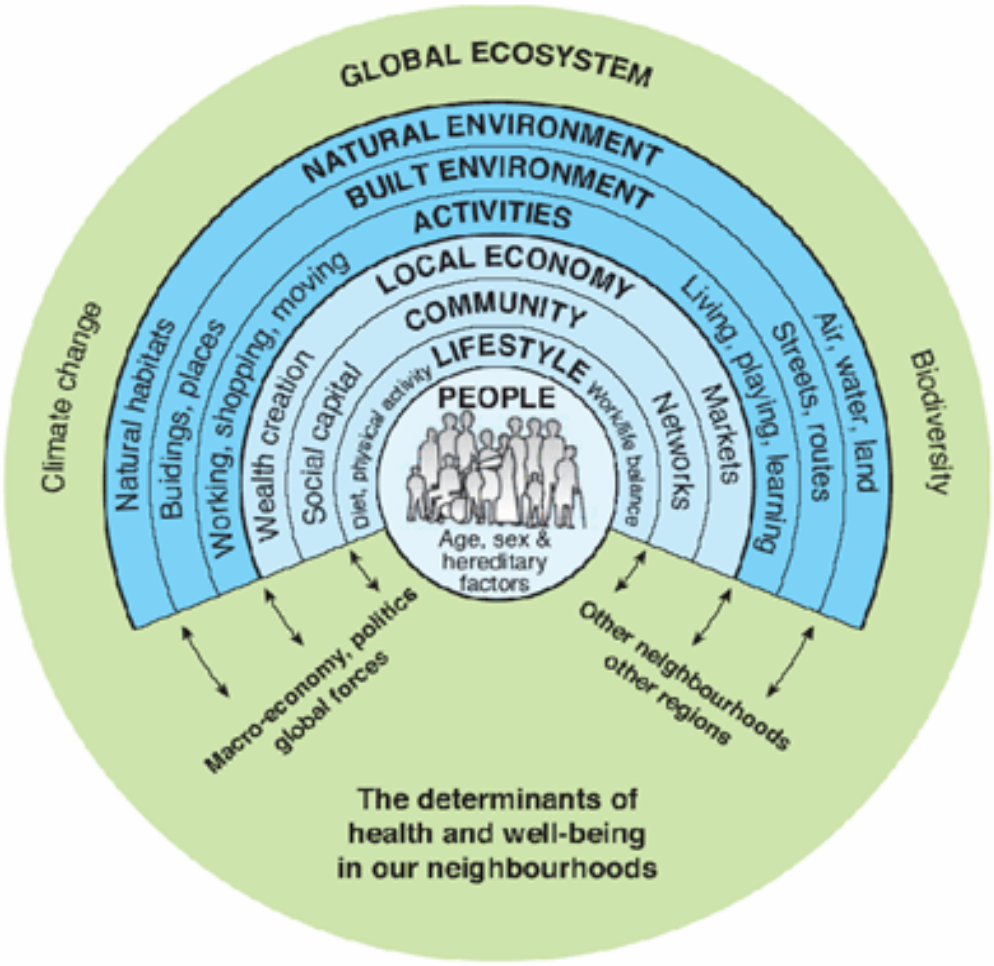
Meradin Peachey
Kent Director of Public Health

Contents

1. What factors contribute to our health?

1.1 Many things influence our health, including our environment, living and working conditions, genetic factors, and choices we make in our lifestyles. All of these interact to affect our health for better or worse.

Figure 1: Factors affecting people's health – *A health map for the local human habitat*



Source: Barton & Grant (2006) The Journal of The Royal Society for the Promotion of Health November 2006 Vol 126 No 6

1.2 Some things are impossible to change, for example our inherited characteristics. But others, such as whether we smoke or have a warm and dry home, can be altered to improve our health.

1.3 Some groups of people are prone to particular health problems or to worse overall health than the rest of the population. For example, people of Asian origin are more likely to have a genetic tendency to heart disease. Also, people living in deprived circumstances are likely to have greater health problems than those who are more affluent.

Gypsies and Travellers: A travelling lifestyle makes getting routine health care more difficult. Continuity of care and preventative measures, like vaccinations, are particular problems. One study showed life expectancy is 10 years shorter than average in traveller communities and complications in childbirth are 20 times more likely. Kent has more Gypsies and Travellers than most other counties.

2. What is public health?

2.1 Public Health is a discipline practiced by a broad body of people and organisations. These include specialist staff (such as consultants in public health), health promotion staff, the nurses and doctors in your local practice, as well as a wide range of people who influence our behaviour. Schools, retailers, employers, sports coaches and police all play a part, together with the planners and providers of quality health and social care, roads, environment and other facilities, which all impact directly or indirectly on our health.

2.2 The breadth of Public Health can be described in three areas, although there will always be some overlap. These are the protection of health, the promotion of good health and the delivery of quality health care.

Table 1: The three elements of Public Health

Health Protection	**Health and Social Care Quality**	**Health Promotion**
• Clean air, water and food • Infectious diseases • Emergency response • Radiation • Chemicals and poisons • Environmental health hazards • Prevent war and social disorder	• Service planning • Clinical effectiveness • Clinical Governance • Efficiency • Research, audit and evaluation	• Improving health • Reducing Inequalities • Employment • Housing • Family/ community • Education • Lifestyles
Surveillance and monitoring of health and determinants of health support all three		

2.3 Public health applies to people, policies and places. Much of this strategy focuses on what people can do to improve their health and what might enable them to do so. Public health policy needs to encourage people to act on information about what is good and bad for their health, while allowing them to make their own decisions and retain responsibility for themselves.

2.4 Where people live and the conditions they live in are important to their health. For example, air quality in Kent is generally good, although it needs to improve near motorways and main roads. It can affect everyone but is a particular issue for people with breathing difficulties or asthma. Transport also affects health by enabling people to do the things they want to, including accessing any services they need – and safe cycling and walking routes encourage better health through exercise.

Housing: Affordable, good quality housing is essential for good health, especially for those who are vulnerable like children and older people. District councils have a critical role in securing this quality through their housing strategies. The Kent Affordable Warmth strategy protects people from damp and cold affecting their health by enabling them to heat their homes. Home improvement agencies enable people to be independent for as long as possible by adapting homes to suit special needs.

2.5 The approach to these issues is almost as important as what is done. Improving public health can only be achieved in partnership with others, especially individuals and communities, because it concerns changing the way we live and some of our behaviours.

Health Protection

2.6 Protecting people from the effects of major disasters or outbreaks of infections is a very important part of public health. The Health Protection Agency provides a 24-hour on-call service of expert advice about potential outbreaks of communicable diseases, monitoring and managing health protection for primary care trusts.

2.7 The agency offers measures to prevent infection and enable early detection of some conditions to those groups of people who will benefit most, aiming to reach as many individuals in these groups as possible.

Two main priorities of Health Protection are Emergency Planning and Health Care Acquired Infection (HCAI).

Emergency Planning

2.8 Kent is a large county with many facilities – nuclear power plants, ports and the Channel Tunnel – where there is potential for serious harm to the public in an emergency. There are also natural risks and dangers from flooding, earthquakes, storms, illnesses like influenza and imported epidemics such as severe acute respiratory syndrome (SARS) and avian flu.

2.9 The NHS, local authorities and their partners in Kent must be able to respond to major incidents of any type or scale in a way that:

- delivers optimum care and assistance to the victims
- minimises the consequent disruption to healthcare and other services
- brings about a speedy return to normal levels of functioning

2.10 This can only be achieved by effective co-ordination of all the services, including health, local authorities, police, fire services and the voluntary sector.

2.11 A major target for emergency planning is to improve communication at senior level through the Kent Resilience Forum, ensuring that the learning from exercises is effectively incorporated into the plans. Pandemic Flu planning is a priority.

Health Care Acquired Infection

2.12 Health Care Acquired Infection (HCAI) is a matter of serious public concern across the country. There are unacceptable levels of MRSA and Clostridium Difficile in our local hospitals. Improvements must be made throughout the health care system – including community hospitals and in community and primary care – to ensure the safety of patients throughout their care.

2.13 Controlling HCAI requires strong and consistent action in the places where health care is delivered to the patient by the people who are delivering it. The Health Protection Agency is working with everyone involved to develop better systems of infection control in local hospitals and the wider NHS.

Eastern and Coastal Kent Primary Care Trust (PCT) and West Kent PCT are both aiming to eliminate MRSA and Clostridium Difficile. They have each set up a Health Care Acquired Infection Committee involving all partners in their local health system, including the independent and care home sector, adult social care and Kent Ambulance Service. A number of improvements are being made including:

- developing common transfer of care standards
- linking the “100% right every time" hand washing campaign to a workforce review
- appointing an Infection Control Team of four nurses
- undertaking annual audits of cleanliness and hand washing, which the new Infection Control Team will expand
- planning to engage stakeholders in finding more ways to tackle the problem, through an infection surveillance group which will monitor specific community infections, review prescribing practice in community hospitals and enhance alert systems
-

Health and Social Care Quality

2.14 Ensuring that the health and social care services people receive are of the right quality is an essential part of being healthy. This is particularly important when we are redesigning services in the home and community instead of hospital. The workforce must be properly trained and service quality must be monitored and evaluated effectively. Department of Health and Social Care inspection programmes are an important part of this process and the movement towards shared performance indicators and monitoring will bring health and social care closer together.

There are many national standards for clinical services that are based on evidence and best practice. Implementing these ensure the same quality services are provided across the county and country. Some examples of these are the national cancer plan and national service frameworks for mental health, children, coronary heart disease and stroke. Implementing these have contributed to better survival rates and return to living a full and active life.

In Kent and Medway the clinical networks for cancer, cardiac services and pathology are crucial in working with clinicians to implement these standards.

Health Promotion

2.15 How we enable and support people to choose a healthy lifestyle is central to this strategy. It is here that we can make a significant impact on people’s health, as a number of diseases can be avoided. How we communicate health messages is crucial to enabling people to make healthy choices. Most of this strategy is aimed at promoting health whether through improving well-being, preventing disease or promoting healthy living for those with short and long term conditions.

3. How will it improve?

WHY PUBLIC HEALTH IS THE BUSINESS OF THE WHOLE PUBLIC SECTOR

3.1 Public health incorporates several important responsibilities of public sector organisations:

- **Planning and environment:** Local authorities' many planning functions – housing, transport, open spaces, waste management and the built environment – contribute directly to the health and wellbeing of the population. Their responsibilities for education, regeneration and the local economy directly relate to deprivation and inequalities.

- **Civic and community leadership:** Many public sector organisations, including local authorities, act as community leaders and identify and address the major issues affecting the people they represent or who use their services. The health of the public is one of the most serious and obvious issues of concern to everyone and thus a major focus of community leadership.

- **Building sustainable and resilient communities:** Communities that can look after themselves have a better chance of good health. They need systems for safety, employment and good housing, as well as access to education, health services and leisure facilities, to do this.

- **Public engagement and accountability:** Public sector organisations have to ensure their actions are held to account by the public. Public health is a very democratic activity and can only succeed when people are properly engaged at every stage in planning and delivering what is to be done and how. The more they work together, the more the general relationship improves between organisations and the people they serve.

- **Combating social exclusion:** Many public health problems are especially difficult for people who may be excluded in some way from society or their communities. This can happen because of physical segregation – prisoners, for example – or because of particular characteristics such as disability, ethnic origin or social class. Combating social exclusion, so that these effects are reduced, is a major priority for national and local government and other organisations.

PARTNERSHIPS

3.2 Public health works through partnerships with all statutory and voluntary agencies and with the public. These partnerships, which are listed in Appendix 7, are now looking at joint targets called the Local Area Agreement.

3.3 The Kent Partnership provides the vision for a better Kent. Local Strategic Partnerships link all the different partners together in action at district level. In particular, they make the connections between the County Council, the Primary Care Trusts and the District Councils.

DELIVERING MESSAGES

3.4 We need to find better ways of delivering the messages and information to people. People continue to become more sophisticated and want to be approached in different ways. Social Marketing recognises that not everyone responds to messages in the same way, especially those traditionally regarded as “hard to reach”.

3.5 We will use a variety of media and methods to engage people in public health issues, including public campaigns with the best marketing techniques available. New media opportunities such as Kent TV offer ways to reach more people in their homes. Schools, libraries, youth centres and other facilities in the community can be invaluable in reaching people and we need to work closely with them to find out what works best.

Social marketing builds on the best public sector experience, combining it with commercial and private sector understanding of how different people think. Crucially, it looks at the priorities people have, how they live their lives and what they themselves think would be the best ways to deliver the information, so that it can help them make the changes they want and live the healthier lives they wish for.

Smoking is a classic example. Nearly everyone now knows that smoking kills people, yet many people still smoke. Some may not understand how it affects them, others (especially younger people) may smoke because it is “cool” or rebellious. Some people enjoy smoking despite knowing how bad it is for them and continue nevertheless. Others may have recently given it up but be tempted to return.

The workforce

3.6 We will also ensure that the workforce is highly competent through the implementation of a public health Workforce Development Strategy that will have associated action plans for training and registration, continuing professional and career development within a framework of nationally agreed public health specialist and practice standards.

Training courses that enable community groups, voluntary organisations and some private enterprises to deliver the public health agenda are provided by the Workforce Development Team in Eastern and Coastal Kent PCT. They support staff in children’s centres, Healthy Living Centres, HomeStarts, the teenage pregnancy partnership and other initiatives.

4. Health of people in Kent

How healthy are the people of Kent?

4.1 The latest Community Health profiles were published by the Department of Health in June and cover all local authority areas. The Health Profile for Kent details a number of the health characteristics for the county and compares them by district. Further analysis is available from the website: www.communityhealthprofiles.info

4.2 Most indicators show that people in Kent are healthier than the average for England and Wales.

- Life expectancy is above the England average and increasing but there are large discrepancies within and between districts
- The reported violent crime rate is below the England average
- Teenage pregnancy rates are lower than the England average
- Overall, poverty is low but more than 141,000 Kent people live on means tested benefits and more than 47,000 children live in low income households
- The death rate from smoking is low but accounts for more than 2,000 premature deaths a year
- Early deaths from heart disease and stroke are lower than the England average
- More than one in five people is obese
- The rate of hip fracture in people aged over 65 is low
- Child tooth decay rates are lower than the England average but there are wide discrepancies in the population

4.3 Deaths from cancer and coronary heart disease have reduced significantly as a result of improvements in practice and services (see graphs in Appendix 9).

Immunisation

4.4 Uptake of different vaccinations varies:

- Flu vaccination uptake is good in Kent at over 70%. It is aimed at older people and those with chronic disease.
- Measles, Mumps and Rubella (MMR) vaccination uptake rates are below 70% in parts of Kent, which means some children are at high risk of these debilitating diseases.

Screening

4.5 All communities have access to new and improved screening programmes, which all have quality standards and controls

- Breast cancer screening uptake is 66.3% (2004-2006) and has been extended to women aged 65 to 70. It successfully picks up early disease but more women could be screened.
- Cervical screening uptake is high, at over 80% but take up by women from ethnic minorities needs to increase
- Retinal screening is being extended so that everyone with diabetes can be screened annually by December 2007
- Chlamydia screening is available at local clinics to all 16 to 24-year-olds this year (2007/08) but uptake is slow
- Cystic fibrosis screening is being introduced in 2007

Health Care Acquired Infection

4.6 **MRSA** – The NHS is committed to reducing the MRSA infection rate in hospitals by up to 60% by March 2008. Reported cases of MRSA in the major hospitals in Kent are shown in Table 2.

Table 2: Reported cases of MRSA in major hospitals in Kent

Acute Trust	2003/04 base line	2007/08 target	2007/08 April/May 07
Maidstone and Tunbridge Wells	58	23	4
Darent Valley Hospital	24	12	8
East Kent Hospitals Trust	70	28	6

Source: LDP returns & Health Protection Agency

4.7 **Clostridium Difficile** bacteria are carried by many people but can cause serious symptoms in those who are ill. Certain antibiotics can cause the disease, which is easily transmitted to other patients in hospital, and major efforts are being made to control it. Good hygiene and hand washing are essential in preventing it spreading.

4.8 The NHS is committed to reducing the rate of Clostridium Difficile infection by 25% in Maidstone and Tunbridge Wells Hospital and East Kent Hospitals, and by 15% in Darent Valley Hospital. Reported cases are shown in Table 3.

Table 3: Reported cases of Clostridium Difficile per occupied bed

Acute Trust	2006/07 quarterly avera	2007/08 target	2007/08 first quarter
Maidstone and Tunbridge Wells	136	25% reduction	72 (Apr-May)
Darent Valley Hospital	53	15% reduction	40 (Apr-Jun)
East Kent Hospitals Trust	132	25% reduction	76 (Apr-Jun)

Source: Health Protection Agency

5. Good information

5.1 We need information about the population in order to direct resources to where they are needed. We will establish a Kent Public Health Observatory to bring together information from many sources and agencies.

KENT PUBLIC HEALTH OBSERVATORY

5.2 Patterns of health and disease indicate the state of the population's health. Public health specialists, who study these patterns so that resources can be used in the best way, need very good information from a variety of sources. The new observatory will assist this process and make sure Kent people benefit from the best information available. It will combine public health data from the NHS, local councils and others.

5.3 This will provide:

- Better information for the NHS and councils to plan and develop services
- Better knowledge of health patterns
- Social services and health combining their needs assessments of the health of populations and care groups
- Easier access to more information for the public on-line
- Better information and monitoring of health outcomes for people from black and ethnic minorities and people with disabilities.

JOINT STRATEGIC NEEDS ASSESSMENT

5.4 The Kent observatory will adopt a new joined up approach to assessing the communities' needs, based on the evidence it collects. It will give details of the local population's general health and recommend action to address the problems identified. The priorities for action will inform the commissioning decisions of both the NHS and the local authority, through a joint commissioning strategy, to the satisfaction of the Director of Public Health. These investment decisions will demonstrate clearly that resources are being moved from acute hospital services to those in primary care and the community and to prevention of ill health.

5.5 The Joint Strategic Needs Assessment is therefore an extremely important way to influence spending on public health. As the big increases in NHS budgets come to an end the movement of funding from hospitals into the community will be essential for improving preventative services and public health. It is vital this assessment should properly reflect all the needs of the population and benefit the joint priorities of the local authority and the NHS.

Gateways provide people with a single place where they can find out about any of the services or support they may need in the community. Placed in shopping centres, Gateways offer information and advice on a wide range of topics from health and social care to education and employment, volunteering and benefits. Now operating in Ashford, Gateways will soon be appearing in other towns across Kent.

Local communities leading for health

5.6 Improved public health can only be delivered with the active engagement and support of the community. Changes in lifestyles can rarely be achieved without the general support of the people they affect. Health Promotion Teams do excellent work with people in the communities where they live, helping them achieve better health.

5.7 There are a number of ways we plan to work with communities to do this:

- Listening to local communities about what they need to make healthier choices, through healthy living centres, community and voluntary organisations and the new Gateways
- Developing the use of healthy living centres
- Extending 5-a-day healthy eating initiatives
- Joining the Communities for Health programme launched by the Department of Health
- Promoting physical activity, including walking and cycling
- Developing corporate citizen behaviour by local public sector organisations

The Supporting Independence Programme has been highly successful in reducing the dependency on benefits in a number of the most deprives areas of the county. Helping people to be more independent and have greater control over their lives is one of the best ways of improving their health and wellbeing in the longer term as well as making the community more self-sufficient.

This KCC programme works in 20 of the most deprived wards in Kent. It aims to increase the independence of individuals and communities, helping people who wish to get off welfare and benefits into work and training, reducing their dependency on others. The programme has enabled a number of communities to become more self-sufficient and able to deal better with their own problems.

Healthy Living Centres, including those in Sevenoaks, Gravesend, Ashford and Maidstone, offer a wide range of activities as well as advice and support for people in our more deprived communities. These centres are often run by the voluntary sector and many have a particular interest in the health and welfare of young children and families. Learning new parenting skills, knowing how to cook nutritious food on a tight budget and the importance of a healthy life for young children are all very important in breaking the cycle of poverty and disadvantage that leads to poor health in later life.

5.8 Health Impact Assessments are increasingly being used in Kent so that factors affecting health and wellbeing are taken into account in arriving at decisions on plans and proposals. The aim is to recommend evidence-based changes that will achieve best possible health gains while reducing or removing any negative impacts or inequality.

6. The Priorities

Priority 1 – Reducing health inequalities significantly

WHY REDUCING HEALTH INEQUALITIES IS SO IMPORTANT

6.1 Health inequality is the difference in health between rich and poor, 'the health gap between the worst off in society and the better off' (Wanless 2001). Health inequality covers the whole population and exists 'right across the spectrum of advantage and disadvantage' (CMO England 2001).

