AGENDA

CABINET

Monday, 14th May, 2007, at 10.00 am	Ask for:	**Karen Mannering / Geoff Mills**
Darent Room, Sessions House, County Hall, Maidstone	Telephone	**(01622) 694367/ 694289**

Tea/Coffee will be available 15 minutes before the meeting.

UNRESTRICTED ITEMS

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

1. Minutes of the Meeting held on 16 April 2007 (Pages 1 - 10)
2. Select Committee: Transitional Arrangements (Pages 11 - 24)
3. Third Annual Report on Local Boards 2006/07 (Pages 25 - 44)
4. DfES Consultation on Schools, Early Years and 14-16 Funding (Pages 45 - 50)
5. Public Health Strategy for Kent (Pages 51 - 128)
6. Cabinet Scrutiny and Policy Overview (Pages 129 - 134)
7. Other items which the Chairman decides are relevant or urgent

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Peter Gilroy
Chief Executive
Friday, 4 May 2007

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

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KENT COUNTY COUNCIL

CABINET

MINUTES of a meeting of the Cabinet held in the Darent Room, Sessions House, County Hall, Maidstone on Monday, 16 April 2007.

PRESENT: Mr P B Carter (Chairman), Mr N J D Chard, Mr K A Ferrin, MBE, Mr G K Gibbens, Mr P M Hill, OBE, Mr A J King, MBE, Mr K G Lynes, Mr J D Simmonds and Dr T R Robinson

ALSO PRESENT: Mr R L H Long, TD

IN ATTENDANCE: Mr P Gilroy (Chief Executive), Mr G Badman (Managing Director of Children, Families and Education), Ms A Honey (Managing Director Communities), Mr O Mills (Managing Director - Adult Social Services), Ms L McMullan (Director of Finance), Ms M Peachey (Kent Director Of Public Health) and Mr P Raine, Managing Director for Regeneration and Environment

UNRESTRICTED ITEMS

1. Minutes of the Meeting held on 12 March 2007
(Item. 1)

The Minutes of the meeting held on 12 March 2007 were agreed as a true record.

2. Revenue and Capital Budgets, Key Activity and Risk Monitoring
(Item. 2 - Report by Mr Nick Chard, Cabinet Member for Finance, and Lynda McMullan, Director of Finance)

(1) Mr Chard said that the Revenue Budget continued to move in the right direction and that the outturn report would be submitted to Cabinet at its meeting in June. Whilst the Revenue Budget showed a £2.7m overspend on asylum costs, there was in fact a reserve for that. Mr Chard said he wanted to look at the way in which information on asylum costs was presented to Cabinet in future and this was agreed. With regard to the Capital Programme, the review which had been undertaken, indicated that 85% of the slippage related to some 15 major schemes. Where schemes were self funding or awaiting planning permission that did not affect the treasury management of the authority.

(2) Lynda McMullan said that the projected outturn on the Revenue Budget demonstrated how well the County Council had managed its budget. The work on reviewing the slippage within the Capital Programme was nearly complete and actions would be put in place to ensure that there was enhanced clarity around how large capital projects were managed and reported. These proposals would be discussed with the Budget Informal Member Group. Mr Badman said that he had concerns regarding proposals detailed in the current Government consultation on the future of the Dedicated Schools Grant and the future degree of flexibility which authorities may have in how that money was spent. He said this was something which Cabinet should discuss at a future meeting and this was agreed.

(3) Mr Gilroy said that consideration should be given as to how the County

Council in future formats its budget profile and said that budget monitoring should include more transparency around the Council's income. This was agreed. Mr Carter said that despite a number of challenges, the County Council's budget position was better than most within the South-East and he placed on record his congratulations to all concerned for what had been achieved during a difficult year.

(4) Cabinet noted the latest forecast revenue and budget monitoring position for 2006/07.

3. Select Committee: PSHE/Children's Health

(Item. 3 - Report of the Select Committee and covering report by Mr Graham Gibbens, Cabinet Member for Public Health, Dr Tony Robinson, Cabinet Member for Children and Family Services and Mr John Simmonds, Cabinet Member for Education and School Improvement)

(Ms Jane Cribbon, Chairman of the Select Committee and Mr Roland Tolputt were present for this item)

(1) This report considered the findings of the Select Committee established by the Children, Families and Education Policy Overview Committee to look at the issue of children's health, focussing in particular on aspects of Personal, Social and Health Education.

(2) Ms Cribbon paid thanks to her fellow Members of the Committee and also to the officers who had supported it in its work. She also paid thanks to the professionals who had given the Committee their advice and guidance. Ms Cribbon commended the recommendations of the Select Committee in full and hoped that they would be implemented within the recommended timescales. She said that the approach of the Select Committee had been to provide young people who are considering embarking on sexual relationships with timely guidance which was based on good quality education and information aimed at helping young people make informed choices. Young people themselves are asking to be provided with good quality PHSE advice but wanted that to be provided in a straight forward, uncomplicated and practical way and at an early stage. Ms Cribbon said that the Dutch model described within the Select Committee's report showed what could be achieved and what we should be working towards.

(3) Mr Tolputt also extended his thanks to officers. He said that the current situation with PHSE in Kent was unacceptable. Access to clinics needed to be improved and they had to be opened at times when they could be readily accessed by young people. There was a lack of sex education in most secondary schools and young people were being failed by parents and others in authority who were not providing them with good quality sex education so they could make informed choices. He also spoke about the UK rate of teenage pregnancies being the highest in Europe and work being undertaken on the Isle of Wight which demonstrated what could be done to reduce the rate of teenage pregnancies. Mr Tolputt commended the viewing of the video "Let's Talk Sex" from Channel 4 which reflected much of what the Select Committee found during the course of its work. He also spoke about the financial costs of teenage pregnancies and the range of state benefits which teenage mothers can receive in terms of housing benefit, council tax benefit, child allowance and social security.

(4) The main cost to KCC of the Select Committee's proposals would be to implement courses for PSHE teachers, but a consequent reduction in teenage pregnancies would make that self financing in the medium term. In his conclusions, Mr Tolputt urged the County Council to press Government to make PSHE a core part of the curriculum. He said he had spoken with several senior teachers, youth fora and local magistrates and they all supported the Select Committee's proposals and recommendations, and he commended them to the Cabinet for its support and endorsement.

(5) Ms Cribbon read a statement from Mrs Featherstone in which she supported and endorsed the recommendations put forward by the Select Committee. Parents found it hard to talk to their children about sex education and therefore there was a clear responsibility on schools to give accurate and timely information. Giving young people sound advice on relationships and sex education not only secured better health but also provided the foundation for future families. Mrs Featherstone hoped there would be an improvement in the provision of relationship and sex education and that the skills of professionals working in this area would be better appreciated and valued.

(6) In concluding, Ms Cribbon recommended the Channel 4 video "Let's Talk Sex" should be seen by Members as it set out the issues which the Select Committee had been looking at very clearly. On that point, Mr Carter said that he would arrange for extracts for the video to be shown when the County Council considered the Select Committee's report.

(7) Mr Badman said that the report was timely and it highlighted many of the problems being experienced in society when dealing with the issue of sex education. He spoke about the inter-agency work which was being undertaken within this field and said that he took seriously the recommendations which the Select Committee was putting forward. A Parenting handbook had now been published and this complemented and gave emphasis to the findings of the Select Committee, especially around the role of parents and professionals in the teaching of sex education. Meradin Peachey also said she welcomed the report and its recommendations. She particularly welcomed the emphasis placed by the Select Committee on the work being undertaken in schools and the role that they have in helping to raise awareness and provide sound advice and guidance.

(8) Mr Gilroy said that much of the advice given to young people relied on the assumption that parents and teachers are naturally competent to give such advice. It was also important for those advising on sex education matters to be more dynamic and interactive with the media when it came to promoting health and sex education matters. He also supported the adoption of the Dutch model for the teaching of sex education.

(9) Cabinet welcomed the report and supported its recommendations. Members particularly emphasised the important role which parents have in the teaching of sex education. In particular, Mr Simmonds said whilst professionals in the fields of education and health have their part to play, parents had to play their part just as much and there should be more focus and support around that fact. Mr Simmonds also spoke about a study being undertaken in two of Kent's most deprived areas. He confirmed as part of that study an assessment was being undertaken of the housing issues and whether housing benefits led to there being perverse incentives which in turn added to the number of teenage pregnancies.

(10) In concluding the discussion, Mr Carter said that he welcomed the findings of the Select Committee and supported the views which had been expressed by Cabinet Members. In taking this matter forward he recommended the report should be considered at the special meeting of the County Council taking place in July specifically to discuss health issues. The opportunity would also be taken at that meeting to show the Channel 4 video. In the meantime, Cabinet would consider further the findings of the Select Committee with the possibility of it putting forward some of its own suggestions and proposals.

4. Equality Strategy 2007 - 2010
(Item. 4 - Report by Mr Paul Carter, Leader of the Council, Mr Oliver Mills, Managing Director, Adult Social Services)

KENT COUNTY COUNCIL
RECORD OF CABINET DECISION

DECISION TAKEN ON	Cabinet 16 April 2007	**DECISION NO.** 07/00977

Equality Strategy 2007-2010

(Item 4 – Report by Mr Paul Carter, Leader of the Council, Mr Oliver Mills, Managing Director, Adult Social Services)

(1) Mr Mills said that the Equality Strategy 2007-2010 aimed to support continuous improvement in service delivery across all areas of the Council, with a greater focus on meeting the needs of diverse service users. The Strategy combined a range of initiatives into one strategic document and identified five priority outcomes, which support the Council's Equality and Diversity Policy Statement. Over the next six months the Council was committed to ongoing developmental work on the Strategy with those who live and work in Kent, to explore the issues highlighted through consultation in greater detail, and to identify appropriate responses and take forward key actions.

(2) Mr Lynes said that in terms of its community leadership role KCC needed to give a lead in this area of work and make aspirations a reality. He said the Equality Strategy distilled this wide ranging area of work down to five key statements which succinctly described the Council's overall ambitions for equality and provided a framework for delivering and managing its services.

(3) In commending the report to Cabinet, Mr Carter said that equality issues very much related to KCC as an employer and he would ask the Director of Personnel and Development to bring a report to the next meeting of the Personnel Committee focussing on the issue of gender discrimination.

(4) Mr Carter then proposed to Cabinet that the recommendation in paragraph 5(b) of the report be reworded so as to read 'that the Managing Director for Kent Adult Social Services, in consultation with the Leader of the Council be authorised to approve any minor amendments to the Strategy or Summary Action Plans indicated between now and 30 April 2007'. This was agreed.

(5) Cabinet agreed:-

(a) the Equality Strategy 2007/2010 and Summary Action Plans as detailed in the report;

(b) the Managing Director for Kent Adult Social Services, in consultation with the Leader of the Council be authorised to approve any minor amendments to the Strategy or Summary Action Plans indicated between now and 30 April 2007;and

(c) noted that engagement with service users on this Strategy would continue over the next six months, to inform a review at the end of the year.

The reasons for this decision are set out above and in the Cabinet report.

Background documents: None

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signed (Chief Executive) date

FOR COUNCIL SECRETARIAT USE ONLY

Decision Referred	Cabinet Scrutiny Decision	Reconsideration	Reconsideratio

to Cabinet Scrutiny				to Refer Back for Reconsideration				Record Sheet Issued				n of Decision Published
YES		NO		YES		NO		YES		NO		

5. Directorate Business Plans - 2007/08
(Item. 5 - Report by Mr Alex King, Deputy Leader and Mr Peter Gilroy, Chief Executive)

KENT COUNTY COUNCIL
RECORD OF CABINET DECISION

DECISION TAKEN ON	Cabinet 16 April 2007	**DECISION NO.** 07/00926

Directorate Business Plans – 2007-08

(Item 5 – Report by Mr Alex King, Deputy Leader and Mr Peter Gilroy, Chief Executive)

(1) The Business Plans identify Medium Term priorities and goals within the County Council's directorates and also include the 2007-08 Annual Plans for individual units. Business Plans represent the operation of the County Council services within the context of its policy framework and underpins its Medium Term plan and budget as approved by the Council on 22 February 2007.

(2) Cabinet agreed the Business Plans for 2007-08.

Background documents: None

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..... **.....**
signed (Chief Executive) date

FOR COUNCIL SECRETARIAT USE ONLY

Decision Referred to Cabinet Scrutiny				Cabinet Scrutiny Decision to Refer Back for Reconsideration				Reconsideration Record Sheet Issued				Reconsideration of Decision Published
YES		NO		YES		NO		YES		NO		

6. Kent TV

(Item. 6 - Report by Mr Paul Carter, Leader of the Council, and Mr Peter Gilroy, Chief Executive)

(Tanya Oliver, Head of the Strategic Development Unit was present for this item)

KENT COUNTY COUNCIL
RECORD OF CABINET DECISION

DECISION TAKEN ON	Cabinet 16 April 2007	**DECISION NO.** 07/00978

Kent TV

(Item 6 – Report by Mr Paul Carter, Leader of the Council, and Mr Peter Gilroy, Chief Executive)
(Tanya Oliver, Head of the Strategic Development Unit was present for this item)

(1) Tanya Oliver said that the establishment of Kent TV was a natural step forward in communication and providing information in a modern and contemporary way. A rigorous tender process had been undertaken and it was expected that an announcement on the preferred provider would be made in the very near future. Mr Gilroy said that the establishment of Kent TV would fit with the County Council's powers under the Communications Act 2003 as well as promoting well being and the community leadership role set out in the Local Government Act 2000. In addition, the Government's White Paper "A New Future for Communications" trails new legislation aimed at encouraging and enabling local authorities to provide information services via TV and radio. The spread of digital technology was rapidly increasing and the County Council should maximise the potential this offers for transforming how it communicates and how it can raise the profile of Kent locally, nationally and internationally.

(2) Mr Lynes said that he was very supportive of this important initiative which through the use of modern technology would allow the County Council to increase the ways in which it provided and communicated its services to Kent residents. This view was echoed by Mr Chard and Mr Ferrin who said that this would not be a replacement but an additional strand to the way the County Council effectively communicates with the residents of Kent and beyond.

(3) Mr Carter said that he welcomed this innovative initiative and supported the use of new technologies in increasing the number of ways in which a major local authority, such as KCC, communicates with residents. In commending the recommendations of the report to Cabinet, Mr Carter proposed, and it was agreed, that the recommendation in paragraph 5(2) be amended so as to read 'delegate to the Chief Executive, in consultation with the Leader of the Council, authority to approve the appointment of the provider company'. Cabinet also agreed to adding an additional recommendation to read 'subject to him being satisfied as to the detailed terms and conditions, the Chief Executive be authorised to enter into an appropriate contract on behalf of the County Council with the approved provider'.

Kent TV Cont'd

(4) Cabinet agreed:-

(a) to the implementation of the Kent TV pilot as detailed in the Cabinet report;

(b) to delegate to the Chief Executive, in consultation with the Leader of the Council, authority to approve the appointment of the provider company; and

(c) subject to him being satisfied as to the detailed terms and conditions, the Chief Executive be authorised to enter into an appropriate contract on behalf of the County Council with the approved provider.

The reasons for this decision are set out above and in the Cabinet report.

Background documents: None

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signed (Chief Executive) date

FOR COUNCIL SECRETARIAT USE ONLY

Decision Referred to Cabinet Scrutiny			
YES		NO	

Cabinet Scrutiny Decision to Refer Back for Reconsideration			
YES		NO	

Reconsideration Record Sheet Issued			
YES		NO	

Reconsideration of Decision Published

7. Landfill Allowance Trading Scheme Operating Plan
(Item. 7 - Report by Mr Keith Ferrin, Cabinet Member for Environment, Highways and Waste, and Mr Pete Raine, Director of Environment and Regeneration)

KENT COUNTY COUNCIL
RECORD OF CABINET DECISION

DECISION TAKEN ON	Cabinet 16 April 2007	**DECISION NO.** 07/00933

Landfill Allowance Trading Scheme Operating Plan

(Item 7 – Report by Mr Keith Ferrin, Cabinet Member for Environment, Highways and Waste, and Mr Pete Raine, Director of Environment and Regeneration)

(1) This report detailed the Council's current position with regard to the Landfill Allowance Trading Scheme. This Scheme was introduced under the Waste Emissions Trading Act 2003 and the Operating Plan, addresses the practical issues concerning the Council's ability to act decisively to maximise income. The Plan described the current state of the Landfill Allowance Trading Scheme and set out how the Council would position itself to gain maximum benefit in this developing market.

(2) Cabinet agreed that:-

(a) the Landfill Allowance Operating Plan as detailed in the Cabinet report be approved;

(b) the Director of Finance and the Director of Environment and Regeneration together be authorised to enter into future Landfill Allowance Trading agreements; and

(c) the single 'trade' which has occurred, be noted.

The reasons for this decision are set out above and in the Cabinet report.

Background documents: None

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..... **April 2007**

signed (Chief Executive) date

FOR COUNCIL SECRETARIAT USE ONLY

Decision Referred to Cabinet Scrutiny			
YES		NO	

Cabinet Scrutiny Decision to Refer Back for Reconsideration			
YES		NO	

Reconsideration Record Sheet Issued			
YES		NO	

Reconsideration of Decision Published

8. Cabinet Scrutiny and Policy Overview

(Item. 8 - Report by Mr Peter Gilroy, Chief Executive)

This report summarised the outcomes and progress on matters arising from the meeting of the Cabinet Scrutiny Committee held on 21 March 2007. The report also set out the agreed programme and current status of each Topic Review as agreed by the Policy Overview Co-ordinating Committee.

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By: Mr K Lynes, Cabinet Member for Adult Social Services
Dr T Robinson, Cabinet Member for Children & Family Services

To: Cabinet – 14 May 2007

Subject: Select Committee: Transitional Arrangements

Summary: To receive and comment on the Select Committee Report: Transitional Arrangements

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Introduction

1. The Adult Services Policy Overview Committee, at its meeting on 5 July 2006 proposed the establishment of a Select Committee to look at the issue of transitional arrangements to adult services for disabled children and young people and children and young people with a learning difficulty, including those who are Looked After. The review explored the extent to which Kent County Council's transition policies and joint working particularly between social services, education, health services and partners including Connexions are able to meet the needs and expectations of these young people in Kent. This was agreed by the Policy Overview Co-ordinating Committee at its meeting on 10 August 2006.

Select Committee Process

Membership

2. The Select Committee commenced its work in October 2006. The Chairman of the Select Committee was Mr A Bowles, other members being Mr Robert Burgess, Mrs Valerie Dagger, Mr Clive Hart, Mrs Sarah Hohler, Mr George Koowaree, Mr Tom Maddison and Mr Michael Northey.

Terms of Reference

3. (1) The Terms of Reference for this Select Committee Topic Review were, respect of young disabled people and those with a learning difficulty (including those In Care) making the transition to adult life and services, to: -

- identify where KCC (through partnership working) could develop or enhance transition policy to improve the experience of transition;
- incorporate the views of a number of young people aged 14-25 and their parents/carers;
- consider ways of promoting independence and inclusion in community life for these young people and
- make recommendations that will ensure a more seamless transition to adult life and services and contribute to strategic corporate objectives especially those embodied in 'Towards 2010', target 55.

Evidence

4. (1) The Committee received oral and written evidence from a wide range of stakeholders including Officers from Children's Social Services, Adult Services, Education, Connexions, the Learning & Skills Council, schools, colleges, charities, parents, carers and young people. Two questionnaire surveys were also sent out. A full list of the witnesses who attended Select Committee hearings is at Appendix 2. A list of those submitting written evidence and of visits made is at Appendix 3.

Conclusion

5. (1) We welcome the report and would like to congratulate the Select Committee on completing this piece of work. We would also like to thank all those witnesses who gave evidence to the Select Committee.

(2) The Transition Executive Group was established last year to implement the Towards 2010 objective: 'Ensure better planning to ease the transition between childhood and adulthood for young people with disabilities and promote their independence'. The group is chaired by the Managing Director, Kent Adult Social Services and has executive level representation from Adult Social Services and Children, Families and Education within KCC as well as from Connexions, the Learning and Skills Council and the NHS. The group has worked closely with the Select Committee and is well placed to build the recommendations from the Select Committee into its work programme in order to implement the Towards 2010 objective.

(3) Mr A Bowles, Chairman of the Select Committee, Mr T Maddison and Mr G Koowaree will present the report. The Executive Summary is attached as Appendix 1. Please contact Angela Evans on 01622 221876 or email angela.evans@kent.gov.uk if you require a full copy of the report.

Recommendations

6. (1) The Select Committee be thanked for its work and for producing a relevant and a balanced document.

(2) The witnesses and others who provided evidence and made valuable contributions to the Select Committee be thanked.

(3) We recommend the report and its recommendations to Cabinet and welcome any observations Cabinet wish to make.

Mr K Lynes
Cabinet Member for Adult Social Services

Dr T Robinson
Cabinet Member for Children & Family Services

Background Information: *None*

1 Executive Summary

1.1 Committee membership

The Select Committee consisted of eight Members of the County Council, five Conservative and two Labour and one Liberal Democrat.

Kent County Council Members (County Councillors)

Mr Andrew Bowles

Mr Robert Burgess

Mrs Valerie Dagger

Mr Clive Hart

Mrs Sarah Hohler

Mr George Koowaree

Mr Tom Maddison

Mr Michael Northey

The participation on the Select Committee of Dr Mike Eddy and Mr Roger Truelove are also acknowledged with thanks.

1.2 The Terms of Reference

The Terms of Reference for this Select Committee Topic Review were, for young disabled people and those with a learning difficulty, (including those In Care), in making the transition to adult life and services, to:-

- identify where KCC (through partnership working) could develop or enhance transition policy to improve the experience of transition;
- incorporate the views of a number of young people aged 14-25 and their parents/carers;
- consider ways of promoting independence and inclusion in community life for these young people and
- make recommendations that will ensure a more seamless transition to adult life and services and contribute to strategic corporate objectives especially those embodied in ‘Towards 2010’, target 55.

1.3 Evidence gathering

The Committee assembled evidence through desk research and received oral and written evidence from a wide range of stakeholders including Children's Social Services, Adult Social Services, Education, Connexions, the Learning & Skills Council, schools, colleges, charities, parents, carers and young people. Two questionnaire surveys were also sent out. A full list of the witnesses who attended Select Committee hearings is at Appendix 1. A list of those submitting written or supplementary evidence is at Appendix 2.

1.4 Reasons for establishment of the Select Committee

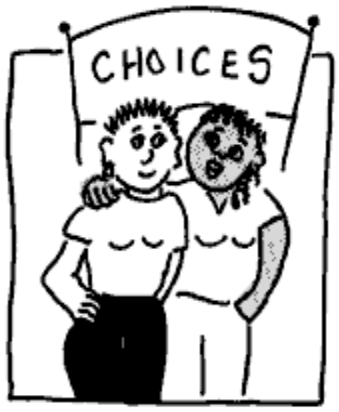
Primarily the Select Committee was formed in response to concerns that some young disabled people including those with learning difficulties were having poor or unplanned transitions and that there was a variation across the county. This was coupled with the knowledge that local organisational change in line with national policy developments presented an opportunity for a fresh look at the topic. The review has looked at:-

- transition planning
- multi-agency working
- Information and monitoring
- Independence and choice

1.5 Transition policy development

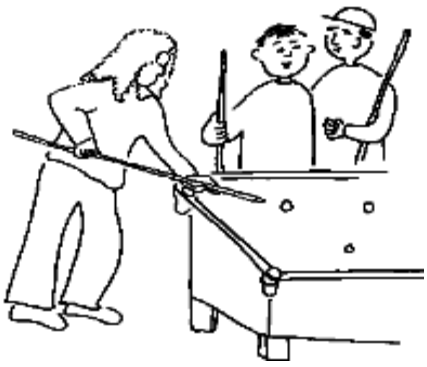
A comprehensive transition policy is currently being developed in Kent and good practice in several other counties including Berkshire and Hampshire has been considered.

1.6 Easy to read summary



Growing up will be better for young disabled people if they feel part of society, if other people are more aware of the barriers they face and if they and their families or carers can see more positive futures ahead.

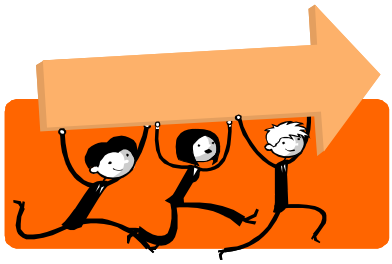
It is important that support provided in childhood does not suddenly stop when a young disabled person reaches the age of 18, or good progress made when they were younger can be wasted.



