



Summons to and  
Agenda for a  
Meeting on  
**Thursday, 29th March,  
2012**  
At **10.00 am**





DEMOCRATIC SERVICES  
SESSIONS HOUSE  
MAIDSTONE

Tuesday, 20 March 2012

To: All Members of the County Council

Please attend the meeting of the County Council in the Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 29 March 2012 at **10.00 am** to deal with the following business. **The meeting is scheduled to end by 4.30 pm.**

### **Webcasting Notice**

Please note: this meeting may be filmed for live or subsequent broadcast via the Council's internet site – at the start of the meeting the Chairman will confirm if all or part of the meeting is being filmed.

By entering the meeting room you are consenting to being filmed and to the possible use of those images and sound recordings for webcasting and/or training purposes. If you do not wish to have your image captured then you should make the Clerk of the meeting aware.

### **A G E N D A**

1. Apologies for Absence
2. Declarations of Interest
3. Minutes of the meeting held on 9 February 2012 and, if in order, to be approved as a correct record **(Pages 1 - 14)**
4. Chairman's Announcements
5. Questions **(Pages 15 - 26)**
6. Report by Leader of the Council (Oral)
7. New Governance Arrangements for Kent County Council (to follow)
8. Kent Safeguarding Children Board - Overview Update Report [March 2012] and Annual Report 2010-11 **(Pages 27 - 84)**
9. Health Inequalities Action Plan **(Pages 85 - 150)**
10. Member Development Policy **(Pages 151 - 160)**
11. Localism Act: Openness and accountability in local pay **(Pages 161 - 166)**

12. Petition Scheme Debates **(Pages 167 - 182)**  
Grammar School for Sevenoaks  
Save Ramsgate Youth Clubs  
Closure of Richborough Household Waste Recycling Centre
13. Quarterly Report on Urgent Key Decisions - Sheerness Gateway **(Pages 183 - 184)**
14. Minutes for Approval **(Pages 185 - 188)**  
Governance and Audit Committee – 29 November 2011
15. Minutes for Information **(Pages 189 - 214)**  
Planning Applications Committee – 6 December 2011 and 17  
January and 14 February 2012  
Regulation Committee – 24 January 2012  
Superannuation Fund Committee – 18 November 2011 and 10  
February 2012



Peter Sass  
Head of Democratic Services  
01622 694002

## KENT COUNTY COUNCIL

---

MINUTES of a meeting of the Kent County Council held in the Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 9 February 2012.

PRESENT:

Mrs P A V Stockell (Chairman)

Mr R E King (Vice-Chairman)

Mrs A D Allen, Mr R W Bayford, Mr A H T Bowles, Mr D L Brazier,  
Mr R E Brookbank, Mr J R Bullock, MBE, Mr R B Burgess, Ms S J Carey,  
Mr P B Carter, Mr N J D Chard, Mr I S Chittenden, Mr L Christie, Mrs P T Cole,  
Mr N J Collor, Mr G Cooke, Mr B R Cope, Mr G Cowan, Mr H J Craske,  
Mr A D Crowther, Mr J M Cubitt, Mr D S Daley, Mr M C Dance, Mrs T Dean,  
Mr J A Davies, Mr K A Ferrin, MBE, Mr T Gates, Mr G K Gibbens, Mr R W Gough,  
Mrs E Green, Mr M J Harrison, Mr W A Hayton, Mr C Hibberd, Mr P M Hill, OBE,  
Ms A Hohler, Mrs S V Hohler, Mr P J Homewood, Mr E E C Hotson, Mr M J Jarvis,  
Mr A J King, MBE, Mr J D Kirby, Mr J A Kite, MBE, Mr S J G Koowaree,  
Mr P W A Lake, Mrs J P Law, Mr R J Lees, Mr J F London, Mr R L H Long, TD,  
Mr K G Lynes, Mr S C Manion, Mr R F Manning, Mr R A Marsh, Mr M J Northey,  
Mr J M Ozog, Mr R J Parry, Mr T Prater, Mr K H Pugh, Mr M B Robertson,  
Mrs J A Rook, Mr A Sandhu, MBE, Mr J E Scholes, Mr J D Simmonds, Mr C P Smith,  
Mr K Smith, Mr M V Snelling, Mr B J Sweetland, Mr R Tolputt, Mrs E M Tweed,  
Mr M J Vye, Mrs C J Waters, Mr J N Wedgbury, Mr M J Whiting, Mrs J Whittle,  
Mr M A Wickham and Mr A T Willicombe

IN ATTENDANCE: Geoff Wild (Director of Governance and Law) and Peter Sass (Head of Democratic Services)

### UNRESTRICTED ITEMS

#### 96. Apologies for Absence

The Director of Governance and Law reported apologies from the following Members:

Mr Mike Angell  
Mr Chris Capon  
Mr Alan Chell  
Mrs Valerie Dagger  
Mr David Hirst  
Mr Richard Pascoe  
Mr Leyland Ridings  
Mr Chris Wells

#### 97. Declarations of Interest

(1) Mrs Whittle declared a personal interest in item 6 (Budget 2012/13 and Medium Term Financial Plan 2012/15 (including Council Tax setting for 2012/13)) in relation to any motion or amendment affecting staff remuneration as her husband was a paid officer of KCC.