6.2 The latest community health profile for Kent (June 2007 p2 – see Section 5), part of which we have reproduced in Appendix 1, shows the statistical relationship between income (expressed as the proportion of the population living on low incomes) and life expectancy.

6.3 There are two main measures used for inequality:
- The difference in life expectancy between different areas
- The difference in infant mortality rates

6.4 In Kent, we score well overall, compared with the national average, but there are important differences within and between the districts.

6.5 To tackle health inequalities we need to break the link between poverty and ill health and improve the health of the worst off. The unequal distribution of health leads to poorer health for the poorest people and creates differences between socio-economic groups.

6.6 Many factors need to be addressed to reduce these inequalities. Unemployment is a crucial issue and effective economic regeneration of deprived areas is vital to improving public health. This can improve the economic viability of communities, increase the average annual income, create an environment that enables people to make healthy choices and increase the proportion of resources spent on health.

6.7 Success can only be achieved by organisations working together to affect the many different determinants of health described in section 1.

> Life expectancy at birth in Kent is 79.7 years (81.7 for women and 77.6 for men), higher than the national average but between the best and worst wards in Kent there is nearly 17 years' difference.

6.8 Reducing health inequalities is a major public health priority both nationally and in Kent. Health inequalities can relate to gender, ethnicity, age, socio-economic status and geography. Some geographic variation can be explained by socio-economic and behavioural factors but there is evidence that the place where people live can affect their health.

6.9 Although life expectancy in Kent is higher than in England, there is variation between Kent districts. Thanet has the lowest life expectancy for both men and women at 75.0 and 80.0 respectively, substantially below the Kent average of 77.6 and 81.7 and the England and Wales averages of 76.9 and 81.1. The district with the highest life expectancy is Sevenoaks, where men can expect to live to 79.4 and women to 83.4.

6.10 The differences between electoral wards in a district are even more striking and are shown below in Table 4, which suggests that public health action to reduce health inequalities in Kent will need to focus on local communities.

Table 4: Differences in life expectancy between electoral wards in districts in Kent

District	Lowest Life Expectancy	Years Life Expectancy	Highest Life Expectancy	Years Life Expectancy	Years Difference
Ashford	Stanhope	74.1	Washford	85.6	11.5
Canterbury	Heron	75.7	St. Stephens	85	9.3
Dartford	Joyce Green	75	Castle	89	14
Dover	Castle	73.5	St Margaret's -at-Cliffe	82.2	8.7
Gravesham	Northfleet North	74.6	Riverview	83	8.4
Maidstone	Heath	76.1	Downswood & Otham	85	8.9
Sevenoaks	Swanley St Marys	77.6	Ash	85.1	7.5
Shepway	Folkestone Harvey Central	73.6	Lympne & Stanford =Elham & Stelling Minnis	84.1	10.5
Swale	Milton Regis	74.2	East Downs	82.4	8.2
Thanet	Cliftonville West	72.4	Bradstowe = Birchington North	81	8.6
Tonbridge & Malling	Burham Eccles & Wouldham	76.3	Ightham	85	8.7
Tunbridge Wells	Frittenden & Sissinghurst	76.7	Brenchley & Horsmonden	83.5	6.8
Lowest & highest wards	***Thanet Cliftonville West***	***72.4***	***Dartford Castle***	***89***	***16.6***

Source: Health Informatics Service June 2007

6.11 These figures cannot be exact because of statistical variation. Some other wards will have figures very similar to those quoted. The important message is that there is a measurable difference of around 14 years in how long people can expect to live in one district (Dartford). Across Kent, that figure rises to almost 17 years. Even in the district with the least difference (Tunbridge Wells), there is nearly 7 years difference between wards.

Neonatal and infant deaths

6.12 The neonatal mortality rate is the number of deaths within 28 days of birth per 1000 live births. It is an indicator of the health of a population. The Kent rate of 3.2 is lower than England and Wales (3.4). There is variation between the districts and the highest rate is in Shepway (6.6).

6.13 The infant mortality rate – the number of deaths in the first year of life per 1000 live births – is also an indicator of the health of a community. As with neonatal mortality, the rate is lower in Kent than in England and Wales, with differences between the districts. Again, Shepway has the highest rate in Kent. (It should be noted that the above rates for the districts are based on small numbers and are therefore likely to show marked fluctuations).

Prisons: Although prisoners are not naturally part of Kent's population, the county contains a large number of penal establishments that pose particular health problems. Prisoners are more likely to have poor health (both mental and physical) when admitted. Smoking rates in prison are high, dental health may be poor and opportunities to eat a healthy diet and take exercise may be limited. Prison health is therefore a bigger issue for Kent than many other places.

How we will measure it

Short term outcomes

- Healthier lifestyle choices by children in schools in deprived areas
- Healthier lifestyle choices by adults and young people in deprived areas
- Easier-to-reach public services
- Fewer smokers

Long term outcomes

- Halt in the rise of childhood obesity
- All schools reach the healthy school standard
- Reduction in rates of childhood tooth decay
- Infant mortality rates in Eastern and Coastal Kent better than national average
- Better education levels of looked after children
- Fewer people of working age on benefits
- Fewer children living in low income households
- Smaller gap in life expectancy, down from 6.5 years to 6 years
- Fewer cases of, and deaths from, cancer

Priority 2 – Improving children's mental health and wellbeing

WHY CHILDREN AND YOUNG PEOPLE ARE A MAJOR PRIORITY

6.14 A healthy start in life is the best foundation for future health and wellbeing so children and young people are a major priority for public health.

6.15 We will support children and young people in Kent to be physically, mentally and emotionally healthy. We will help children, young people and their parents and carers to make healthier choices, especially about:

- smoking, alcohol and drugs
- obesity, diet and nutrition
- exercise
- emotional and mental health
- sexual health

6.16 We want to narrow the health inequalities gap between richer and poorer families.

6.17 We will continue to work with parents, carers, schools and others so that all children and young people can lead a healthy and safe life, and grow up able to take decisions that will let them succeed in life.

Government priorities:

6.18 Over the last four years, the government has issued a range of legislation, guidance and regulation concerning children and families.

> *Every Child Matters* (Department of Health, 2003) is based on five crucial and interdependent outcomes: that all children and young people, whatever their background or circumstances should expect:
>
> a) **to be healthy:** enjoying good physical and mental health and living a healthy lifestyle.
> b) **to stay safe:** being protected from harm and neglect and growing up able to look after themselves.
> c) **to enjoy and achieve:** getting the most out of life and developing broad skills for adulthood.
> d) **to make a positive contribution:** to the community and to society and not engaging in anti-social or offending behaviour.
> e) **to achieve economic wellbeing:** overcoming socio-economic disadvantages to achieve their full potential in life.

6.19 Children's Services are expected to be combined, comprehensive and centred on the needs of children and young people. The local authority and PCTs must plan them jointly. Plans should be based on a joint needs analysis, jointly commissioned and resourced from pooled budgets where appropriate.

> **Kent Youth Service and Connexions** give 13 to 19-year-olds a chance to engage in hundreds of activities, training and vocational programmes across the county. They provide support and opportunities for learning and development outside school, in partnership with many other organisations including local interest groups.

How healthy are children and young people in Kent?

6.20 Overall, children living in Kent have a good start in life, compared with the rest of the country. We also know that educational attainment and health outcomes are closely linked and those with poor educational attainment also have poorer health. There are significant health inequalities across the county, with a clear split based on wealth and deprivation. Tackling this gap poses the greatest challenge to public health in Kent.

- 85% of young people in Kent aged 11-16 and 73% post-16 report that they never smoke, while 15% of post-16s said they smoke on most days. Rates vary widely between districts.

- 61% of Kent young people aged 11-16 report they never get drunk, implying that 39% of 11-16 do get drunk. More than a third said they never drink alcohol, while 9% report getting drunk at least 1 to 2 times per week (rising to 25% of post 16s).

- 17% of people receiving drug treatment are under 18

- 11% of young people aged 11-16 reported feeling sad or depressed on most days (7% post 16). Most said they would be able to speak to an adult at home if they were concerned about something – an important protective factor for emotional health and also for safety. Yet too many feel they would not be able to speak to an adult at home (10% of 7-11s, 15% of 11-16s and 20% of post 16s).

- An estimated 15% of Kent children and young people have mild emotional and behavioural difficulties, 8.85% have moderate to severe mental health problems and 0.08 have the most severe, persistent and complex mental health problems requiring specialist, usually residential, provision.

What we have been doing in Kent

6.21 In April 2006, the new Children, Families and Education Directorate of Kent County Council was created, joined in September by representatives from Health, bringing together those organisations and services that have an important and long-lasting effect on the quality of children's lives and influence their future adult life.

6.22 The multi agency Kent Children's Trust Board has been established to ensure these aspirations are turned into action, based on the strategic Kent Children and Young People's Plan, *Positive about our Future* (available on www.kent.gov.uk/publications/education-and-learning/kcc-children-young-people-plan.htm)

6.23 A new Children's Health Division has recently been created in KCC to reflect the commitment to improving health for all children and young people, in partnership with the PCTs and other agencies. The Division is still new and developing. During the next year we will bring together a team from Health to deliver this work at both county and district levels. The aim is to support joint projects and activities aiming to reduce child health inequalities and promote social inclusion.

In 2007/08 the Children's Health Commissioning Team will work on:

Establishing a Children's Trust with joint planning, new commissioning processes, integrated management structures, pooled budgets, co-located services and delivery points. Strategic planning and commissioning of children's hospital services will be included. Services will be based at family doctors' surgeries, Children Centres, Health Centres, community centres and extended schools, depending on the needs of the local population.

Reforming the workforce working with children, radically changing current working practices to give health and local authority staff freedom to work in a wider range of settings, taking on new roles and greater responsibilities. It will also facilitate more innovative approaches to service delivery.

Combining ways of working into a seamless experience for the children and their families at the centre of our services. This will mean: a common, holistic approach to assessments, which should be undertaken once and meet the requirements of all organisations; sharing information through the Common Assessment Framework (CAF) and using methods of communicating and sharing information that benefit children and young people and their carers.

Expanding health promotion, seeking to prevent ill health and harm through information and education. This should improve the health of children and young people and reduce their need for Health and Social Care now and in the future, through a new approach to Public Health Nursing Teams for children and young people.

Improving health outcomes for children and young people

6.24 We want to see children and young people with:

- more healthy and active lifestyles
- fewer health inequalities
- better emotional and mental health, resilience and self-confidence
- earliest possible identification of – and most effective response to – emotional and/or psychological difficulties between the ages of 0 and 15
- more co-ordinated, available and accessible child and adolescent mental health services
- less use of harmful drugs and alcohol and easier-to-reach drug and alcohol targeted prevention and treatment services
- fewer unwanted teenage conceptions and sexually transmitted infections and easier-to-reach young people's sexual health services
- more joint planning and services securing better outcomes for vulnerable groups

6.25 To do this, we will have to change our approach:

Current Practice	Vision for the Future
• Statutory bodies seen as having responsibility for the health of children • Single agencies working in isolation or in an uncoordinated way • Resources focussed on treating illness and ill health	• Children, young people and their parents/carers keeping themselves healthy • All children's services working well together to promote their health and wellbeing • Resources focussed on promoting health and wellbeing, with early, effective intervention when necessary

How we will measure it

Short term outcomes

- Less smoking by pregnant mothers
- More breast feeding
- Children joining in physical activity

Long term outcomes

- Healthier children through mother not smoking
- Less youth crime
- Better educational attainment
- Fewer referrals for inpatient Child and Adolescent Mental Health Services
- Smaller life expectancy gap, down from 6.5 years to 6 years

Priority 3 – Improving sexual health and reducing teenage pregnancies

Teenage Pregnancy

6.26 Teenage pregnancy rates in Kent are better than England but countywide figures are still worse than Europe. Sexual health diseases are rising, particularly among young people.

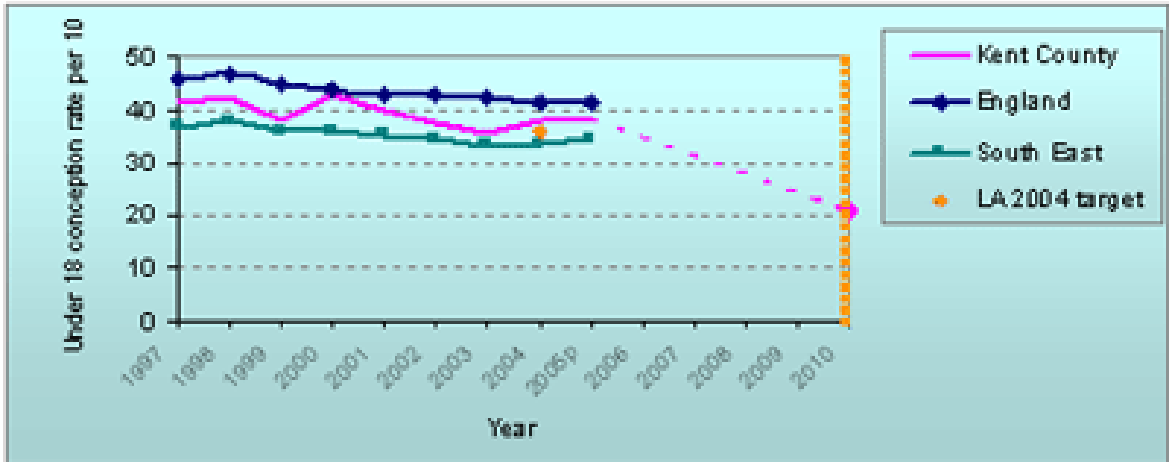
6.27 Annual figures released in February show progress made both at national and county level. (The figures are always 14 months behind: the strategy measures conceptions, not births, and the information is provided retrospectively, hence the delay).

6.28 Nationally, England and Wales continues to see a decrease, with the rate at 41.7 in 2004 and 41.3 in 2005, per 1000 females aged 15 to 17 years.

6.29 In the South East, the rate unfortunately increased from 33.5 in 2004 to 34.2 in 2005, per 1000 females aged 15 to 17 years. It reduced in only seven of the 17 counties in the South East and increased in the remaining 10, demonstrating how difficult it is to reduce teenage conceptions.

6.30 In Kent, the rate decreased minimally, from 38.1 to 38 per 1000 females aged 15 to 17 years, although there is wide variation in progress across the county. This was a smaller drop than had been hoped for and means Kent has seen an overall reduction of only 9.7% since the strategy began. It needed to see a 15% reduction by 2004 to be on track to meet the 2010 target. Figure 2 shows the trajectory needed to meet the Kent target.

Figure 2: Teenage pregnancy rates per 1000 females aged 15 to 17 years and the trajectory needed to meet the 2010 target



6.31 The Kent strategy takes some similar actions in all areas of the county but also focuses more strongly on the four districts with the highest rates – Thanet, Shepway, Swale and Dartford – and those with pockets of high rates, such as Maidstone.

6.32 These factors are fundamental to successfully reducing teenage conceptions:

- Strong delivery of sex and relationships education by schools
- Active engagement of all mainstream partners
- A strong senior champion

- Discrete, credible, highly visible, young people-friendly sexual health/contraceptive advice services
- Targeted work with groups of young people at risk, especially looked after children
- Workforce training on sex and relationship issues in mainstream partner agencies
- A well-resourced youth service with a clear remit to tackle big social issues, such as young people's sexual health

Shepway has had an excellent reduction of 30% in its teenage pregnancy rate, since the strategy began. It started with a high baseline rate and, being a small and compact district, it is easier to co-ordinate services.

There is excellent access to 4YP (for young people) services and sexual health services have rapidly developed, offering young people's clinics 6 days a week. Emergency contraception – the morning-after pill – is available in pharmacies and the local Walk In Centre on a Sunday. The sexual health (genito-urinary medicine) clinics provide condoms and EHC from the Health Centre near the town. There has been a full contraceptive clinic in a secondary school and the college since 2003.

The area has a full time sexual health/teenage pregnancy outreach worker who can supply contraception outside clinical areas. This worker links with a wide range of organisations, delivering relationship and sex education programmes, and also does a lot of 1-1 work with disengaged and excluded groups of young people. The outreach workers are reactive and work at short notice with any young person referred to them. This works especially well when overt risk-taking behaviour is observed and the outreach worker carries out some sessions with that individual or group
.

Maidstone has a particular problem with teenage pregnancies in part of the district. A new local partnership is bringing a fresh approach to the problem and will target those areas.

How we will measure it

Short term outcomes

- More young people making confident choices
- Fewer young people reporting no use of contraception
- Fewer new cases of sexual health diseases

Long term outcomes

- Less infertility among adults wanting to have children
- Fewer new cases of HIV
- Teenage pregnancies down to the same levels as Europe

Priority 4 – More people living healthier lives and preventing more disease

Healthy Lifestyles for Adults

The economic cost of poor health to the NHS, workplaces and the national economy is very high. The estimated cost of illness related to obesity alone is £3.7 billion a year.

6.33 To prevent the onset of chronic conditions and to help alleviate them once they appear, there are a number of health issues we need to tackle:

- Smoking is the biggest cause of premature death
- Mental health issues are very important, with stress being responsible for a large number of days lost to sickness by people in work
- Obesity leads to coronary heart disease, diabetes, stroke and other serious conditions
- Promoting health in the workplace, where many of us spend a large part of our lives
- Alcohol misuse is increasing as a cause of ill-health

Stop Smoking Services and Tobacco Control

Adult smoking rates vary from 24% in South West Kent to 32% in Swale. Death rates from smoking related diseases in Kent are lower than the national average but over 2000 people in Kent die from smoking each year. Deaths from lung cancer are still unacceptably high.

6.34 Smoking is the main cause of premature and avoidable death in the United Kingdom, responsible for around one in five of all deaths. Smoking rates are higher in more deprived areas and among poorer people.

6.35 In Kent, we are committed to providing local services for people who want to give up smoking and to addressing the wider issues of tobacco control, including tackling underage sales and preventing smoking uptake.

6.36 The Tobacco Control Strategy sets out the aims and objectives of Kent Alliance on Smoking and Health (KASH) to tackle tobacco control issues in Kent. The aims of KASH are to:

- cut tobacco consumption
- reduce the number of people that start smoking
- promote stopping smoking
- protect against secondhand smoke

6.37 These will be achieved by taking a broad approach which involves:

- protecting non-smokers (adults and children) from secondhand smoke by increasing the number of smoke free places, through the new legislation and local projects
- helping smokers who want to quit, through stop smoking services throughout Kent

- working with key partners such as Kent Healthy Schools on health promotion activities so people do not start smoking
- supporting the new Age of Sales legislation and providing information about it before the launch in October 2007
- expanding the alliance to work with a broader range of partners on all tobacco control issues

6.38 In 2005/2006, stop smoking services in Kent helped 7,980 people to stop smoking after four weeks support. A key to success is ensuring that help is available at the most convenient places for people wanting it.

6.39 Specialist groups and individual services are available and the stop smoking services also work closely with family doctors and pharmacists to provide a wide range of support. Pregnant women and their families can receive help in their home and other convenient locations.

6.40 Stop smoking support is offered in workplaces, mental health settings, hospitals, schools, local authorities and prisons and can also include libraries and youth centres.

6.41 Particular efforts will be made in areas that suffer greater social deprivation where smoking rates are higher than in more affluent parts of the county.

6.42 Overall, we will reduce the smoking rate, contributing to the national target rate for people in manual occupations of 26% in 2010.

Mental Health

Mental Health problems account for around a third of family doctor consultations and cost the NHS more than £77 billion per year.

6.43 Poor mental health is a major contributor to ill health:
- It affects severe disabilities and illness and accounts for nearly a quarter of overall disease
- Suicide is decreasing but remains a major cause of death in England and Wales
- Stress is the commonest reported cause of sickness absence
- Depression and anxiety are other major causes of mental ill-health

6.44 Mental wellbeing has not received as much attention as other aspects of public health, yet it is a crucial part of our wider physical and social health. Mental illness also attracts damaging stigma from some people, leading to discrimination by some of the general population.
- Recent suicide audits reveal that, although suicide is falling in England and Wales generally, it is falling more slowly in the South East
- Prison suicides have increased and the risk is particularly high for 15 to 17-year-olds

Arts and health: Enjoying music, films, dance, theatre, art and other cultural events is important to physical, emotional and mental health and wellbeing. Community groups have an essential role in creating opportunities for people to join in these activities. Libraries, adult education and museums offer valuable support and information and we need to ensure they continue to do so.