More leisure activities are accessible to young disabled people but they need to know what is available and should have the chance to try things out.

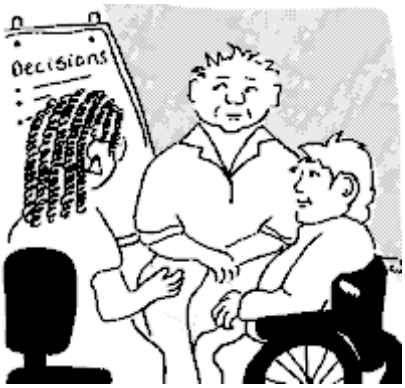
Sometimes teenagers would rather talk to or get support from people of a similar age. If young disabled adults could be employed to provide some of this support it would be good for them and set a really good example to all young people as they grow up.

Not all young disabled people have plans for their futures. Planning which takes place for young people with Statements of Special Educational Needs can work well, but only if all the right people are involved.



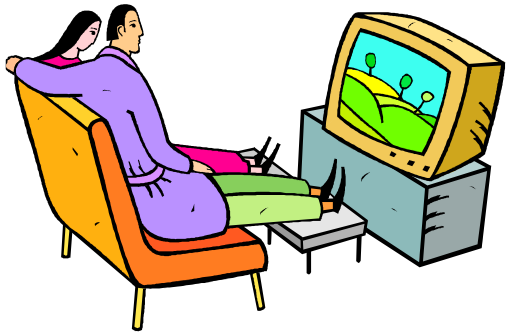
Young people supported by several agencies need plans in place for when they become adults. If plans were monitored, it would be easier to know if things were working out well.

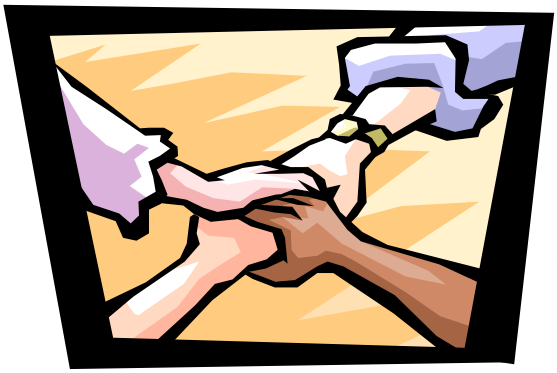
There needs to be a good process for transferring care and support from Children's to Adult Social Services and between other services which are different for children and adults.



Young disabled people should get the help they need to say or show what they would like to happen as they grow up, since their views and wishes are the most important. They want the same kinds of things as all young people do when they are growing up.

Parents and carers need support too. They need good information to help them plan and they need to know what services are available. They may also need a break from time to time.





Young disabled people and their families or carers can get support from voluntary organisations as well as the Local Authority.

Sometimes people trying to provide support have too much work to do. This can mean that young disabled people and their families or carers get different services in different parts of Kent and the Select Committee think services should be more even across the county.

New ways of making this happen are being tried out. For example schools are working together to help one another provide support to more young people; charities are getting money so they can plan services into the future.

Young disabled people and their families can spend social care money themselves using Direct Payments and soon they may be able to have an Individual Budget; money collected together from different sources to spend on what they need. The money may be held by different people and this is being tried out to see what works best.

Organisations that provide support to young disabled people have been changing so that they can work better together. It will make a big difference when more people choose how they spend their own money for support. By listening to young disabled people, their families and carers, organisations that provide support services can make sure the right services are available.

Select Committee Recommendations (not prioritised)

1. That KCC work with all providers to increase the availability and choice of leisure facilities for young disabled people and promote and publicise 'taster sessions' to encourage participation (page 26).

2. That KCC and schools promote a variety of initiatives to raise disability awareness among peers of young disabled people in mainstream schools and the wider community (page 27).

3. That the Cabinet Members for Children Families & Education and Adult Social Services Directorates are made aware of the Hampshire transition documents and protocols, particularly the new Transition Handbook and Multi-agency Guide, with a view to working towards a similar scheme, for Kent (page 36).

4. That KCC should evaluate the capacity of current data systems to enable strategic monitoring of transition plans (page 40).

5. That the Transition Task Group investigates the potential for the increased use of Trans-active in Kent schools, colleges and other settings (page 43).

6. That KCC should identify the source and type of advocacy available for parents and young people to facilitate better transition planning and make provisions to meet any gaps in service (page 45).

7. To ensure that Children, Families and Education and Adult Social Services' commissioning strategies are co-ordinated, including the use of jointly-resourced budgets where appropriate, to provide a more graduated and consistent approach to service provision for young disabled people in transition from childhood to adulthood. Such strategies should incorporate Transition Worker roles or demonstrate clearly alternative means of providing similar support (page 49).

8. That the Managing Director of Adult Social Services and the Managing Director of Children, Families and Education must ensure that information about transition and Adult Social Services is available in a range of accessible formats and is brought to the attention of young disabled people and their parents in advance of meetings to enable them to participate in transition planning (page 54).

9. That KCC, Connexions and partners identify how to use available resources more effectively to benefit young disabled people (including those with learning difficulties) in transition (page 61).

10. That individuals identified as Lead Professional for young people in transition to adulthood have the capacity to undertake the function and are provided by KCC and partners with training and support (page 69).

11. That KCC, schools and other partners promote the use of Direct Payments by young people whose social care needs will extend into adulthood, by raising awareness and understanding of Direct Payments among CFE staff and ensuring that Direct Payments are discussed (with the involvement of a peer-mentor or Direct Payment Support Worker/Adviser where possible) as part of transition planning from Year 9 onwards (page 74).

12. That KCC, through Kent Supported Employment and its partners, explore the potential of a programme whereby disabled young adults are employed as peer-mentors to assist with transition planning in schools and elsewhere (page 75).

Oral Evidence

The following witnesses gave oral evidence to the Committee in a series of Hearings.

1. 26 October 2006

Gordon Bernard, Chief Executive and Justine Croft, Learning Difficulty and/or Disability Co-ordinator, Connexions

2. 1 November 2006

Louise Watch, Direct Payments Co-ordinator

Carrie Johnson, Project Manager, SNAAP (Special Needs Advisory and Activities Project)

Alan Milner, Services Director, Parents' Consortium

3. 10 November 2006

Des Sowerby, Joint Director – Learning Disabilities (Adult Social Services)

Michael Thomas-Sam, Head of Policy and Service Development (Adult Social Services)

Gordon Boxall, Chief Executive, MCCH

4. 16 November 2006

Greg Gibbins, Transition Worker, Canterbury and District Adult Social Services Learning Disabilities Team

Caroline Baker, Senior Practitioner, Tonbridge Disabled Children's Team (Children, Families and Education) and John Moore, Care Manager, Tunbridge Wells Adult Social Services Learning Disabilities Team

Kathy Melling, Group Manager, Social Economy and Supported Employment Unit (SESEU)

5. 6 December 2006

Andrea White, Specialist Teaching Services Manager

Tim Fox, Children Educated at Home Co-ordinator

Mick McCarthy, County Manager, Rainer Kent and Steve Lines, Mental Health Specialist, Rainer Kent

6. 13 December 2006

David Waggett and David Le Breton, Learning and Skills Council

Mark Surtees, Hampshire County Council

7. **19 December 2006**

Linda Baker, Partnership with Parents

Diane Robinson, Senior Inclusion and Achievement Adviser; Allan Foster, Lead Curriculum Adviser and Subject Adviser for PSHE

8. 20 December 2006

Joanna Wainwright, Director Commissioning (Specialist Services)

Liz Totman, Head of Specialist Services and Rose Dillon

Lut Stewart, Director of Student Support Services – Canterbury College and Daniel Lewis, Headteacher, St Nicholas School, Canterbury

Beryl Palmer, Sensory Disabilities Manager, Adult Social Services

Written Evidence

Andrew Ross, Tadworth College

Camilla Khanna, Graduate

Christopher Robertson, Lecturer in Inclusive and Special Education, University of Birmingham

David Abbot, Nora Fry Research Centre, University of Bristol

Debra Cooney, Project Manager, Disabled Children

Dr Pauline Heslop, Nora Fry Research Centre, University of Bristol

Gary Forde, Diversity Manager, Youth Service)

Gillian Wills, Chief Executive, Royal School for Deaf Children

Jo Kidd, Skillnet Group

Lewis Perkins, MENCAP

Marlene Morrissey, County AEN Manager

Maurice Harker, Housing Options

Royal London Society for the Blind, Lesley Morris, Educational Support Services Manager

Sandie Howard, Transition Nurse, Services for Children with Learning Disabilities and Challenging Behaviour (LDCB) Team

Sheelagh Smith, Independent Consultant

Tim Pethybridge, parent

Young people, parents and carers who responded to questionnaires

Supplementary evidence was received from:

A number of KCC Officers, including particularly Dawn Holroyd and Sue Snooks, Children's Disability Register Co-ordinators and Liz Piper, Team Manager, Learning Disabilities Team, Tunbridge Wells Adult Social Services.

Young people, parents and carers who assisted the review with the help of Gwen Kidd, Fostering Social Worker.

Visit

17th January 2007

Visit to Youth Centre, run by Parents' Consortium in Hextable, by Mrs Hohler, Mr Koowaree and Mr Maddison.

To: Cabinet 14 May 2007

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

Subject: Third Annual Report on Local Boards 2006/07.

Classification: Unrestricted

Summary: The third Annual Report on Localism in Kent provides information on Local Boards, Joint Local Board Pilots, and an update on Neighbourhood Forum Pilots in Dover. The report also considers developments on the Localism Agenda both in Kent and nationally, and how Member Roles and new technology could influence future engagement with the public.

Introduction

1. This third Annual Report on Local Boards provides a summary of KCC's current position on Community Engagement and Localism. It provides information on Local Boards, progress on the pilot Joint Local Boards in Ashford and Tonbridge and Malling, and the experiences from the five Neighbourhood Forum pilots in Dover. The report also looks at the national and local context for localism in the light of the Lyons Report, the Local Government and Public Involvement in Health Bill, and the Kent Commitment. It also considers factors which could influence future community engagement policy in Kent, particularly the changing role of Members and the use of electronic systems and new technology to generate appropriate and effective two-way communication with the public on local service policies and delivery.

Local Boards 2006/07

2. Local Boards in each of the 12 Kent districts have continued to meet at quarterly intervals throughout the year, with the exception of those Boards involved in pilots in Ashford and Dover which have met in accordance with locally agreed terms of reference and protocols. Details of all Local Board meetings and agendas are shown in Annex 1. General conclusions drawn from the past year are as follows:-

- Average attendances are about the same or slightly higher than in 2005/06, with local Parish or Town Councils providing a substantial proportion of the public audience.
- Agenda topics have covered a wide range of service and policy issues, including climate change, crime and disorder/community safety, local highways and transport issues, education and schools, the 2012 Olympics and combined Health/Adult Social Services issues. In addition, the Local Boards were the vehicle for wide consultation on the "Towards 2010" Strategic Statement developed by KCC during the summer and autumn. .
- There has again been very good take-up on grants, with total spend as follows:
    - **Member Community Grant** spend was £828,797 (98.7%-details in Annex 2(a); The figure of 739 of Member Community Grants allocated

in 2006/07 was the highest yet, with an average allocation per member of £1,120. The recipient group receiving the highest number of grants and highest cumulative total were local or voluntary organisations. Pie-charts giving further information are set out in Annex 2(b).

- **Small Community Capital Grant** was fully spent at £500k; details are in Annex 3. The number of grants awarded, 109, was again the highest to date over the three-year period of Local Boards, bids totalling £1.241m being made against the budget of £0.500m.
- **Local Schemes Grant** achieved a full cash limit allocation of £400k to 117 projects in its first operational year. Full details for all of these are provided in Annex 4..
- Detailed information on grants made by Members of each Local Board will be provided in the Annual Reports to be presented during the May-July round of meetings.

Joint Local Board Pilots (JLBs)

3. **Ashford Joint Local Board pilot**. Following the agreement by Cabinet in April 2006 to set up a series of pilot Joint Boards with interested districts in Kent, the Ashford JLB was established in June 2006. The JLB met on four occasions, twice in public and twice in private briefings for Members of both Councils. Membership comprised equal numbers from KCC and Ashford BC and also involved co-opted members from local parish councils. The two public meetings held at Ashford Borough Council were well attended and generated lively debate on Ashford Future, Towards 2010 and Waste Management/ Recycling Strategies for both councils. The two Member Briefings gave comprehensive information on grant regimes across the Borough, and school transport issues.

4. In December 2006, following consideration of the Local Government White Paper, Ashford BC decided to withdraw from participation in the pilot arrangements but reaffirmed its wish to work in partnership with KCC and other Kent districts. However a joint meeting of the Local Board involving KCC and Ashford BC was held in February 2007, at which the councils' respective budgets for 2007/08 were presented and discussed with the public.

5. The **Tonbridge and Malling JLB pilot** is due to commence in June 2007 and is intended to operate initially for one year. Provisional Terms of Reference have been agreed, and clarity on Membership and Co-options will emerge in late May after the Borough Council/ Parish Council elections. It is proposed to agree dates and agenda topics for the forthcoming year at that time, as well as grant regimes and processes.

6. **Dover Neighbourhood Fora** These were agreed in principle with Dover DC, the Kent Association of Parish Councils and local Town/Parish Councils in the autumn of 2006. After a series of preliminary meetings to explain objectives and terms of reference the first round of meetings in public took place between November 2006 and February 2007. Details of each of the Forum meetings are provided in Annex 1.

7. All meetings have provided lively and interactive discussion on the main agenda topic, with a number of outcomes 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 were:-

- The combined audience attendance for the first full round 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 all the meetings.
- Within the 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.

The National and Local Context on Localism

8. 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 it is described in the October 2006 Local Government White Paper and is now reflected in the Local Government Bill going through Parliament and in the Final Report by the Lyons Inquiry. The same Bill creates a new Best Value duty to involve citizens in identifying local issues and solutions and it 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 White Paper 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. Whilst implementation of the White Paper and the Act, as it will eventually become, will be done largely through regulation and guidance, it is noteworthy that bodies like LGA, IDeA and LGIU, SOLACE etc, representing the interests of local government, have taken a leading role.

Kent Context: the "Kent Commitment

9. Arising from the Kent Commitment signed in January 2007 is the need for a political interface to complement 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.

10. Within the context of the Kent Commitment, Member roles also need to be defined, so that through detailed briefings and other meetings Members have sufficient knowledge 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 has been set up to take this forward. This group has agreed the principle that the new Kent Agreement should give the trust to evolve governance and delivery structures which are appropriate to Kent. It is intended to provide a progress report on this work to KCC's "Going Local" Informal Member Group on 9 May 2007

Delegation and Devolution

11. Many service areas are already highly devolved managerially and operationally. The recent work within the "Going Local" Informal Member Group, 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 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. This is an issue which needs further consideration by the Informal member Group.

Pooling of Resources to Make a Difference at Local Level

12. Currently KCC and DCs have many different funding streams for grants, but objectives, criteria and control frameworks vary widely. There is evidence from recent discussions which suggests there is a case for KCC, DCs and other public and private bodies to pool grants to produce a "Community Chest". This, in turn, could produce opportunities for large scale match-funding with outside bodies. This would also offer closer alignment with objectives in Vision For Kent, "Towards 2010" and District Community Strategies. Larger pooled sums could make a real difference and all contributors would be seen to be working for the local community. However, we recognise that individual Member Community Grants are very personal to Members and there would be considerable difficulty in "pooling" these over a whole District. County Divisions might form a better basis.

13. There is currently an indication that Dover DC will contribute a sum of £45,000 to Localism in 2007/08. This sum would be placed within the remit of the Neighbourhood Forum Pilots for recommendation to respective executives who would make final decisions.

Looking to the Future:
How can Kent's Local Boards be developed and adapted within the Improved 2-tier Working Environment, and with Parish and Town Councils?

14. 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, and the Lyons Review and Local Government Bill provide the opportunity for this to be achieved.

15. 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.

16. 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 that they would be willing to become involved in joint working, possibly within a future derivative of the current Local Boards framework. All DCs welcome KCC's view that "one size does not fit all" and our willingness to be flexible in our approach to joint working. The Dover Neighbourhood Forum Pilots are progressing well and are achieving their stated objectives through engaging more of the public - informally, but with local focus and clear outcomes.

17. The terms of reference for the pilot Tonbridge and Malling Joint Local Board have been agreed, and the JLB should be operational after May 2007. This will provide further opportunities for innovation and add to the learning experience.

18. Other 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.

N**ew Techniques for Engagement: Electronic media and other methods .**

19 "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. The advent of Kent TV will provide numerous opportunities for engagement on major policy issues. Members and officers will need to change and adapt so that we and other partners can experiment more.

20. KCC has tried the "Question Time" approach-with success, and also the "local service workshop" format at Neighbourhood Forum Meetings, which has proved

popular with presenters and participants, and has also led to clear action points from those present.

21. **Other Local Authorities KCC's** "Going Local" Informal Member Group is looking 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. The Informal Member Group is looking at other examples and its conclusions, together with feedback on the Kent Pilots, will be form the basis of a further report to Cabinet in due course.

22. CONCLUSIONS

1. **Local Boards have continued to develop the community engagement strategy established by the County Council in 2003/04.**
2. **The pilot arrangements for innovative and inclusive approaches to joint working within all 3 tiers have generated particular success in Dover.**
3. **The three funding streams managed through Local Boards are over-subscribed and are continuing to fund hundreds of small community projects annually throughout Kent.**
4. **With clearer direction via government legislation and particularly at local level through the Kent Commitment KCC can now build on its 3-year investment in Localism, and use the linkages established through Local Boards more effectively in facing the requirements of Lyons, the Local Government Bill, the requirements of CPA in 2008 and the Corporate Assessment in future years.**
5. **These imperatives, and the experiences from the pilot Joint Local Board/Neighbourhood Forum arrangements in Kent should lead to the development of a flexible and responsive system of partnerships and local bodies to suit local needs.**
6. **KCC must experiment further with new ways of working with the public, through changed formats and style, particularly through the use of using modern technology to generate faster and wider communication, and inform service providers on needs and priorities; Local Boards and Neighbourhood Forums are already playing a key role in this approach, but there are opportunities for much more to be done.**
7. **The work of the "Going Local" Informal Member Group should continue with its current remit, concluding with reports to Cabinet and County Council indicating options for KCC's future strategy and plans for Localism.**
8. **KCC grants and those of other public, private and voluntary bodies should be aligned with the objectives of "Towards 2010" and the Vision for Kent through revised objectives, and ways should be explored for pooling resources in a "Community Chest" and for levering in additional money. This could involve working with DCs and other partners, and be accompanied by wider publicity for combined outcomes for the local community to see**
9. **KCC could look at other ways of joint working, and be prepared to show flexibility in approach to how the new bodies are managed.**

23. RECOMMENDATIONS

CABINET is asked to :

(i) Accept the Annual Report for 2006/07 on Local Boards, Joint Local Boards, and Neighbourhood Forum Pilots

(ii) Endorse the continuing work of the Informal Member Group "Going Local" in looking at options and principles for future direction of Localism, having regard to the Kent Commitment, The Lyons' Report and the Local Government and Public Involvement in Health Bill, currently on its passage through Parliament.

(iii) Agree to a review of Local Board Grant regimes and criteria, so these reflect current stated objectives within "Vision for Kent" and "Towards 2010"; this work to be delegated to the Chief Executive in consultation with the Deputy Leader, and to be followed by further reports to Cabinet as appropriate.

(iv) Agree to co-ordinate all the above work carefully with other work on future approaches, including the "second Kent Agreement"

Project Officer: John Wale, Assistant to the Chief Executive
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Community Liaison Managers 2006/07:

Dartford and Gravesham:	Kayley Phillips 07717 895752
Sevenoaks and Tunbridge Wells:	Tom Phillips 07795 495713
Tonbridge and Malling and Maidstone:	Loic Flory 07920 428550
Ashford and Shepway:	David Geoghegan 07786 191667
Swale and Canterbury:	Bill Ronan 01622 696889
Thanet:	Louise Bolton 07920 428551
Dover Local Board and Dover Neighbourhood Fora:	Louise Bolton (number above) and Will Farmer 07841 315596

Background Documents: None

KCC LOCAL BOARD MEETING STATISTICS 2006/07 **ANNEX 1**

Dartford: Chairman-Mr A Bassam; Community Liaison Manager - Kayley Phillips

Date of Meeting	Venue	Main Topic/s	Attendees	Members (6)
15 March 2006	Holy Trinity Primary School	• KCC Climate Change • Air Quality – Dartford BC	14	3
29 June 2006	Ladywood Hall Darenth	• Dartford Youth Council • Youth Service Update • Towards 2010	15	4
25 October 2006	Dartford Library	• KCC Libraries – Healthy Libraries • KCC Sports Development Unit 2012 London Olympics • Small Community Capital Grants recommendations • Local Scheme Grants Recommendations	25	5
31 January 2007	Milan Centre for the Elderly	• KCC Adult Services – Opportunities For Older People • KCC Adult Education • KCC Budget 07/08 Towards 2010 DVD	22	4

Gravesham: Chairman- Mr M Snelling; Community Liaison Manager-Kayley Phillips

Date of Meeting	Venue	Main Topic/s	Attendees	KCC Members (5)
16 March 2006	Istead Rise Community Centre	• Community Wardens • Highways update	51	2
3 July 2006	Guru Nanak Education Centre	• Tour of new Gurdwara • Visit to Jugnu Bhangra practice • KCC work with BME Children and Families • KCC development work with BME communities • Equal Care Project	49	4
13 July 2006	Coldharbour Library	• Towards 2010	10	5
1 November 2006	Coldharbour Library	• Building For The Future • KCC Budget 07/08 • Small Community Capital Projects Recommendations • Local Scheme Grants Recommendations	45	5
8 February 2007	Shorne Country Park	• Meeting cancelled due to adverse weather conditions. • Re-arranged for May 2007		

Sevenoaks: Chairman: Mr D Brazier; Community Liaison Manager - Tom Phillips

Date of Meeting	Venue	Main Topics	Attendees	KCC Members (of 7)
7 June 2006	The Woodlands, Swanley	• Volunteering • Local Board Annual Report 2005/6 • Grants arrangements for 2006/7	30	6
19 July 2006	Sevenoaks Town Council Offices	• Towards 2010	30	6
23 October 2006	Edenbridge Leisure Centre	• New Community Centre for Edenbridge • Small Community Capital Grants and Local Schemes Grant	60	5
29 January 2007	The Sevenoaks Kaleidoscope	• Report on the completion and opening of the Kaleidoscope • West Kent and the 2012 Olympic and Paralympic Games • Member Community Grants	35	6

Tunbridge Wells: Chairman: Mr J Davies: Community Liaison Manager - Tom Phillips

Date of Meeting	Venue	Main Topics	Attendees	KCC Members (of 6)
27 April 2006	Tunbridge Wells Library, Museum and Art Gallery	• Redevelopment of the Library, Museum and Art Gallery • Member Community Grants and Small Community Capital Grants	15	5
4 July 2006	Hawkhurst CE Primary School	• Towards 2010 • Revitalising Kent's Rural Areas – Rural Towns Healthchecks • Annual Report of the Tunbridge Wells Local Board 2005/6	26	5
1 November 2006	Pembury School	• Adult Social Care in the Tunbridge Wells Borough • Small Community Capital Projects Grants	16	5
21 February 2007	Little Forest Children's Centre, Tunbridge Wells	• Children's Centres • Small Community Capital Projects Grants and Local Schemes Grants	10	4

Tonbridge and Malling: Chair-Mrs V Dagger; Community Liaison Manager - Loic Flory

Date	Venue	Topic	Public, and KCC incl PCs	Member Attendance (7)
10 May 2006	West Malling Primary school	"Young People do matter" Presentations by young people and organisations	51+7=58	6
19 July 2006	Borough Green Village Hall	Towards 2010, Primary schools strategy	23+5=28	5
25 October 2006	Hildenborough Primary school	Community Wardens and PCSO's roadshow, grant considerations	23+6=29	5
30 January 2007	Wouldham Primary School	Towards 2010 DVD, grant funding from LB, TM District Council, and KCC village halls grants.	14+3=17	5
21 March 2007	SAMAYS, Snodland	KCC Countryside Access Plan and Local Board funding for 2007/08	4+3=7	7