6.45 National targets focusing attention on mental health issues are to:

- Reduce the death rate from suicide by at least 20% by the year 2010
- Reduce the number of people with mental ill-health on incapacity benefit
- Decrease social exclusion and discrimination encountered by individuals and groups
- *Choosing Health: making healthy choices easier* (Department of Health, 2004) emphasises the importance of improving mental health and wellbeing, including reducing depression and anxiety

6.46 In Kent, we are committed to achieve these targets and have additional objectives to:

- Decrease suicide in line with the National Suicide Prevention Strategy, particularly among young people in West Kent
- Develop a dynamic, joined-up approach to promoting mental wellbeing
- Tackle the stigma, shame and negative media images contributing to discrimination

Obesity

In Kent, an estimated 1 in 5 people are obese, more than the average for England.

6.47 The number of people who are obese is rising across the UK. Obesity can cause serious health problems such as Coronary Heart Disease, Stroke and Diabetes. The best way to tackle obesity is through eating better foods and taking more exercise.

6.48 People do not find it easy to change what they eat and do, even when they want to, and helping those wishing to adopt healthier lifestyles needs a concentrated effort from many different organisations. We want to support them, with opportunities to lose weight, eat better food and take more exercise made available to everyone in ways that fit with how they live their lives.

6.49 We should:

- involve interested Kent people in developing a wide variety of ways to help them control their weight and prevent obesity
- improve the local care and help provided to adults and children who are already obese

6.50 Following the report of the KCC Select Committee, we will create a comprehensive strategy to tackle obesity in Kent. This will include:

- More help for those who need it most – people whose diet is poorest and those who take least exercise. Kent hopes to be granted £2 million from the Big Lottery Fund to start 13 projects for the Supporting Independence areas in Kent.
- A requirement that all future property developments in Kent must be designed to make it easier for people to live healthier lifestyles.
- Local authorities, working with local partners – including commercial, industrial, community and voluntary organisations – to create and manage more safe spaces for physical activity, such as walking and cycling.

Health Walks and increased use of country parks and open spaces by walkers, cyclists and riders are programmes being developed by KCC's Environment and Regeneration Directorate. They are also promoting safe use of the county's rights of way, increasing physical activity for adults and the Healthy Schools initiative.

- Learning from what has already worked to improve people's diets in Kent, to broaden opportunities for others
- Ensuring the 2012 Olympics inspire more people in Kent to take regular exercise
- Encouraging all family doctors to prescribe exercise to patients where appropriate
- Promoting workplace opportunities for staff to eat a healthy diet and be physically active
- Monitoring the weight of children in school reception classes and year 6 from April 2007, as part of the national target to halt the rise in obesity among children aged under 11 by 2010

The Select Committee on Obesity is a group of KCC council members who investigated obesity in Kent and identified several ways we can work together to reduce it across the county. Their recommendations in the Obesity Strategy will support activities to help people lose weight and avoid complications like diabetes, coronary heart disease and arthritis.

Physical Activity

6.51 Along with healthy eating, physical activity is vital to good health. Taken regularly, exercise can reduce the risk of coronary heart disease, obesity, dementia and some cancers.

6.52 Nationally and locally, the gap between those who take regular exercise and those who do not is widening. People in Kent will be helped to take more exercise by:

- Finding new ways of exercising, including expanding existing opportunities. Local people should be involved in the design, planning and delivery of new initiatives so that they fit with their needs and lifestyles.
- Working together across the county council, the NHS, district councils, the voluntary sector and the private sector to promote physical activity for people at work.
- Using the latest techniques of social marketing and other marketing methods, to ensure new developments are what people want and will use.

6.53 Kent County Council and its partners are committed to increasing levels of physical activity among children through schools, Sure Starts, the children's trust, sports development and youth work. They also want more adults to take part in at least 30 minutes of sport, exercise and active leisure five times a week or more. Walking programmes, referrals by family doctors, health promotion activities, groups like Activmobs and information services such as "What's on in Kent" are examples of new programmes supported by Kent Department of Public Health that will increase opportunities for exercise across the county. These will build on existing successes such as those in Thanet.

Existing successes in Thanet

- **Community Sporting Network:** a new way of bringing together the main agencies to promote more and better ways of exercising.

- **Funding from Pfizer**: £10,000 to fund a healthy eating/physical activity/allotment project linked with the community and schools called 'Grow to Grow' and to reinstate and evaluate the veg bag scheme.
- **Resolutions/Let's Get Started** is adapted from a successful Dover project and will be in KCC libraries across East Kent from January 2007. Newington and Margate libraries will host the project for all the libraries in Thanet.
- **Kids Club**: Ramsgate Leisure Centre is to host a club for overweight/obese children aged 6 to11, following requests from parents and teachers at Newington Infants and Junior Schools.

Work and Health

6.54 Work and employment are crucial to good health. Health at work and healthy workplaces are both important and increasing employment is a main way to reduce health inequalities.

6.55 The Kent Local Area Agreement has a target, led by Jobcentre Plus, to help more people off benefit and into work, including those supported by social services.

6.56 Other measures are:

- Reviewing workplace policies on healthy transport, stopping smoking and staff access to physical activity opportunities, which all Kent's public sector organisations are planning to do
- Improving working conditions
- Promoting the work environment as a source of better health
- Working on initiatives and policies with the private sector
- Enhancing the smoke free policies in workplaces
- Promoting cycling and walking

Health at Work

6.57 The public sector is the major employer in Kent and has a real opportunity to influence and encourage the health and wellbeing of its staff, most of whom are Kent residents. This is a key factor in improving public health through workplace programmes and activity and is most effectively done in partnership, which also makes best use of resources.

6.58 Mental Health, physical activity/obesity and smoking all have a significant impact on employee attendance, so addressing them in the workplace will benefit employers as well as public health.

Occupational health:
KCC's Work and Wellbeing programme has focussed on mental health, including stress management, and has changed working practice in Occupational Health. Managers' training now promotes better mental health at work as well as physical activity and effective weight management. The programme covers:

- A virtual walking challenge, providing free pedometers to staff
- Promoting and subsidising physical activity sessions during the lunch hour/after work
- Publicising local initiatives e.g. Nordic Walking, group weight management sessions
- Providing tips and ideas on nutrition, physical activity, weight management via the intranet and posters

- Trialling a weight and wellness programme and loaning physical activity DVDs to staff

Primary care

More than 49,000 people in Kent are reported to have diabetes, below the national average. Serious complications from the disease can be avoided through routine tests and healthier lifestyles. Coronary Heart Disease is a common complication.

6.59 The *Choosing Health* white paper highlighted primary care – family doctors and their teams in General Practices, dentists, opticians and pharmacists – as vital to promoting better health as well as treating people who are ill.

6.60 In Kent, primary care's promotion of better health includes:

- more screening services in General Practice to help people monitor and manage their own chronic diseases
- better information and monitoring so patients with heart disease and diabetes get the right advice and care
- pharmacists advising on healthy lifestyle, stopping smoking and living with chronic diseases
- promoting oral health for children and reducing the need to put fillings in the teeth of children under five
- adult social services working with primary care to support people with disability and chronic disease at home
- family doctors prescribing exercise for patients

6.61 In addition we should:

- make sure NHS dentists are giving more people routine dental examinations
- reduce differences in family doctors' decisions to refer patients for specialist care so everyone can get the best professional advice and services

Pharmacists play a very important part in public health and community health care. They are often a first point of contact for people who wish to stop smoking, as they offer nicotine replacement therapy alongside wider advice and help about health and lifestyle. High street pharmacies are very interested in having an active presence in Gateways.

Culture and Heritage are essential in everybody's identity and life. Kent has a very rich heritage and long historical traditions from many cultures, including Asian communities and travellers. Maintaining these traditions and cultures is very important because their diversity and vibrancy continues to add to the quality of life across the county.

Cultural activities help communities become self-sustaining and improve the mental and emotional health of people who take part in them because they promote social cohesion and inclusion.

The many different types of community in Kent are not defined by their geographical location. People of different races and faiths are spread throughout the county, as are those with disabilities. Communities of interest often centre around a particular activity such as sport, each bringing a unique contribution to our society to be celebrated and valued.

Sexual health

Chlamydia infection rates are increasing dramatically, mostly in young people. Rates of HIV infection are also rising slowly. Both can be prevented by the use of condoms.

6.62 There are rising levels of sexually transmitted infections, particularly among young people. Access to contraceptive and genito-urinary medicine (GUM) services is vital to prevent and treat infections early.

6.63 Contraceptive services are provided by General Practices, pharmacists, community services and increasingly in young people services in community settings such as schools and Healthy Living Centres. These opportunities will be increased.

6.64 In addition:

- By 2008, everyone will be able to see someone in the GUM service within 48 hours of asking
- Services must be offered in sensitive ways, so people are not embarrassed or put off using them
- GUM clinics should become a drop-in service rather than one offered by appointment

How we will measure it

Short term outcomes

- Fewer smokers
- More adults taking recommended levels of physical activity
- Fewer obese people
- More adults leading a full active life following a heart attack

Long term outcomes

- Longer life expectancy

Priority 5 – Enabling more older people to live at home with chronic disease

Older people and chronic illness

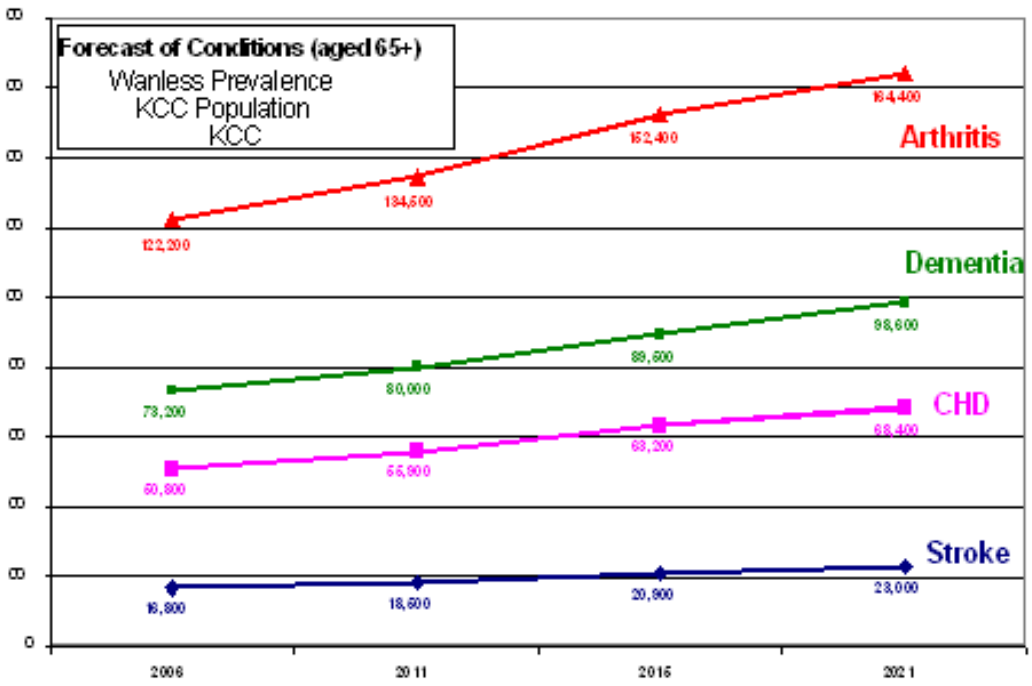
6.65 The NHS has had great success in tackling killer diseases like coronary heart disease and cancer in recent years and many people are now living longer. This demographic change means there will be a smaller proportion of people of traditional working age and more pensioners to support. Some will enjoy a healthy old age, but older people are more likely to suffer from debilitating conditions for which there is, at present, no cure.

6.66 Increasingly, they are living for years with long-term conditions, often continuing to enjoy good quality of life while managing their illness. The number of people with conditions such as diabetes, dementia, arthritis, stroke and chronic obstructive pulmonary (lung) disease will dramatically increase in the next few years. This could have a severe impact on health and social care services unless people begin to lead healthier lives before these conditions develop. Improving the health of the adult population is therefore essential.

6.67 Services will also need to change dramatically to ensure people receive the care they need. Much better ways of managing long-term conditions within the community through initiatives like Telecare and Telehealth and better support for people to remain independent within their own homes will continue to be developed.

6.68 Forecasts to 2021 for some of the common debilitating conditions to 2021 show significant increases in the number of people living with them – see Figure 3.

Figure 3: Estimated increases in common long-term conditions



Source: Wanless prevalence, KCC population, KCC

6.69 At present, it is not possible to cure most of these conditions but there is good evidence that all of them can be delayed or alleviated by changes in lifestyles earlier in life. In particular, improved diet and taking regular exercise can help prevent the effects of these conditions and reduce the amount of health and social care people need to manage them.

6.70 The NHS and local authorities all recognise that, unless we can help people improve their general health, the services will not be able to meet the demand. Preventing and managing chronic conditions is now a major priority for public health to prevent an unsustainable financial burden for local authority social care and the NHS.

Healthy living for the over 50's is a very important priority if they are to protect themselves from the kinds of serious chronic conditions in old age that will need a lot of support from health and social care services. Taking exercise is very important for this age group, to reduce obesity and improve levels of general fitness.

Charlton Athletic Football Club is working with us to see how we can help middle-aged and older people exercise more. Activmobs is another programme, developed in partnership with the Design Council, to find new ways of enabling people to take exercise that fits around their daily lives and is not about having to go to a gym or other formal facility.

6.71 Active lifestyles and a good diet are essential if people are to avoid isolation, depression, falls and admissions to care homes or hospital. We will encourage:

- Increased levels of physical activity
- Screening of diabetics for early detection of eye problems (diabetic retinopathy)

6.72 We will:

- Introduce Health Trainers in 2007 to help people develop their personal health plans
- Use Community Matrons and intermediate care in the community to prevent unnecessary admissions to hospital
- Expand Telehealth, so that remote monitoring of vital signs for people with long-term conditions helps services deliver more care in people's homes
- Reduce the fear of crime so older people are able to leave their homes and join in activity
- Provide assessment of homes to prevent unnecessary falls there
- Maintain and develop the falls prevention services for older people across the county

Telehealth is a major project designed to enable family doctors and other health professionals to monitor the vital signs of people with chronic illnesses in their own homes. Using web-based technology, patients' wellbeing can be monitored from a surgery while the patient is at home. This saves time and effort for both the patient and the doctor or nurse and makes much more efficient use of valuable professional time.

Brighter Futures incorporates a wide variety of services such as shopping, befriending, exercise and pop-in's, provided by volunteers who help people aged 75 and over live independently in their own homes. It also includes elements of the Falls Prevention service operated across the county by a partnership of statutory and voluntary organisations.

POPPS (Partnerships for Older People Projects) is Department of Health funded and East Kent has £1.5m to develop innovative services that promote independence and prevent illness, especially in people with long-term conditions, through easily accessible resources in the community.

Age Concern and the **Volunteer Bureaux** are examples of the crucial importance of voluntary organisations in providing services such as Daycare, exercise programmes, transport and befriending schemes across the county.

How we will measure it

Short term outcomes

- Fewer emergency admissions
- Fewer admissions to hospital and care homes

Long term outcomes

- Better quality life
- More older people on home care packages

Priority 6 – Reducing substance misuse and excessive alcohol drinking

Alcohol harm reduction

6.73 The renewed National Alcohol Strategy has just been issued– *Safe.Sensible.Social.* (Department of Health, June 2007). Its priorities for action are:

- Better use of the criminal justice system
- A review of NHS spending on alcohol related harm
- More help for people who want to drink less
- Tougher enforcement of underage sales
- Guidance on safe drinking for parents and young people
- Public information campaigns
- Consultation on alcohol pricing and promotion
- Local alcohol strategies

Alcohol in Kent

6.74 People in the South East have relatively high consumption of alcohol compared to other regions. Excessive alcohol drinking contributes to problems with health, crime, anti-social behaviour and decreased productivity at work. Young people still drink more than other age groups. Occasional drinking is now usual for young teenagers and a quarter of them are frequent drinkers.

6.75 Recent figures show a doubling of alcohol related deaths. East Kent has the highest levels of alcohol related hospital admissions in the region.

6.76 There is increasing evidence of the link between youth crime and misuse of alcohol, as well as rising levels of binge drinking, particularly among young people. Crime and disorder partnerships are addressing this through various town centre management plans but more needs to be done.

6.77 These issues have prompted Kent County Council to establish a Select Committee on Alcohol to identify how the problems can best be dealt with in Kent.

6.78 Concerns have also been raised at a regional level and a recent report into Alcohol in the South East; *Choosing Health in the South East: Alcohol* (David Sheehan, Government Office of the South East and South East Public Health Observatory) puts forward the following recommendations:

- Binge-drinking in young people should be tackled
- Workplace alcohol policies should be implemented
- High risk and vulnerable groups should be targeted
- Additional treatment services should be commissioned
- Public health professionals should work together with local partners to tackle crime and disorder

Kent initiatives include:

- Investing additional resources in treating alcohol misuse in East Kent
- A project to collect data in Accident and Emergency units across Kent and Medway on alcohol-related violence (this will be used to target police resources most effectively).
- Gravesham town centre alcohol-free zone

Substance Misuse

6.79 Kent is above the national average in keeping young people in treatment. Referrals to treatment have risen year on year.

6.80 Substance misuse continues to be an issue in all areas of Kent, as it is across the country. Drug treatment services are commissioned and monitored by the multi-agency Kent Drug and Alcohol Action Team (Kent DAAT), as part of the National Drugs Strategy (to be reviewed in 2007).

6.81 The Kent DAAT has been in the forefront of the development of young people's services for over 7 years. Its young people's service has been recognised by the Government Office of the South East for its pioneering approach.

> **DUST:** The Kent DAAT Drug Use Screening Tool is recommended as best practice by the Department of Education and has been adopted by more than 15 local authorities.

6.82 Kent DAAT is pursuing four major priorities:

- **Young People:** To help young people resist drug misuse, so they can fulfill their potential in society
- **Communities:** To protect our communities from drug related anti-social and criminal behaviour
- **Treatment:** To provide treatment that enables people with drug problems to overcome them and live healthy and crime free lives
- **Availability:** To stifle availability of illegal drugs on our streets by disrupting drugs marketing and supply chains

How we will measure it

Short term outcomes

- More young people making healthy choices
- More young people accessing drug treatment successfully

Long term outcomes

- Less binge drinking among young people
- Less crime among young people and adults

7. Resources

7.1 Funding for the various elements of public health comes from many sources, including mainstream activities and budgets of the local organisations concerned and some from government departments.

7.2 Nearly all the work of public services could be seen as influencing health and wellbeing in its widest sense and much mainstream NHS spending can be seen as improving people's health as well as treating illnesses.

7.3 Here, we concentrate on the resources devoted to what most people would see as major contributors to improving their health. These are core activities of the organisations concerned, paid for by targeted funding streams or government grants.

Primary Care Trusts

7.4 PCTs have committed specific resources to tackle the priority areas of the white paper *Choosing Health*. Programmes are jointly planned with local authorities and the communities themselves using partnership monies.

7.5 The PCTs also want to shift investment from big acute hospitals to local primary care services and the Public Health team, so there are robust processes in place to enable this to happen.

7.6 The two PCTs in Kent will receive a total of £4.29m in specific allocations to deliver *Choosing Health* priorities. Due to financial pressures, not all of this money has been spent as intended in previous years but the full resource is available for 2007/08.

7.7 The Department of health allocated *Choosing Health* resources to PCTs specifically for improving healthy lifestyles relating to:

- Smoking
- Obesity
- Physical activity
- Mental health
- Sexual health
- Alcohol

7.8 In addition, PCT base budgets are funding stop smoking, community health and mental health services. PCTs also now have the responsibility for ensuring dental access and delivering preventive programmes in line with Choosing Better Oral Health. All these contribute to improving public health and are in line with the *Choosing Health* priorities also supported by local authorities, voluntary organisations, police and others.

Local authorities

7.9 Kent County Council has a range of activities that directly contribute to the wider health and wellbeing of the population of Kent. Annual spending on social services for adults of about £350m supports many people with long-term conditions. All other directorates in KCC also make significant contributions to public health.

7.10 The Children, Families and Education directorate is responsible for many aspects of wellbeing for children and young people.

7.11 The Communities directorate is responsible, among other things, for promoting healthy and sustainable communities as well as libraries and adult education, which are both key sources of information advice and support, and the Kent Drug and Alcohol Action Team.

7.12 The Environment and Regeneration directorate is responsible for promoting the environment in Kent, with a specific emphasis on regeneration and addressing deprivation, which are key to reducing health inequalities. It also has a direct health promotion focus in stewarding the county's country parks and open spaces and promoting healthy walks and green gyms, among other activities, to enable people to take more exercise.