Maidstone: Chair: Mrs P Stockell; Community Liaison Manager - Loic Flory

Date	**Venue**	**Topic**	**Public Attendance, plus KCC & Other (inc PC's)**	**Member Attendance (9)**
12th April 06	Lenham Community Centre	Community Wardens and PCSO's roadshow, Highways update, SCC Grants.	22+12=36	4
18 July 2006	Bredhurst Primary School	Towards 2010, and Traffic congestion in Maidstone	57+7=64	7
19 October 2006	Staplehurst Village Centre	Highways budget and project priorities, grants considerations and showing of T2010 DVD	31+6=37	6
6 December 2006	County Hall	The Local Government White paper and its implications	25+7=32	6
21 December 2006	Christchurch, Parkwood	Supporting Independence, update on Teenage pregnancy initiative, and Switch town centre youth café.	16+3=19	7

Swale: Chairman - Mr T Gates; Community Liaison Manager – Bill Ronan

Date	Venue	Main Topics	Attendees	KCC Members (7)
29th June 2006	The Abbey School, Faversham	Education: Swale Primary Strategy; KCC 2010 Document	14	4
18th October 2006	Sheppey College, Isle of Sheppey	KCC Direct Payments Scheme; Swale Area Education Update on Key Stage Results; Small Community Capital Grant Scheme	12	5
14th December 2006	Borden Grammar School, Sittingbourne.	Supporting Independence Programme; 2010 Policy Update	12	7
28th March 2007	The Wyvern Hall, Sittingbourne.	Grants Schemes Update.	34	4

Canterbury: Chairman - Mr D Hirst; Community Liaison Manager - Bill Ronan

Date	Venue	Topic	Attendees	Members (9)
26th June 2006	Marine Hotel, Seasalter.	Whitstable Marina Proposal; KCC 2010 Document	53	9
19th September 2006	Petham Village Hall, Canterbury.	Direct Payments; Community Presentations.	18	7
13th December 2006	Methodist Church Hall, Canterbury.	Supporting Independence Programme; Community Group Presentations.	10	8
27th March 2007	Chaucer Technology College, Canterbury	Kent Freedom Pass; Grants Update.	135	9

Thanet: Chairman-Mr W Hayton; Community Liaison Manager-Louise Bolton

Date of Meeting	Venue	Main Topic/s	Attendees	Members (8)
24th April	King Ethelbert School, Birchington	• Climate Change	48	7
31st July	Theatre Royal, Margate	• Towards 2010 Consultation • Margate Neighbourhood Renewal Project	51	6
23rd October	Park Hall, Pierremont Ave, Broadstairs	• Crime and Disorder	63	8
15th January	Clarendon House School, Ramsgate	• Towards 2010 DVD • Ramsgate Library update	51	7

Dover: Chairman: Mr B Cope; Community Liaison Manager – Louise Bolton

Date of Meeting	Venue	Main Topic/s	Attendees	Members (7)
10th May	Walmer Science College	• Public Transport • Deal Seafront Regeneration • Supporting Independence	44	7
24th July	Dover Leisure Centre	• Towards 2010 Consultation • East Kent Coastal – Dover Project Consultation	22	4
20th September	Dover Discovery Centre	• KCC Budget • Announcement of 3 tier LA partnership pilot of Neighbourhood Forums*	18	6

Dover Neighbourhood Forum Pilots - Meetings 2006/7: Community Liaison Managers- Louise Bolton and Will Farmer

Dover North: Chair-Mrs E Rowbotham

Date of Meeting	Venue	Main Topic/s	Attendees	KCC Members
29th November	Aylesham Conference and Training Centre	• Kent Highway ServicesLocal Traffic and Safety issues	31	3

Dover Town: Chair-Mr K Sansum

Date of Meeting	Venue	Main Topic/s	Attendees	KCC Members
14th December	Dover Town Council Maison Dieu Housel	• Air Quality and Public Health-joint meeting with Dover Harbour Board, Dover DC and Public Health Authority	40	3

Dover West: Chair-Mr B Cope

Date of Meeting	Venue	Main Topic/s	Attendees	KCC Members
22nd January	Alkham Village Hall	• KCC and DDC Wasre and Recycling Strategies	25	2

Deal: Chair-Dr M Eddy

Date of Meeting	Venue	Main Topic/s	Attendees	KCC Members
29th January	The Landmark, Deal	• Workshop covering Public Transport Services; Car Parking Strategy; Cycling and Public Rights of Way	60	3

Sandwich: Chair-Mr L Ridings

Date of Meeting	Venue	Main Topic/s	Attendees	KCC Members
13th February	The Guildhall, Sandwich	• Community Safety and Neighbourhood Policing	40	2

Shepway: Chairman-Mr C Capon; Community Liaison Manager- David Geoghegan

Date	Venue	Main Topic/s	Attendees	Members' Attendance (6)
22 May 2006	St Mary's Bay	Coastal Flooding and Global warming	32	3
17 July2006	Harvey Grammar school	A vision for Kent	29	5
26 Oct 2006	**St Eanswythe's school**	Crime and anti-social behaviour and Grants	38	6
9 January 2007	New Romney	Fire and rescue service in Shepway	20	4
22 March 2007	Sandgate Library	Waste management and recycling	19	3

Ashford Joint Local Board (pilot) Chairman-Mr M Angell; Community Liaison Manager- David Geoghegan

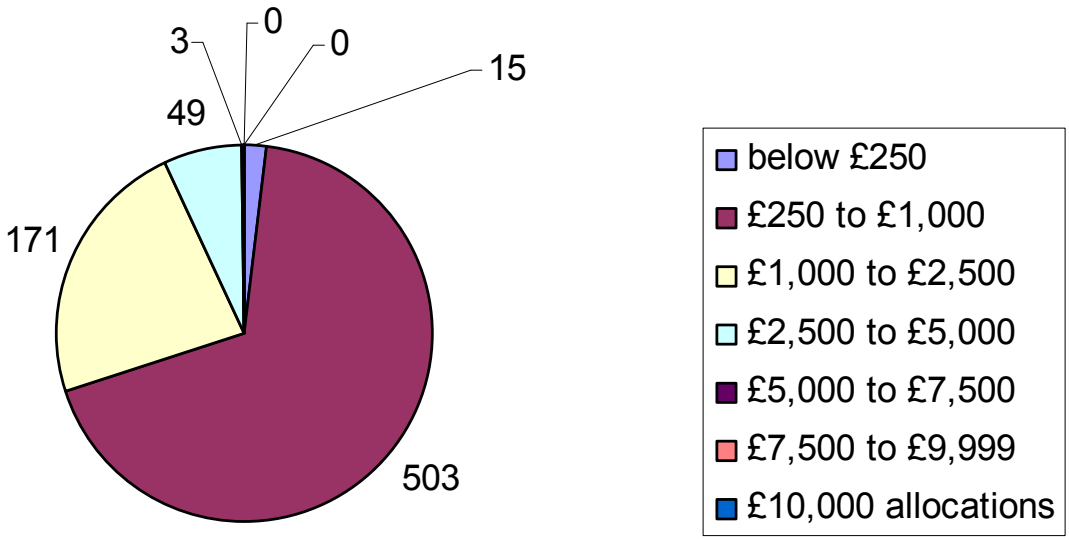
Date	**Venue**	**Main Topic/s**	**Attendees**	**Members (7)**
24 April 2006 Joint Local Board	Ashford Gateway	Joint Local Board Briefing on Terms of |Reference, Membership and Agenda Planning	Briefing meeting	7
6 July 2006 JLB	Civic Centre	Inaugural meeting: Towards 2010 Consultation and Discussion	34	7
18 October 2006 JLB	Ashford Gateway	Joint Local Board Briefing on Grants and School Transport and Agenda Planning	Briefing Meeting	7
23 November 2006 JLB	Civic Centre	Waste Collection, Waste Management Strategy, and Recycling	39	7
Ashford Local Board				
6 February 2007	St Teresa's RC Church Hall	KCC & ABC Budgets: Joint Presentations	29	7

ANNEX 2(a)

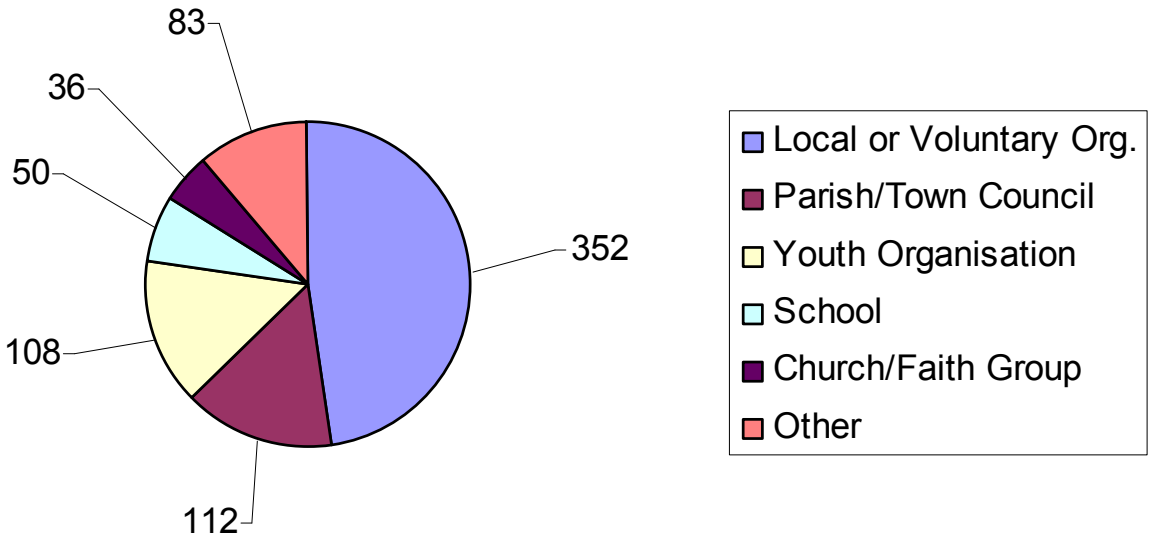
Overall Analysis of Member Community Grant April 2006 to March 2007

Local Board	Total Members	Total Committed	% Committed	Average committed per Member	Number of Allocations	Average size of Allocation	Average no. of allocations per Member
Dartford	6	£60,000	100.00%	£10,000	60	£1,000	10.0
Gravesham	5	£48,325	96.65%	£9,665	46	£1,051	9.2
Maidstone	9	£89,199	99.11%	£9,911	72	£1,239	8.0
Tonbridge/Malling	7	£70,000	100.00%	£10,000	49	£1,429	7.0
Tunbridge Wells	6	£59,990	99.98%	£9,998	46	£1,304	7.7
Sevenoaks	7	£61,235	87.48%	£8,748	51	£1,201	7.3
Thanet	8	£80,000	100.00%	£10,000	94	£851	11.8
Dover	7	£69,999	100.00%	£10,000	86	£814	12.3
Shepway	6	£60,050	100.08%	£10,008	48	£1,251	8.0
Ashford	7	£70,000	100.00%	£10,000	82	£854	11.7
Canterbury	9	£89,999	100.00%	£10,000	51	£1,765	5.7
Swale	7	£70,000	100.00%	£10,000	56	£1,250	8.0
Overall Totals	**84**	**£828,797**	**98.7%**	**£9,866.63**	**741**	**£1,118**	**8.8**
2004/5 position	*84*	*£808,649*	*96.3%*	*£9,626.77*	*549*	*£1,473*	*6.5*
2005/6 position	*84*	*£833,910*	*99.3%*	*£9,927.50*	*598*	*£1,394*	*7.1*

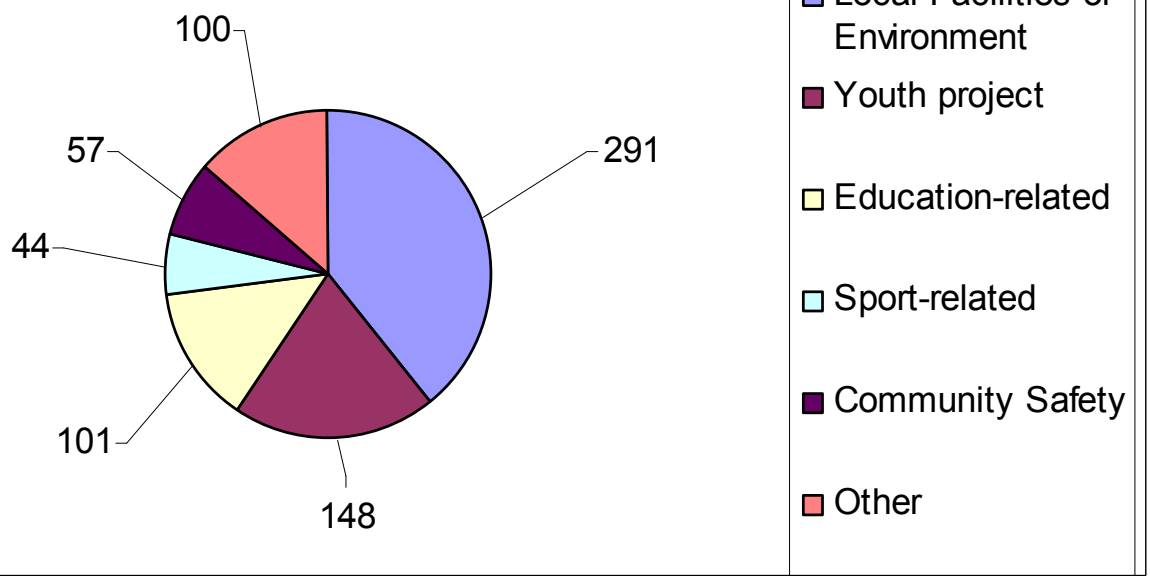
Analysis of Member Grants by size 2006/7



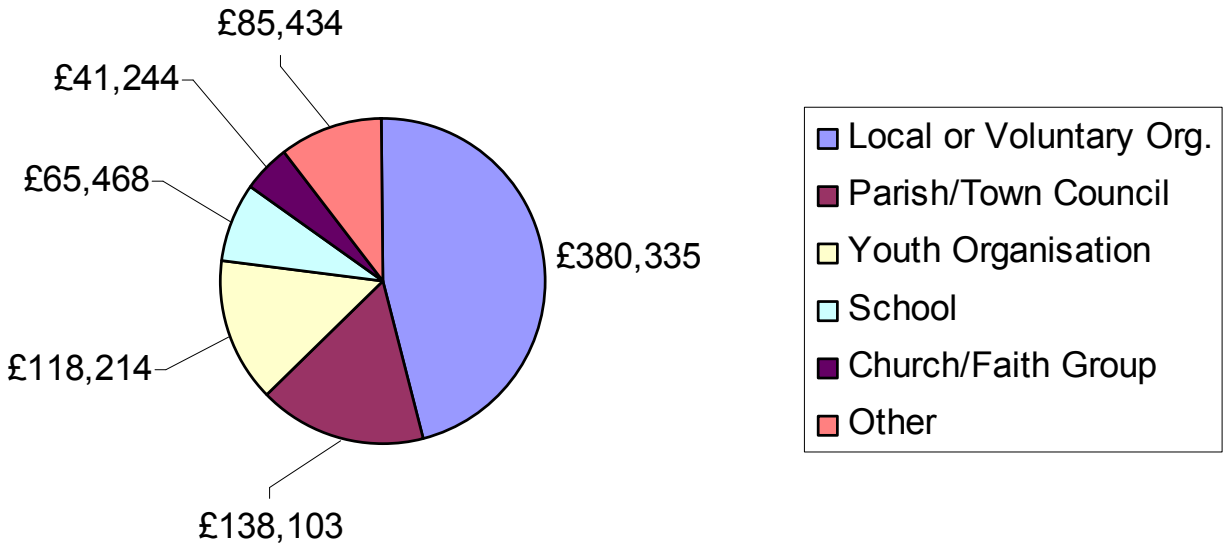
Beneficiary Groups from Member Community Grant April 2006 to March 2007

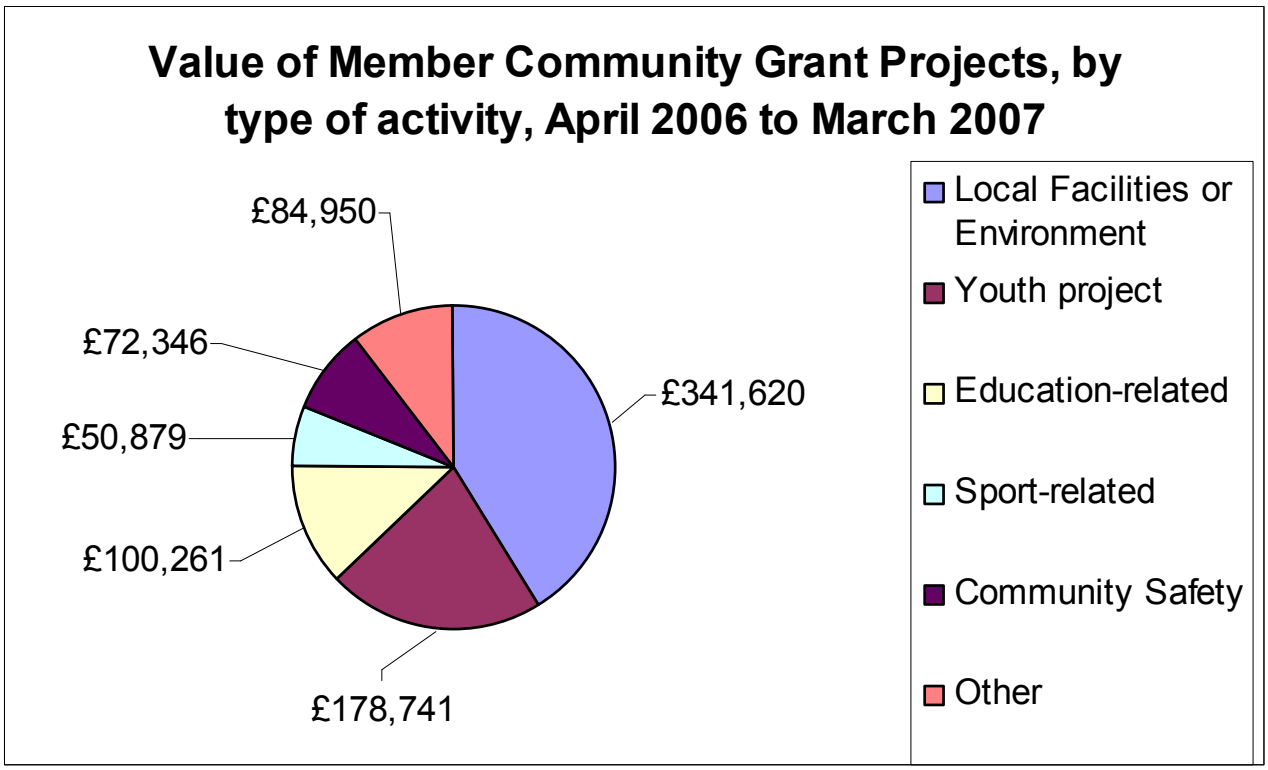


Types of Activity supported by Member Community Grant, April 2006 to March 2007



Value of Member Community Grant Projects, by type of recipient, April 2006 to March 2007




Value of Member Community Grant Projects, by type of activity, April 2006 to March 2007
£84,950
£72,346
£50,879
£100,261
£178,741
£341,620
Local Facilities or Environment
Youth project
Education-related
Sport-related
Community Safety
Other

ANNEX 3

ANALYSIS OF SMALL COMMUNITY CAPITAL GRANT 2006/07

(Recommendations from Local Boards subsequently agreed by Cabinet Member in Decisions 06/00887 and 07/00946)

Local Board	Total Number of Bids submitted	Total Value of Bids submitted	Average Value of Bids submitted	Number of Bids Recommended for support	Total Value of Bids recommended for support	Average Value of Bids recommended for support
Dartford	6	£57,762	£9,627	5	£31,700	£6,340
Gravesham	7	£69,022	£9,860	7	£34,600	£4,943
Maidstone	20	£158,553	£7,928	12	£52,500	£4,375
Tonbridge & Malling	15	£142,161	£9,477	7	£40,700	£5,814
Tunbridge Wells	10	£107,263	£10,726	6	£38,182	£6,364
Sevenoaks	8	£86,407	£10,801	6	£40,700	£6,783
Thanet	11	£109,314	£9,938	9	£47,100	£5,233
Dover	13	£111,215	£8,555	13	£38,700	£2,977
Shepway	12	£88,683	£7,390	10	£36,800	£3,680
Ashford	12	£78,776	£6,565	8	£40,300	£5,038
Canterbury	18	£112,500	£6,250	15	£52,500	£3,500
Swale	15	£119,600	£7,973	11	£47,000	£4,273
Total	**147**	**1,241,256**	**£8,444**	**109**	**£500,782**	£4,594
in 2005/6	*113*	*£1,083,912*	*£9,592*	*84*	*£499,771*	*£5,950*
in 2004/5	*139*	*£1,453,068*	*£10,454*	*86*	*£499,956*	*£5,813*

Local Schemes Grant Fund 2006/7

ANNEX 4

Local Board	Total Number of Bids submitted	Total Value of Bids submitted	Average Value of Bids submitted	Number of Bids Recommended for support	Total Value of Bids recommended for support	Average Value of Bids recommended for support
Dartford	7	£11,855	£1,694	6	£7,500	£1,250
Gravesham	1	£4,600	£4,600	1	£4,600	£4,600
Maidstone	8	£31,215	£3,902	3	£12,200	£4,067
Tonbridge & Malling	13	£67,755	£5,212	5	£13,900	£2,780
Tunbridge Wells	10	£29,200	£2,920	10	£29,200	£2,920
Sevenoaks	1	£5,900	£5,900	1	£5,900	£5,900
Thanet	13	£66,600	£5,123	13	£66,600	£5,123
Dover	9	£58,600	£6,511	9	£58,900	£6,544
Shepway	22	£56,800	£2,582	22	£56,800	£2,582
Ashford	8	£20,600	£2,575	8	£20,600	£2,575
Canterbury	19	£60,500	£3,184	19	£60,500	£3,184
Swale	20	£63,600	£3,180	20	£63,600	£3,180
Total	**131**	**477,225**		**117**	**£400,300**	

By:	Graham Badman, Director for Children Families and Education & John Simmonds, Cabinet Member for Education and School Improvement
To:	Cabinet – 14 May 2007
Subject:	DfES consultation on schools, early years and 14-16 funding
Classification:	Unrestricted
Summary:	To inform Cabinet Members of the current DfES consultation and possible implication for KCC

Introduction

1. (1) The DfES has published a consultation paper on the shape of the school funding system for the period 2008/09 to 2010/11. There are 40 questions in the document and the closing date for responses is 1 June 2007. There is little available in the way of financial modelling by the DfES on the impact of some of the proposals made, so at this stage it is difficult to come to a clear view on some of the options put forward. The DfES held a conference on the consultation paper which was attended by officers and representatives of the Schools Funding Forum. Whilst this provided little in the way of any additional detail it did provide a clear indication as to the preferences that the DfES have on some of the options proposed.

(2) The consultation paper covers a wide variety of issues ranging from those which will affect the amount of DSG received by Local Authorities to detailed issues such as proposals to change the decision making process within the Schools Funding Forum. This paper largely concentrates on the more significant issues especially those that could affect the overall financial position of KCC, schools and early years providers.

The distribution of DSG to Local Authorities

2. (1) The current methodology took as its baseline the Schools Budget for 2005-06 and in both 2006-07 and 2007-08 simply increased that level of budget by a minimum amount per pupil with any other funding available over and above that distributed according to formula reflecting government priorities. This is known as the “spend plus” approach.

(2) The DfES are asking the question as to whether this should continue or if there should be a return to a formula based upon the old Schools Formula Spending Share (SFSS) methodology with the use of floors and ceilings during any transition period. Whilst we need to do a detailed analysis of this our initial view is that any return to the SFSS approach would probably disadvantage KCC. In all probability it would mean that we would see funding moving away from Kent to other parts of the country –

the issue we were facing with schools and other services prior to the introduction of DSG in April 2006 which, in effect, reduced the impact of that process on them and the other LA services funded via DSG, including Early Years.