District councils

7.13 Many district council functions have an impact on the health and wellbeing of their residents. Some are supporting Healthy Living Centres and regeneration schemes, which generate employment and affordable housing. Some are putting additional resources into *Choosing Health*. Some of their current priorities are listed above.

Private sector

7.14 The private leisure and health industry in Kent is a major employer and provider of health and fitness services and there are some 300 private sector companies operating in Kent.

Voluntary sector

7.15 Kent has hundreds of voluntary organisations, including many with charitable status dedicated to improving the welfare of those who benefit from their activities. Many organisations are active in supporting, advising and assisting more vulnerable people, including older people and those with disabilities. Often, but by no means always, they work in conjunction with statutory services.

Estimating the resources

7.16 Some of this funding is more specifically aimed at Public Health work. Table 5 and Table 6 estimate resources of this kind but we still need to identify and be clear about the wide range of resources aimed at improving Public Health.

Core Public Health Teams

7.17 The two Kent PCTs and Kent County Council have core Public Health Teams funded by their mainstream budgets.

Table 5: Estimated funding for core public health teams in Kent 2007/08

Team	Approximate Funding £'000
Eastern and Coastal Kent PCT Public Health Team (includes Health Promotion)	£2,500
West Kent PCT Public Health Team (includes Health Promotion)	£1,300
Kent Public Health Team (two PCTs and KCC)	£300
	£4,100

Public Health Programmes

7.18 A significant number of specific programmes across Kent are funded from a variety of sources, including directly from Government Departments, but also from the local organisations' main budgets. Work is ongoing to identify the details. Some of these programmes are summarised here to give an idea of the range of activity and the level of resources.

Table 6: Estimated funding of public health programmes in Kent (2007/08)

Programme / Initiative	Approximate Funding £'000
Communities for Health	£ 100
Choosing Health	£ 4,290
Kent Alliance for Smoking and Health	£ 60
Kent Drugs and Alcohol Action Team	£14,546
Healthy Schools Programme	£120

Programmes Contributing to Public Health

7.19 A number of other programmes running across Kent make a major contribution to the Public Health agenda, so a proportion of their funding could be regarded as specifically for Public Health although the amount has not been identified at this stage. This list includes:

- Healthy Living Centres
- Sure Start
- Healthy Schools Programmes

7.20 A full analysis of the resources available for public health in Kent is being undertaken and will be completed in the autumn of 2007.

8. Appendices

Appendix 1 - Health Summary for Kent

Health summary for Kent

The chart below shows a number of indicators of people's health in this local authority. It shows the local value for each indicator compared to the England worst, England best, England average and Regional average. The circle indicating the local value is shown as amber if it is significantly better or red if it is significantly worse than the England average. An amber circle may still indicate an important public health burden. A white circle is not significantly different from the England average. For technical information about each indicator, see www.communityhealthprofiles.info

Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Income deprivation	141290	10.5	12.9	31.1		3.3
	2 Ecological footprint	n/a	5.975	5.470	6.430		4.904
	3 Homelessness	2322	7.8	7.8	35.8		0.0
	4 Children in poverty	47936	17.6	21.3	58.8		5.2
	5 GCSE achievement *	10273	61.4	57.5	33.6		81.9
	6 Violent crime	21444	15.8	19.8	41.1		5.0
Giving children and young people a healthy start	7 Smoking in pregnancy						
	8 Breast feeding						
	9 Obese children						
	10 Physically active children *						
	11 Teenage pregnancy (under 18) *	960	37.0	42.1	95.3		12.8
The way we live	12 Adults who smoke *	n/a	24.6	26.0	37.3		15.5
	13 Binge drinking adults	n/a	13.4	18.2	29.2		8.8
	14 Healthy eating adults	n/a	25.4	23.8	11.4		38.1
	15 Physically active adults	n/a	11.2	11.6	7.5		17.2
	16 Obese adults	n/a	24.4	21.8	31.0		14.6
How long we live and what we die of	17 Life expectancy - male *	n/a	77.4	76.9	72.5		82.2
	18 Life expectancy - female *	n/a	81.5	81.1	78.1		86.2
	19 Deaths from smoking	2477	224.1	234.4	366.5		147.6
	20 Early deaths: heart disease & stroke *	1268	81.6	90.5	151.3		44.9
	21 Early deaths: cancer *	1778	116.7	119.0	168.0		81.6
	22 Infant deaths *	68	4.4	5.1	9.9		1.2
	23 Road injuries and deaths	817	60.1	59.9	214.1		20.2
Health and ill health in our community	24 Feeling 'in poor health'	101353	6.6	7.8	15.4		4.2
	25 Mental health	18050	22.0	27.4	72.0		8.5
	26 Hospital stays due to alcohol	2562	185.8	247.7	652.4		85.6
	27 Drug misuse	5385	6.2	9.9	34.9		1.3
	28 People with diabetes	49090	3.6	3.7	5.9		2.1
	29 Children's tooth decay	n/a	0.9	1.5	3.2		0.4
	30 Sexually transmitted infections						
	31 Older people: hip fracture	1511	494.2	565.3	936.8		259.7

Significantly better than England average
Significantly worse than England average
Not significantly different from England average
* PSA Target Measure 2005-2008

Note (numbers in bold refer to the above indicators)
1 % of residents dependent on means-tested benefits. 2003.
2 Land (hectares per capita) required to support an average resident's lifestyle; no significance calculated. 2001.
3 % of households on local authority housing register who are statutorily homeless. 2004/05.
4 % in low-income households. 2001.
5 % achieving 5 A*-C. 2005/06.
6 Crude rate/1,000 pop 2005/06.
7 8 9 10 30 No comparable local data currently available.
11 Crude rate/1,000 female pop. aged 15-17. 2002-04.
12 13 14 16 %. Direct estimates from the Health Survey for England.
11 13 16 2000-02.
14 2001-02.
15 %. 2005/06.
17 18 Years. 2003-05.
19 Directly age standardised rate/100,000 pop. aged 35 or over. 2003-05.
20 21 Directly age standardised rate/100,000 pop. under 75. 2003-05.
22 Crude rate/1,000 live births. 2003-05.
23 Crude rate/100,000 pop. 2003-05.
24 Directly age standardised %. 2001.
25 Crude rate claimants of benefits/allowances for mental or behavioural disorders/1,000 working age pop. 2005.
26 Directly age sex standardised rate/100,000 pop. 2005/06.
27 Crude rate/1,000 pop. aged 15-64;no significance calculated for lower tier authorities. 2004/05.
28 %. 2005/06.
29 Average no. of decayed, missing and filled teeth in children aged 5; data incomplete or missing for some areas. 2005/06.
31 Directly age standardised rate/100,000 pop. aged 65 and over 2005/06.

Appendix 2 - Targets Associated with Key Outcomes

Priority 1 – Reducing health inequalities significantly

Short term outcomes

- Improved lifestyle choices by children in schools in deprived areas
- Improved lifestyle choices by adults and young people in deprived areas
- Improved access to public sector services
- Fewer smokers

Long term outcomes

- Halt in the rise of childhood obesity
- All schools reach the healthy school standard
- Infant mortality rates in Eastern and Coastal Kent better than the national average
- Improved education levels of looked after children
- Fewer people of working age on benefits
- Fewer children living in households with low income in the deprived areas
- Smaller gap in life expectancy from 6.5 years to 6 years
- Fewer cases of – and deaths from – cancer

Targets we are already committed to:

Kent Agreement

	Baseline (2004/05)	Target (2007/08)
• 4 week smoking quitters who attended NHS smoking cessation clinics	4961	9413
• Mothers smoking during pregnancy	19.73%	17.52%
	04/05	**07/08**
• 5 to16-year-olds taking 2 hours of high quality sport and PE weekly	45%	87%
• 5 to16-year-olds taking 3 hours of high quality sport and PE weekly	9%	19%

PCT targets

- 1% reduction per year in the proportion of women continuing to smoke through pregnancy (focus on most disadvantaged)
- Reduce smoking rate, contributing to national target rate in manual groups of 26% in 2010
- By April 2008, no-one waits more than 6 months for inpatient admission
- Continue to ensure no-one waits more than 13 weeks for outpatient appointments
- 100% access to a GP within 48 hours

T2010* Targets

- Enter into practical partnerships with the NHS, sharing resources to combat obesity and to encourage people of all ages to take responsibility for their health and wellbeing
- Create and launch initiatives that facilitate more competitive sport in schools, support after-school sports clubs and sponsor more inter-school competitions and holiday sports programmes

* *Towards 2010* targets, shown as T2010, are from Kent County Council's five-year strategy published in 2005

Priority 2 – Improving children's mental health and wellbeing

Short term outcomes

- Less smoking by pregnant mothers
- Increased levels of breast feeding
- Children joining in physical activity

Long term outcomes

- Healthier children through mother not smoking
- Less youth crime
- Better educational attainment
- Fewer referrals for inpatient Child and Adolescent Mental Health Services
- Smaller gap in life expectancy, down from 6.5 years to 6 years

Targets we are already committed to:

Kent Agreement

	Baseline (2004/05)	Target (2007/08)
• Children's centres with full core offer	2	72
• Mothers smoking during pregnancy	19.73%	17.52%
• 5 to16-year-olds taking 2 hours of high quality sport and PE weekly	45%	87%
• 5 to 16-year-olds taking 3 hours of high quality sport and PE weekly	9%	19%
• Educational attainment at age 16 for children leaving care	55%	65%
• Increased access for children aged 5 to 15 for tier 2 and 3 child and adolescent mental health services		

PCT targets

- 1% reduction per year in proportion of women continuing to smoke through pregnancy (focus on most disadvantaged)
- Reduce smoking rate, contributing to national target rate in manual groups of 26% in 2010
- By April 2008 no-one waits more than 6 months for inpatient admission
- Continue to ensure no-one waits more than 13 weeks for an outpatient appointment after being referred for specialist treatment
- 100% access to a GP within 48 hours

T2010 Targets

- Enter into practical partnerships with the NHS, sharing resources to combat obesity and to encourage people of all ages to take responsibility for their health and wellbeing
- Create and launch initiatives that facilitate more competitive sport in schools, support after-school sports clubs and sponsor more inter-school competitions and holiday sports programmes

Priority 3 – Improving sexual health and reducing teenage pregnancies

Short term outcomes

- More young people making confident choices
- Fewer young people reporting no use of contraception
- Fewer new cases of sexual health diseases

Long term outcomes

- Less infertility among adults wanting to have children
- Fewer new cases of HIV
- Teenage pregnancies down to the same levels as Europe

Targets we are already committed to:

Kent Agreement	Baseline (2004/05)	Target (2007/08)
• Percentage of people contacting sexual health (GUM) services seen within 48 hrs of contact	64.95%	96.82%
• Teenage pregnancy per 1000 females (Reduction in teenage pregnancy rate) 2005	35.5	26.7

PCT targets

- Agreed local teenage conception reduction, also reducing gap between worst wards and the average

T2010

- Introduce a hard-hitting public health campaign targeted at young people to increase their awareness and so reduce the damaging effects of smoking, alcohol, drugs and early or unprotected sex
- Encourage healthy eating by providing nutritious lunches through the “Healthy Schools” programme and launch a range of community-based healthy eating pilots

Priority 4 – More adults living healthier lives and preventing more disease

Short term outcomes

- Fewer smokers
- More adults taking recommended levels of physical activity
- Fewer obese people
- More adults leading a full active life following a heart attack

Long term outcomes

- Longer life expectancy

Targets we are already committed to:

Kent Agreement

	Baseline (2004/05)	Target (2007/08)
• CHD patients with blood pressure 150/90 or lower measured in the last 15 months	79.54%	81.95%
• CHD patients with cholesterol 5mmol/1 or less measured within the last 15 months	66.92%	71.22%
• People aged 15 to 75 with BMI 30+ as proportion of those with BMI recorded in last 15 months	19.09%	17.75%
• People aged 15 to 75 with BMI 30+ as proportion of people registered with a GP	18.65%	49.94%
	2006	**2008**
• Adults taking 30 minutes sport and physical activity on at least 5 days per week (age standardised rate)	24.2%	28.8%

PCT targets

- Contribute to national reduction in CHD death rates in under 75s

T2010

- Increase opportunities for everyone to take regular physical exercise
- Enter into practical partnerships with the NHS, sharing resources to combat obesity and to encourage people of all ages to take responsibility for their health and wellbeing

Priority 5 – Enabling more older people to live at home with chronic disease

Short term outcomes

- Fewer emergency admissions
- Fewer admissions to hospital and care homes

Long term outcomes

- Better quality of life
- More older people on home care packages

Targets we are already committed to:

Kent Agreement

	Baseline (2004/05)	Target (2007/08)
• People aged 65 and over helped to live at home	92	95
• Reduction in emergency acute bed days aged 75 and over	465,677	462,908
• Reduction in adults in permanent residential/nursing placements	1,920	1,704
• Supporting people clients completing move into independence	1,635	5,337

PCT targets

- Increase in the number of community matrons
- Achieve target uptake rate for influenza immunisation in over 65s, targeting population with lowest life expectancy
- 80% of people screened for early detection of diabetic retinopathy yearly

T2010

- Increase opportunities for everyone to take regular physical exercise
- Enter into practical partnerships with the NHS, sharing resources to combat obesity and to encourage people of all ages to take responsibility for their health and wellbeing

Priority 6 – Reducing substance misuse and excessive alcohol drinking

Short term outcomes

- More young people making healthy choices
- More young people accessing drug treatment successfully

Long term outcomes

- Less binge drinking among young people
- Less crime among young people and adults

Targets we are already committed to:

PCT targets

- Increase participation of problem drug users in drug treatment and the proportion of users sustaining or completing treatment
- Reduce drug related deaths

T2010

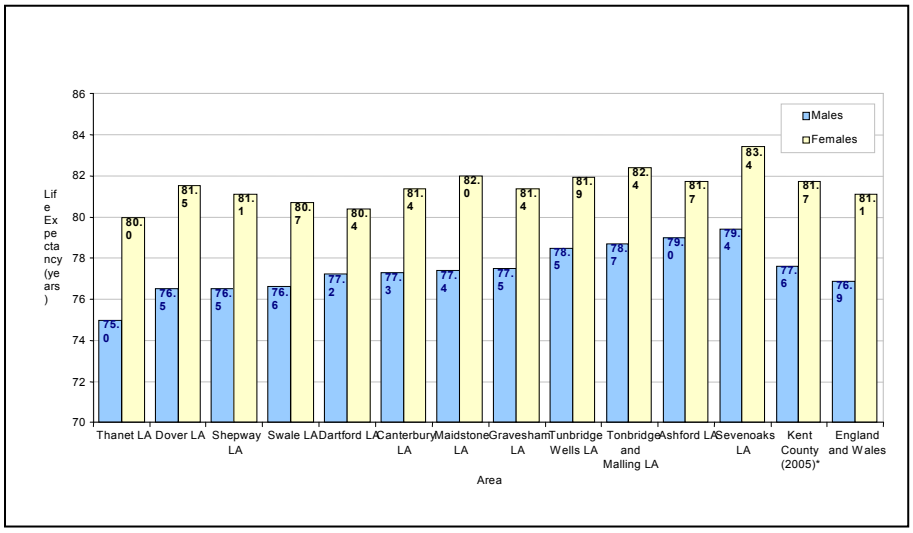
- Introduce a hard-hitting public health campaign targeted at young people to increase their awareness and so reduce the damaging effects of smoking, alcohol, drugs and early or unprotected sex

New targets will be developed following the recommendations of the NHS Overview and Scrutiny Select Committee on Alcohol Misuse and the recent publication of the revised National Alcohol Strategy *Safe.Sensible.Social.*

Appendix 3 - Health Inequalities

Life Expectancy at Birth 2003 – 2005

A3.1 Thanet local authority area (LA) has the lowest life expectancy for both males and females at 75.0 and 80.0 respectively. This is substantially below the Kent County averages of 77.6 and 81.7 and the England and Wales averages of 76.9 and 81.1. The district with the highest life expectancy is Sevenoaks with males expected to live to 79.4 and females to 83.4.



Source: NCHOD Compendium of Clinical and Health Indicators

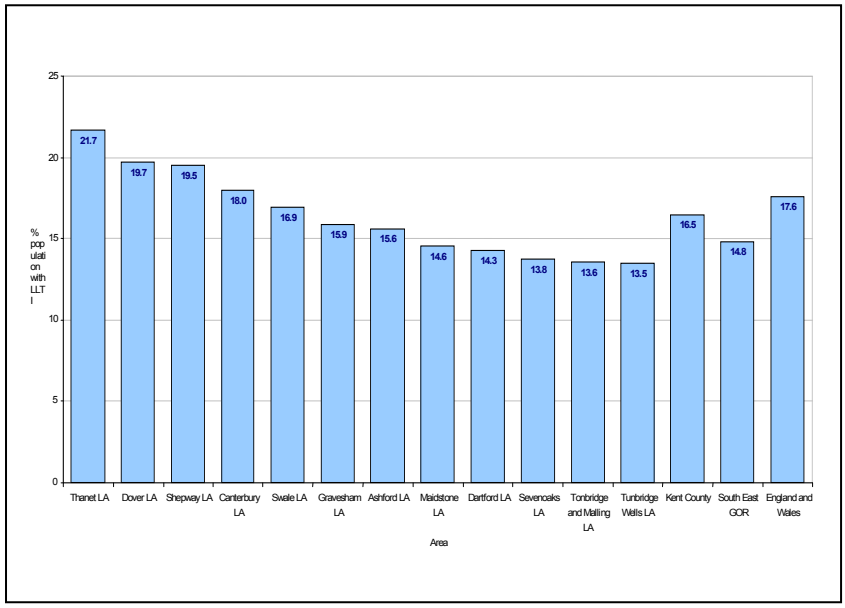
Long term Limiting Illness

A3.2 The 2001 Census asked people whether they had a Limiting Long Term Illness (LLTI).

Limiting Long Term Illness (LLTI), 2001

A3.3 According to the 2001 Census, Thanet LA has the highest percentage of people reporting to have a limiting long term illness at 21.7% of the population. Dover and Shepway LA's show the second and third highest proportions of people with LLTI's at 19.7% and 19.5% respectively.

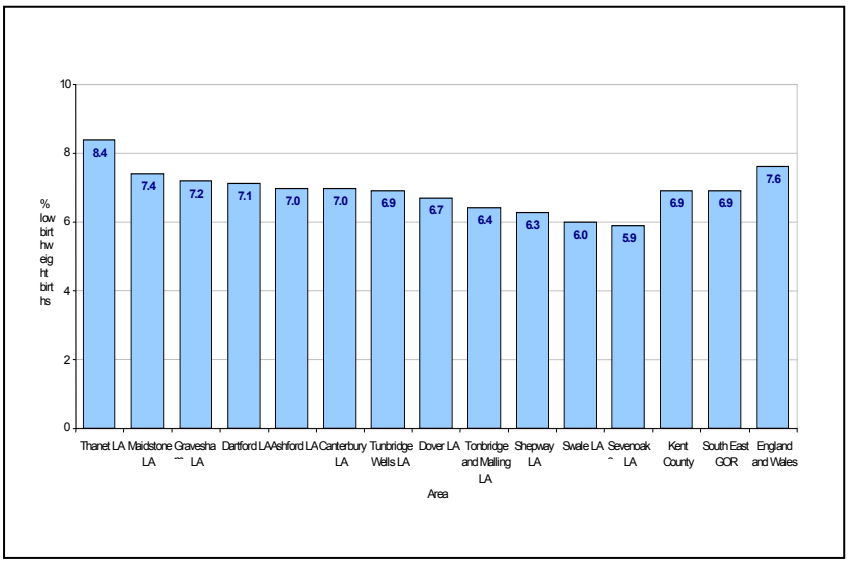
A3.4 These figures are much higher than the averages for Kent County (16.5%), the South East region (14.8%) and England and Wales (17.6%). Tunbridge Wells LA has the lowest percentage of people reporting to suffer from a LLTI at 13.5% of the population.



Source: NCHOD Compendium of Clinical and Health Indicators

Low Birth weight Births, 2005

A3.5 Low birth weights are associated with health inequalities, prenatal and infant deaths and may be linked to poorer health in later life. Higher rates generally occur in areas with higher levels of deprivation. In Kent the highest rate is in Thanet (8.4%) and the lowest in Sevenoaks (5.9%).



Source: ONS Vital Statistics VS2

A3.6 Thanet has a much higher percentage of low birth weight births than the rest of the Kent districts, at 8.4%. This is also noticeably above the rates for Kent County (6.9%), South East region (6.9%) and England and Wales (7.6%).