(3) The DfES also raise the issue of moving from a January to an autumn pupil count for DSG. This would allow final DSG figure to be known earlier (currently we do not receive the final figure until 3-4 months after the County Council has set its budget and we have issued budgets to schools) but it would be based on less up to date data. Authorities' would also be required to use an autumn count in their local fair funding formulae, in order for the distribution from government to authorities and from authorities to schools to use the same pupil numbers. In principle the move to an autumn count would be an improvement but there is no proposal to make changes for the Early Years (EY) count and currently that is the most problematic part of estimating DSG. The DfES are clear that they could not make changes to the EY count until 2011/12.

Efficiency savings

3. (1) Various parts of the consultation paper talk about the need for efficiency savings to be made within the DSG especially by schools – though there is no detail. We know that the Treasury is looking for efficiency savings as they have been quite explicit about looking for a 3% saving on the DSG. Whilst the consultation paper is short on detail the DfES were a little more forthcoming at the conference and talked about a figure of 1% but possibly only applied to the non-staffing elements of the DSG. This gives us a range for possible efficiency savings of £22.7m (3% on total DSG) to £1.5m (1% on the non-staffing elements of the DSG) so is not that helpful.

(2) Clearly anything nearer to the 3% figure would have major implications for schools, early years and the LA elements of the DSG. It would put significantly more schools into deficit with all the subsequent resource implications for CFE. At that level the Schools Funding Forum would undoubtedly look to "squeeze" the LA and early years element of the DSG (though there are limits to what they could do in that respect) and probably look to KCC to "top up" the schools part of the DSG. Whilst this is technically possible this would clearly impact upon Council Tax and other services and to date we have been clear with schools that KCC will not add to the DSG. To put the 3% into context, £22.7m is more than the total cost of the Teachers pay award for 2007-08. The DfES are clearly looking to make some reduction in the DSG for efficiency but in our view are ignoring the fact that schools will have to make such savings anyway in the face of falling school rolls over the next few years so this has the potential to be a double hit on schools/DSG.

(3) In terms of delivering efficiency saving the DfES also raise issues in respect of the Minimum Funding Guarantee (MFG). The DfES say they will continue with an assessment of cost pressures such as pay and non-pay pressures when setting the MFG but they consider the arguments for a lower MFG, set at a level which would take account of the scope for making efficiency savings on non-pay costs. This appears to be the way in which the DfES would 'square' reducing the DSG to deliver Gershon efficiency savings.

Deprivation

4. (1) Various issues are raised in the paper about how Local Authorities target deprivation through their local schools formulae but there are some issues raised about how deprivation data is used for the national distribution of DSG. In respect of both of these points there are questions about how to update the current data and whether, on a

national basis, there should be funding to target pockets of deprivation. We need to carry out more analysis of this but it could be beneficial to KCC if funding was available for pockets of deprivation not currently recognised under existing methodology.

(2) The other, possibly more significant issue raised, is whether other indicators of deprivation such as Mosaic or Acorn should be used in the calculation of the national distribution of DSG instead of the current Index of Multiple Deprivation. No detail is available from DfES to enable us to form a view on the impact of this for KCC but it is something we are discussing with colleagues in Environment & Regeneration who have expertise on this issue.

Academy Funding

5. (1) The DfES have proposed an alternative way of calculating the funding to be removed from a local authority when an Academy is established. The alternative put forward would remove the relative advantage we have had from the current system and could possibly become a pressure on the DSG as the number of Academies in Kent increases.

Central Expenditure Limit

6. (1) Over the past 10 years there have been a variety of methods employed within the schools funding framework to limit local authority expenditure. The current methodology within the DSG is now very complex and the DfES are keen to simplify it. However the one proposal they have put forward will in all likelihood, simply put a further squeeze on the LA element of the DSG and whilst, in theory, the Schools Funding Forum could allow a greater increase in LA funding within the DSG this is extremely unlikely given the impact of falling rolls and tighter budgets.

Early Years

7. (1) The DfES discuss how the free entitlement to early years provision can be implemented to bring the funding system for the maintained and PVI (private, voluntary and independent) sectors into line. This is within a context of developing the wider commissioning role of authorities for Under 5s and delivering the increase in the early years funding entitlement from 12.5 to 15 hours per week.

(2) There are a range of issues in the paper concerning early years. The DfES clearly wish to move to a position whereby the basis of calculating the funding for the maintained and PVI sectors is the same though this is not the same as moving to equal funding. The DfES have also put forward a more radical proposal to develop an early years formula that within authorities would mean standard funding between the PVI and the maintained sector. This would have implication for both sectors given the expected budgetary constraints on the DSG. If this option is adopted by the DfES there will need to be detailed discussions with both sectors as to the nature of the formula. A further issue is to give the PVI sector the stability of multi-year budgets in the same way as schools. Whilst perfectly possible there are some resource issues for CFE in doing that. The proposal that is possibly of more concern in the longer term is the one to identify Early Years funding within the DSG separately - which was the approach adopted by the DfES in respect of Youth Services in the old Schools Block system that led to that funding effectively being “ring-fenced”. The concern is that this could further reduce the already limited local flexibility.

Funding for 14-16 Specialised Diplomas

8. (1) The DfES set out proposals for funding specialised diplomas for 14-16 in the period 2008-11. It proposes that this should be by specific formula grant outside the DSG and goes on to consider the best way of distribution at local level.

(2) The new specialised diplomas (as set out in the LSC consultation "Delivering World-class skills in a Demand-led system") are being rolled out across authorities during the period 2008-11 but the way in which this will happen does not allow funding to be predicted across authorities for the three year period hence the proposal to pay a specific formula grant to authorities; varying according to diploma lines to be offered, areas of the authority where they are to be offered, with possible top ups for additional costs and sparsity; This seems the most sensible way forward in what will be a difficult period in respect of 14-19 funding. A new specific Grant may be the most sensible way forward in this transitional period.

(3) There are three possible models for delivering the funding to individual 14-19 institutions which will offer the diplomas: DfES propose that the choice of which to use should be up to local discretion. These models are:

- Allocation of both specific grant and an allowance from average weighted pupil units to be made at authority level;
- Authorities to contribute the funding from the specific formula grant; with schools contributing to 14-19 institutions from their budgets;
- Delegating everything to schools which will then pay for the provision out of school budgets, based on planned provision.

More work with schools on these options needs to be done.

(4) There is also discussion on the delivery costs of specialised diplomas and the extent to which these can funded by economies of scale within schools due to reduction of dual provision. The DfES view of the efficiencies schools can achieve was somewhat overstated at the London launch of the proposal and the view of many Heads present was that there is not an understanding within the DfES of how all this works at school level.

Specific Grants

9. (1) There are some limited proposals for mainstreaming specific grants but none that affect the period 2008/09 to 2010/11. The paper concentrates on the issue of merging some grants. In isolation this would not be too great an issue but any mainstreaming in the future could cause us difficulties if the national distribution methodology for DSG is changed and moved to a formula basis.

School Reserves

10. (1) There is a proposal that LA's should make a 5% levy on all schools with reserves regardless of the reasons those reserves are being held for. This is in addition to the Balance Control Mechanism that the DfES required all authorities to introduce from 1 January 2007. If taken forward this will be very contentious with schools but it was made clear by DfES officials that Ministers are keen to do more to tackle the level of school reserves as they now stand at £1.6bn nationally. In Kent such a levy would generate around £3m but it all has to be recycled out to schools and cannot be used by the LA as far as we can tell.

Recommendations

Cabinet is asked TO:

(a) Note the latest DfES proposals in relation to schools, early years and 14-16 funding and to give views as to the way forward

Keith Abbott
Director – Finance & Corporate Services
Children, Families & Education
Tel: (01622) 69**6588**

Background Documents:

None

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By:	Graham Gibbens – Cabinet Member for Public Health
To:	Cabinet Members 14/05/07
Subject:	PUBLIC HEALTH STRATEGY FOR KENT
Classification:	Unrestricted

Summary: The first draft of the Public Health Strategy for Kent has been issued. It will be circulated to key stakeholders for comment and discussion before being taken to KCC Cabinet, PCT Boards and ultimately a meeting of the full county council on 24th July.

FOR INFORMATION

1 Introduction:

1.1 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:

2.1 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.

2.2 The second draft of this strategy is attached and will have been circulated to key stakeholder partners for comment and consultation prior to formal adoption by PCT boards and the County Council. The consultation timetable is shown as a final appendix to the draft strategy. It is crucial that all KCC directorates, NHS colleagues and district councils are involved in developing the final iteration of this document so that it can taken to the wider public as the foundation of wider public consultation on the various elements of public health and the priorities for action.

3 Conclusion:

3.1 Cabinet Members are asked to note the contents of the strategy and are invited to comment upon them.

Meradin Peachey
Director of Public Health
Ext: 4293

Mark Lemon
Policy Manager
Ext: 4853

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A Strategy for Public Health in Kent

May 2007 to September 2008

DRAFT

Eastern and Coastal Kent NHS Primary Care Trust

West Kent NHS Primary Care Trust

Kent County Council

Section 1

Executive Summary

Good health is what we all aspire to for ourselves, families, carers, friends and communities. There are many determinants of health ranging from genetic to where you live and your social and economic circumstances.

Compared to England and Wales Kent has reasonably good health. This masks those communities and families that do not enjoy good health.

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, communities as well as public services in addressing these.

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

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

As the population is living longer there are rising proportions of older people in Kent. This has a big impact on health and social services in particular. The quality and availability of services to support people at home is crucial as well as older people enjoying a quality life.

This strategy outlines the numerous action plans and targets that the public sector aspire to in improving health and well-being. In conclusion it recommends six key outcomes.

Preface

This is the draft strategy for public health in Kent for consultation. It is the demonstration of the local authorities and Primary care trusts in Kent to improving the health of the people living in the county.

It includes many of the initiatives and plans that already exist within both local authorities and the NHS and initiatives that we need to do. It is intended to be the basis for further discussion with stakeholders to ensure it properly reflects the full range of activity they contribute towards public health and priorities they have for the future. We would very much welcome other directorates in KCC, the wider NHS and District Councils to give us their views on what has been included and to highlight any omissions. We will then be able to adapt the strategy to reflect these comments before issuing a final version for more public consumption.

This doesn't yet address adequately the role of the private sector like leisure services in public health nor the potential of culture, like arts, music and theatre to improve public health.

Ultimately this strategy will form the basis for further discussion about the future of public health in Kent and how it should be reflected in our key strategies such as the next Local Area Agreement.

We also want to know how we can make sure that what we do is what people want and need so please do let us know your good ideas.

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1 Introduction

There are very few, if any, things more important to people than their health or that of their families. For local authorities and the NHS improving the health of the population is arguably the most important responsibility they have. Good health is not just the absence of disease, it includes mental and emotional wellbeing and being fit enough to take a full part in society and do the things we want to do.

The big public health issues of the past, mainly to do with infectious diseases such as typhoid and cholera, were tackled by improvements to living conditions; better housing, cleaner water, improved sanitation, cleaner air and open spaces, and were led by local authorities. More recently public health has been seen as predominantly an issue for the NHS and has come to be identified more with health promotion services than other activities that directly affect the environment in which people live. Inequalities in health still exist as a result of poor living conditions, lack of employment, poor education and for minority groups that experience social exclusion because of, for example, race, social class and disability. It is more difficult to make the healthy lifestyle choices that are necessary to improve the health of yourself and your family if you are poor or live in a deprived area. Whilst most people are now living longer and are generally healthier than in the past the difference between the well off and the poorer people in society is increasing. Much remains to be done to ensure that everyone has the same opportunities to live longer and healthier through investing in communities and their people.

The challenges that face us now are different. Many are problems of people's lifestyle rather than their environment. Obesity is not solely a problem for the disadvantaged and a recent survey found that in some areas of the UK relatively affluent districts suffered higher obesity levels than neighbouring poorer areas. We need to help people make the changes in their behaviour that many aspire to achieve to be healthier.

Changing our behaviour is not easy. We may not be sure what to do. Living a healthy lifestyle should be easy but advice and information can sometimes seem confusing and contradictory. Results can take a long time to achieve both as individuals and communities, making it more likely we will give up trying. At a higher level it may typically take 10-20 years before the improvements in health are reflected in official figures.

There are also serious questions about who is responsible for making changes.

- Should we individually make the lifestyle choices we want without interference from the state
- As parents shouldn't we have the right to decide what is best for our families

- Doesn't the government have a responsibility to legislate against behaviour that is dangerous to ourselves or other people
- Should we be informed and educated about harmful activities, or should we be stopped from doing them
- How can we help people lead the healthy lifestyles most of us want without imposing the "nanny state" ?

The government, rightly, places great emphasis on individual choices and personal responsibility. In Choosing Health (the public health White Paper published in 2004) the Department of Health laid out its plans for improving the health of the population. Central to this is people making healthier lifestyle choices backed up and supported by good information and advice as well as the services they may need to succeed.

There is also a place for legislation. No-one seriously campaigns any more to repeal the laws against drinking and driving or for wearing seatbelts in cars or crash helmets on motorbikes. These have worked to reduce the number of fatal accidents on the roads and are supported by most of the population. The ban on smoking in public places becomes law in England on July 1st 2007, but it has taken 40 years from the dangers of smoking first becoming known until public opinion generally supports such a restriction.

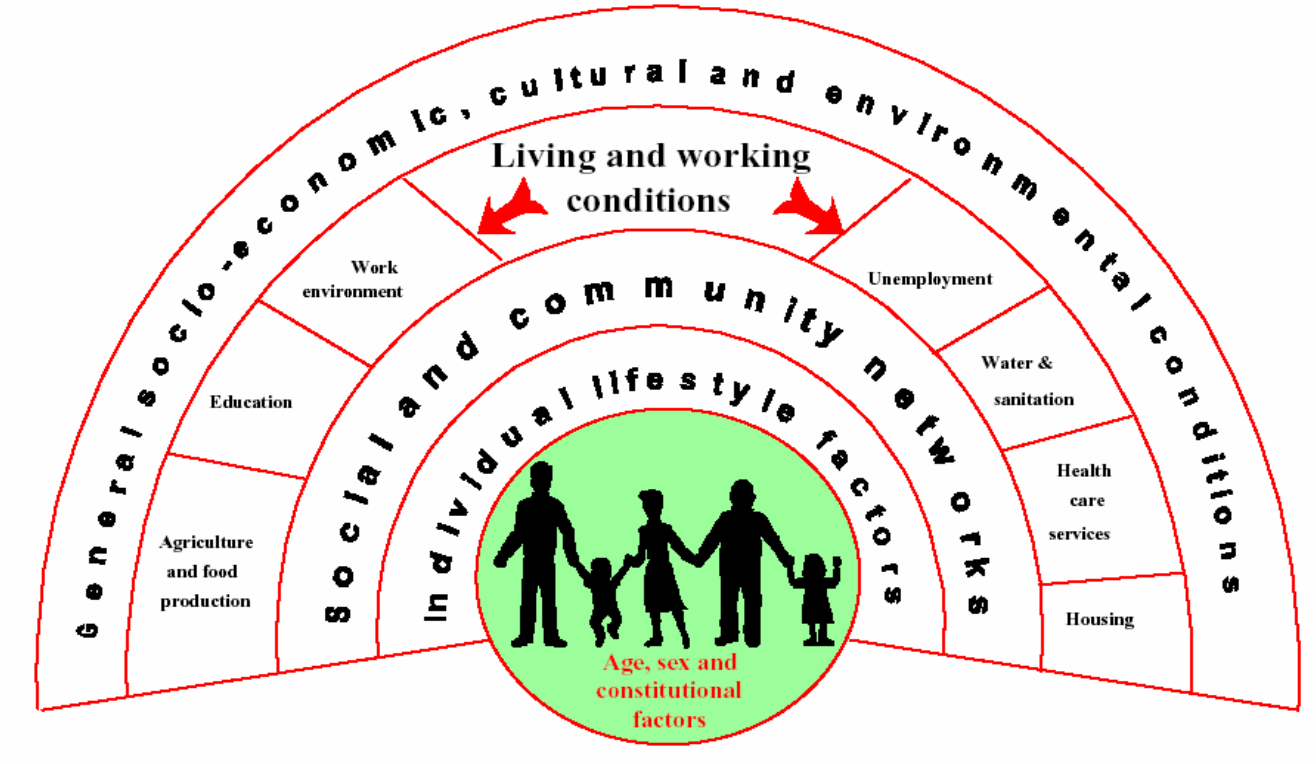
The lesson from both approaches is actually the same. Better public health cannot be imposed on individuals or communities. Unless people agree with what is being done and want to make the changes necessary we will fail. The active participation and engagement of the public is a prerequisite of what we do, not an option. We must work much harder at understanding what individuals, families, carers and communities want, and how they want it done, if we are to make the changes we all want to see. This is not just about information. There can hardly be anyone left that does not know by now that smoking is very bad for your health or that eating fresh fruit and vegetables is very good for you. We need to understand what is stopping people making these choices, even when they want to, and what we have to do to help them.

Public health is complicated. Solutions to public health problems are often complex and always involve a number of people and organisations working together to try and solve them. We need to support people and encourage them without undermining them. Parents and carers need advice and assistance but also must be able to do what's best for themselves and their families.

We need to work with communities not just do things for them. We must recognise that people generally know best what works for them. Local solutions are the best way to answer local problems but people need the information and advice to make good decisions.

In summary unless the health of the population improves the cost of treating the conditions that come from unhealthy lifestyles will cripple the NHS and other organisations such as local authorities.

There are many things that influence our health. These are often described using the following diagram:



Model of health by Dahlgren and Whitehead

Source: Dahlgren G and Whitehead M "Model of Health"
From Policies and strategies to promote social equity in health. Institute for Future Studies. Stockholm (1991)

How old we are, what sex we are, what genes we have inherited are all important in determining how healthy we will be. Beyond that there are many other things that affect us and that can help us be healthier, or not so healthy, whatever our pre-dispositions may be.

Many of these factors concern the general environment in which we live. How clean is the area ? Is our housing decent ? Do we have a job ? Have we had a good enough education ? Do we have the right health care and other services available to us ? Many of these issues are mainly the concern of local government rather than the NHS but all need to be tackled through partnerships at every level.

These are some examples of what can be done to affect the wider determinants of health:

- Ensure that all social housing meets the decent housing standard by 2010. As an interim target, action will aim to ensure that between 2003-04 and 2005-06, 400,000 fewer homes rented from social landlords will fall below the decent homes standard. *Delivery mechanism:* East Kent Joint Planning Board for Housing, local authorities – key role for housing officers

- Ensure that between 2003-04 and 2005-06 80,000 vulnerable households in the private sector will have been helped to make their homes decent. *Delivery mechanism:* local housing authorities – key role for housing officers, housing associations and landlords

- Introduce a housing health and safety rating system to enable local authorities to take action against bad housing conditions the grounds of health and safety, focusing particularly on multiple occupation housing. *Delivery mechanism:* local housing authorities – key role for housing offices

- Tackle some of the causes of ill health associated with living in poorly insulated homes and reduce excess winter deaths. *Delivery mechanism:* East Kent Joint Planning Board for Housing, local housing authorities – key role for housing officers, health professionals, social workers

- Create better and safer local environments, particularly in disadvantaged areas, so that people are more able to engage in social and physical activities in the public spaces close to where they live and work, in pleasant clean surroundings, without fear of crime. *Delivery mechanism:* District councils, Community Safety Partnerships, local authorities – key role for local authority officers, police and community groups

- Improve basic skills and provide improved workforce training and education. *Delivery mechanism:* Learning and Skills Councils with local authorities and prisons – key role for education and skills officers, employers

- Improve employment prospects in the worst areas by tackling employment rates and addressing the issue of inactivity and incapacity. *Delivery mechanism:* JobCentre Plus with local authorities – key role for employment advisors

- Improve the job prospects of black and ethnic minority groups. *Delivery mechanism:* JobCentre Plus with Connexions Services and local authorities – key role for employers, careers and employment advisers

- Develop consistent transport and land use planning policies that improve people's ability to access work and key services and encourage greater exercise. *Delivery mechanism:* local authorities with SEEDA – key role for transport and land use planners, service providers, employers, community groups

- Continue to develop and implement an integrated and sustainable approach to regional economic development which takes into account the needs of disadvantaged areas and communities. *Delivery mechanism* SEEDA

- Reform Patient Transport Services and Hospital Travel Costs scheme to reflect better the needs of patients. Physical access to health care will have a higher priority in decisions about the location of health care facilities. *Delivery mechanism:* PCT's with local authorities – key role for health and local authority planners

Anything we do will depend upon the involvement and agreement of people and communities. There are a number of ways of talking to people and listening to their views:

- On-line discussion and consultation
- Citizens and residents' panels
- Patient and public involvement forums
- Media campaigns
- Local Authority Members' local boards
- Voluntary organisations
- Public surveys and market research
- Council committees and enquiries
- Parish councils
- Resident's associations

Many organisations that will be partners in delivering better health for people in Kent already have established ways to involve the public and we will make sure these are used to best effect where appropriate.

Social Marketing

Many people want to live longer and healthier lives. They want their children and families to have the best chances in life and to achieve as much as they can. Changing long standing habits and ways if life is very difficult for everyone, but it is changes in behaviour that are most critical for better public health. Everyone needs information so that they can know what they should do to be healthier, but they also need encouragement and support to enable them to actually change how they live. Everyone is different and information and messages that appeal to some people are not helpful to others. What some see as useful ways to control behaviour they would like to change, smoking or eating junk food for example, others see as interference in their lives and freedoms by the "nanny state".

Some people react to strong messages that show the effects of poor lifestyle choices and are affected by media campaigns that shock, whilst others need this information but in order to change what they do must have other messages delivered in ways that they can see are attainable in their daily lives.

Social Marketing is an approach being developed by the Department of Health that builds on the best public sector experience and marries it with commercial and private sector skills in understanding how different people think and what best helps them to change so that they can live the healthier lives that they wish for. 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 messages and information that would promote changes in their lives.

Smoking is a classic example. Nearly everyone must know by know that smoking kills people, yet many people still smoke. Some may not know all

continued…
the details of how it affects them, others (especially younger people) may smoke because it is “cool” or rebellious. Some people may enjoy smoking despite knowing how bad it is for them but will continue nevertheless. Others may have recently given up but be tempted to return to smoking. All of these people, and others, have different reasons for their behaviour and will need different messages and support to help them not to smoke. Social Marketing tries to find out what these different approaches will be by involving people in the design of how information is given, targeting at particular groups of people, and then delivering support and other services in ways that appeal to those who need them.

In Kent we are working closely with the Social Marketing Centre for Excellence to refine these approaches and apply them to our particular priorities. We need to link this to new and creative ways of involving the media in helping people understand how they can live the healthier ways they wish to within their day to day lives.