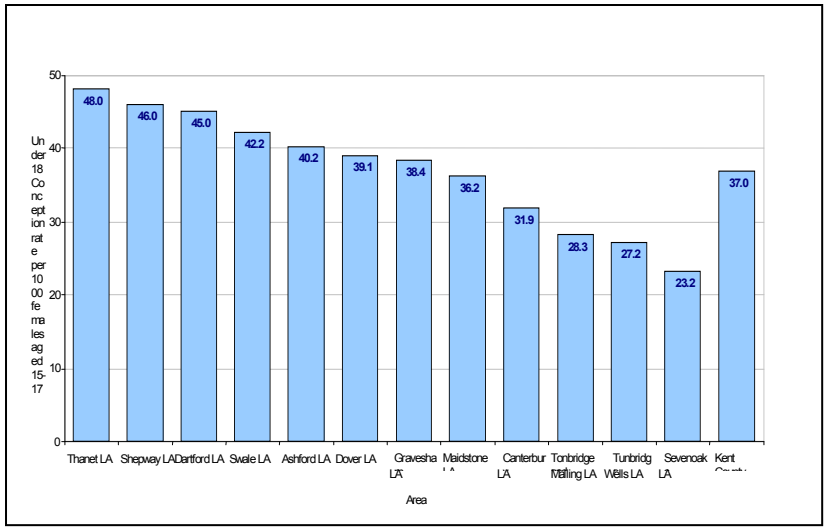
A3.7 The rest of the districts in Kent have rates that are below the England and Wales rate of 7.6%, the highest being Maidstone (7.4%), Gravesham (7.2%) and Dartford (7.1%). The districts with the lowest percentage of low birth weight births are Sevenoaks (5.9%) and Swale (6.0%)

Teenage conceptions

A3.8 Teenage conception leads to poorer health for both the babies and their mothers. The teenage conception rate is the number of conceptions per 1,000 girls aged 15 to 17.

Under 18 Conception Rates, 2002 - 2004 Pooled Data

A3.9 Thanet has the highest under-18 conception rate of all Kent districts, with 48.0 conceptions per 1,000 15 to17-year-old females.



Source: Teenage Pregnancy Unit

A3.10 Shepway, Dartford, Swale, Ashford, Dover and Gravesham also have higher rates than the Kent County average of 37 conceptions per 1,000 females aged 15 to 17. The lowest teenage conception rate occurs in Sevenoaks (23.2).

Appendix 4 - Local Communities Leading for Health

A4.1 It could be said that all of the work of District Councils and their partners contributes to improving health and wellbeing to some extent. However, some of their activity is aimed more specifically at public health issues. A selection of these priorities and ways of tackling them are set out in this Appendix to highlight the central role of District Councils and their local partners in improving health and wellbeing.

A4.2 All the Districts are taking action on some initiatives, such as introducing smoke free legislation. Many of the District Councils are updating their Community Strategies in the light of progress already made, new information about the needs of the community and evidence of what works best. Specific actions may change as these plans are developed further.

Ashford Borough Council

A4.3 Public Health priorities include:

- Reducing health inequalities
- Focusing on the health and wellbeing of children
- Improving access to primary care services

A4.4 Actions to tackle these issues include:

- Carrying out an “Equity Audit” to pinpoint where inequalities exist in the area and making plans to redress the balance
- Carrying out a “race impact assessment” to make sure there is equity for people from minority ethnic communities
- Planning the number and location of primary health centres for the future, taking account of population growth
- Neighbourhood Environmental Protection Officers, who will enforce smoking legislation as well as dealing with litter, graffiti and other environmental issues
- Promoting and providing facilities for leisure and sport, including an exercise physiologist for cardiac rehabilitation and the East Kent Exercise Referral Scheme
- Working with the most disadvantaged and most vulnerable to provide suitable housing
- Making best use of parks and open spaces to promote physical activity
- Ensuring economic development and regeneration, including improving the town centre area and the regeneration of Stanhope
- Concessionary fares targeted at the elderly to maintain physical mobility and reduce depression
- Developing “Ashford Voice” to communicate with residents on a range of issues and introduce a consultation charter
- Implementation of a Social Inclusion Strategy, including hard to reach groups

Canterbury City Council

A4.5 Public Health priorities include:

- Reducing health inequalities
- Increasing involvement of drug users in treatment programmes
- Improving access to Community Health Professionals

A4.6 Actions to tackle these issues include:

- Focusing on pregnant women who smoke
- Increasing uptake of breastfeeding

- Reducing poverty and disadvantage by targeting information and signposting to disadvantaged groups

Dartford Borough Council (in partnership with Gravesham BC)

A4.7 Public Health priorities include:

- Reducing health inequalities
- Reducing childhood obesity
- Reducing teenage pregnancy
- Reducing youth crime

A4.8 Actions to tackle these issues include:

- Raising health awareness in priority communities and groups
- The Healthy Living Centre, "The Grand", contributes to reducing inequalities by improving access to sexual health services, smoking cessation services and many other initiatives
- A wide variety of projects, including cooking, hygiene and healthy eating
- "Positive Futures" initiative with Charlton Football Club and "don't sit, get fit" programme to increase physical activity amongst school children
- Developing the "Living Well" project into a Healthy Living Centre

Dover District Council

A4.9 Public Health priorities include:

- Improving and promoting the range and availability of Health and Social Care facilities
- Reducing the number of people who smoke
- Increasing the number of people taking regular exercise
- Improving access to healthy eating

A4.10 Actions to tackle these issues include:

- Increasing opportunities to stop smoking
- Encouraging more people to set up walking bus schemes
- Launching self-guided walking trails
- Using the Healthy Living Centre (Project DELTA) to run projects including cooking, hygiene and healthy eating
- Being a partner in the opening of Fowlmead Country Park providing leisure, recreational and sporting facilities and activities
- Establishing a Community Sports Network to deliver sports development objectives throughout the District
- Developing a Skatepark
- Improving inspection procedure for Health and Safety and continuing food hygiene inspections, including increasing public awareness and enforcement activities
- Developing, in partnership, Dover Sea Sports Centre and Aylesham Indoor and Outdoor Sports facility

Gravesham Borough Council (in partnership with Dartford BC)

A4.11 As Dartford above and, in addition, actions to tackle these issues include:

- Working with children on projects to increase physical activity and reduce childhood obesity
- Health Action Gravesham Partnership leads many initiatives such as food, nutrition, exercise and working with older people to increase healthy and active lifestyles

- Ensuring sustainable development in a number of growth and regeneration areas, including Ebbsfleet Valley, Northfleet Embankment, NE Gravesend, Canal Basin and Lord St / Parrock St and Eden Place
- Ethnic Health and Social Care Forum
- "Active Listening" Service for young people
- Helping communities clean up their local environments
- "Theatre in Schools" drug education and antisocial behaviour in partnership with education
- "Back to Work" programme in partnership with Jobcentre Plus, focusing on those who find it hardest to get back to work
- Weekly exercise sessions for older people

Maidstone Borough Council

A4.12 Public Health priorities include:

- Reducing health inequalities
- Promoting healthy lifestyles to improve *Choosing Health* priority areas, i.e. to improve mental health and wellbeing and sexual health and to reduce substance misuse, obesity and smoking
- Focus on community based services that promote mental health, healthy and independent living
- Reducing teenage pregnancy
- Reducing issues related to criminality such as substance misuse, including alcohol and domestic violence

A4.13 Action to tackle these issues includes:

- Developing Community Health Plan for the Borough with a Health Action Team to oversee it
- Teenage pregnancy outreach worker
- Providing information and advice about healthy eating and general health awareness
- Developing lifestyle referral service
- Supporting independence for elderly people
- Park Wood Plus project, which runs a Healthy Living Centre
- Green Gym project
- Community development workers in most deprived areas

Sevenoaks District Council

A4.14 Public Health priorities include:

- Promoting and improving physical and mental health
- Improving access to health and social care services

A4.15 Action to tackle these issues include:

- Increasing participation in healthy lifestyles initiatives and programmes which address the *Choosing Health* priorities, i.e. to improve mental health and well-being and sexual health and to reduce substance misuse, obesity and smoking
- Increasing the number of schools participating in the Healthy Schools initiative across the District
- Improving access to NHS dentists
- Encouraging use of sports and leisure centres to increase physical activity
- Targeting priority neighbourhoods and socially excluded groups using health needs assessment / equity audits to inform service planning
- Putting in place primary care mental health teams offering a range of options

Shepway District Council

A4.16 Public Health priorities include:

- Focusing on promoting wellbeing and independence
- Providing services closer to home or at home
- Reducing smoking
- Reducing obesity, especially childhood obesity

A4.17 Action to tackle these issues include:

- Publication of easy to use literature, both written and electronic, describing services available
- Smoke free workplace initiatives and piloting exercise and diet programmes in the largest employers
- Tackling childhood obesity through schools
- Pilot programme to provide community based services closer to home

Swale Borough Council

A4.18 Public Health priorities include:

- Reducing health inequalities
- Preventative strategies for health and social care
- Improving access to services

A4.19 Action to tackle these issues include:

- Swale Neighbourhood Renewal Strategy to support improvements in the quality of life and choice in target communities
- Action to renew areas, such as Queenborough and Sheerness
- Building more primary care centres and providing more services locally
- Pathfinder Joint Service Centres linking up activity of public, voluntary and community organisations

Thanet District Council

A4.20 Public Health priorities include:

- Mental Health and wellbeing
- Cancer, heart disease and strokes
- Older people
- Children, young people and families
- Increasing physical activity

A4.21 Action to tackle these issues include:

- Single point of referral for children with emotional and behavioural difficulties to Child and Adolescent Mental Health Service through a multi-agency team
- Providing additional smoking cessation interventions
- Expanding community walking and exercise schemes
- Healthy eating programmes in schools and the community
- Falls prevention
- Developing community based family support services

Tonbridge and Malling Borough Council

A4.22 Public Health priorities include:

- Reducing inequalities by focusing on vulnerable groups and priority communities
- Helping people choose healthier lifestyles through exercise, healthy eating and smoking cessation
- Improving mental health and wellbeing, sexual health and reducing substance misuse

A4.23 Action to tackle these issues include:

- Consulting with hard to reach groups
- Extending the Council's lifestyles referral scheme at its sports centres
- Promoting activities and services for young people, including the building of a skatepark
- Continuing regeneration projects in Snodland and East Malling
- Establishing a community project in Trench, North Tonbridge, taking forward the results of a recent health needs assessment
- Helping to promote healthy eating and smoke free environments
- Working with the voluntary sector to promote healthy living projects

Tunbridge Wells Borough Council

A4.24 Public Health priorities include:

- Reducing health inequalities
- Promoting healthy lifestyles to improve mental health and wellbeing and sexual health and to reduce substance misuse, obesity and smoking
- Improving access to services

A4.25 Action to tackle these issues include:

- Providing information and advice about lifestyle choices, including sexual health, mental health, smoking, obesity and alcohol
- "Go and try" incentive scheme to increase physical activity
- Healthy Eating and Smoke free award scheme for workplaces, restaurants and schools
- Encouraging social inclusion by encouraging volunteering and including communities, particularly vulnerable groups in decision making including, "Volunteer of the Year" award scheme and the redevelopment of Sherwood Community Centre

Conclusion

A4.26 The list reflects the similarities between districts as well as the differences. We need to improve the co-ordination of activity and resources to make sure that they are used to best effect and to secure the greatest benefit for people in whichever district they live.

A4.27 Local Area Agreements have shown that strategic priorities can be identified and then delivered in ways that are best for each district. We need to do more to make sure that Local Strategic Partnerships are as effective as possible and can make better public health for all a reality.

Appendix 5 - Older People and Chronic Illness

Figure A5.1 - Population increase

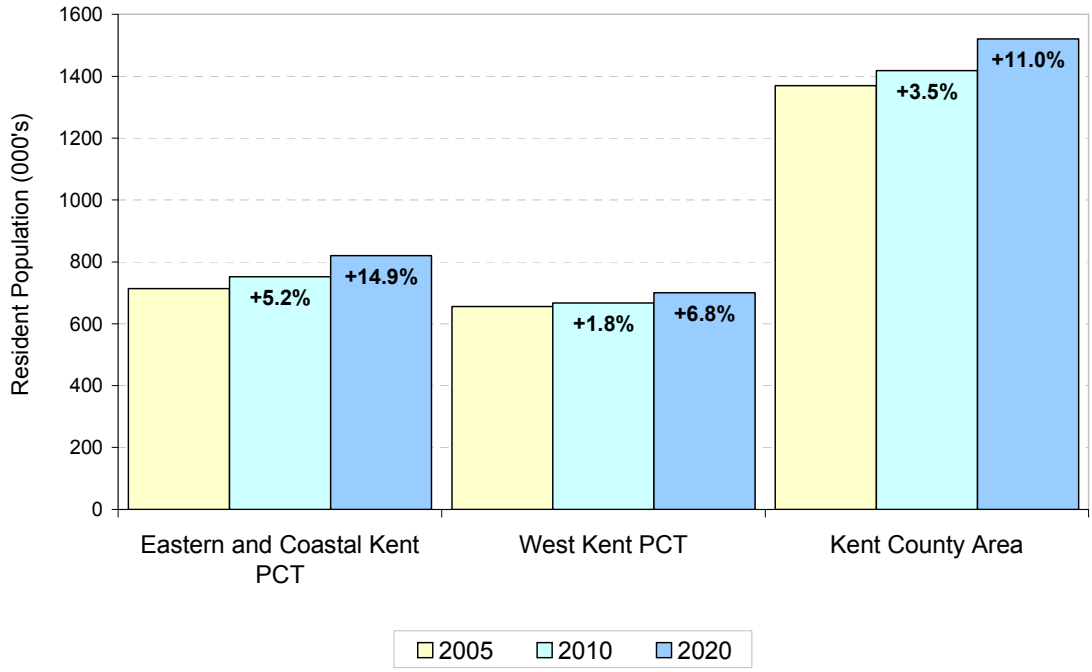
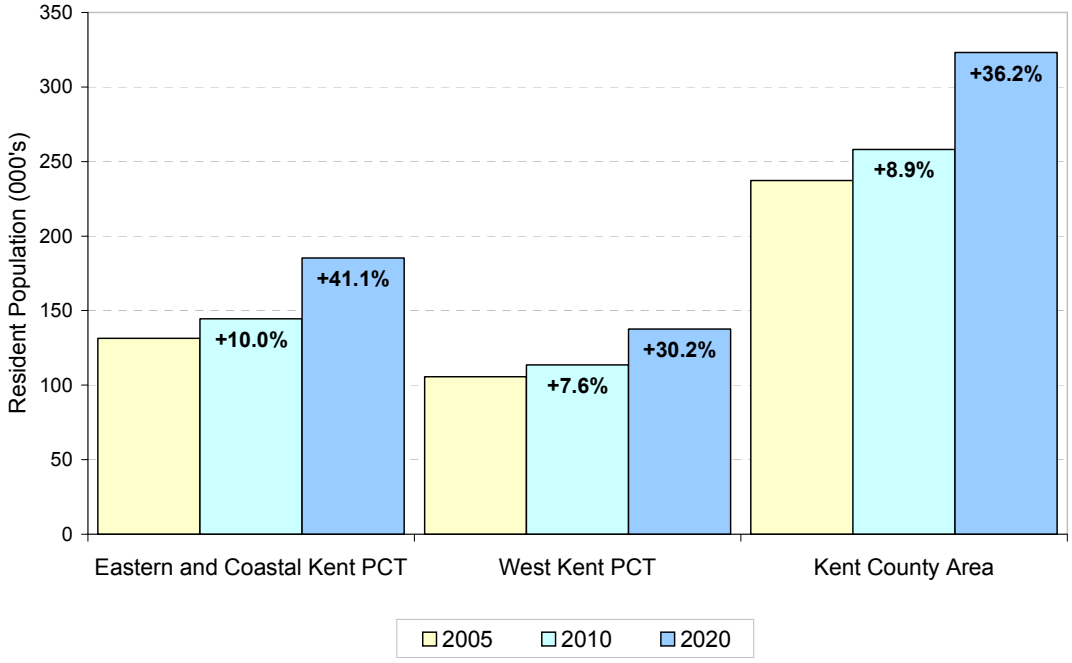


Figure A5.2 - Older person's (aged 65+) population increase



Appendix 6 - Children and Young People

Targets for action

A6.1 How effective we are will be measured in a number of ways. Our targets for action are:

- Reduce the gap in infant mortality (children under 1) between areas of lower deprivation and the population as a whole by 2010.
- Reduce the percentage of children and young people (CYP) who are regular smokers (2010).
- Increase the number of accredited Healthy Schools.
- Increase the number of CYP who have opportunities to take part in physical activity, including opportunities to play.
- Increase the number of 5 to 16-year-olds taking 2 hours of high quality sport and PE weekly from 45% to 87% and 3 hours from 9% to 19%.
- Increase the number of children who walk or cycle to school.
- Reduce the percentage of children who are obese (National statistics show the percentage of children aged 2 to 10 who are obese or overweight was 27.7% in 2005. PCTs are required to measure all primary school children in reception (age 4 to 5) and all primary school children in year 6 (age 10-11).
- Reduce waiting times for Tier 3 Child and Adolescent Mental Health Services and referrals for Tier 4 CAMHS.
- Reduce the levels of substance misuse and alcohol above recommended levels
- Increase participation of young people under 18 in drug treatment and targeted prevention services by 50% by 2008 (national target).
- Reduce under 18 conceptions per 1000 by 50% by 2010 (national target).
- Ensure all CYP are registered with a GP and 100% access to a GP within 48 hours.
- Increase the number of Children's centres to 72 by 2008.
- Improve sexual health and reduce teenage pregnancies.

Appendix 7 - The Current Partnerships

A7.1 A number of partnerships across Kent bring many of the key organisations concerned with public health together.

A7.2 **Kent Partnership and Public Service Board** - The Kent Partnership includes all the major public and private sector organisations in Kent and provides an opportunity to co-ordinate the actions of all of them towards issues of mutual concern and interest. The Public Service Board is a sub-group of the Kent Partnership and consists of the major public sector organisations. It is responsible for The Kent Agreement (the Local Area Agreement for Kent).

A7.3 **Local Strategic Partnerships** (LSPs)- These local groups are often based on district boundaries, or groups of adjacent districts, and are led by district councils. The most important local organisations are represented, including Primary Care Trusts and the County Council. LSPs co-ordinate their members' actions on issues of local importance.

A7.4 **Crime and Disorder Reduction Partnerships** (CDRPs) – This is the main meeting point for all agencies involved in dealing with crime (police, probation service, local authorities, education etc). They produce the crime reduction strategies for the local area.

A7.5 **Children's Trusts** - These are relatively new organisations created to ensure all aspects of services for children and families are properly co-ordinated and delivered. They involve the NHS, education, social services, local councils and others.

A7.6 **Kent Drug and Alcohol Action Team** (KDAAT) - This is responsible for planning and commissioning all services to address drug and alcohol misuse in Kent. It involves all the major organisations concerned in preventing and treating drug abuse.

A7.7 **Kent Alliance on Smoking and Health** (KASH) - This is a partnership between local authorities and organisations in Kent that have an interest in tobacco control issues, in particular smokefree workplaces and public places. The partnership is steadily growing and already includes members from:

- Kent and Medway primary care trusts
- Kent County Council
- Kent district councils
- Medway Council
- Kent and Medway Trading Standards
- HM Revenue & Customs

Appendix 8 - National Policy Framework

A8.1 Current policy on public health has a number of strands. All of them stress closer working and integration between the NHS and local government and emphasise promoting health and preventing dependency upon statutory services. The overarching theme throughout is addressing health inequalities.

A8.2 A number of these policy strands also appear in the Department of Health's and the annual NHS Operating Framework and its Public Service Agreement with the Treasury. These include: extending life expectancy, decreasing child mortality and others.

A8.3 Critically, the general thrust is that responsibility for public health extends far wider than the NHS and its health promotion services. There is a clear expectation that interventions should be based on good evidence of need and effectiveness and that people must take responsibility for their health and wellbeing, supported by high quality and accessible information and services.

A8.4 Together, these elements constitute the Fully Engaged Scenario described in the Wanless report.