2 What do we mean by public health ?

Public health can mean many different things. In Kent we have some important principles that will define what we do:

Listening to people and communities to find out what makes people healthy
Helping people live longer and lead healthier lifestyles
Preventing ill health
Improving health where people live, work, and play
Creating a healthy and safe environment
Reducing inequalities in health
Protecting people’s health with screening programmes
Surveillance of communicable diseases to reduce their impact

This is how we will put into practice the more formal definition of public health that is:

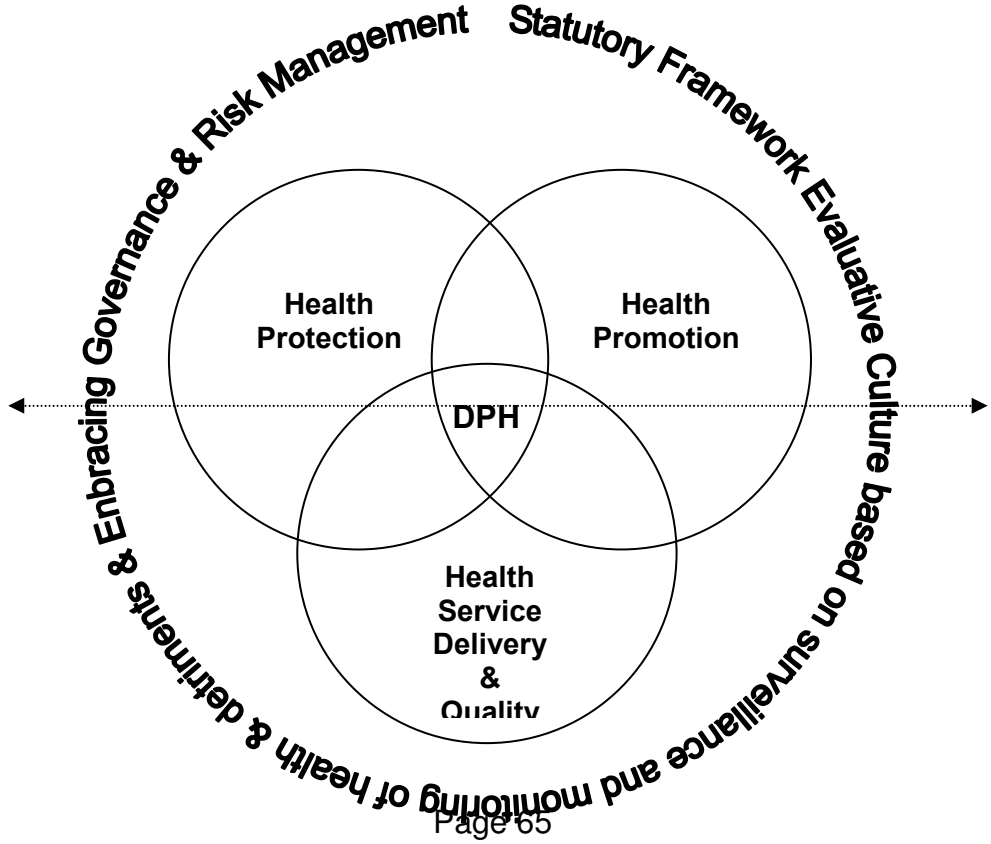
“ the science and art of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society, organisations, public and private, communities and individuals.”

Public health is also often said to focus on three main areas, all of which have a number of associated activities:

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 supports all three		

This strategy will focus primarily on health promotion because it is in this area that the greatest improvements in health can be made. It is the main way we can make sure that prevention is better than cure.

The three areas all overlap and inform each other:



3 Why tackling health inequalities is so important

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

Tackling health inequalities requires a commitment to break the link between poverty and ill health and to improve the health of the worst off. It is therefore concerned with the unequal distribution of health manifested in the poor health of the poorest, in differences between socio economic groups, and requires a focus upon the addressing the social conditions which generate these inequalities explained by 'relative deprivation' (Townsend 1979,1986) and to socio economic inequality.

These are bold statements indicating the national problem. In Kent we recognise the link with poverty but we also recognise many other factors contributing to inequalities.

There are two main measures used for inequality and these are addressed in more detail in section five.

- ***The gap in life expectancy between different areas***
- ***Infant mortality***

I
n Kent we score well compared to the national average but when you compare districts it is not so good.

Why public health is the business of the whole public sector

Public health has an impact on several important responsibilities of public sector organisations:

- *Civic and community leadership*

Many organisations in the public sector, including local authorities, have a community leadership role that requires them to identify and address the major issues affecting those they represent or that use their services. The health of the public is one of the most serious and obvious issues of concern to everyone and should be a major focus of community leadership.

- *Building sustainable and resilient communities*

All communities need to be able look after themselves and have access to the services and support that they need to do this. The less reliance that communities have on statutory services the more independent they are able to be. Better public health is a very important way to help individuals and communities be more independent.

Continued…

- *Public engagement and accountability*

Public sector organisations have a responsibility to ensure that their actions are held to the account of the public. Public health is a very democratic activity that can only succeed when people are properly engaged at every stage in the process of planning and delivering what is to be done and how. Increased participation by people and communities can improve the general relationship between organisations and the people they are intended to 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 may be because of physical segregation (e.g.: prisoners) or because of particular characteristics of individuals or groups of people (e.g. disability, ethnic origin, or social class). Combating social exclusion in order to reduce the effects of inequalities it creates is a major priority of both national and local government as well as other providers of services.

4 How will this happen?

No single organisation can produce the changes that are required. We will need everyone involved in public health (and there are a lot of them) to work together effectively. There is a lot of very good work going on in Kent at the moment but it will benefit from joining together better.

The Kent Department of Public Health will:

- Ensure that the best information is available to those involved in planning and delivering public health so that they are as effective as possible

- Influence and inform policy across the public sector to prioritise public health

- Develop strategies and action plans based on local need and what people want

Public health will work through the existing structures such as Local Area Agreements and Local Strategic Partnerships to link all the different partners together. In particular it needs to connect the County Council the Primary Care Trusts and the District Councils so that important issues have a strategic approach coupled with local delivery.

Strategic Health Needs Assessment

Our Health, Our Care, Our Say and Choosing Health are both government white papers that stress the need for a Joint Strategic Health Needs Assessment for the local population. The assessment is the responsibility of the Director of Adult Social Services, the Director of Public Health, and the Director of Children's Services. It must give details of the general health of the population and make recommendations for action to address the problems that are discovered. The priorities for action must 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. Critically these investment decisions must demonstrate clearly that resources are being moved from acute hospital services to those in primary care and the community. (5% over 10 years).

The Joint Strategic Health Needs Assessment is therefore an extremely important way to influence spending on public health. As the big increases in NHS budgets end the movement of funding form hospitals into the community will be a major source of funding for preventative services and public health. It is vital that this assessment properly reflects all the needs of the population and the jointly agreed priorities between the local authority and the NHS benefit properly from this.

Good information and analysis will be crucial and bringing together data from a variety of sources will be necessary. The role of the new Kent Public Health Observatory will be important but the process will require overall co-ordination to ensure the right priorities emerge. The production of the Joint Strategic Health Needs Assessment will be a vital part of the new observatory, in partnership with the PCTs, in the coming months.

Kent Public Health Observatory

Better public health also needs to be based on high quality and dependable information. We have to know what problems are most affecting people and what works to solve them. To make sure that the people of Kent benefit from the best information available we will create a new Kent Public Health Observatory to integrate public health information across the NHS, local councils, and others.

This will provide:

- Better information for the NHS and councils to plan and develop services
- Better knowledge of health patterns
- Integrated joint needs assessments of the health of populations and care groups
- Easier access to more information for the public on-line

Section 2

5 Health of People in Kent

People in Kent are generally healthier than the English average but there are parts of Kent that do not enjoy good health:

- Life expectancy is a good indicator of the health of a population. The life expectancy at birth in Kent is 79.7 years (females – 81.7; males – 77.6) and is higher than the national average, but when we compare wards in Kent there is a 14 year gap
- Deaths rates from cancers are lower in Kent in comparison to England. They are continuing to decline and are on course to hit the 2010 Our Healthy Nation target but with smoking rates as high as 32% in Swale lung cancer rates are still unacceptably high
- Death rates from circulatory diseases (coronary heart disease, strokes) are also lower in Kent than in England. The rates have continued to decline in the last decade. Kent is on course to achieve the 2010 Our Healthy Nation target but the higher levels of preventable deaths occur in the more deprived areas
- Although the death rates from smoking related diseases are lower in Kent in comparison to national average, smoking still kills over 2,000 people each year.
- Smoking rates among adults vary between districts from 24% in South West Kent to 32% in Swale. The Kent average is 28%
- The rate of Limiting Long Term Illness in Kent is 16.5%, which is lower than Eng & Wales rate of 17.6%, this is peoples perception of their own health
- Although the reported numbers of people with Diabetes in Kent are lower than England there are at least 49,000 people recorded with Diabetes in Kent, complications can be prevented with the right routine tests and healthy lifestyle
- Levels of chronic disease dementia and arthritis are increasing in line with the increasing percentage of the population over the age of 75 years, these have an impact on the health and social care
- Estimated binge drinking is lower than the England average, but any binge drinking has serious side effects and there is a worrying increase among young people
- An estimated 1 in 5 people are obese, more than the England average
- The rate of reported violent crime is lower that the England average, but the rates of domestic violence in Kent are a particular concern
- Teenage conception rates are lower than the average for England but this is still the worst in Europe

Health Protection

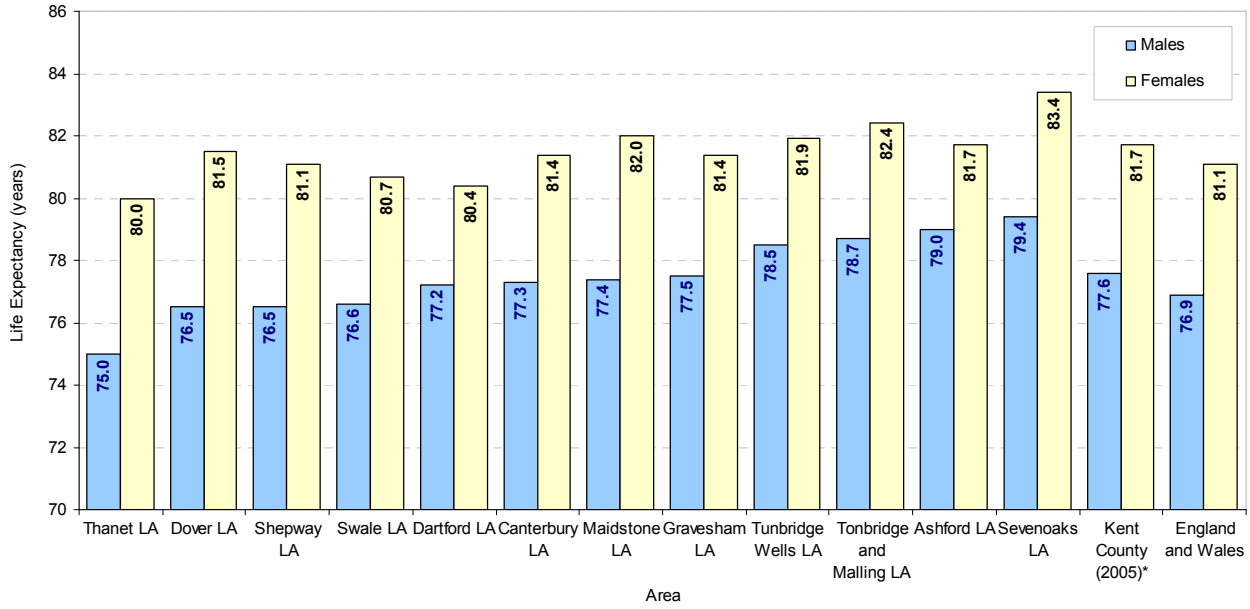
- Chlamydia infection rates are increasing dramatically and this is mostly in young people, this can be prevented with the use of condoms
- Rates of HIV infection is increasing slowly, this can be prevented with the use of condoms

6 Health Inequalities

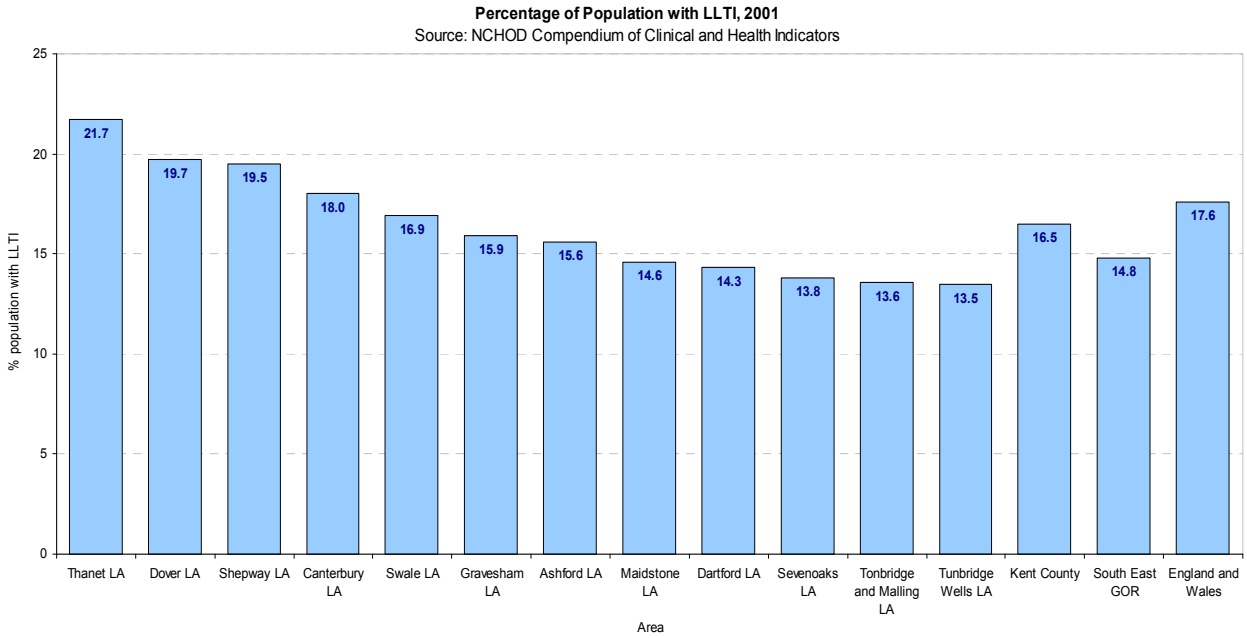
Health inequalities are an important public health issue both nationally and locally in Kent. Health inequalities have been associated with gender, ethnicity, age, socio-economic status and geography. The geographic variation can partly be explained by socio-economic and behavioural factors, but there is evidence to indicate that the place where people live has an impact on their health.

Although the life expectancy in Kent is higher than in England the figure below shows that there is variation between the local authorities. Thanet 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 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 with males expected to live to 79.4 and females to 83.4.

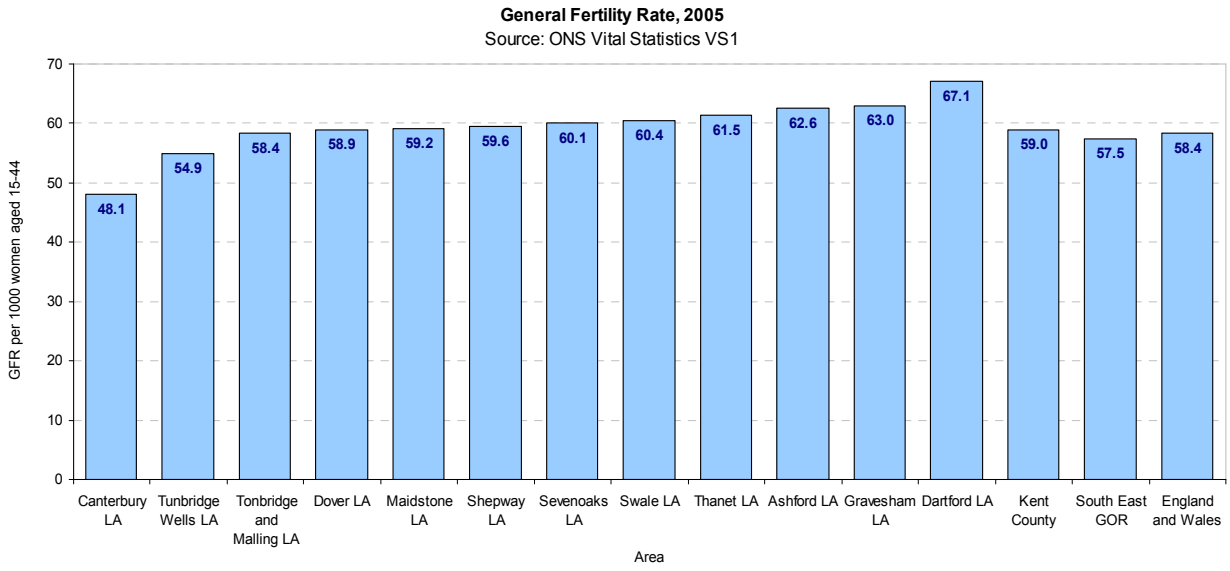
Life Expectancy at Birth 2003-05
Source: NCHOD Compendium of Clinical and Health Indicators



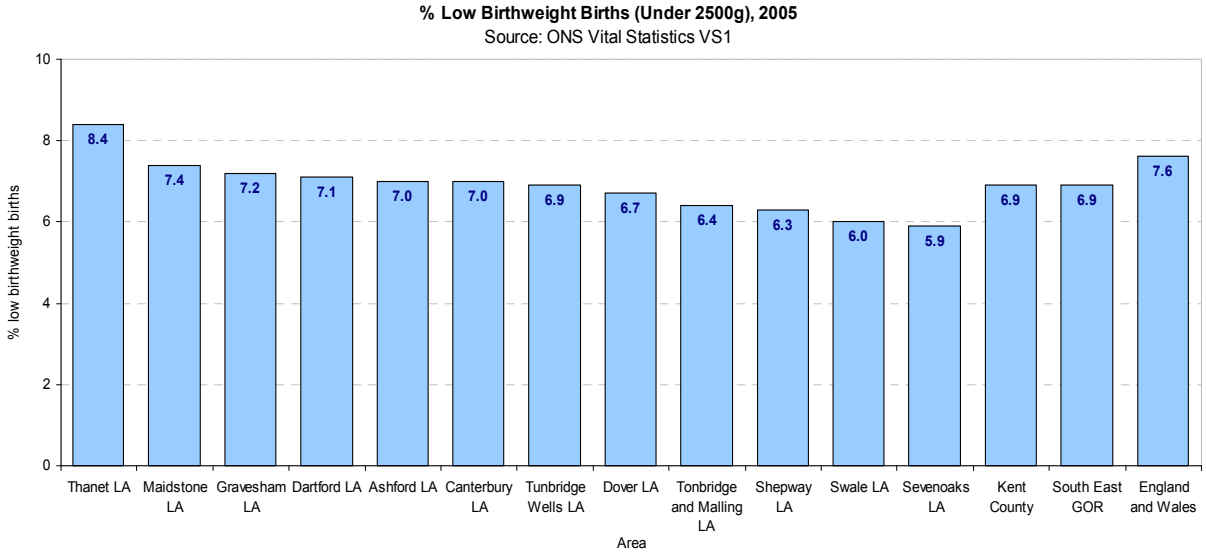
Limiting Long Term Illness (LLTI) in the population was assessed in the 2001 census. This showed that 17.6% of the population reported suffering from LLTI. The rate in Kent was 16.5%. The figure below shows marked variation between LAs in Kent; the highest rate of 21.7% being in Thanet LA and the lowest - 13.5% in Tunbridge Wells LA



General Fertility Rate (GFR) is the number of live births per 1000 women aged 15-44. This impacts on the structure of the population and also its growth; thereby on the health needs of the respective populations. The lowest rate of 48.1% is in Canterbury and next lowest rate occurs in Tunbridge Wells LA - 54.9. Both of these figures are well below the Kent County rate of 59.0, the South East region rate of 57.5 and the England and Wales rate of 58.4. The districts with the highest GFRs are Dartford (67.1), Gravesham (63.0) and Ashford (62.6).



Low birth weight births are associated with health inequalities, with higher rates occurring in areas with higher levels of deprivations. Low birth weight births are correlated with perinatal and infant mortality. It is also considered that they maybe linked to reduced health in later life. The figure below shows the variation in low birth weight births in the different LAs in Kent. The highest rate is in Thanet (8.4%) and the lowest in Sevenoaks (5.9%).



Neonatal and Infant Deaths

Neonatal mortality rate is the number of deaths within 28 days of birth per 1000 live births. It is an indicator of the health status of a population. The Kent rate of 3.2 is lower than Eng& Wales (3.4). There is variation among the LAs, with highest rate being in Shepway LA (6.6)

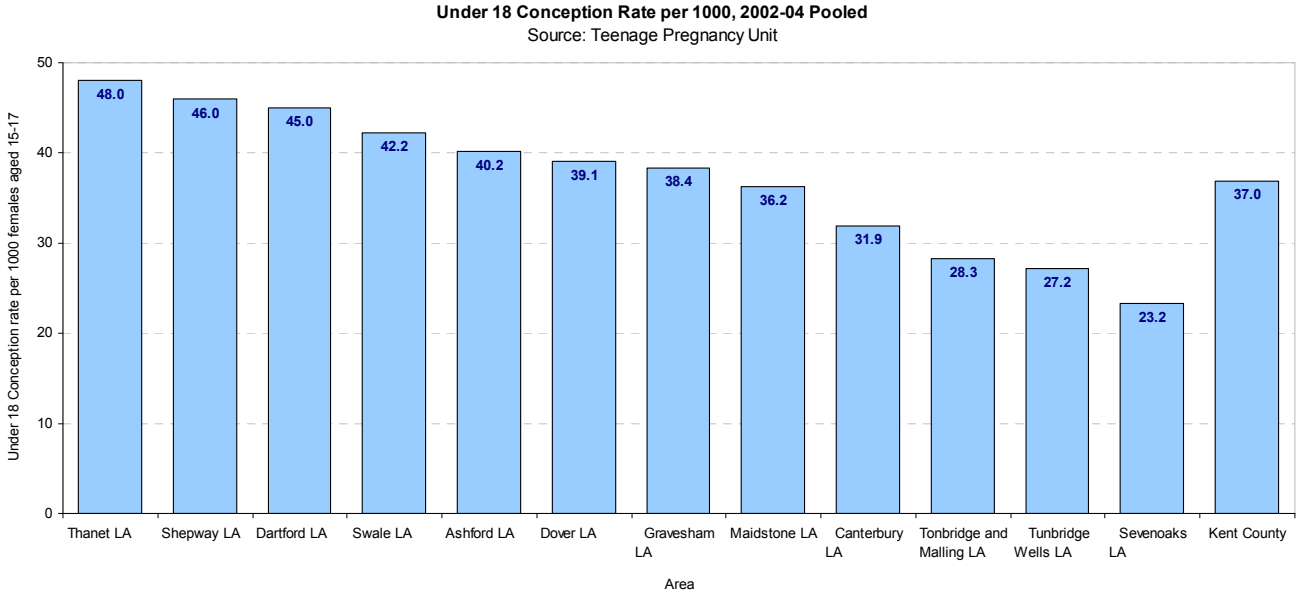
Infant Mortality rate is the number of deaths in the first year of life per 1000 live births. Like neonatal mortality it is an indicator of the health status of a community. As with neonatal mortality the rate is lower in Kent compared to Eng & Wales. Shepway LA has the highest rate in Kent. There is also variation across the LAs in Kent (See Appendix)

It should be recognised that the above rates for the LAs are based on small number of events and therefore likely to show marked fluctuations.

The variation in the neonatal and infant mortality rates for the different LAs shows health inequalities in Kent that need addressing through public health action

Teenage Conception

Teenage conception rate is the number of conceptions that occur per 1000 girls aged 15-17. Not only are there lower health outcomes from these conceptions, they also have a major health impact on the teenagers.
The figure below shows the variation between the LAs. Thanet has the highest under 18 conception rate out of all Kent districts at 48.0 conceptions per 1000 15-17 year old females. Shepway, Dartford, Swale, Ashford, Dover and Gravesham also have higher rates than the Kent County average of 37 conceptions per 1000 females aged 15-17. The lowest teenage conception rate occurs in Sevenoaks LA (23.2). The Kent rate is lower than the rate for England (42.4)



It was earlier shown that there are variations in life expectancy between LAs in Kent. The table below shows that the variations between wards in a LA are even more striking. This demonstrates that public health action to reduce health inequalities in the county will have to focus with communities at different levels

District	**Lowest Life Expectancy**	**Years Life Expectancy**	**Highest Life Expectancy**	**Years Life Expectancy**	**Years Difference**
Ashford	Park Farm South	75.5	Park Farm North	86	10.5
Canterbury	Northgate	76.7	St. Stephens	84.4	7.7
Dartford	Stone	75.9	Castle	85.6	9.7
Dover	St Radigunds	74	River	81.8	7.8
Gravesham	Northfleet North	74.8	Riverview	83.7	8.9
Maidstone	Heath Parkwood =	76.5	Downswood & Otham	85.8	9.3
Sevenoaks	Swanley St Marys	78	Ash	84.3	6.3
Shepway	Folkestone Harvey Central	72.8	Lympne & Stanford	84.9	12.1
Swale	Sheerness East	75.1	West Downs	82.9	7.8
Thanet	Cliftonville West	72.3	Bradstowe	81.9	9.6
Tonbridge and Malling	Snodland East Wrotham =	76.2	Ightham	86.6	10.4
Tunbridge Wells	St James Fittenden/ Sissinghurst	76.9	Brenchley and Horsmonden	83.1	6.2
Lowest and highest wards	***Cliftonville West***	***72.3***	***Ightham***	***86.6***	***14.3***

South East Public Health Observatory (Census 2001)

7 Improving the health and well-being of people in Kent

Reducing inequalities in health

Actions that are known to work	What we will do in Kent
Reduce the number of poorer people who smoke	Smoking cessation programmes run by the PCTs will target the poorer neighbourhoods by working with GP practices to provide counselling groups run stop smoking groups in schools Train counsellors in local authorities to provide groups for clients Train staff in mental health services Work with libraries to access stop smoking services Develop a KCC smoke free action plan and policy
Preventing and managing risks of coronary heart disease, cancer and many chronic illnesses by improving diets and increasing levels of physical activity levels	Increasing opportunities for affordable access to physical activity and sport, like the Charlton football programme Activ mobs programme Conducting a Health and lifestyle survey every 3 years to measure changes in lifestyles Develop a Kent obesity strategy Commission health promoting activity through different voluntary sector and other organisations
Reducing hypertension (high blood pressure) by better primary care and public health action	Monitoring the quality of primary care services for the prevention and detection of hypertension
Improving housing quality by tackling cold and dampness	District council housing strategies in liaison with the NHS Kent affordable warmth programme where district nurses are trained to identify need
Reducing accidents at home and on the road	Targeted work by health visitors to families in need rather than all families Increasing policies for management of speed on the road
To help reduce the differences for some people in how likely their infant children are to die we will:	

Improve the quality and accessibility of antenatal care and early years support for people in disadvantaged areas	Midwives are on the teams in the sure start areas and children's centres
Reduce smoking by parents and improve nutrition for children in their early years	Specific stop smoking services for pregnant women Joint breastfeeding policy between Health Visitors and midwives Improve policies and opportunities for women to breastfeed in public places Better monitoring
Reduce the number of teenagers who become pregnant and support teenage parents better	Teenage pregnancy strategy, sexual health services in schools in the wards with highest rates, more 4YP programmes, youth centres providing advice on healthy relationships and contraceptive advice, better access to community GUM services
Improve housing conditions for children who live in disadvantaged areas or circumstances	Housing strategy

8 Children and Young People

Children and young people are a major priority for public health. A good start in life is the best foundation for future health but there are serious challenges emerging. Recent studies have highlighted the danger that the current generation of children will be the first for over 100 years to have a life expectancy at birth shorter than their parents. The reasons for this are unhealthy lifestyles leading to complications such as obesity and its related problems.

The government has recognised this and a key priority in their green paper Every Child Matters is that:

- Children and Young People are physically, mentally, emotionally and sexually healthy, have healthy lifestyles, and choose not to take illegal drugs.

This will be one of the major aims of the new Children's trust for Kent that will bring together all the partners from the NHS, local authorities and the private and voluntary sectors to plan, commission and deliver all services for children.

We need to ensure that all our children in Kent are given a good start to life, supported through their early years when necessary and helped to stay healthy in their childhood. As they enter adolescence we need to enable young people to make safe and healthy choices about their sexual behaviour and their use of drugs and alcohol.

A healthy start

Smoking during pregnancy causes low birth weight babies and other complications for the new born. Alcohol consumption also leads to problems for babies as does misuse of drugs and other substances. The health of the pregnant mother is vital to that of her baby and expectant mothers must have good advice available from midwives and doctors. Smoking is a particular hazard for unborn babies and is most prevalent in women already suffering from disadvantage or living in deprived circumstances which worsens inequalities. There is a national target to reduce the number of women who continue to smoke whilst pregnant:

- We aim to see a 1% reduction per year in the proportion of women continuing to smoke through pregnancy focussing on the most disadvantaged.

When born one of the most effective ways of promoting good health for a baby is through breastfeeding. Breastfeeding is known to reduce infections in children and provides the best natural and healthy nutrition for babies. Current breastfeeding rates are low and we need to do more to encourage mothers to breastfeed their babies. Women from deprived areas are most likely to stop breastfeeding early or not do it at all. Another national target supports this:

- We aim to increase breastfeeding initiation rates by 2% per year focussing on the most disadvantaged groups.

District Councils should also include the availability of breastfeeding facilities in their local guides.

Health visitors are a vital source of advice and encouragement for mothers of new babies and their families. For children with other problems early diagnosis of disability and intervention can help children achieve better in education and life.

Surestart centres in the most deprived neighbourhoods give children under 4 and their families a better start in life with advice and support on parenting problems, healthy eating and cooking skills, early years education and access to therapy and other services often led by parents themselves.

These facilities and services will be expanded across Kent in a wider range of Children's Centres where families can go for help and support on a whole range of issues including healthy eating and taking exercise. The Healthy Start initiative will be part of other moves to encourage better diet and more exercise including growing and cooking fruit and vegetables locally.

Homestart schemes are run by the voluntary sector and offer visitors to give support, advice and assistance to families with children under 5 who need help.

Health for schoolchildren

Schools can have a great influence on children's behaviour but only if they are supported by what happens in the home. Improving the health of school age children must be done in partnership between parents, schools and the wider community.

Healthy Schools is a major programme that aims to ensure that schools help children and young people more chances to achieve their aspirations including employment and careers. There is a great emphasis on healthy lifestyles such as better diet, more exercise and help with issues of sexual health, pregnancy and misuse of drugs and alcohol. Healthy Schools also pay attention to bullying and stress, the buildings children use, the open spaces, catering (including vending machines), food brought into school by pupils, lessons and travel and transport to try and ensure that all aspects of a child's life at school encourage their health and wellbeing.

KCC and its partners have a target that:

- All Kent schools to be engaged in the Healthy Schools initiative by 2009 and promote the benefits of healthy eating, physical activity and sport to children and families.

All school children are now weighed and measured in their reception year and schools, particularly school nurses, will play an invaluable part in reducing obesity in children but other ways of tackling weight problems in children will also need to be found. Affordable access to sports programmes is very important and opportunities presented by major events such as the Tour de France and 2012 Olympics are being developed. Positive Futures is an initiative in partnership with Charlton Athletic football club to appeal to disaffected young people and engage them in sport at a local level.

Positive Futures is a scheme run by Charlton Athletic FC to involve young people, often those experiencing social exclusion, to become involved in sport at a local level. Designed and delivered in the communities it serves, Positive Futures is making a major impact on the lives of disaffected young people and providing new opportunities for many. This is having a positive effect on youth crime, school attendance nutrition and physical activity levels and attitudes to life.

Teenagers

Adolescence is a time when all young people experiment and find out about themselves. We need to make sure that teenagers can explore who they want to be in safety and without causing serious problems in the future. Prime

concerns for older children will include sexual behaviour and pregnancy, and education about drugs alcohol and smoking.

Smoking has been targeted in schools in West Kent:

Minimum evidence within the National Healthy Schools criteria requires schools to become 'smoke free sites' and in doing this 'The school is proactive in providing information and support for smokers to quit e.g. promoting access to smoking cessation classes'. The West Kent Young Person's Smoking Cessation and Prevention Initiative was piloted in 6 schools, Hextable School, Northfleet School for Girls, St George's C of E, Thamesview, Axton Chase and Tunbridge Wells Girls School. Since then 11 more schools from South West Kent have received training to implement stop smoking services. The following quotes have been received from three schools involved in the initiative:

" Two groups have now been run for smoking cessation involving 12 students from year 9 and 10" *Northfleet School for Girls*

"The school became a non smoking site in April 2005. Smoking cessation strategies have expanded over time, to include staff support CPD, and 1 hour per fortnight timetabled to support 30 students and 5 staff to begin the process of quitting" *Axton Chase School*

" Drug Education and Drug Incident policies have been developed with support of the Healthy School Specialist and a comprehensive drug education programme is provided. As an outcome the school has moved to smoke free status and has run successful smoking cessation programmes for staff and pupils" *Ifield School*

GUM clinics must become more friendly and welcoming for younger people. The appointment systems should give way to a drop-in service that can be offered in a non-stigmatising place, such as a Gateway.

We must tackle problems of binge drinking by young people and this will be an important part of the KCC committee that will be set up later this year to investigate alcohol use and problems in the county.

Young people are also an important focus of the Kent Drug and Alcohol Action Team who have an objective to help young people resist drug misuse in order top fulfil their potential in society.

In addition KCC is committed to:

- We will develop a hard hitting campaign during 2007 as a way of reaching young people to make them aware of the dangers of alcohol, drugs, smoking and early or unprotected sex.

Teenage pregnancy is a particular concern. Having children too young and without the proper support for parenting can cause serious problems for both the mother and the child.

Teenage Pregnancy

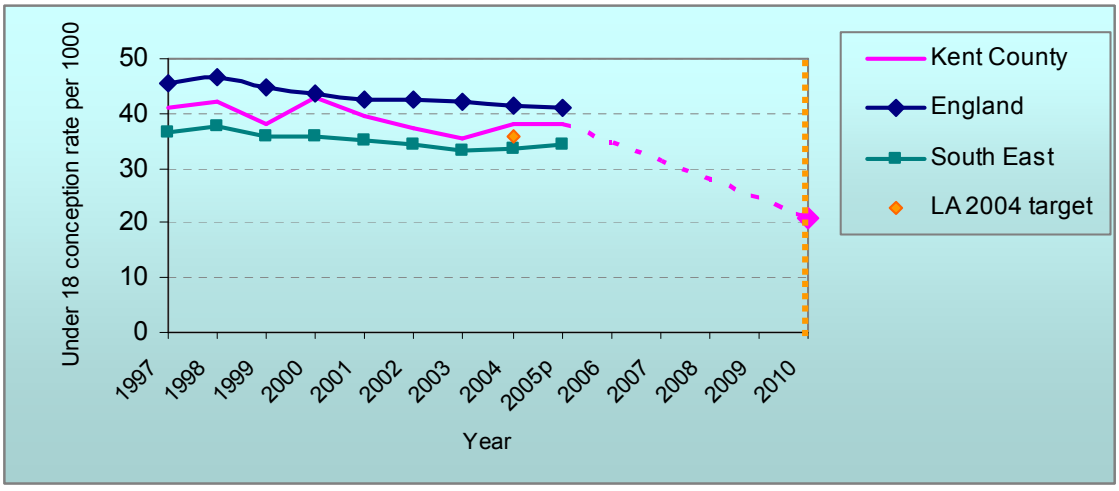
Teenage pregnancy rates in Kent better that England but still the worst in Europe. Sexual health diseases are rising particularly amongst young people.

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

Nationally England and Wales continues to see a decrease in the rate, in 2004 the rate was 41.7 and in 2005 it was 41.3 per 1000 females 15-17years.

In the South East the rate unfortunately increased, in 2004 it was 33.5 and in 2005 it was 34.2 per 1000 females 15-17years. Of the 17 counties in the South East only 7 identified reductions in rate as and the remaining 10 increased, demonstrating the complexities of reducing teenage conceptions.

In Kent the rates decreased, albeit minimally, from 38.1 to 38 per 1000 females 15-17years. This was not the decrease hoped for, it means Kent has had a reduction overall of only 9.7% since inception of the strategy. To be on target to meet the 2010 destination Kent needed to have a 15% reduction by 2004. There is wide variation across the county in strategy progress. Below is detailed the trajectory needed to meet the Kent target.



As well as universal action the Kent strategy has a policy of targeting the 4 high rate old PCT areas of Thanet, Shepway, Swale and Dartford, and pockets of high rates such as in Maidstone.

Under 18s Conceptions By Local Authority District, 1998 - 2004
Numbers and Rates per 1000 females aged 15-17
Source: Teenage Pregnancy Unit

Area	Under 18 Conceptions				% change in rate 1998-2004
	1998		2004		
	Number	Rate per 1000	Number	Rate per 1000	
Ashford LA	87	51.1	93	45.3	**-11.3**
Canterbury LA	98	39.7	87	30.1	**-24.3**
Dartford LA	56	39.3	65	39.5	**0.6**
Dover LA	91	47.1	107	49.7	**5.6**
Gravesham LA	76	43.1	86	44.0	**2.0**
Maidstone LA	81	31.1	99	39.6	**27.3**
Sevenoaks LA	65	31.3	47	22.2	**-29.1**
Shepway LA	104	63.0	82	42.9	**-32.0**
Swale LA	103	45.0	104	41.0	**-9.0**
Thanet LA	132	59.2	120	47.9	**-19.1**
Tonbridge and Malling LA	59	33.1	71	33.5	**1.2**
Tunbridge Wells LA	63	28.7	57	24.7	**-14.0**
Kent County	1,015	42.1	1018	38.1	**-9.4%**

These are the factors that are fundamental to success in reducing teenage conceptions:

- Strong delivery of SRE/PSHE by schools
- Active engagement of all key mainstream partners
- A strong senior champion
- Discrete, credible, highly visible, young people friendly sexual health/contraceptive advice services
- Targeted work with at risk groups of young people, especially Looked after children
- Workforce training on sex and relationship issues within mainstream partner agencies
- A well resourced youth service with a clear remit to tackle big social issues, such as young peoples sexual health

Shepway is an example of how this approach has worked in Kent:

Shepway:

Shepway has had an excellent reduction of 30% since the strategy began. It had the advantage of a high baseline rate when the strategy started and being a small and compact district it is easier to co-ordinate services. There is excellent access to 4YP services, sexual health services have rapidly developed and offer young peoples clinics 6 days a week with Emergency Hormonal Contraception (EHC) available in pharmacies and the local Walk in Centre on a Sunday. The Genito Urinary (Sexual Health) clinics enhance access to condoms and EHC and are located in the Health Centre which is 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 (ORW) who can supply contraception outside clinical areas. The ORW works with a wide range of organisations and delivers relationship and sex education programmes and also does a lot of 1-1 work with disengaged and excluded groups of young

Continued…
people. The outreach workers are reactive and will work at short notice with any young person referred to them, this works well when a worker observes overt risk taking behaviour and engages the outreach worker to carry out some sessions with the individual or group.

Maidstone has a particular problem with teenage pregnancies in part of the district. They have set up a new partnership that brings a new approach to the problem and will target particular areas in the District.

Kent Children and Young Person Plan

Most of the issues affecting children and young people are covered in the Kent Children and Young Person plan. This plan is based on the priorities of Every Child Matters and forms the basis for action for all organisations in Kent that deal with children. It has a range of priorities:

Healthy schools
Increase school nurses
Support young carers
Staying safe at home and in the community
Making sure children are healthy and happy so that they can achieve at school
Ensure children and young people are engaged in the planning of projects and activities
Put schools at the heart of the community and make sure they support the community
Help children and young people have a safe and decent place to live
Work together to improve the lives and education of looked after children and children with learning difficulties and disabilities.
Help children who are looked after or disabled to have the same opportunities as other children.
(Kent Children and Young People Plan)

9 Local communities leading for health

Local communities are vital to successfully delivering ways to improve people's health. Health Promotion Teams do excellent work to help people change their lifestyles where they live.

The KCC Supporting Independence Programme has been highly successful in reducing the dependency on benefits in a number of the most deprived 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.

The Supporting Independence Programme is designed to work in 20 of the most deprived wards in Kent. It aims to increase the independence of individuals and communities crucially moving people that wish to, off welfare and benefits into work and training to reduce their dependency on others. SIP has enabled a number of communities to become more self-sufficient and able to deal with their own problems.

There are a number of ways we can 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 opportunities in the "gateways"
- Develop the use of healthy living centres
- Extend 5 a day initiatives
- Communities for Health programme
- Promoting physical activity including walking and cycling
- Corporate citizenship and procurement strategies

Healthy Living Centres, in Gravesend, Ashford and Maidstone, are facilities within our more deprived communities that offer a wide range of activities as well as advice and support for local people. Often run by the voluntary sector many will 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 if we are to break the cycle of poverty and disadvantage leading to poor health in later life.

District Councils are crucial to the successful delivery of public health. Many of the conditions that affect people's health (as we have seen earlier) are influenced by the actions of District Councils. Through their Corporate Plans and Community Strategies the District Councils set out their priorities and what they will do to improve the health and wellbeing of their residents. This will cover their key areas of responsibility including:

- housing, including the Decent Homes programme, sheltered housing and regulation of private sector housing standards
- payment of Housing Benefit and Council Tax Benefit
- economic development and regeneration
- development and planning controls
- environmental health and enforcement against nuisance
- provision of facilities for recreation, leisure and sport
- maintenance and promotion of local parks and other open spaces
- transport and concessionary fares

Local action is fundamental to improving the health and well-being of people in Kent and reducing any inequalities in their experience of health. District Councils play a leading role in this work. Every one of the twelve District Councils in Kent has worked with other organisations and the public to see what the local Public Health priorities are. As a result, the Councils have made specific commitments about how they will work with other organisations and the local community to tackle these areas to improve the well-being of their residents. These commitments are set out in each District Council's Community Strategy. District Councils use the Local Strategic Partnership to organise this work and to promote Public Health activities.

It could be said that all of the work of District Councils and their partners contributes to improving health and well-being to some extent, such as Environmental Health and Environmental Nuisances, Housing and Council Tax Benefits, Waste Management and Housing. However, some activity is aimed at more specific Public Health issues. A selection of the Public Health priorities and ways of tackling them are set out below to give a feel for the central role of District Councils and their local partners in improving health and well-being. Some initiatives are being actioned by all Districts, such as introducing smoke free legislation. Many of the District Councils are in the process of updating their Community Strategies in the light of progress already made and new information about the needs of the community and what works best. Specific actions may change as these plans are developed further.

Ashford Borough Council

- Public Health priorities include:
    - Reducing health inequalities
    - Focusing on the health and well-being of children
    - Improving access to primary care service.
- 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
    - Develop “Ashford Voice” to communicate with residents on a range of issues and introduce a consultation charter
    - Implementation of Social Inclusion Strategy, including hard to reach groups.

Canterbury City Council

- Public Health priorities include:
    - Reducing health inequalities
    - Increasing involvement of drug users in treatment programmes
    - Improving access to Community Health Professionals.
- 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)

- Public Health priorities include:
    - Reducing health inequalities
    - Reducing childhood obesity
    - Reducing teenage pregnancy
    - Reducing youth crime.

- 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

- 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.
- 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)

- Public Health priorities include:
    - Reducing health inequalities
    - Reducing childhood obesity
    - Reducing youth crime
    - Reducing alcohol misuse
    - Increasing physical activity.
- Actions to tackle these issues include:
    - Raising health awareness in priority communities and groups

- A Healthy Living Centre in Gravesend, which contributes to reducing inequalities by providing information and access to services, including support for young people, specialist services for those referred from education or the Youth Offending Service
- A wide range of projects including cooking, hygiene and healthy eating
- 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

- Public Health priorities include:
  - Reducing Health Inequalities
  - Promoting healthy lifestyles to improve Choosing Health priority areas, i.e. to improve mental health and well-being 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.
- 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

- Public Health priorities include:
  - Promoting and improving physical and mental health
  - Improving access to health and social care services.
- 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

- Public Health priorities include:
  - Focusing on promoting well-being and independence
  - Providing services closer to home or at home
  - Reducing smoking
  - Reducing obesity, especially childhood obesity.
- 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

- Public Health priorities include:
  - Reducing health inequalities
  - Preventative strategies for health and social care
  - Improving access to services.
- 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

- Public Health priorities include:
    - Mental Health and well-being
    - Cancer, heart disease and strokes
    - Older people
    - Children, young people and families
    - Increasing physical activity.
- 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

- 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 well-being, sexual health and reducing substance misuse.
- 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

- Public Health priorities include:
    - Reducing health inequalities
    - Promoting healthy lifestyles to improve mental health and well-being and sexual health and to reduce substance misuse, obesity and smoking.
    - Improving access to services.

- 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.

Gateways provide people with a single place where they can go to find out about any of the services or supports they may need in the community. Situated 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. Currently operating in Ashford Gateways will soon be appearing in other towns across Kent.

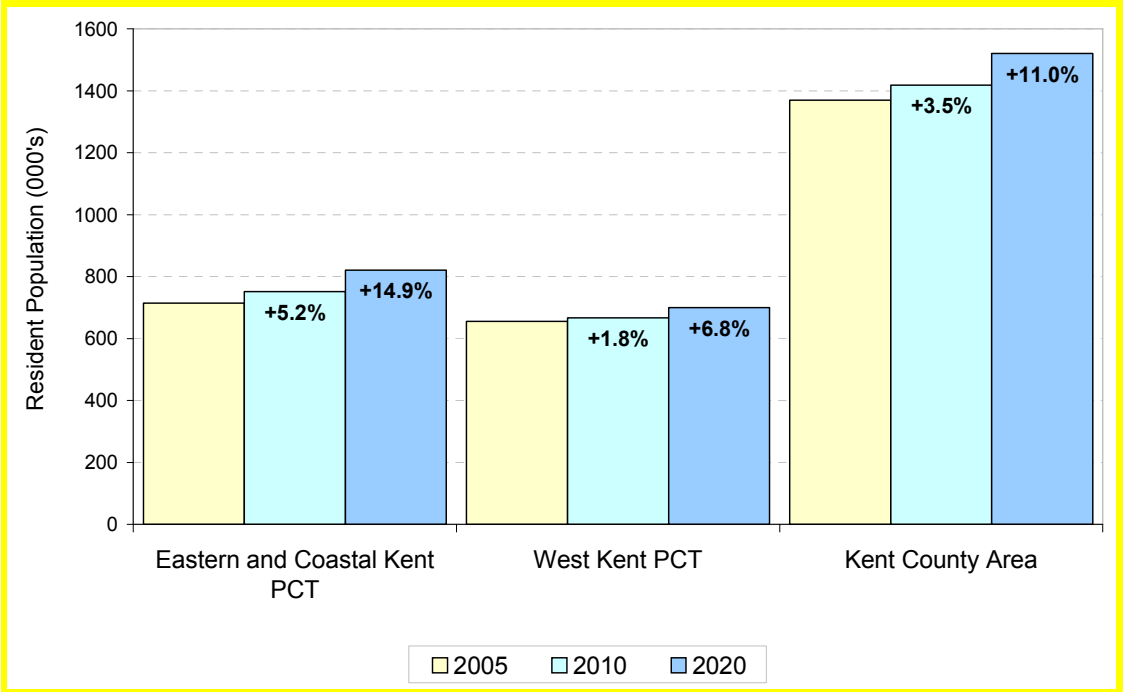
The list reflects the similarities between districts as well as the differences. What we now need to ensure is that action is better co-ordinated and targeted than in the past to make sure that resources are used to best effect and the greatest benefit is felt by people in whatever district they live. 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.

10 Healthy Lifestyles for Adults

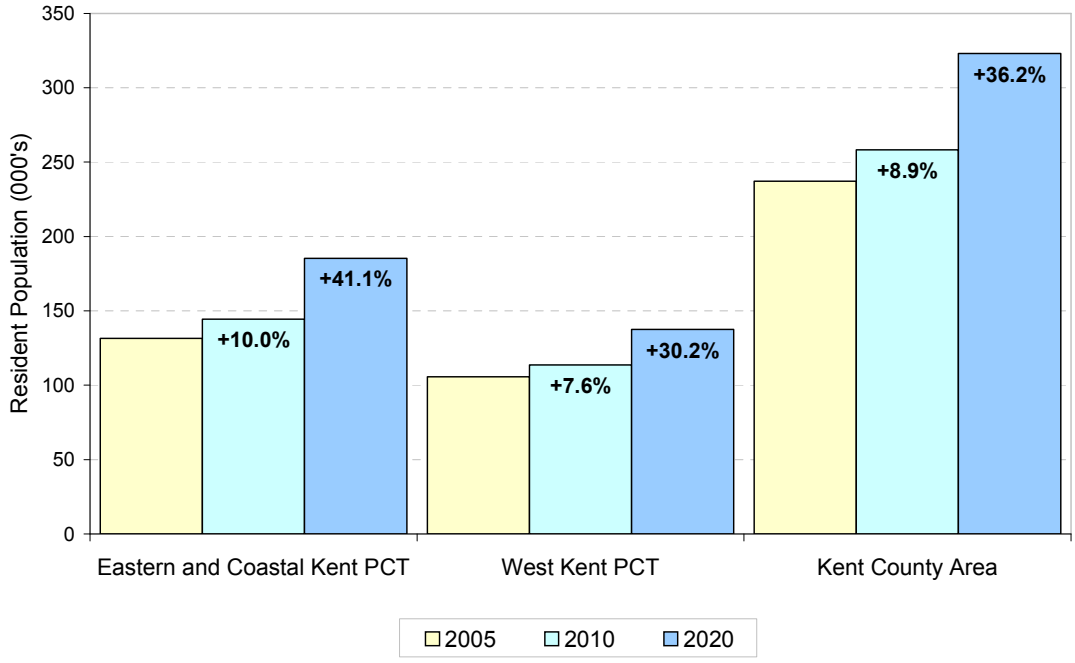
Older people and chronic illness

In recent years the NHS has had great success in tackling killer diseases like coronary heart disease and cancer. Many people are now living longer, which is a very good thing.