Policies, Publishers, Dates

Smoking Kills – DH 1998

Saving Lives – Our Healthier Nation - DH 1999

Securing Our Future Health: Taking a Long-Term View – HMT 2002

Securing Good Health for the Whole Population – HMT & DH 2004

Choosing Health – DH 2004

Choosing Better Oral Health – DH 2005

Creating a patient led NHS – DH 2005

Getting Ahead of the Curve – DH 2003

Our Health, Our Care, Our Say – DH 2006

Neighbourhood Renewal Strategy – HMG 2001

Strong and Prosperous Communities – DC&LG 2006

Every Child Matters – DH 2003

Tackling Health Inequalities – A Programme for Action - DH 2003

Healthy Schools Programme – DH DfES 1999

Joint Commissioning Framework for Health and Wellbeing – DH 2007

Communities for Health Programme – DH 2004

Appendix 9 – Reductions in Early Death Rates from Heart Disease and Cancer in Kent

Figure A9.1 – Early death rates from heart disease and stroke

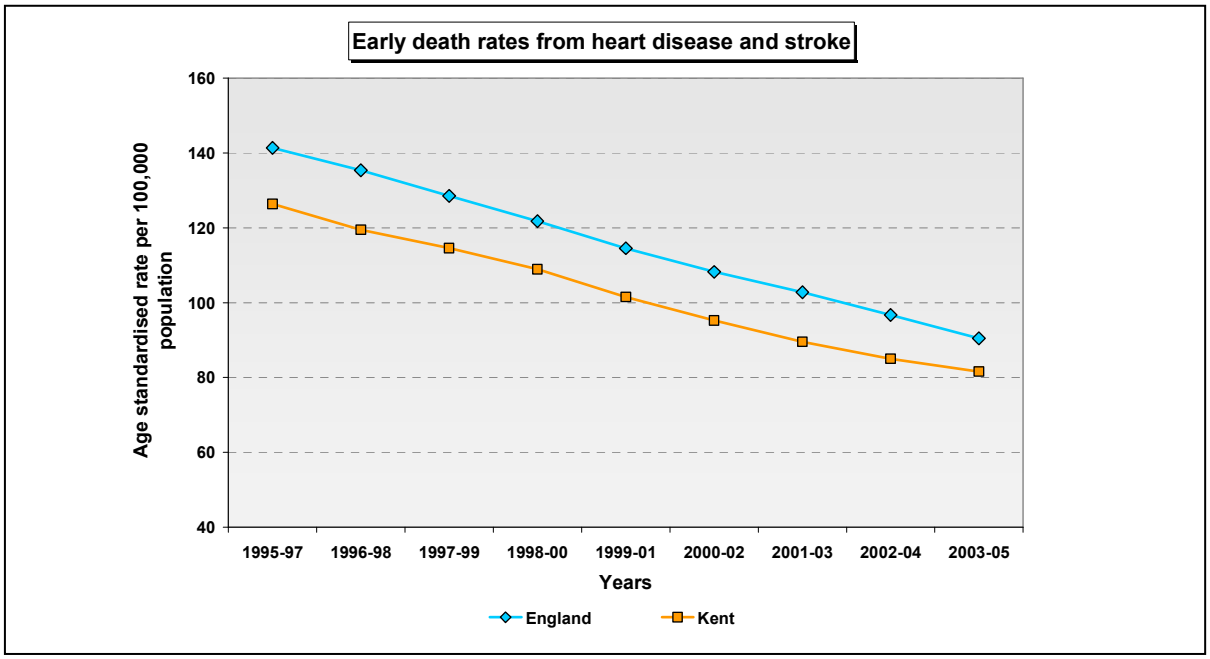
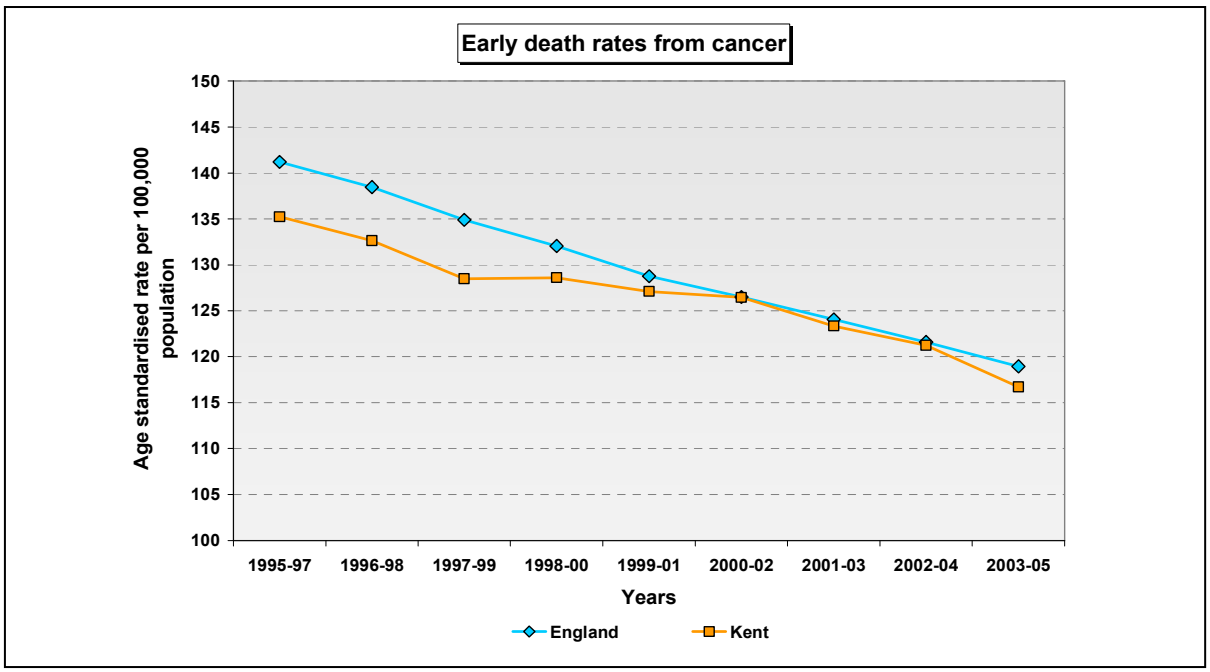


Figure A9.2 – Early death rates from cancer



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To: County Council - 6 September 2007

By: Assistant to Chief Executive

Subject: Informal Member Group "Going Local" - Concluding Report to County Council and Cabinet September 2007

Classification: Unrestricted

Summary: The report:

(i) Provides outcomes from the work of the Informal Member Group on the Localism Agenda both in Kent and nationally, reaches conclusions and makes recommendations and suggestions for future actions;

(ii) Places before County Council Members recommendations for future direction, with particular reference to the Kent Commitment, the Local Government and Public Involvement in Health Bill, the Lyons Review and Member Roles, so that Members' comments can inform future consideration by Cabinet and Chief Officers;

(iii) Suggests innovative and flexible use of modern technology including websites and Kent TV to influence and improve future engagement with public service users throughout Kent.

FOR CONSIDERATION BY MEMBERS SO THAT THEIR VIEWS CAN BE APPENDED WITHIN THE INFORMAL MEMBER GROUP'S REPORT TO CABINET.

Section A: Introduction and Background

1. This report on "Going Local" represents the conclusion of detailed work which commenced in March 2006 following the appointment of the Informal Group (IMG) by the Leader of the County Council, Mr Paul Carter.

2. The Leader gave the IMG the following Terms of Reference:

"To make recommendations to the County Council on

(a) functions which could be undertaken by a Local Democratic Structure; and

(b) the impact of the Government Agenda on Localism for current democratic structures "

3. The extensive work to date has been summarised in a number of interim reports to County Council (25 May 2006) and Cabinet (September 2006*).* The work has examined in detail aspects of KCC's strategies, policies and service operations, all of which currently have an impact at local level. It has also looked in depth at the existing Local Boards framework and the emerging Joint Local Board Pilots and Neighbourhood Forums in Dover. The IMG has also examined the role and functions of the Kent Partnership, Local Strategic Partnerships, Crime and Disorder Reduction Partnerships, with particular emphasis on Member roles.

4. The IMG has also examined a framework under which functions and some local decision-making could be delegated to local level. A risk analysis was also carried out in parallel with that framework.

5. Customer access to Members and Member roles were also examined, particularly the effect of the development of Gateways via a roll-out programme across Kent.

6. In parallel with the work of the IMG there have been, and still are, significant developments in terms of policy direction and drivers at both local and national level. Collectively, these are:

(1) the Local Government White Paper and the subsequent Local Government and Public Involvement in Health Bill

(2) the Lyons Review and Place-Shaping

(3) the "Kent Commitment" agreed in January 2007 to improve Two-tier Working between KCC and District Councils

(4) the Local Agreement and District Chapters

(5) Comprehensive Performance Assessment 2008 and future Corporate Area Assessment

(6) the mixed performance of some current Local Boards, CDRPs and LSPs

(7) the public's wish to be involved in local service planning and delivery and to see outcomes from their input

7. The report considers the way forward for Localism in Kent within this context, and especially those factors which could influence future community engagement strategies. In particular the report addresses the changing role of Members, and the use of new technology and multi-agency centres as well as more traditional styles of engagement to facilitate appropriate and effective two-way communication with the public on local service policies, priorities and performance.

8. The report also looks at how, on behalf of local communities, there could be service performance review and positive scrutiny of locally delivered services by joint authority bodies led by Members.

9. Many services are already highly devolved in terms of local delivery, but Members of the IMG believe there is a strong case for further local delegation in defined service areas and within a clear framework. The arguments for this case were made in 2006 and should be taken further. With any scheme of delegation there would need to be an appropriate framework for risk management and governance.

SECTION B

1. CONCLUSIONS FROM THE INFORMAL MEMBER GROUP

1. KCC has built substantial capacity in Localism since 2004 in terms of networks, awareness, trust and capability to work at local level with tangible outcomes; it now needs to develop local networks further in order to maximise potential.

2. The current Local Boards, (LBs) are popular and well-supported in some areas but not all; LBs have had variable success and are not liked by all Districts. KCC therefore needs to consider what other forms of structure would help develop the localism agenda.

3. Kent's engagement with Parish and Town Councils is innovative and very well-developed compared to other authorities (South-East England Employers' Conference, 28 June 2007); this needs to be a stepping stone to future success in community involvement in local services.

4. "One size does not fit all": Kent is a county with widely varying characteristics and needs; within a single framework for Localism in Kent, KCC and its partners should use innovation and flexibility to achieve best outcomes for its public and other Partners (this has already been exemplified in Dover and in Tonbridge & Malling).

5. Comprehensive Performance Assessment and Comprehensive Area Assessments require that there is more effective joint working which is evident for the public to see; this must be borne in mind in any future strategy for localism.

6. There needs to be acceptance of the legitimacy of the role of all Members, KCC/Districts/Town/Parish Councils and others as equal partners on local bodies.

7. Member and Officer Roles are fundamental to the development of effective local involvement; Members and local officers need to be proactive, fair, firm when the situation demands, and operate in a style which is appropriate for their public, the meeting or event.

8. There needs to be wider opportunity for front-line councillors from all parties to develop community roles from a position where they are empowered to do more; this will mean the Cabinet and Chief Officers "letting go" more, within agreed and well-defined limits, and considering local delegation.

2. RECOMMENDATIONS FROM THE INFORMAL MEMBER GROUP

1. The principle of setting up Joint Local Boards/Forums with District Councils and Town/Parish Councils should be accepted.

2. A new Strategy for Localism should build on the capacity gained from Localism Initiatives to date and use this to maximum potential.

3. KCC and its partners should build on the positive outcomes from Dover Neighbourhood Forums , Tonbridge and Malling Joint Local Board and successes at the more effective Local Board meetings held during the past three years.

4. Localism should be more outcome-focussed with regular reports to Cabinet/Cabinet Members and others; there should be prompt feedback to the public on specific issues raised at local meetings; electronic media and the KCC website should be used for this.

5. Two key objectives in the way forward should be to meet the "place-shaping agenda"envisaged by Lyons, and to encourage all political representatives to become champions and leaders of their communities.

6. There should be clear links to LSPs, CDRPs and other structures set up in response to new initiatives, for example Childrens' Trusts, with Member roles and accountabilities defined to meet objectives of the Kent Commitment and individual council needs.

7. Local Board outcomes need wider publicity at local level, not just in the Press, but through structured local networks including the development and use of modern systems including the Web and Kent TV. There may be a resource implication for this.

8. Chief Officers and Cabinet should identify which services can be delegated to local level and be influenced by local Member views based where possible on community needs and preference.

9. Budget options and priorities for local service provision should have major Member influence locally so that the prioritisation of spend at local level is a bottom up process within an overall financial settlement.

10. KCC should explore further with District Councils and other local partners what they believe would improve community engagement at all levels within their District, within the objectives of the Kent Commitment.

11. **KCC should adapt Local Boards and extend Joint Local Boards and Neighbourhood Forums to other Districts according to local wishes.**

12. **Member Development (including the need for training of Chairs of Local Boards and Forums) should be structured to achieve the objectives set out above and to embrace KCC's "Ways to Success" strategy so that the public's views and needs can be understood and responded to in an appropriate way.**

13. **There should be an improvement in informal consultation processes for local services (eg based on similar lines to those currently operating within Kent Highway Services), and resources should be made available for the new strategy**

14. **Use the roll-out of Gateway Facilities for co-location of Member and Local Services Surgeries.**

15. **There should be a mechanism to assess the effectiveness of the overall structures emerging from the Kent Commitment and associated new partnerships.**

16. **In light of the emerging policies on Localism, resources should be made available to enable the new strategy to be delivered; the role and number of Community Liaison Managers will need to be re-defined together with the need for support staff.**

17. **Selected KCC grants and those of other public, private and voluntary bodies should from 2008/09 be aligned with the objectives within KCC and DC Community Strategies and be used as an incentive for levering in additional money and pooling of resources.**

18. **Where there is agreement, there should be an option for Joint Transport Boards or Youth Advisory Groups to be merged with the new Joint Boards.**

19. **Consideration should be given for new Joint Boards to play a role in Community Call for Action through local scrutiny; alternatively DC Scrutiny Committees could be augmented through co-option of KCC Members.**

20. **Chairmanship of Joint Local Boards or Fora should be determined at local level and be open to Members from County, District, Town and Parish, on a rotational basis and according to local circumstances. There should also be a mechanism for planning and agreeing agenda topics throughout the year.**

21. **Given its objectives for Localism, KCC needs to consider what its response would be in the event of a District Council not wishing to be a partner in such an enhancement to Local Boards.**

Section C: The National and Local Context on Localism

10. Much has happened in the last year which adds further weight to "going local".

- The Power Commission has called for a democratic renewal which begins with local democracy.
- The "place-shaping" role of local government and its locally-elected representatives, trailed originally by Sir Michael Lyons in an Interim Report, has become everyday language in little over a year. Place-shaping denotes a set of activities and behaviours which characterise the pivotal role of local government as described in the Final Report by the Lyons Inquiry, and the October 2006 Local Government White Paper. It is currently reflected in the Local Government and Public Involvement in Health Bill on its passage through Parliament and for which Royal Assent is expected in November 2007.
- The same Bill creates a new Best Value duty to involve citizens in identifying local issues and solutions.
- It also identifies specific roles for local Members in bringing forward Community Calls for Action and broadening the scope of local scrutiny to hold a much wider range of public services to account.
- The Bill makes clear that a national concern for improved community cohesion will be dependent upon action at the level of local democratic bodies.

The significance of all these 'localism' developments has been clearly underpinned in the Kent Commitment agreed by the 13 councils in Kent in January 2007. Implementation of the Act will be done largely through regulation and guidance, and it is noteworthy that bodies representing the interests of local government, such as LGA, IDeA and LGIU, SOLACE etc, have taken a leading role. In the longer term, however, it is local authorities such as KCC and it's District Council Partners who will have to be accountable for future direction, actions, and outcomes.

Kent Context: the "Kent Commitment

11. Arising from the Kent Commitment signed in January 2007 is the need for a political interface to compliment two-tier working and to focus on local issues and priorities through involvement of KCC, Districts and other service providers. A local interface would also provide linkages between "Vision for Kent" and "Towards 2010" with Local Community Plans and actions, and enable progress and performance to be assessed.

12. Within the context of the Kent Commitment, Member roles also need to be defined (as envisaged by Lyons), so that through detailed briefings and other meetings Members have sufficient knowledge and support to help them fulfil their emerging role. This will include greater Member empowerment over the family of

local public services within their geographic area, and transformation of governance arrangements. A joint county/district group of Leaders and Chief Executives is taking this forward to evolve governance and delivery structures which are appropriate to Kent. The precise linkages and relationships are still being developed.

Delegation and Devolution

13. Many service areas are already highly devolved managerially and operationally. The work of the "Going Local" IMG, together with information gained from meetings with District Chief Executives and Leaders has suggested that further specific delegation of some local services is wanted and may be possible. However, discussion with Parish and Town Councils in various areas of Kent and also with KAPC has indicated that very few have the desire or more particularly the capacity for local day-to-day management of services at local level. There is a strong wish to be involved and consulted, but there is also a widely held view that service procurement and delivery is best left to those agencies with appropriate professional resources and capacity to do this. Equally, several districts share KCC's concerns that over-delegation could in itself compromise service standards and performance, particularly when BVPIs and overall accountability are taken into account.

14. (1) The Informal Member Group takes the view that Chief Officers and Cabinet should identify which services can be delegated to local level and be influenced by local Member views based where possible on community needs and preference.

(2) Additionally, budget options and priorities for local service provision should have major Member influence locally so that the prioritisation of spend at local level is a bottom up process within an overall financial settlement.

(3) Members also believe that there should be an improvement in informal consultation processes for local services (eg based on similar lines to those currently operating within Kent Highway Services), and resources should, within reason, be made available for this.

Pooling of Resources to Make a Difference at Local Level

15. Currently KCC and DCs currently have many different funding streams for grants, but objectives, criteria and control frameworks vary widely. There is evidence from recent discussions to suggest there is a case for KCC, DCs and other public and private bodies to align grants more closely with Community Strategies, at the same time leaving some flexibility for Local Members. This could, in turn, present opportunities for large scale match-funding with outside bodies. However, in KCC it is recognised that individual Member Community Grants are very personal to Members.

16. The proposals within the Dover Neighbourhood Forum Pilots will offer some experience of this later in the year and in time for the 2008/09 budget preparation. Dover DC is contributing £45,000 to Localism in 2007/08. This sum

is being placed within the remit of the Neighbourhood Forum Pilots for recommendation to respective executives who will make final decisions.

17. The IMG believes that selected KCC grants and those of other public, private and voluntary bodies should from 2008/09 be aligned with the objectives within KCC and DC Community Strategies and be used as an incentive for levering in additional money and pooling of resources.

Looking to the Future:

18. Local Boards have built effective local networks and capacity over the past 3 years. There are improved and sustainable links with DCs, parish and town councils, volunteer groups and other private sector and community groups. The full potential of these contacts has yet to be realised, but it is believed that the Kent Commitment, Lyons Review and Local Government Bill now all provide the opportunity for this to be achieved.

19. KCC has also led a significant development in communication between the public, Kent Parishes, and Town Councils via the Kent Parishes portal. This provides a link to a ready-made website for each parish and town council in the county, where parish clerks can publish information about their council such as agendas and minutes, plus local news, services and web links to local organisations and events. Many residents are already using the websites to get in touch with their parish council online, and there is great potential for further development and use in the future through KCC's support.

20. Districts' views on KCC Local Boards vary, but the majority find the links and the contacts, at Member and officer level, useful. Several have indicated within the past year that they would be willing to become involved in joint working, possibly within a future derivative of the current Local Boards framework. All Districts agree with KCC's view that "one size does not fit all" and welcome our willingness to be flexible in the approach to joint working. The Dover Neighbourhood Forum Pilots are progressing very well and are achieving their stated objectives through engaging more of the public - informally, but with local focus and clear outcomes and responses.

21. Several councils have indicated recently that they may be willing to work together at Member level. These would not necessarily be "joint local boards" but could also be modifications of current area committees, if that approach was deemed appropriate for all partners and could offer the possibility of making a real difference. Further exploratory work could be considered using lessons from existing pilots and also from DC Area Committee experiences.

New Techniques for Engagement: Electronic media and other methods.

22 "Numbers through the door" is not the only way of judging success. We need to look at participation and outcomes. To meet the aspirations of the Lyons' Report, and the Local Government and Public Involvement in Health Bill all elected Members must continue to adapt and modernise in the way public service providers engage the public. We must also understand our objectives for doing so. For example there could be wider development of Members' own websites and "blogs" to seek local opinion. Major debates on topics such as Health and Climate Change could be the subject of simultaneous webcasting in different areas with a panel answering questions to all listeners from one of the main venues. Kent TV will provide huge potential for communication and engagement on major policy issues. Members and officers will need to change and adapt so that we and other partners can experiment more.

23. KCC has tried the "Question Time" approach, with success, and also the "local service workshop" format at Neighbourhood Forum Meetings and some Local Boards. The latter format has proved popular with presenters and participants, and has also led to clear action points to be referred to councils and external agencies.