Population increase:

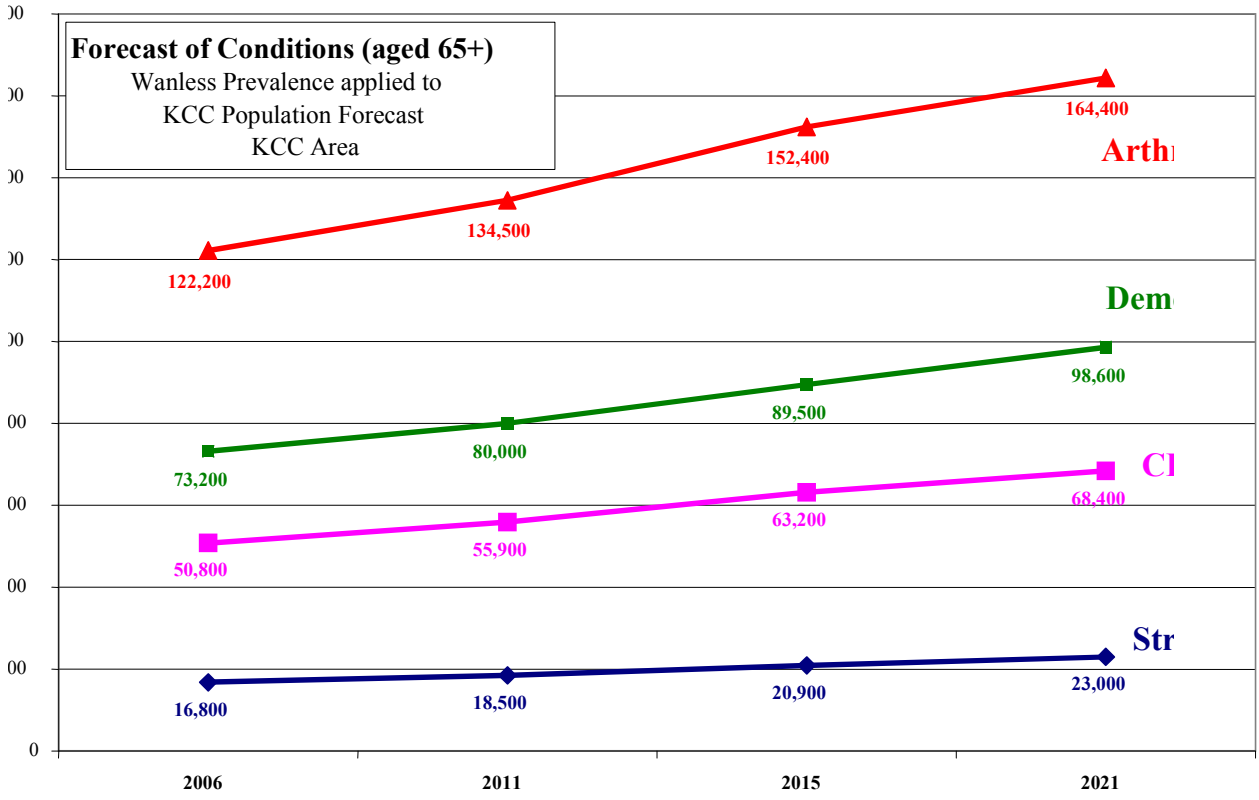


Older person's (aged 65+) population increase:



But longer lives are not always healthy and the number of people suffering from serious illnesses will increase dramatically in the next few years. Conditions such as diabetes, dementia, arthritis, stroke, and chronic obstructive pulmonary disease will all impact severely on health and social care services unless people begin to lead healthier lives before they develop. Improving the health of the adult population is therefore essential if we are to meet the challenge of people living longer.

Forecasts for some of the common debilitating conditions to 2021 show some alarming increases in the number of people that will suffer from them:



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 to prevent the effects of these conditions and reduce the amount of health and social care people will need to manage them.

The NHS and local authorities all recognise that unless we can help people to improve their general health the services that will be needed will not be able to meet the demand for them. Preventing and managing chronic conditions is now a major priority for public health.

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
- Health in the workplace where many of us spend a large part of our lives
- Alcohol misuse is increasingly serious as a cause of ill-health

Healthy living for the over 50's is a very important priority if we are to stem the tide on people living into old age with serious chronic illnesses 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 to improve their levels of general fitness. Charlton Athletic are 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.

Encouraging adults to improve their lifestyles is essential if we are going to prevent the problems and chronic illnesses caused by obesity and other conditions in later life. We need to:

- Increase levels of physical activity as per LAA target
- Increase participation of problem drug users in drug treatment and the proportion of users sustaining or completing treatment
- Reduce drug related deaths
- Ensure screening of diabetics for early detection of diabetic retinopathy (100% by December 2007)
- Introducing Health trainers will assist individuals develop personal health plans and these will be introduced in Kent during 2007.
- New ways of delivering services such as Community Matrons and intermediate care in the community to prevent admissions to hospital are being expanded.
- Telehealth will be expanded. This is the remote monitoring of vital signs for people with long-term conditions, and will help deliver more care in people's homes.

Telehealth is a major project designed to enable GPs and other health professionals to monitor the vital signs of people with chronic illnesses in their own homes. Using web based technology telehealth means that patients' wellbeing can be monitored by GPs in a surgery whilst the patient remains at home. This saves time and effort for both the patient and the GP (or nurse) and makes much more efficient use of valuable professional time.

Stop Smoking Services and Tobacco Control

Smoking is the main cause of premature and avoidable death in the United Kingdom, responsible for around one in five of all deaths. In Kent, we are committed to not only to providing local services for people who want to give up smoking but also to addressing the wider issues of tobacco control including promoting smoke free public places, tackling underage sales and preventing smoking uptake.

The Tobacco Control Strategy sets out the aims and objectives of KASH to tackle tobacco control issues in Kent. The aims of KASH are:

- to reduce tobacco consumption
- to reduce amount of people that start smoking
- to promote stopping smoking
- to protect against secondhand smoke

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

- prevention of smoking uptake through health promotion activities as well as supporting new age of sales legislation
- protection for non-smokers (adults and children) from secondhand smoke by increasing the number of smoke free places thorough smoke free legislation as well as local projects
- help for smokers who want to quit through stop smoking services throughout Kent
- Ensuring that people in Kent are protected from secondhand smoke by making smoke free legislation a success in Kent.
- Working with key stakeholders such as Kent Healthy Schools to prevent smoking uptake through health promotion activities.
- Supporting the new Age of Sales legislation and providing information prior to the launch in October 2007.
- Expanding the alliance to work with a broader range of partners on tobacco control issues.

We will reduce the smoking rate, contributing to the national target rate in manual groups of 26% in 2010

In 2005/2006 Stop Smoking Services in Kent helped XXXX people to stop smoking after four weeks. This was achieved by running specialist group and one to one interventions. The stop smoking services also work closely with

GPs and pharmacists to provide a wide network of in-house support. A key priority to success is ensuring that stop smoking support is available at the most practical places for people accessing help. Specialist support was also available for pregnant women and their families provided in their home and in other convenient locations. Stop smoking support was also available in workplaces, mental health settings, hospitals schools local authorities and prisons.

Local NHS Stop Smoking Services in Kent will continue to help people who want to stop smoking by:

- *Running specialist stop smoking services in local communities across Kent.*
- *Continuing to provide specialist training to the wider health community in Kent.*
- *Providing specialist stop smoking services for pregnant women and their families.*
- *Addressing the gap in smoking rates by targeting areas of high inequality.*
- *Providing stop smoking services in different locations including prisons, hospitals and workplaces.*

- *Exploring new ways to work with and provide services for a wide range of partners.*

Other important locations for promoting services to stop smoking can include libraries, youth centres and schools.

Mental Health

Mental well being has not been given as great a priority as other aspects of public health, yet it frequently underpins and interacts with wider physical and social aspects of health. We need to incorporate the positive promotion of mental health and well being into public health strategies plans and practice. As there is growing evidence of the links between how mental, physical health and well being interact with each other, further delay in prioritising mental health promotion could be very serious

Poor mental health is a major contributor to ill health and its effects are very costly:

- Mental Health accounts for about a third of GP consultations
- It affects severe disabilities and morbidity and constitutes nearly a quarter of the amount of disease
- It costs the NHS more than £77 billion per year
- Suicide though decreasing, remains a major cause of death in England and Wales
- Stress is the commonest reported cause of sickness absence.

However, the mental health is not served as well as it could be by public health:

- Recent suicide audits reveal that though suicide is falling in England and Wales generally, it is falling slower in the South East.
- Prison suicides have increased and the risk is particularly high for 15-17yr olds

Our current targets for mental health are to:

- Reduce the death rate from suicide by at least 20% by the yr 2010 (NHS PSA target)
- 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 emphasises importance of improving mental health & mental well-being.

In the future we will:

- Decrease suicide in line with the National Suicide Prevention Strategy, particularly among young people in W. Kent
- Develop an integrated & dynamic approach to well being – a public mental health approach to promoting well being within particular settings supported by local level policy, including LAAs
- Tackle the stigma, shame & negative media images contributing to discrimination

11 Obesity

Rising levels of obesity and its significant impact on health in both adults and children are a national as well as a local problem. Obesity is a complicated issue to tackle and coordinated action is required at all levels. We need to work in partnership with a range of agencies to ensure every opportunity is taken to enable and support our local population to be more active and to eat a more healthy diet.

We should:

- Commission a full range of effective interventions to prevent overweight and obesity supported by a national strategy and working in partnership with local people.
- Improve the care provided to adults and children with obesity, particularly in primary care.

We will develop a comprehensive Kent strategy based on the outcome of the scrutiny committee report. This will include:

- As part of improving local access to opportunities to be active, work is already being undertaken to target specific sectors of the population especially those usually considered as “hard to reach”. Kent is hoping to secure £2 million from the Big Lottery Fund to spring board 13 projects that tackle obesity in the Supporting Independence areas across Kent.

- All future developments in Kent should be required by planning authorities to make provision for healthier lifestyles.

- Local authorities should work with local partners, such as industry and voluntary organisations, to create and manage more safe spaces for incidental and planned physical activity, such as walking and cycling.

- Healthy eating is as important as physical activity. There is good local evidence of interventions that have successfully changed attitudes to healthy eating and good practice must be shared and developed across Kent.

- Kent has already consolidated links with the work that is being planned for the 2012 Olympics.

- Across Kent there are good of examples of “exercise referral” by GPs. All Primary Care Trusts should encourage GPs to prescribe exercise to patients where appropriate

- There are many local initiatives that are already being developed in the workplace. Workplaces should provide opportunities for staff to eat a healthy diet and be physically active.

- Children in school reception classes and year 6 will have had their weight monitored from April 2007 as part of the national target to halt the year on year rise in obesity amongst children aged under 11 by 2010.

Obesity Select Committee is a group of KCC council members who looked at the issue of obesity in Kent. Through their investigations they were able to identify a number of recommendations as to how we might all work together to reduce obesity levels in the County. These have formed part of the obesity strategy that is driving the activities being promoted to help people lose weight and avoid complications like diabetes, coronary heart disease and arthritis.

A similar committee will be looking at the issue of alcohol use very shortly.

Physical Activity

Along with healthy eating, physical activity is an essential source of maintaining good health, and taken regularly, is proven to reduce the risk of coronary heart disease, obesity, dementia and some cancers.

Nationally and locally the gap between those who undertake physical activity and those who do not is increasing. People in Kent will be helped to take more exercise by:

- Promoting new ways of exercising including expanding existing opportunities to provide real access to physical activity to meet the needs of the community. Developments should involve communities in the design, planning, delivery and evaluation so that they are appropriate to the needs and lifestyle of local people.

- The Kent Department of Public Health will support partnerships between the County Council (especially Kent Sports Development, Communities, Children, Families and Education and Environment and Regeneration directorates), the NHS and Primary Care Trusts, District Councils, the Voluntary Sector, and the Private Sector to promote physical activity in the public and private sector workforce.

- Applying and mainstreaming Social Marketing and other marketing techniques to new developments to ensure they are what people want.

The range of physical activities and initiatives in Kent contribute to the commitment Kent County Council has to the improved health and wellbeing of Kent's residents. This is being measured through LPSA target 10 to increase levels of physical activity amongst children through education and schools, Sure-starts, Children's Trusts, Sports Development, and Youth Work (and others).

Another part of this target is to increase the number of adults who participate in sport, exercise and active leisure 5 times a week or more for at least 30 minutes to 29.9% by December 2008 (2005 baseline: 24.4%). Walking programmes, GP referrals, health promotion activities, 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.

Thanet

- **Community Sporting Network:** a new direction in delivering activity involving the collaboration of key agencies and partners.

- **Funding from Pfizer**: £10,000 This will fund a 'Grow to Grow' project (healthy eating/physical activity/allotment project linked with the community and schools) and to reinstate and evaluate the veg bag scheme.

- **Resolutions/Lets Get Started**: Adapted from the successful Dover project, the mini version will roll out in KCC libraries across East Kent during Jan 2007. It is proposed that Newington and Margate libraries will host the event for the Thanet area. The remaining 8 libraries in the area will have appropriate signposting to the main sites for the project.

- **Kids Club**: Ramsgate Leisure Centre have agreed to host a kids club. This will target children aged 6-11 years who are overweight/obese, and the programme will run along similar lines to the Ashford club. Parents and teachers from Newington Infants and Juniors are very keen for such a club.

- **Schools Physical Activity Policy**: KCC meeting being held today to discuss developing and implementing an 'Active School - Physical Activity Policy' in Thanet schools. This obviously links with Healthy Schools, but will ensure that this links in with our obesity strategy. As a result of this policy, teachers will have additional training and tool kit to drive this forwards. I am hoping that this will improve links into community programmes and clubs for children and families.

12 Sexual health

There are rising levels of sexual transmitted infections particularly amongst young people. Access to contraceptive services and Genito-urinary medicine (GUM) services are important to prevent and treat infections early.

Services must be offered in sensitive ways that do not embarrass and discourage people from using them. In particular GUM clinics should become a drop-in service rather than one offered by appointment.

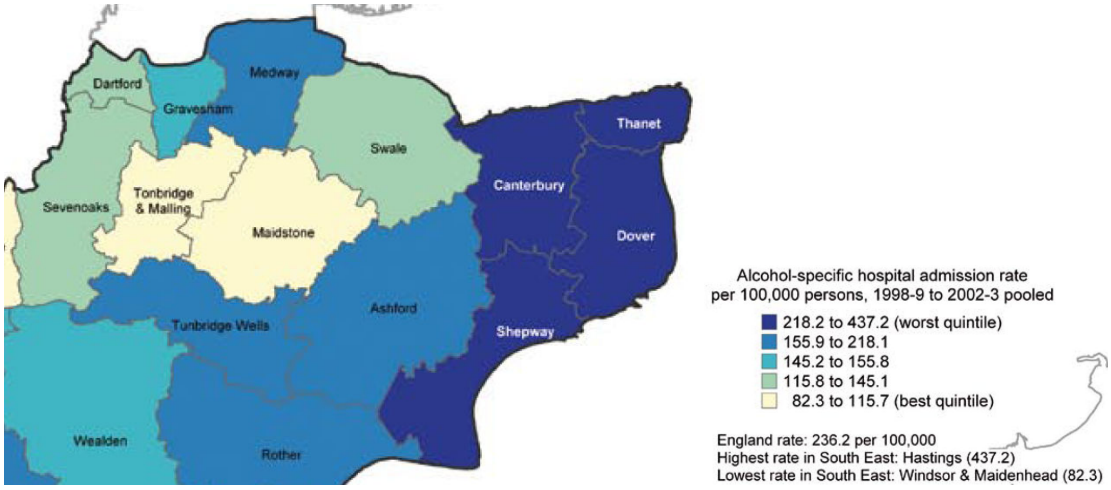
Contraceptive services are provided by General Practices, pharmacists, community services and increasingly there are specific young people services including in schools AND Healthy Living Centres.

Strategies are being developed to increase access to GUM services in the community.

By 2008 there will be 100% access to GUM within 48 hours

13 Alcohol harm reduction

Alcohol in Kent



Alcohol Specific hospital admission rate by local authority.
South East England, 1998-9 to 2002-3.
(Choosing Health in the South East: Alcohol. David Sheehan. SEPHO)

Men and Women in the South East have relatively high consumption rates of alcohol compared to other regions, and the impact of alcohol is wide ranging, impacting on health, crime, anti social behaviour, the workplace and productivity. Young people still drink more than people in other age groups, and occasional drinking is now normal for young teenagers and a quarter of this group are frequent drinkers.

Recent figures show a doubling of alcohol related deaths. East Kent also has the highest levels of alcohol related hospital admissions. The health issue is being seen as serious enough to warrant Kent County Council establishing a Select Committee on alcohol to identify how agencies and partners in Kent can tackle this problem.

A recent report into Alcohol in the South East; *Choosing Health in the South East: Alcohol* (David Sheehan, GOSE and SEPHO) 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.

Public health are currently engaged in delivering the following to reduce the impact of alcohol on our communities and people's health:

- Investing additional resources in East Kent into treatment for alcohol misuse.
- Leading a project to improve the collection of data on alcohol related violence in A&E's across Kent and Medway. This data will be used to target Police resources to areas
- Produced an Alcohol strategy in East Kent.

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

A Select Committee of the NHS Overview and scrutiny Committee of Kent County Council will shortly be convened to investigate alcohol issues. It will report by the end of 2007. Recommendations form this committee report will be used to develop the public health strategy.

Substance Misuse
Substance misuse continues to be an issue in all areas of Kent, in common with other areas across the country. Drug treatment services are commissioned and monitored by the Kent Drug and Alcohol Action Team, a multi-agency team, as part of the National Drugs Strategy. The National Drugs Strategy is being reviewed in 2007.

The Kent DAAT has four priorities:

Young People: To help young people resist drug misuse in order to fulfill their potential in society.

Communities: To protect our communities from drug related anti-social and criminal behaviour.

Treatment: The provision of treatment services to enable people with drug problems to overcome them and live healthy and crime free lives.

Availability: To stifle availability of illegal drugs on our streets via the disruption of drugs marketing and supply chains.

The way in which drug treatment services across West Kent has been reviewed and new service providers are coming into place. Services include:

Community Substance Misuse services in East Kent – KCA
Community Substance Misuse services in West Kent – Turning Point and KCA
Aftercare services in Kent – Turning Point
Alcohol Services in East Kent – East Kent Alcohol Services (Kent and Medway Partnership Trust)
Young Peoples Service – KCA and Kenward Trust

Eastern and Coastal Kent and West Kent PCTs continue to work through the Kent DAAT to identify substance misuse issues and then commission treatment services to meet these issues

14 Work and Health

Work and employment is a major contributor to the promotion of public health both as a means of reducing health inequalities and also because health at work and healthy workplaces are important issues.

Increasing opportunities for work is very important to reduce inequalities. Led by Jobcentre Plus the Kent Agreement has a target to increase the number of people currently on benefit who are helped into work, including clients of social services.

Other measures to be adopted are:

- All Public sector to review healthy workplace policies including health transport policies, stop smoking policies and access to physical activity opportunities.
- Improving working conditions
- Promoting the work environment as a source of better health
- Work with the private sector to enable joint initiatives and share policies
- Smoke free policies in workplaces
- Promotion of cycling and walking

Public Sector employers in Kent have a real opportunity to influence and encourage health and wellness of their employees who are in the main Kent residents. This is a key factor to consider in promoting our public health agenda which actively supports achievement of our targets through workplace programmes & activity. A number of our health priorities have a significant impact on employee attendance e.g. Mental health, physical activity/obesity, smoking, so addressing these factors in the workplace produce a number of beneficial outcomes for both employers and the public health agenda.

Examples of workplace activity includes KCC's Work & Wellbeing initiative that over recent years focused on mental health, (stress management, a case management approach in Occupational Health services, more recently becoming registered as a "Mindful Employer" and providing training events for management on positive management of mental health in the workplace). The

06-08 action plan promotes physical activity and effective weight mgt through a pilot programme covering:
Continued…

- 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 mgt sessions
- Providing tips and ideas on nutrition, physical activity, weight mgt via the intranet and posters.
- Trialling a weight & wellness programme and loaning physical activity DVD to staff.

Programmes need to be developed again utilising social marketing, providing different and accessible options to capture and respond to a variety of needs. This can be down through staff focus groups, working with wellness champions who represent staff, mgt, function specialist, using staff surveys, inviting feedback on initiatives and providing a vehicle for offering ideas for example the wellbeing email address within KCC.

Working in partnership to develop initiatives maximises effective use of resources e.g. obesity network meetings to educate, inform & encourage. Utilising the expertise & services of for example NHS leads on walking, smoking cessation and health trainer resource to support workplace activity, opening up internal training programmes to partner organisation to achieve economies in procurement? This strategy encourages partnership working in this regard.

15 Primary care

These are GPs and their primary care teams, Dentists, Opticians, and pharmacists. They are vital to promoting better health not just treating ill health. These are just some of the public health activities in primary care in Kent.

- Wider range of services in General Practice to screen for risk factors, help people monitor and manage their own chronic disease
- In primary care, update practice-based registers to enable patients with CHD and diabetes to receive appropriate advice and care
- Healthy lifestyle, stop smoking and chronic disease advice from pharmacists
- Continue to try and extend the availability of NHS dentists and access to routine monitoring
- Focus on oral health for children and reducing dental caries in under 5 year olds
- Adult social care working with primary care to support people with disability and chronic disease at home
- Exercise on referral schemes

- Reducing variations in referral patterns amongst GPs to ensure patients access the most appropriate professional and that everyone has equal access to services

Pharmacists are a very important par of public health and community health care. Often a first point of call for people who wish to stop smoking they offer nicotine replacement therapy as well as advice and assistance with many other health and lifestyle issues. Lloyds Pharmacy are very interested in having an active presence in Gateways.

16 Health Protection

Protecting the population from the effects of major disasters or outbreaks of infections is a very important part of public health. The Health Protection Agency takes day to day responsibility for monitoring and managing health protection on behalf of the PCTs. They provide a 24 hour on call service to provide expert advice on all issues to do with communicable diseases and potential outbreaks.

Immunisation

- Flu vaccination uptake rates are good at over 70%, this programme is aimed at older people and those with chronic disease
- MMR uptake rates are below 70% in parts of Kent which means that some children are at high risk of these debilitating diseases

Screening

There are a number of new and changed screening programmes and all these will be implemented with quality standards and control as well as ensuring that all communities have access to the programmes. These are the changes that are being introduced:

- *Breast screening uptake rates are 66.3% (2004 – 2006) and is successful in picking up early disease but more women could be screened*
- *Extending breast screening for those women between the ages of 65 and 70*
- *Maintaining high levels of cervical screening over 80% but ensuring that those from ethnic minorities also access the service*
- *Extend retinal screening so that all those people with diabetes can be screened yearly by December 2007*
- *Offer Chlamydia screening to all 16-24yr olds during 2007/08 in community settings*
- *Introduce cystic fibrosis screening during 2007*

Emergency Planning

To ensure that the NHS in Kent is capable of responding to major incidents of any scale in a way that:

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

it will do this by enhancing its capability to work as part of a multi-agency response across organisational boundaries.

Key target to improve communication at senior level in emergency planning using the Kent Resilience Forum and to ensure that the learning from exercises is incorporated into the plans. Pandemic Flu planning is a priority.

Health Care Acquired Infection

There are unacceptable levels of MRSA and Clostridium Difficile in our local hospitals. This is a national problem not just our local hospitals. We concentrate on our acute hospital but it is important to be rigorous in our community hospitals, community and primary care settings as patients and public move through the different settings.

MRSA

The NHS is committed to halve the MRSA infection rate by March 2008.

MRSA

	2003/04	2006/07	Target 2007/08
Maidstone &Tunbridge Wells	58	41 (up to February)	29
Darent Valley Hospital	24	26 (up to February)	12
East Kent Hospitals Trust			

Clostridium Difficile

This is an emerging problem and reporting is now mandatory. This is a bug that many people carry but can cause serious symptoms in people who are ill, and can be caused by the use of certain antibiotics. It is easy to transmit to other patients in hospital which is why it is a major concern. Good hygiene and hand washing is essential in preventing spread.

The NHS is committed to reducing the rate by 25% in Maidstone and Tunbridge Wells Hospital and East Kent Hospitals and by 15% in Darent Valley Hospital.

To dramatically improve infection control in Kent, Eastern and Coastal Kent and West Kent PCTs are establishing multi agency committees, with advice from the Health Protection Agency, to develop stronger action plans and to ensure these are implemented and that infection control becomes important to each and every member of staff. Infection control policies will also be updated in primary care and community facilities.

In Eastern and Coastal Kent they are aiming for zero tolerance of MRSA and Clostridium. They have established a Local Health Economy wide Health Care Acquired Infection Committee engaging all partners in the LHE, including the independent and care home sector, adult social care, Kent Ambulance Service with a commitment to working together towards Zero tolerance of HCAI. To this end we have established a number of specific task and finish projects including a) the development of common transfer of care standards across the whole health economy, b) the development of cannulation guidelines for the ambulance service and c) a workforce review project linked to implementation of "100% right every time" to handwashing.

West Kent PCT

- is investing in the appointment of an Infection Control Team that will consist of 3 infection control nurses and a lead Infection Control Nurse
- Annual Infection Control environmental audits are undertaken. These include eg cleanliness and handwashing. These will be further developed by the new team
- In addition cleanliness audits are regularly undertaken by hotel services staff.
- Patient Environment Action Team (PEAT) inspections are undertaken annually and the results published http://patientexperience.nhsestates.gov.uk/clean_hospitals/ch_content/peat_2006/introduction.asp
- Alcohol gel is used in clinical areas and signs promoting the use of the gel and handwashing are on display in clinical areas.
- Infection Control training is provided as part of induction training and ongoing training has been provided - by the Health Protection Agency.
- Surveillance data is being collected and reported regularly to the Board.

17 Resources

There are many different sources of funding for the various elements of public health. These may be directly from government departments or through the mainstream activities and budgets of the organisations concerned. Nearly all the activity of the public sector could be seen as influencing health and wellbeing in its widest sense. Similarly much of mainstream NHS expenditure can be seen as improving people's health as well as treating illnesses. However it is probably more helpful to concentrate on those resources devoted more clearly to what most people would see as major contributors to their health. In Kent the main contributions are:

Primary Care Trusts

PCTs have committed specific resources for programmes and initiatives to tackle Choosing Health priority areas, and these programmes are jointly planned with local authorities and communities themselves-this is partnership monies

They are also committed to shifting investment from the acute sector into primary care services and Public Health services and have robust demand management processes in place to enable this shift.

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

In addition many initiatives that benefit public health and Choosing Health targets will be funded from the PCT base budgets (like the stop smoking service, community health services, mental health services), local authorities, voluntary organisations, police and others.

Local authorities

Kent County Council has a range of activities that directly contribute to the wider health and wellbeing of the population of Kent. Annual expenditure on social services for adults of c£350m will be used to support many people with long-term conditions. Similarly for Children and Families social services spend c£xxm. All other directorates within KCC also make significant contributions to public health. The Communities directorate is responsible, amongst other things for promoting healthy and sustainable communities as well as libraries and adult education, both key sources of information advice and support, and the Kent Drug and Alcohol Team (see above). The Environment and Regeneration directorate is responsible for promoting the environment within Kent with a specific emphasis on regeneration and addressing deprivation. These are key activities in reducing health inequalities. In addition there is a direct health promotion focus through their stewardship of the County's country parks and open spaces where they promote healthy walks and green gyms amongst other activities to enable people to take more exercise.

District councils

Many district council functions have an impact on the health and wellbeing of their residents. Some are putting additional resources into choosing health. Some of their current priorities are listed above.

Private sector

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

There are hundreds of voluntary organisations in Kent many of them with charitable status and dedicated to improving the welfare of those that can benefit from their activities. Many organisations will be active in supporting, advising and assisting more vulnerable people including elderly people and those with disabilities often, but by no means always, in conjunction with statutory services.

Estimating the resources

Some of this funding is more specifically aimed at Public Health work. Below is an estimate of resources of this kind. However, much more work is needed to identify and be clear about the wide range of resources aimed at developing Public Health.

Core Public Health Teams
The two Kent PCTs and Kent County Council have core Public Health Teams funded by mainstream budgets in these organisations.

Team	**Estimated* 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

*These figures are estimates and to be confirmed.

Public Health Programmes
There is a significant number of specific programmes across Kent, funded from a variety of sources, including directly from Government Departments, but also from organisations' main budgets. Work is ongoing to identify such initiatives. Below is a summary of some of these programmes to give an idea of the range of activity and the level of resources.

Programme / Initiative	**Estimated* 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
Kent Teenage Pregnancy Partnership	Tbc
Charlton Athletics Club project	Tbc
Healthy Schools Programme	£120

* These figures are estimates and to be confirmed.

Programmes Contributing to Public Health
There are many programmes running across Kent that make a major contribution to the Public Health agenda. The proportion of funding for each of these projects that could be regarded as specifically for Public Health has not been identified at this stage. The list of projects and initiatives below gives a flavour of such programmes.

- Healthy Living Centres
- Sure Start
- Healthy Schools Programmes

18 Outcomes

This strategy identifies many public health activities and targets and it is important to address them all. However it is important to focus on the six most important public health outcomes as follows.

Outcome 1 – We will see a significant reduction in health inequalities

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
-
-
- Reduced number of 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 England & Wales average
- Improved education levels of children in care
- Reduction in the number of people of working age on benefits
- Reduction in the number of children living in households with low income in the deprived areas
- Reduction in gap in life expectancy from 6.5 years to 6 years
- Reduction in incidence and deaths from cancer

Specific targets that the public sector 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**
• 5-16 year olds taking 2 hours of high quality sport and PE weekly	45%	87%
• 5-16 year olds taking 3 hours of high quality sport and PE weekly	9%	19%

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 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

Outcome 2 – Improved Mental Health and Well-being for children

Short term outcomes	Long term outcomes
▪ Reduced level; of smoking amongst mothers who are pregnant	▪ Healthier children through mother not smoking
▪ Increased levels of breast feeding	▪ Reduction in youth crime
▪ Children accessing physical activity	▪ Increased educational attainment
▪	▪ Reduction in referrals for tier 4 CAMHS
▪	▪ Reduction in gap in life expectancy from 6.5 years to 6 years

Specific targets that the public sector 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%
• 5-16 year olds taking 2 hours of high quality sport and PE weekly	45%	87%
• 5-16 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 5-15 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 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

Outcome 3 – Fewer people in Kent will suffer heart disease

Short term outcomes

- Reduced number of smokers
- Increased number of adults physical activity levels
- Reduced number of people reporting obesity
- Increased number of adults leading a full active life following a heart attack

Long term outcomes

- Increase in life expectancy

Specific targets that the public sector are already committed to:

Kent Agreement

	O4/05	07/08
• 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 15-75 with BMI 30+ as proportion of those with BMY recorded in last 15 months	19.09%	17.75%
• People aged 15-75 with BMI 30+ as proportion of people registered with a GP	18.65%	49.94%
	06	08
• 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

Outcome 4 – Improved Sexual health and fewer teenage pregnancies

Short term outcomes

- Increased number of young making confident choices
- reduced number of young people reporting no use of contraception
- Reduced number of new cases of sexual health diseases

Long term outcomes

- Impact on infertility
- Reduced numbers of new cases of HIV
- Teenage pregnancies reduce to the same levels as Europe

Specific targets that the public sector are already committed to:

Kent Agreement

	04/05	07/08
• %age 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

Outcome 5 – More older people able to live at home with chronic disease

Short term outcomes

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

Long term outcomes

- Better quality life

These are the targets that we are already committed to:

Kent Agreement

	04/05	07/08
• People aged 65 and over helped to live at home	92	95
▪ Reduction in emergency acute bed days aged 75 and over	465677	462908
▪ Reduction in adults in permanent residential/nursing placements	1920	1704
▪ Supporting people clients completing move into independence	1635	5337

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

Outcome 6 – Reduce the levels of substance misuse and alcohol above recommended levels

Short term outcomes

- Increased young people making healthy choices
- Increased numbers of young people accessing drug treatment successfully

Long term outcomes

- Reduced levels of binge drinking among young people
- Reduced crime among young people and adults

These are the targets we are already committed to:

Kent Agreement

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

19 Appendix 1

National Policy framework

Current policy informing public health stems from a number of government initiatives. All of these stress closer working and integration between the NHS and local government with an emphasis on promoting health and preventing dependency upon statutory services. There is an overarching emphasis on addressing health inequalities throughout.

Other key issues are expressed in the Department of Health's PSA with the Treasury including extending life expectancy and decreasing child mortality (+ others), and the annual NHS Operating Framework.

Critically the thrust of all these initiatives is that responsibility for public health extends far wider than the NHS and health promotion services. There is a clear emphasis for interventions to 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.

Together these elements constitute the Fully Engaged Scenario required by the Wanless report.

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

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

Local Strategies

- The Vision for Kent
- Kent Agreement/Local Area Agreement
- KCC
- Towards 2010
- Corporate performance assessment
- Eastern and Coastal Kent PCT Strategy 2007-2012
    - standards for better health assessment
- West Kent PCT strategy
    - standards for better health assessment
- Community strategies
- South East Coastal Strategic Health Authority Health Strategy
- Kent and Medway Workforce Development Strategy

20 Appendix 2

The Key public health partners

Kent County Council
Primary Care Trusts
Strategic Health Authority
Government Office of the South East
District Councils
Police
Private and voluntary sectors
Health Protection Agency

21 Appendix 3

Life Expectancy at Birth 2003 – 2005
Source: NCHOD Compendium of Clinical and Health Indicators

	Males	Females
Ashford LA	79.0	81.7
Canterbury LA	77.3	81.4
Dartford LA	77.2	80.4
Dover LA	76.5	81.5
Gravesham LA	77.5	81.4
Maidstone LA	77.4	82.0
Sevenoaks LA	79.4	83.4
Shepway LA	76.5	81.1
Swale LA	76.6	80.7
Thanet LA	75.0	80.0
Tonbridge and Malling LA	78.7	82.4
Tunbridge Wells LA	78.5	81.9
Kent County (2005)*	77.6	81.7
England and Wales	76.9	81.1

* Data applies to Year 2005 only

Neonatal and Infant Deaths, 2005
Source: ONS Vital Statistics VS2

	Stillbirth Rate	Perinatal Death Rate	Neonatal Death Rate	Infant Death Rate
	Foetal deaths occurring >24 weeks gestation per 1,000 total births	Stillbirths and deaths <7 days per 1000 total births	Deaths <28 days per 1000 live births	Deaths <1 year per 1000 live b
.A	6.0*	11.3*	6.1*	7.6*
ry LA	3.5*	5.6*	2.1*	3.5*
LA	5.6*	5.6*	2.4*	3.2*
	3.5*	5.2*	1.7*	2.6*
am LA	2.5*	3.3*	0.8*	1.7*
e LA	5.4*	8.4*	4.8*	6.0*
ks LA	1.6*	3.2*	2.4*	4.9*
LA	5.6*	11.2*	6.6*	9.4*
	4.0*	6.7*	3.3*	5.3*
A	4.2*	7.7*	3.5*	4.9*
e and Malling LA	3.1*	6.2*	3.1*	4.7*
e Wells LA	9.6*	10.5*	0.9*	2.7*
nty	4.5	7.1	3.2	4.7
st GOR	4.8	6.9	2.8	3.9
and Wales	5.4	7.9	3.4	5

a rate calculated from less than 20 events.

Limiting Long Term Illness (LLTI), 2001
Source: NCHOD Compendium of Clinical and Health Indicators

	Number of Persons with LLTI	% Population
Ashford LA	15827	15.6
Canterbury LA	23334	18.0
Dartford LA	12087	14.3
Dover LA	20070	19.7
Gravesham LA	15069	15.9
Maidstone LA	19939	14.6
Sevenoaks LA	14943	13.8
Shepway LA	18301	19.5
Swale LA	20329	16.9
Thanet LA	26763	21.7
Tonbridge and Malling LA	14419	13.6
Tunbridge Wells LA	13716	13.5
Kent County	214797	16.5
South East GOR	1157619	14.8
England and Wales	9019242	17.6

Low Birthweight Births, 2005
Source: ONS Vital Statistics VS2

	% Low Birthweight Births
Ashford LA	7.0
Canterbury LA	7.0
Dartford LA	7.1
Dover LA	6.7
Gravesham LA	7.2
Maidstone LA	7.4
Sevenoaks LA	5.9
Shepway LA	6.3
Swale LA	6.0
Thanet LA	8.4
Tonbridge and Malling LA	6.4
Tunbridge Wells LA	6.9
Kent County	6.9
South East GOR	6.9
England and Wales	7.6

Under 18 Conception Rates, 2002 - 2004 Pooled Data
Source: Teenage Pregnancy Unit

Local Authority	Average annual <18 conception rate per 1000 females aged 15-17, 2001/2003
Ashford LA	40.2
Canterbury LA	31.9
Dartford LA	45.0
Dover LA	39.1
Gravesham LA	38.4
Maidstone LA	36.2
Sevenoaks LA	23.2
Shepway LA	46.0
Swale LA	42.2
Thanet LA	48.0
Tonbridge and Malling LA	28.3
Tunbridge Wells LA	27.2
Kent County	37.0

General Fertility Rate, 2005
Source: ONS Vital Statistics VS1

	General Fertility Rate
Ashford LA	62.6
Canterbury LA	48.1
Dartford LA	67.1
Dover LA	58.9
Gravesham LA	63.0
Maidstone LA	59.2
Sevenoaks LA	60.1
Shepway LA	59.6
Swale LA	60.4
Thanet LA	61.5
Tonbridge and Malling LA	58.4
Tunbridge Wells LA	54.9
Kent County	59.0
South East GOR	57.5
England and Wales	58.4

Health outcomes vary for people across the county as seen by the variation in life expectancies, infant mortality and limiting long term illness.

22 Appendix 4

The Current Partnerships

There are a number of partnerships that already exist across Kent that bring many of the key organisations concerned with public health together:

- 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 partnership consisting of the major public sector organisations. It is responsible for The Kent Agreement (the Local Area Agreement for Kent).

- Local Strategic Partnerships

LSP's are local groups often based on district, or groups of adjacent districts boundaries, led by district councils. They have representation from the most important local organisations including Primary Care Trusts and the County Council. LSPs co-ordinate the actions of their members towards issues of local importance.

- Crime and Disorder Reduction Partnerships

CDRP's are the main meeting point for all the agencies involved in dealing with crime (police, probation service, local authorities, education etc). They produce the crime reduction strategies for the local area.

- Children's Trusts

Children's Trusts are relatively new organisations brought into being to ensure that all aspects of services for children and families are properly co-ordinated and delivered. They include the NHS, education, social services, local councils and others.

- Mental Health Partnership Board

The Mental Health Partnership Board is responsible for the planning, commissioning and delivery of all mental health services across the county. Again it has representatives from the whole range of agencies and organisations involved in mental health issues.

- Kent Drug and Alcohol Team

KDAAT is responsible for the planning and commissioning of all services for drug and alcohol misuse in Kent. It has representation from all the major organisations that are involved in drug abuse prevention and treatment.

- Kent Alliance on Smoking and Health

The Kent Alliance on Smoking and Health (KASH) 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 various organisations such as:

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

The Kent Team

……

23 Consultation Timetable

Week commencing

Forum	16th Apr	23rd Apr	30th Apr	7th May	14th May	21st May	28th May	4th Jun	11th Jun	18th Jun	25th Jun	2nd Jul	9th Jul	16th Jul	23rd Jul
Kent County Council															
Cabinet					14th May										
Cabinet Briefing			30th Apr												
Chief Officers' Group					14th May										
Policy Overview Committee		26th Apr													
Leader and Chief Executive												2nd Jul			
Full Members - **LAUNCH**															24th Jul
Eastern and Coastal Kent PCT															
Executive Team				8th May											
Prof. Executive Committee						25th May									
Board					16th May										
West Kent PCT															
Executive Team				8th May											
Prof. Executive Committee			1st May					5th June							
Board						24th May									
District Councils															
District Council Meetings						Consultation at District Council Meetings during this time									
Ashford Local Board															
Canterbury Local Board															
Dartford Local Board															
Dover Local Board															
Gravesham Local board															
Maidstone Local Board															
Sevenoaks Local Board															
Shepway Local Board															
Swale Local Board															
Thanet Local Board															
Tonbridge and Malling Local Board															
Tunbridge Wells Local Board															

REPORT TO: **CABINET** **14 May 2007**
BY: **PETER GILROY CHIEF EXECUTIVE**

CABINET SCRUTINY AND POLICY OVERVIEW
Standing Report to May 2007

Summary

1. The report provides a summary (in Table 1) of outcomes and progress on matters arising from the most recent Cabinet Scrutiny Committee (CSC) meeting held on 25 April 2007.
2. The work programme for Select Committee Topic Reviews was developed and agreed by Policy Overview Co-ordinating Committee on 15 February 2007. The agreed programme and current status of each topic review are shown in Table 2.

Recommendations

3. To note
   (i) progress on actions and outcomes of the meeting of Cabinet Scrutiny Committee held on 25 April 2007 as set out in Table 1,
   (ii) the present programme and status of Select Committee Topic Reviews.

Background Documents: None
Contact Officer: John Wale 01622 694006

Cabinet 14 May 2007	**Table 1**
ACTIONS FOR CABINET/DIRECTORATES FROM CABINET SCRUTINY COMMITTEE 25 April 2007	
Item/Issue	**Actions and Outcomes from Cabinet Scrutiny Committee**
A2 Minutes of Cabinet Scrutiny Committee 21 March 2007.	The minutes were agreed.
A3 IMG on "Kent-What price Growth?" 26 March 2007	The notes were noted.
A4 IMG on Budgetary Issues 12 April 2007	The notes were noted.
A5 Cabinet Scrutiny Committee: Actions and Outcomes to 25 April 2007	The report was noted. (a) On Table 2, Mr R Parker raised a point about opposition Spokespersons on POCC and Select Committees being consulted on dates of meetings and hearings. **Action: John Wale/Paul Wickenden.** (b) On Table 2, Mrs Dean raised the issue of how Accessing Democracy would compliment the work of the "Going Local" Informal Member Group. **Action: John Wale/Paul Wickenden.**
A6 Directorate Business Plans	The Committee agreed that the Chairman and Spokespersons would agree 3 or 4 from the overall list. These would then be referred to single-meeting Informal Member Groups in late summer/early autumn 2007.
ADDITIONAL ITEM Decision 07/00972- Children's Social Services Fees and Charges	The Committee agreed this should be called in for scrutiny at the next meeting. **Please note: this decision cannot be implemented in the meantime.**
C1 Equality Strategy 2007-10	Mr P B Carter (Leader), Mr O Mills (Managing Director, Adult Social Services) and Ms J Richardson (Inclusive Services Policy Manager) attended for this item and were thanked for answering Members' questions. Mr Parker asked if the Gender Equality Action Plan Item 3 had taken account of the latest cuts in libraries staffing; **Action: Julie Penman/Dr T Robinson/Emma Carey/Geoff Rudd/Stuart Ballard** In addition, various amendments to wording of the

Cabinet 14 May 2007	Table 1
ACTIONS FOR CABINET/DIRECTORATES FROM CABINET SCRUTINY COMMITTEE 25 April 2007	
Item/Issue	**Actions and Outcomes from Cabinet Scrutiny Committee**
	strategy were suggested: (i) To use gender-neutral language when referring to Leader and Chief Executive in the document; (ii) The Action Plan to include a target (with dates) on making documents accessible to people for whom English was not the first language and also for the visually impaired. (iii) Where appropriate, replace "continue existing activity in Action Plan with "seek new mechanisms" Members subsequently concluded that: (i) the Leader's agreement that any changes proposed to be made to the Srategy as a result of consultation responses would be shared with the opposition Group Leaders before publication on 30 April be welcomed; **Action: Mr Carter, Oliver Mills, Jo Richardson.** (ii) Mr Mills be requested to share the final versions of the Action Plans (including target dates and indicators of achievement) with the Chairman and spokespersons of the Committee as soon as completed; (iii) the offer by Mr Mills to circulate details of the membership and terms of reference of the Strategic Equalities Group be welcomed; (iv) Mr Mills be requested to ensure that the Action Plans include provision for a review of the composition of the Kent Residents' Panel as part of the overall review of the Equality Strategy at the end of the year. **Action: Jo Richardson, Oliver Mills, Stuart Ballard**

C2 Kent TV	Mr P B Carter (Leader), Mr P Gilroy (Chief Executive); and Ms T Oliver (Head of Strategic Development) attended for this item and answered questions from members of the Committee. The Chairman asked for a list of dates when proposals for Kent TV were reported to Cabinet or Cabinet Members. **Action: Ms Oliver.** Members concluded that: (i) Mr Carter, Mr Gilroy and Ms Oliver be thanked for attending and answering Members' questions. (ii) disappointment be expressed that Cabinet felt unable to share information on the proposals for Kent TV more widely; (iii) the Chief Executive be requested to arrange a presentation on Kent TV by the appointed provider as quickly as possible; (iv) the offer by the Leader to circulate regular updates on progress with implementation and uptake of Kent TV be welcomed. **Action (iii) and (iv) Tanya Oliver**
D1 East Kent Empty Property Initiative- Direct Purchase Scheme (Decision 07/00934)	Mr R Gough (Cabinet Member for Regeneration and Supporting Independence); Mr M Austerberry (Director of Property) and Ms S Pledger (Project Manager, E Kent Empty Property Initiative) attended and were thanked for answering Members' questions on this item. Following discussion, Members resolved as follows: (a) Decision 07/00934 can be implemented. (b) The Committee concluded that: (i) the agreement by Mr Gough to supply Members of the Committee with a copy of the Risk Assessment for the Direct Purchase Scheme be welcomed; and (ii) the agreement by Mr Gough that, in future, local Members would be advised of properties in their area which had been purchased under the Scheme be welcomed **Action: Mr Gough, Susan Pledger, Stuart Ballard**

Select Committee Topic Reviews:
Programme following Policy Overview Co-ordinating Committee 15 February 2007* (*Subject to confirmation of Minutes by Chairman and Spokespersons)

Policy Overview Committee/ Topic Review/**Chair**	**Current Topic Review status and other topics (in no particular order*) agreed for the period February 2007 to July 2008**
Children Families and Education :	
PSHE-Children's Health: **Chair Ms CJ CRIBBON**	Inaugural meeting of the Select Committee was held on 5 October. Hearings and visits were held during November. Th**e Select Committee report was accepted by Cabinet on 16 April 2007, and will be debated at full County Council on 24 July 2007. (Research Officer: Gaetano Romagnuolo)**
Developing the Creative Curriculum	Dates to be agreed*
Primary School Attainment	**POCC agreed that this issue was being dealt with through a cross-party mechanism. It was therefore removed at the request of CFE POC.**
Young People's Spiritual, Moral, Social and Cultural Development	Dates to be agreed*
Corporate: Accessing Democracy	Dates to be agreed* **Preliminary discussions are being held to assess how this work will compliment the work of the "Going Local" Informal Member Group.**
Communities	
Student Voice –Consultation and Participation with Young People	Dates to be agreed.*
Provision of Activities for Young People	Dates to be agreed.*

Communities/Public Health (to be agreed) **Alcohol and Related Issues**	**To start in Spring 2007.**
Adult Services Carers in Kent **Chairman designate:** **MR L CHRISTIE (to be confirmed by the Select Committee at its inaugural meeting)** Transition from Childhood to Adulthood: **MR A BOWLES**	**Dates confirmed as Spring to Autumn 2007.** Inaugural meeting of the Select Committee was held on 9 October 2006; hearing sessions commenced on 26 October and are due to end on 20 December 2006. It is anticipated that the Select Committee report will be submitted to Cabinet in May 2007. (Research Officer: Susan Frampton).
Environment and Regeneration Impact of Supermarkets, Out of Town Shopping Malls and Retail Parks on Businesses in Kent	Dates to be agreed.*

jhw/sc 25 April 2007
** To be discussed at the meeting of the POCC in June and September 2007*