24. **Other Local Authorities:** KCC's "Going Local" IMG has looked at examples of Localism in other areas of England. For example, Lancashire CC, and Bucks CC have each operated a "Meet the Cabinet" Question-time in several venues; many authorities have a system of combined CC/DC and Parish/Town Forums.

25. **There are many other examples which are still under examination and which can inform future direction. However, because of its size and geographic complexity, Kent needs a solution which is flexible in approach and adaptable in style, with a focus on local outcomes and effective two-way communication for service users, service providers, and elected Members.**

26. Conclusions from the Informal Member Group

(i) IMG Members' views were obtained at the meeting of the Group held on 18 July 2007, following which the Conclusions and Recommendations listed in Section B2 of this Report were agreed.

(ii) These have been passed informally to Cabinet Members and to Chief Officers during August 2007. The response of the Chief Officer Group will be tabled at the County Council Meeting on 6 September.

27. Recommendation

The views of County Council Members are now requested so that these, together with the IMG's Report, and the views of Chief Officers, can be passed on formally for consideration by Cabinet, so that a series of options can be developed for taking forward with other local authority partners.

Report prepared on behalf of the Chairman and Members of the "Going Local" Informal Member Group.
Authors: John Wale (01622) 694006and Martyn Ayre (01622 694355)
Authors' email addresses: john.wale@kent.gov.uk and martynayre@kent.gov.uk

Background documents: Nil.

.**Dover Neighbourhood Fora** (update to August 2007)

- The principles were agreed with Dover DC, the Kent Association of Parish Councils and local Town/Parish Councils in the autumn of 2006, the first two rounds of meetings in public took place during November 2006 to June 2007. A 6-monthly progress report has now been prepared.
- All meetings have provided lively and interactive discussion on the main agenda topic. A significant number of outcomes have resulted, requiring action or consideration from services providers or from policy-making executives in KCC, Dover DC, Government Office for the South-East (GOSE), Health Authorities, and local ferry-operators. Feedback sessions have been held with Dover District Council officers and also with County Council Members.
- Key points arising from the Neighbourhood Forums are:-
  - The combined audience attendance for the first full round in late 2006/early 2007 was more than 200, with an average of more than 40, and a maximum of 60+ for the workshops at Deal. (This has since been exceeded by an attendance of 80+ at the second meeting of meeting of Deal Town Forum on 15 March 2007.)
  - nearly all local Parish and Town Councils have attended.
  - Kent Association of Parish Councils (KAPC) has been fully supportive and its representatives have attended wherever possible.
  - The Chairs elected are all KCC Members; Vice Chairs are all Town Council or Parish Council Members.
  - Parish Councils have clerked a small number of the meetings.
  - Within similar overall terms of reference, each Forum is different in style and outreach, reflecting the flexibility in approach.
  - The discussions have been interactive and very lively, with many good suggestions emerging for service priorities and changes; informal chairmanship and style have helped the process greatly.
  - Local Members are very pleased with overall progress, and feel the building of relationships and trust with the local community has been excellent.
  - The key challenge has been to respond to each community on outstanding issues, and to sustain interest and activity in the longer term; it has been agreed that setting agenda topics for the full year will help the process.

Annex 2

District Area Committees and other Local Structures (information to 31 August 2007)

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District Level - Neighbourhood or Town Forums, Boards and Committees

(information to 24 August 2007)

ASHFORD

(Ashford District) Name and status of Committee /Board/ Forum	Frequency and approx locality	Partners who attend	KCC involvement and remit	Budgets (if any); outcomes and method of reporting
Kennington Forum	6 a year	Local Residents ABC Cllrs KCC	Elizabeth Tweed and Charles Findlay	£3,000 from ABC
Willesborough Forum	"	Local Residents ABC Cllrs KCC	George Koowaree	"
South Ashford Forum	"	Local Residents ABC Cllrs KCC	Derek Smyth	"
Central Ashford Forum	"	Local Residents ABC Cllrs KCC	Elizabeth Tweed	"
Joint Transportation Board Meetings	7 a year	ABC KCC	All Ashford Members + Officers	
State of the Borough Debate Meetings	once a year	ABC meeting to which KCC Members invited	All Ashford Members	
Local Strategic Partnership	4 times a year	• ABC • KCC	Mike Angell + KCC Officers	

		• Churches together • Chamber of Commerce • Police • Ashford Community Network • VCS • PCT		
(Shepway District) Name and status of Committee /Board/ Forum	**Frequency and approx locality**	**Partners who attend**	**KCC involvement and remit**	**Budgets (if any); outcomes and method of reporting**
Joint Transportation Board Meetings	4 a year	Shepway District Council KCC	All KCC Shepway Members +	
LSP	4 a year	Shepway District Council Kent County Council KCC - Children & Education Services KCC - Adult Services Shepway PCT Kent Police Shepway Crime & Disorder Reduction Partnership Voluntary Sector Regeneration Partnership	Chris Capon + Officers	

		Channel Chamber of Commerce Creative Foundation Hawkinge Partnership		
CDRP	4 a year	KCC SDC PCT Police Kent Fire & Rescue	Chris Capon + Officers	

SWALE

(District) Name and status of Committee/Board/Forum	Frequency of meetings and approx locality	Partners who attend	KCC involvement and remit	Budgets (if any); outcomes and method of reporting
Sittingbourne and Swale West Area Forum	3 times a year, usually held at the Council Offices, Sittingbourne	None	None	No budget-report to the Executive through the Minutes
Sheppey Area Forum	3 times a year, held various venues across the Isle of Sheppey	None	None	No budget- report to the Executive through the Minutes
Faversham and Swale East Area Forum	3 times a year, various venues in Faversham and Swale East	None	None	No budget- report to the Executive through the Minutes
Swale Rural Forum	3 times a year, various rural venues across the Borough	Kent County Council - Councillor Keith Ferrin, Mrs N Kemp (Rural Policy Officer) and Mr S Gibbons (Head of Rural Regeneration) Kent Association of Parish Councils (KAPC) -	Kent County Council - Councillor Keith Ferrin, Mrs N Kemp (Rural Policy Officer) and Mr S Gibbons (Head of Rural Regeneration)-members of the Rural Forum with voting rights.	No budget- report to the Executive through the Minutes Minutes for all the meetings above can be viewed at http://www.swale.gov.uk/dso/

		Councillors Baldock, Curtis and Woods Swale National Farmers Union (NFU) - Mr Kevin Attwood, Robert Hinge and Jeff Holroyd Diocese of Canterbury - Reverend Caroline Pinchbeck Swale Tourism Association - Mr Paul Cumberland and Miss Lyn Newton Action for Communities in Rural Kent - Mr Keith Harrison		

SEVENOAKS

District) Name and status of Committee /Board/ Forum	Frequency and approx locality	Partners who attend	KCC involvement and remit	Budgets (if any); outcomes and method of reporting
Sevenoaks - Town Forums for Swanley, Edenbridge and Sevenoaks	Each meets 3-4 times a year, in Sevenoaks, Edenbridge and Swanley	Managed by Sevenoaks District. Aimed at public, but heavily populated by Parish Council, Town Council and interest group representatives. Local KCC Members sometimes attend.	Informal. Seldom formally invited to attend to present or answer questions, save for isolated specific issues, such as development of Edenbridge Community Centre.	Budgets not known. Report to SDC Committee mechanisms. Agendas are not restricted to SDC or KCC matters. Have included presentations by local NHS reps, developers etc. Note - Sevenoaks Forum has recently dropped the word "Town" from its title, so that the District can use it to raise issues affecting the District more widely, eg major housing developments.

TUNBRIDGE WELLS

(District) Name and status of Committee/Board/Forum	Frequency of meetings and approx locality	Partners who attend	KCC involvement and remit	Budgets (if any); outcomes and method of reporting
Tunbridge Wells Borough Community Plan Partnership	Quarterly Various locations in or near the borough	Public, private and VCS strategic partners.	CLM – Tom Philips JCO – Karen Coffey Currently no member involvement Remit – strategic discussions relating to Sustainable Community Strategy	No budget - Sustainable Community Plan Action Plan - Performance monitoring at meetings
Royal Tunbridge Wells Town Forum (resident run forum, with support from TWBC Democratic Services)	Monthly meetings Town Hall, RTW	As guest speakers/invitees	None (unless invited to present)	None - Minutes available on website www.townforum.org.uk
Ward Walks	One –off door to door consultation with local residents in specific areas	Currently pilot project with TWBC only, but due to widen to include public sector partners	Will particularly involve KCC Highways, Transport, Youth Services and possibly KCC CFE	
Tunbridge Wells Borough Consultative Forums and "Ward Walks" initiative	Frequency of consultative Forums not set. Some, such as Royal T Wells Town Forum, meet regularly; others ad hoc. Town Forum is the only geographically based forum. Remainder are thematic, eg Leisure, Access etc. Ward Walks initiative	Participants are mainly TWBC Members and officers. Ward Walk involves coordinated programme of "door-knocking" in selected areas. (Sandhurst and Paddock Wood)	KCC Members for the areas in question were invited to attend Ward Walks.	"Ward Walk" now being reported by TWBC; seen as intensive and successful in delivering responses and outcomes;. Consultative Forums are used for some specific tasks, eg contributing to local Community Plan and to give feedback on other TWBC initiatives. RTW Town Forum is growing into a different type of body, effectively serving as a lobby group for the un-parished Tunbridge Wells Town area.

	launched in July 2007, in Sandhurst and Paddock Wood.			

SHEPWAY

(District) Name and status of Committee/Board/Forum	Frequency of meetings and approx locality	Partners who attend	KCC involvement and remit	Budgets (if any); outcomes and method of reporting
Hawkinge Neighbourhood Management Pathfinder – Partnership Board	6 per year (Quarterly reporting meetings plus 2 update meetings per year). Meetings held in Hawkinge at the local Community Centre.	10 local residents including the Chair and Vice Chair. County Councillor, District Councillors (x2), Parish Councillor, KCC/Kent Partnership, Kent Youth Services, Kent Adult Services, Shepway District Council, East Kent PCT, Kent Police, Housing Sector.	Representatives on the Board in an advisory capacity: County Councillor (Susan Carey) KCC/Kent Partnership (Robert Hardy), Kent Youth Services (Paul Barron), Kent Adult Services (Penny Southern). KCC rep is also the link back to the Kent Partnership.	Budget - £1.5m for 7 years approximately £350k per year (2005 – 2012). Meet current LAA Outcomes 7 & 13. Reporting via Quarterly Monitoring reports to the Hawkinge Partnership Board, GOSE, Kent Partnership, KCC and Shepway District Council (available on request).
10 Sub/Working groups of the Hawkinge Partnership Board focusing on specific issues i.e. Youth, Housing, Community Chest, Community Events, etc	Determined by the group's terms of reference. Generally monthly.	Membership of the groups will reflect the make-up of the Board, with a majority of residents. A number of relevant service provider representatives and Councillors also attend in an advisory role.	KCC representatives sit on the Youth Steering Group, Connecting Hawkinge sub group and Health working group.	The Youth Steering Group have delegated authority to oversee the Youth Budget (£60k per year for 3 years) once approved by the full Board annually.

CANTERBURY

(District) Name and status of Committee/Board/Forum	Frequency of meetings and approx locality	Partners who attend	KCC involvement and remit	Budgets (if any); outcomes and method of reporting
Canterbury City Centre Partnership	Minimum of 6 Executive meetings per year	CCC, city centre businesses	NK	Reports made to the Executive Board 6 times per year and annual review of the action plan £7,000 CCC staff salary £21,000 from businesses
Herne Bay Town Partners	Monthly	CCC, voluntary groups, businesses, Herne Bay Chamber of Commerce	NK	Members pay a membership fee. CCC provided initial funding to create website and print stationery. Members give time 'freely' and also looking at fundraising
Sure Start Canterbury Executive Board	6 weekly	Social Service – Family Support, CCC, Coastal PCT, Homestart, Canterbury & District Early Years Project, Rising Sun Domestic Violence Project, NCMA, KCC Education, Surestart Parents	KCC – funding body: monitoring role; board member representation	2007/08 £616K report to KCC currently 6 monthly
Blean	NK	CCC, Swale BC, KCC, Forestry Commission, Natural England, Kent Wildlife Trust, RSPB, Woodlands Trust	Part of steering committee	External funding covers project worker salary costs Steering committee coordinates regeneration and environmental initiatives
Chartham PACT	Waiting further information			
Clarendon St PACT	Waiting further information			
Herne Bay town PACT	Waiting further information			
Beacon Hill and Herne Village PACTs	Waiting further information			
Greenhill PACT	Bi-monthly	KCC, police, CCC and Hyde	KCC warden – provides residents feedback and advice	Small budget provided by Police to assist with setting up costs
Grimshill PACT	Waiting further information from police			
Swalecliffe PACT	Waiting further information			

	from police			
Seasalter PACT	Waiting further information from police			
Whitstable High Street PACT	Waiting further information from police			
Tankerton & West Beach PACT	Waiting further information from police			
Spring Lane Pact Panel	Monthly	KCC Education, Mediation, Army, Police, Housing Association, residents, CCC councillors	None	Updates given at meetings/ through minutes. No funding at present
Whitstable Area Member Panel	6 times per year	CCC councillors only. Public can attend and speak on items with prior agreement	None	No budget Recommendations, comments, suggestions fed back to the council's Executive.
Herne Bay Area Member Panel	6 times per year	CCC councillors only. Public can attend and speak on items with prior agreement	None	No budget Recommendations, comments, suggestions fed back to the council's Executive.
Canterbury Area Member Panel	6 times per year	CCC councillors only. Public can attend and speak on items with prior agreement	None	No budget Recommendations, comments, suggestions fed back to the council's Executive.
Rural Area Member Panel	6 times per year	CCC councillors only. Public can attend and speak on items with prior agreement Guest speakers are invited to attend forum every six months	None	No budget Recommendations, comments, suggestions fed back to the council's Executive.
Poets NHM Panel	Quarterly	KCC & CCC councillors, officers, voluntary sector reps, police, residents	KCC councillor attends meetings and provides input/advice	Updates given at meetings/ through minutes. No budget.
Querns NHM Panel	Bi-monthly	CCC, Police, Army, residents	None	Updates given at meetings/ through minutes. No budget. Residents do own fundraising
Butts Court Residents Association	4 times per year	Residents, CCC	KCC councillor when invited	£25 from CCC and raise their own funds

				Minutes sent to CCC and accounts audited annually
Centre Whitstable Residents Association	Sporadic	Residents, CCC	None	£30 from CCC Minutes sent to CCC and accounts audited annually
Craddock Road Residents Association	Monthly	Residents, CCC, KCC councillor, East Kent Cyrenians	KCC councillor attends regularly offers advice and has provided funding	£40 CCC, own fundraising, KCC board member funding to improve play park Minutes sent to CCC and accounts audited annually
Elizabeth Court Residents Association	4 times per year	Residents, CCC, Police	None	£28 CCC, own fundraising which is used to maintain communal gardens
Greenhill Residents Association	4 times per year	Residents, CCC, KCC, police, school	KCC councillor and warden	£86 CCC, own fundraising, secured £21,000 + to run own youth group, also received KCC local board funding
Hales Place Residents Association	Monthly	Residents, CCC, KCC, University of Kent	KCC councillor attends regularly	£150 CCC- own fundraising, run their own 'friends' group Minutes sent to CCC and accounts audited annually
Hoath Residents Association	Sporadic	Residents, CCC	None	No funding at present
Margaret Court Residents Association	4 times per year	Residents, CCC, Police	None	£28 CCC, own fundraising which is used to maintain communal gardens Minutes sent to CCC and accounts audited annually
Oxford Road Residents Association	Sporadic	Residents, CCC and guests	None	£75 CCC and own fundraising Minutes sent to CCC and accounts audited annually
Querns Residents Association	Monthly	Residents, CCC, Police, and guests	KCC Highways have attended in the past	£60 CCC, own fundraising- have secured major capital funds to improve play area on estate Minutes sent to CCC and accounts audited annually
Swalecliffe Residents Association	4 times per year	Residents, CCC, KCC, Police	KCC councillor	£86 CCC, own fundraising, run own youth group Minutes sent to CCC and accounts audited annually
Thanington Residents Association	6 per year	Residents, CCC, KCC councillor	KCC councillor sporadic	£130 CCC Minutes sent to CCC and accounts audited annually
Windsor House Residents	Sporadic	Residents, CCC	None	Own fundraising for social activities

Association				Minutes sent to CCC
Wincheap Regeneration Business Forum	Bi monthly in Jubilee Hall or TNRC	Businesses on the estate, Business Link Kent, Invicta Chamber of Commerce and Capital and Counties Ltd	None at present	Minor budget for room hire and PR. Reports to Wincheap Officer Working Group and Wincheap Member Steering Group

DARTFORD AND GRAVESHAM

(District) Name and status of Committee /Board/ Forum	Frequency and approx locality	Partners who attend	KCC involvement and remit	Budgets (if any); outcomes and method of reporting
Dartford Elderly Forum	Quartely	Dartford BC, PCSO's, CLM. Police, Community Wardens, Mrs Allen Chairs mtg	Presentations on safety, health and funding to date	No financial contribution
Kent Thameside Community Forum	Quartely	Community Schools Development Officers, Libraries Managers, CLM	Local reports presented by all partners	No financial contribution
Kent Thameside Delivery Action Group	Bi-monthly	E&R, ASD, 2x Members, CLM, Urban, local businesses, Education	Decisions on applications received for URBAN funding	No financial contribution Attend and receive minutes
Bluewater Forum	Bi-monthly	Residents Associations, PCSO's, Police, PCT, Community Wardens, Bluewater Security, Church reps, CLM, Local Funders	Presentations as and when required	Attend and receive minutes

TONBRIDGE AND MALLING

District) Name and status of Committee /Board/ Forum	Frequency and approx locality	Partners who attend	KCC involvement and remit	Budgets (if any); outcomes and method of reporting

Tonbridge Town Forum	Tonbridge town, quarterly	Individuals and local organisations	CLM delivers report "KCC Update" and is present at "questions" session prior to actual meeting	No budget, no specific outcomes
Tonbridge and Malling Parish Partnership Panel	TMBC other than Tonbridge town, quarterly	Chairs of parish councils, Police, Community wardens, other invited organisations if relevant.	CLM delivers KCC Update report	No budget, no specific outcomes

MAIDSTONE

Maidstone Urban conference	yearly, Maidstone town	MBC Councillors, police community wardens, other varied organisations	CLM attends for networking and helps deliver grant information session	No budget, no specific outcomes
Maidstone Parish conference	yearly, all parishes in MBC	MBC Councillors, police community wardens, other varied organisations	MBC Councillors, police community wardens, other varied organisations	No budget, no specific outcomes

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KENT COUNTY COUNCIL

GOVERNANCE AND AUDIT COMMITTEE

MINUTES of a meeting of the Governance and Audit Committee held at County Hall, Maidstone on Wednesday, 29 June 2007.

PRESENT: Mr C G Findlay (Chairman), Mr R L H Long, TD (Vice-Chairman), Mr D L Brazier, Mr A R Chell, Mr C J Law, Mr J F London, Mrs M E Newell, Mr W V Newman, Mr R J Parry, Mr D Smyth, Mr M V Snelling and Mr R Tolputt.

OFFICERS: The Director of Finance, Mrs L McMullan, the Head of Audit and Risk, Mr A Wood; the Head of Corporate Performance, Mrs S Garton; the Head of Financial Services, Mr N Vickers; the Chief Accountant, Mrs C Head; and the Democratic Services Officer, Mr A Tait.

ALSO IN ATTENDANCE: Mrs J Eilbeck and Mr M Stevenson of PricewaterhouseCoopers; Mr D Wells, Mr S Mead and Ms K Shergill from the Audit Commission.

UNRESTRICTED ITEMS

14. Minutes – 7 March 2006
(Item 2)

(1) With reference to Minute 2 (2) (b), the Head of Democratic Services informed the Committee that there would be no report on CRB Checks for Members as the County Council's Code was voluntary and was in the remit of the Standards Committee.

(2) RESOLVED that subject to the presence of Mr M Stevenson from PricewaterhouseCoopers being recorded instead of Mr Brown the Minutes of the meeting held on 7 March 2007 are correctly recorded and that they be signed by the Chairman.

15. Annual Audit and Inspection Letter
(Item 3 – Report by Director of Business Solutions and Policy)

RESOLVED that the report be noted.

16. External Audit Plan and Fee
(Item 4 – Report by Head of Audit and Risk)

RESOLVED that the Audit and Inspection Plan and Fee for 2007/08 be approved.

17. Ombudsman Complaints
(Item 5 – Report by Chief Executive)

RESOLVED that the report be noted.

18. Ombudsman Report – Implications for the Authority
(Item 6 – Report by Director of Business Solutions and Policy)

RESOLVED that the findings of the Local Government Ombudsman be noted together with the County Council's response.

19. Draft Statement of Accounts 2006/07
(Item 7 – Report by Director of Finance)

(1) The ISA (UK&I) 260 Letter was tabled.

(2) The Committee delayed approval of the Statement of Accounts until it had considered the Internal Audit Annual Report and the review of the effectiveness of the Internal Audit function (Minute 24).

(3) RESOLVED that the Statement of Accounts for 2006/07 be approved subject to the Chairman, Vice-Chairman, Labour and Liberal Democrat Group Spokesmen being consulted on any changes which may be made to the Accounts following completion of the external audit.

20. Treasury Management Annual Review
(Item 8 – Report by Director of Finance)

RESOLVED that the report be noted.

21. Spending the Council's Money
(Item 9 – Report by Director of Finance)

(1) The proposed amendments to the Constitution were tabled as Appendix 3.

(2) RESOLVED that:-

(a) the replacement of the "Code of Practice on Tenders and Contracts" by "Spending the Council's Money" be agreed; and

(b) the proposed changes to the relevant Appendix in the Constitution be recommended to the meeting of the County Council in September 2007.

22. Strategic Risk Register and a Review of Risk Strategy
(Item 10 – Report by Head of Audit and Risk)

RESOLVED that:-

(a) the current Strategic Risk Register be noted together with the impact that the risks would have and the controls that are in place to mitigate the likelihood of the risks occurring; and

(b) the proposed amendments to the Risk Strategy set out in paragraph 9 of the report be agreed and the consequent revised Risk Strategy set out in Appendix 3 of the report be approved.

23. Governance of Partnerships
(Item 11 – Report by Head of Audit and Risk)

RESOLVED that the report be noted.

24. Internal Audit Annual Report
(Item 12 – Report by Head of Audit and Risk)

RESOLVED that the outcome of Internal Audit's work be noted, including the outcome of the self-assessment of the effectiveness of the internal audit function.

25. Internal Audit Reporting
(Item 13 – Report by Head of Audit and Risk)

RESOLVED that the report be noted.

26. Internal Audit Reporting - Irregularities
(Item 14 – Report by Head of Audit and Risk)

RESOLVED that the report be noted.

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KENT COUNTY COUNCIL

PLANNING APPLICATIONS COMMITTEE

MINUTES of a meeting of the Planning Applications Committee held at Sessions House, County Hall, Maidstone on Tuesday, 19 June 2007.

PRESENT: Mr R E King (Chairman), Mr A R Bassam (Vice-Chairman), Mr T J Birkett (substitute for Mrs E Green), Mr J A Davies, Mr J B O Fullarton, Mr T Gates, Mr C Hibberd, Mrs S V Hohler, Mr G A Horne, Mr S J G Koowaree, Mr J F London, Mr T A Maddison, Mr R A Marsh, Mr J I Muckle, Mr W V Newman, Mr R A Pascoe (substitute for Mrs V J Dagger), Mr A R Poole and Mr F Wood-Brignall.

OFFICERS: The Head of Planning Applications Group, Mrs S Thompson (with Mr J Crossley and Mr J Wooldridge); the Development Planning Manager, Mr A Ash; and the Democratic Services Officer, Mr A Tait.

UNRESTRICTED ITEMS

51. Minutes
(A3)

RESOLVED that the Minutes of the meeting held on 15 May 2007 are correctly recorded and that they be signed by the Chairman.

52. Site Meetings and Other Meetings
(Item A4)

The Head of Planning Applications Group circulated a list of sites that Members of the Committee might wish to visit individually without recourse to a formal site meeting.

53. Suggested Member Training Programme
(Item B1 - Report by Head of Planning Applications Group)

RESOLVED that:-

a) a regular training programme be endorsed for all Members to address issues pertinent to the business of the Committee;
b) the Head of Democratic Services be required to secure additional dates for half day training sessions in the County Council diary for 2008; and
c) the following dates be agreed for formal training in 2007:-

(i) Tuesday 17 July;
(ii) Thursday 20 September;
(iii) Tuesday 9 October; and
(iv) Monday 26 November.

54. Application DA/07/001 – Consolidation of Planning Permissions, northern extension of quarry and exchange of the proposed northern extension for the existing and permitted westerly extension at Pinden Quarry, Green Street Green Road, Longfield, Dartford; Pinden Ltd
(Item C1 – Report by Head of Planning Applications Group)

Mr A Bassam made a declaration of Personal Interest and took no part in the decision making.

(1) A letter from Mrs M Greenhalgh, a local resident was tabled.

(2) Mrs M Salway (Southfleet Parish Council), Mrs M Greenhalgh and Mr P Memory (Southfleet Residents' Association) addressed the Committee in opposition to the application. Mr B Ballard, local resident spoke in support (incorporating the views of Darenth Parish Council). Mr I Thompson (Bureau Veritas) spoke in reply on behalf of the applicants.

(3) Mr A R Poole moved, seconded by Mr S J G Koowaree that the recommendation of the Head of Planning Applications Group be agreed.

Carried with no opposition

RESOLVED that permission be granted to the application subject to the prior satisfactory conclusion of a legal agreement to secure the Heads of Terms given in Appendix 5 of the report and the applicants meeting the County Council's reasonable legal costs associated with this agreement; and to conditions covering amongst other matters: duration of the permission (until February 2042); requirement for annual progress reports; requirement for working and phasing programmes to be reviewed at 3-yearly intervals; maximum depth of extraction (30m AOD); wastes being restricted to those set out in the application; hours of operation; noise and dust controls; lighting (to minimise visual impacts); land stability (relating to the CTRL); vehicle movement restrictions; use of existing site access only; measures to minimise any adverse effects associated with any landfill gas and leachate control infrastructure; measures to minimise mud, dust and other debris being deposited in the highway (including the use of suitably contained or covered vehicles); landscape planting; removal of permitted development rights; working, restoration and aftercare schemes; surface water drainage; appropriate soil handling and storage; ecology (including monitoring of dust impacts on the SNCI); and archaeology and historic landscape.

55. Application SH/07/589 – Change of use of land from use in connection with plant hire business to use ancillary or incidental to the operation of a waste recycling facility at rear of Century House, Park Farm Road, Folkestone, Hythe Plant Services
(Item C2 – Report by Head of Planning Applications Group)

(1) Mr R A Pascoe identified himself as the local Member instead of Mr Bliss. He informed the Committee that although he had not been consulted on this application he was content for it to be determined at the meeting.

(2) In agreeing the recommendation, the Committee agree that the hours of operation condition should closely define the phrase "essential plant and vehicle maintenance" set out in paragraph 46 of the report.

RESOLVED that permission be granted to the application subject to conditions covering amongst other matters limitations on stockpile & container heights; hours of operation (including a definition of "essential plant and vehicle maintenance" as set out in (2) above); vehicle movements; noise; dust; odour and windblown litter.

56. Proposal MA/07/482 – New sports field for Harrietsham CE Primary School and erection of a low level black mesh fence around the perimeter of the playing area, including localised re-grading of the landscape to suit the slope of the site and the levelling of the pitch at Tongs Meadow, north of West Street, Harrietsham; KCC Children, Families and Education
(Item D1 – Report by Head of Planning Applications Group)

RESOLVED that permission be granted to the proposal subject to conditions, including conditions covering the standard time limit; the development being carried out in accordance with the permitted details; the submission of ecological mitigation plans; details of the surfacing to the Public Right Of Way; hours of working during construction; and prevention of mud being deposited in the highway.

57. Proposal MA/07/607- Storage of dry chippings in an existing lay-by on the A249 at Stockbury, Maidstone; Kent Highways Partnership
(Item D2 – Report by Head of Planning Applications Group)

RESOLVED that permission be granted to the proposal subject to conditions Including conditions covering the standard time limit; the development being carried out in accordance with the permitted plans; the stored chippings not exceeding 2 metres in height; a programme of clearing all refuse from the site prior to commencement of the proposed development; erection of appropriate roadside warning signage; and permitted months of operational use.

58. Proposal AS/06/2277 – Single floodlit all-weather pitch and the extension of an existing non-floodlit multi-use games area in connection with the comprehensive redevelopment of the school site previously approved by Permissions AS/05/1329 and AS/04/1708 at The North School, Essella Road, Ashford; KCC Children, Families and Education and Kent Educational Partnership.
(Item D3 – Report by Head of Planning Applications Group)

(1) The Head of Planning Applications Group reported the receipt of correspondence from Ashford Borough Council maintaining its objection to the proposal.

(2) RESOLVED that permission be granted to the proposal subject to conditions including the development being carried out strictly in accordance with the approved plans and specifications; the inspection of the installed lighting by a qualified lighting engineer to ensure its correct specifications and performance; hours of use of the pitch and floodlights being 0800 to 2130 hours Monday to Friday, 0900 to 2130 hours on Saturdays and 0900 to 1300 hours on Sundays and Bank Holidays; the floodlights being extinguished when not required for all or part of the pitch and operated at the proposed lux levels when required; the proposed acoustic fence being installed in addition to (placed outside of) the proposed mesh

fencing; details of surface materials for the proposed Multi Use Games Area being submitted prior to works on site being carried out; the submission of a Community Use Scheme for the proposed sports facilities; and the submission and implementation of a landscaping and boundary treatment scheme.

59. County Matters dealt with under Delegated Powers
(Item E1-E6 – Reports by Head of Planning Applications Group)

RESOLVED to note reports on items dealt with under delegated powers since the last meeting relating to:-

(a) County Matter applications;

(b) consultations on applications submitted by District Councils or Government Departments;

(c) County Council developments;

(d) detailed submissions under Channel Tunnel Rail Link 1996 (None);

(e) screening opinions under Environmental Impact Assessment Regulations 1999; and

(f) scoping opinions under Environmental Impact Assessment Regulations 1999 (None).

KENT COUNTY COUNCIL

PLANNING APPLICATIONS COMMITTEE

MINUTES of a meeting of the Planning Applications Committee held at Sessions House, County Hall, Maidstone on Tuesday, 17 July 2007.

PRESENT: Mr R E King (Chairman), Mr A R Bassam (Vice-Chairman), Mr T J Birkett (substitute for Mr W V Newman), Mrs V J Dagger, Mr J A Davies, Mr J B O Fullarton, Mrs E Green, Mr C Hibberd, Mrs S V Hohler, Mr G A Horne, MBE, Mr J F London, Mr R A Marsh, Mr J I Muckle, Mr A R Poole and Mr F Wood-Brignall.

OFFICERS: The Head of Planning Applications Group, Mrs S Thompson (with Mr J Crossley); the Development Planning Manager, Mr A Ash; and the Democratic Services Officer, Mr A Tait.

UNRESTRICTED ITEMS

60. Minutes
(A2)

RESOLVED that the Minutes of the meeting held on 19 June 2007 are correctly recorded and that they be signed by the Chairman.

61. Declarations of Interest by Members
(Item A3)

No Declarations of Interest were made.

62. Future Meetings of the Committee and Members Training Dates
(Item A4 - Report by Head of Democratic Services)

RESOLVED that the Committee meeting and training dates set out in paragraphs 2 and 3 of the report be agreed.

63. Site Meetings and Other Meetings
(Item A5 – Report by Head of Planning Applications Group)

The Committee agreed to visit Valence School, Westerham on Tuesday, 4 September 2007.

64. Proposal CA/07/469 – New vehicular entrance from Pilgrims Way and extension of school playground at Barton Court Grammar School, Longport, Canterbury; Governors of Barton Court Grammar School and KCC Children, Families and Education.
(Item D1 – Report by Head of Planning Applications Group)

RESOLVED that permission be granted to the proposal subject to conditions including conditions covering the use of the vehicle access way being limited to emergency access, construction and maintenance vehicles only; details of a landscaping scheme being submitted to and approved by the County Planning Authority prior to the commencement of any operations on site and thereafter implemented within the next available planting season following completion of the works; tree protection measures being adhered to at all times; vehicular access way surface material being a bound and rolled shingle surface; and a programme of archaeological work in accordance with a written specification being submitted to and approved by the County Planning Authority prior to the commencement of any operations on site.

65. Proposal TH/07/251 – New garage for use by the school minibus at Holy Trinity and St John's CE Primary School, St John's Road, Margate; Governors of Holy Trinity and St John's CE Primary School and KCC Children, Families and Education.
(Item D2 – Report by Head of Planning Applications Group)

(1) The Head of Planning Applications Croup informed the Committee that the ridge height of the proposed garage should read "4.5 meters" instead of "8.5 metres".

(2) RESOLVED that the permission be granted to the proposal subject to conditions including conditions covering details of all external material being submitted to and approved in writing by the County Planning Authority prior to the commencement of any operations on site; protection measures for existing trees being submitted to and approved by the County Planning Authority and adhered to at all times; and the area shown on the site plan for a mini-bus turning area being reserved for that purpose at all times and any mini-bus using the garage entering and leave Lausanne Road in a forward gear.

66. Proposal CA/07/705 – New all weather sports pitch with floodlighting at The Community College Whitstable, Bellevue Road, Whitstable; Governors of The Community College, Whitstable and KCC Children, Families and Education.
(Item D3 – Report by Head of Planning Applications Group)

(1) The Head of Planning Applications Group tabled an amplified recommendation.

(2) The Head of Planning Applications Group reported the receipt of late representations from Mrs J Gomes, a local resident requesting an extension to the consultation as the proposal had been amended since its submission. This was not agreed as the only differences were amendments resulting from the consultation and representations.

(3) Mrs J Gomes addressed to the Committee in opposition to the proposal. Mr R Clipston spoke in reply on behalf of the applicants.

(4) Mr J F London moved, seconded by Mr G A Horne that the amplified recommendations of the Head of Planning Applications Group be agreed subject to the hours of use on Sundays and Bank Holidays being restricted to between 10.00 am and 1.00 pm.

(5) RESOLVED that permission be granted to the proposal subject to conditions including conditions covering the standard time limit; the development being carried out in accordance with the permitted details; lighting being installed in accordance with approved details, and checked on site; lighting levels not exceeding those specified within the application; a scheme of landscaping, its implementation and maintenance; details of colour finish to fencing and lighting columns; details of the provision of an acoustic fence; details of surface water drainage; a Community Use Agreement; a programme of archaeological work; availability of car parking, including overspill; revision of the School Travel Plan; control over hours of use so that the pitch and floodlighting be available for use only between the hours of 0900 and 2100 Mondays to Saturdays, and between 1000 and 1300 on Sundays and Bank Holidays; control over the extinguishing of lights; and hours of working during construction;

67. County Matters dealt with under Delegated Powers
(Item E1-E6 – Reports by Head of Planning Applications Group)

RESOLVED to note reports on items dealt with under delegated powers since the last meeting relating to:-

(a) County Matter applications (subject to the reference number for Pastern Park Quarry, Tonbridge being amended to TW/05/2136/R1);

(b) consultations on applications submitted by District Councils or Government Departments;

(c) County Council developments;

(d) detailed submissions under Channel Tunnel Rail Link 1996 (None);

(e) screening opinions under Environmental Impact Assessment Regulations 1999 (None); and

(f) scoping opinions under Environmental Impact Assessment Regulations 1999.

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KENT COUNTY COUNCIL

REGULATION COMMITTEE

MINUTES of a meeting of the Regulation Committee held at Sessions House, County Hall, Maidstone on Thursday, 17 May 2007.

PRESENT: Mr A R Bassam, Mr T J Birkett, Mr A H T Bowles, Mr C J Capon, Mr L Christie, Mr A D Crowther, Mr J Curwood, Mr J A Davies, Mr J B O Fullarton, Ms A Harrison (substitute for Mr I T N Jones), Mr M J Harrison, Mr C Hart, Mr S J G Koowaree, Mr R A Parry (substitute for Mr R A Pascoe), Mrs P A V Stockell, Mr C T Wells, and Mr F Wood-Brignall.

IN ATTENDANCE: The Democratic Services Manager, Mrs M Cooper.

UNRESTRICTED ITEMS

6. Membership

The Committee noted the appointments of Mr F Wood-Brignall and Mr L Christie in place of Mr L B Ridings and Mr K Sansum respectively.

7. Election of Chairman

Mr A R Bassam moved Mr J A Davies seconded Mr M J Harrison be elected as Chairman of the Committee.

Carried

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KENT COUNTY COUNCIL

REGULATION COMMITTEE

MINUTES of a meeting of the Regulation Committee held at Sessions House, County Hall, Maidstone on Tuesday, 22 May 2007.

PRESENT: Mr M J Harrison (Chairman), Mr A D Crowther (Vice-Chairman), Mr A R Bassam, Mr T J Birkett, Mr C J Capon, Mr J Curwood, Mr D S Daley (substitute for Mr S J G Koowaree), Mr J A Davies, Mr C Hart, Mr R E King (substitute for Mr A H T Bowles), Mr K Sansum (substitute for Mr L Christie), Mrs P A V Stockell, Mr C T Wells, Mr B P Wood and Mr F Wood-Brignall.

IN ATTENDANCE: The Head of Planning Applications Group, Mrs S Thompson (with Mr R Gregory); the Public Rights of Way Service Delivery Manager, Mr G Rusling; the Development Planning Manager, Mr A Ash; and the Democratic Services Officer, Mr A Tait.

UNRESTRICTED ITEMS

8. Minutes

(1) The Minutes of the meeting held on 17 May 2007 were tabled.

(2) RESOLVED that the Minutes of the meetings of the Committee held on 23 January 2007 and 17 May 2007 and of the Member Panel held on 30 April 2007 are correctly recorded and that they be signed by the Chairman.

9. Gating Orders

(Item 3 – Report by Director, Environment and Waste)

(1) The Committee agreed to recommend to the County Council that its Terms of Reference should be amended to enable the gating orders function to be carried out by Member Panels.

(2) RESOLVED that:-

(a) the following operational proposals for dealing with applications to make, vary or revoke Gating Orders be noted:-

(i) Gating Orders that meet all of the necessary legislative criteria and are brought forward with the support and assistance of the Local Crime Reduction Partnerships will by sympathetically considered;

(ii) Gating Orders will be limited in extent to that which is necessary to address the problem, ie., public use will as far as possible be retained;

(iii) a review period will be set for any Gating Order made and be recorded with the Gating Order in the Register of Gating Orders;

(iv) consultation will as a matter of policy include all those organisations prescribed by legislation to receive copies of path orders;

(v) representations will be invited from other individuals and bodies who wish to be notified of proposed Orders;

(vi) Planning Inspectorate Inspectors will be appointed to hear any Gating Order Public enquiries; and

(vii) the resource impacts of Gating Orders will be kept under review and activity in this area will be limited to that which can be met within existing budget allocations; and

(b) the County Council be recommended to alter the Terms of Reference of the Committee to enable the setting up of Member Panels to consider the Gating Orders function.

10. Update of Planning Enforcement Issues
(Item 4 – Report by Head of Planning Applications Group)

RESOLVED to endorse the actions taken or contemplated on the respective cases and monitoring work set out in paragraphs 4 to 109 of the report and to note the work towards establishing working protocols with the Kent Courts and the Environment Agency as outlined in paragraphs 110 to 116 and 117 to 118 respectively.

11. Arrangements for Future Committee Meetings

The Committee agreed that, whenever possible, future meetings would be held in the morning subject to there being no clash with other meetings.

EXEMPT ITEMS
(Open Access to Minutes)

(Members resolved that under Section 100A of the Local Government Act 1972 the public be excluded from the meeting for the following business on the grounds that it involved the likely disclosure of exempt information as defined in paragraphs 5 and 6 of Part 1 of Schedule 12A of the Act)

12. Update on Planning Enforcement Issues at Deal Field Shaw, Charing
(Item 7 – Report by Acting Head of Planning Applications Group)

(1) The Head of Planning Application's Group reported the latest enforcement position concerning the Shaw Grange former landfill site, Charing.

(2) The Committee agreed to request the Managing Director of Environment and Regeneration to raise the issue of delay in implementation of the Committee's wishes with the appropriate Cabinet Portfolio Holder.

(3) RESOLVED that:-

(a) approval be given to the course of action set out in paragraph 10 of the report; and

(b) the Managing Director of Environment and Regeneration be requested to raise the issue of delay in implementation of the Committee's wishes with the appropriate Cabinet Portfolio Holder.

13. Update on Planning Enforcement Issues at Woodgers Wharf, Upchurch
(Item 8 – Report by Acting Head of Planning Applications Group)

(1) The Head of Planning Applications Group reported the latest enforcement position concerning the Woodgers Wharf site, Upchurch.

(2) RESOLVED that the enforcement strategy outlined in paragraphs 4 to 8 of the report be endorsed.

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