(2) Mr Cowan declared a personal interest in item 6 (Budget 2012/13 and Medium Term Financial Plan 2012/15 (including Council Tax setting for 2012/13)) in relation to the debate on Specialist Children's Services as he and his wife were registered foster carers for KCC.

(3) Mr Lake declared a personal interest as a Trustee of the Kent Community Foundation in relation to the Big Society Fund in that work was being undertaken between the two organisations.

**98. Minutes of the meetings held on 15 December 2011 and if in order, to be approved as a correct record**

Resolved: that the minutes of the meetings held on Thursday, 15 December 2011, be approved as a correct record and signed by the Chairman.

**99. Chairman's Announcements**

**(a) Death of Mrs Brenda Simpson**

The Chairman informed the Council with great regret of the death of Mrs Brenda Simpson on Wednesday 14 December 2011. Mrs Simpson was the Conservative Member for Swale Central from 2005 until 2009.

Mr Bowles and Mr Willicombe gave tributes to Mrs Simpson.

**(b) Death of Mr Terence Pears**

The Chairman informed the Council with great regret of the death of Mr Terry Pears on Christmas Eve. Mr Pears was the Conservative Member for Canterbury North from 1989 until 2001. The Chairman stated it had been her privilege to bestow the office of Honorary Alderman on Mr Pears at the December meeting although, unfortunately, he was not well enough to attend the meeting and accept the award.

Mr Harrison, Mr Simmonds and Mr Vye gave tributes to Mr Pears.

**(c) Death of Mr John Francis**

The Chairman informed the Council with great regret of the death of Mr John Francis on 4 January 2012. Mr Francis was the Conservative Member for Medway South East from 1990 to 1993.

Mr Ferrin gave a tribute to Mr Francis.

**(d) Death of Mr Dave Lee**

The Chairman informed the Council with great regret of the death of Mr Dave Lee, comedian, entertainer, tireless charity worker and Kent resident. Mr Lee was well known within the County for his regular appearances at the Marlow Theatre, particularly the annual pantomime, and for his charity work through 'Dave Lee's Happy Holidays', providing holidays for disabled, sick and underprivileged children in Kent.

Mr Lee received an MBE for his charity work in 2003 and was the first recipient of the Kent Invicta Award in 2008. More recently, he was awarded the Freedom of the City of Canterbury in recognition of: "The great and lasting enjoyment that he has given to the people of Canterbury district over very many years; in particular in his comedy performances, his tireless fundraising work and support for local charities and, of course, as the Marlowe Theatre's regular Dame in pantomime, never forgetting 'The Bench'". He was due to receive his award at a special meeting of Canterbury City Council at the end of January.

Mr Lee made an outstanding contribution to the County and would be remembered for bringing so much happiness to so many people through his comedy and his charity work.

Mr Marsh, Mrs Law, Mr Daley and Mr Cowan gave tributes to Mr Lee.

At the end of the tributes, all Members stood in silence in memory of Mrs Simpson, Mr Pears, Mr Francis and Mr Lee.

After the silence, it was moved by the Chairman, seconded by the Vice Chairman and:

Resolved unanimously: that this Council desires to record the sense of loss it feels on the sad passing of three of its former Members: Mrs Simpson, Mr Pears, Mr Francis; and also Mr Dave Lee and extends to their family and friends our heartfelt sympathy to them in their sad bereavements.

(e) **New Year's Honours**

The Chairman stated that it was her great pleasure to inform the County Council of the following Awards in the New Year's Honours list:

**Knights Bachelor**  
**Knighthood**

Sir Roger James Gale, MP for North Thanet – for public and political services

**Orders of the British Empire**  
**Member of the Order of the British Empire**

Mr Jeremy Alan Kite, KCC Member for the Dartford Rural Electoral Division – for Services to Local Government in Dartford

The Chairman moved, the Vice Chairman seconded and it was:

Resolved unanimously: that this Council records its sincere congratulations to Sir Roger Gale and Mr Jeremy Kite, MBE for the Honours they have received.

(f) **Kent Invicta Award**

The Chairman reminded Members that the deadline for nominations for the Kent Invicta Award for 2012, 17 February 2012, was fast approaching. Any Member

wishing to make a nomination should let Mr Sass have written details as soon as possible.

### **100. Questions**

- (1) Under Procedure Rule 1.18 (4), 8 questions were asked and replies given.
- (2) Questions numbers 9 and 10 were not asked because the time limit for this item (30 minutes) had been reached, but the Chairman advised those Members that written answers to their questions had been provided.

### **101. Budget 2012/13 and Medium Term Financial Plan 2012/15 (including Council Tax setting for 2012/13)**

- (1) The Chairman reminded all Members that any Member of a Local Authority who was liable to pay Council Tax and who had any unpaid Council Tax amount overdue for at least two months, even if there was an arrangement to pay off the arrears, must declare the fact that they are in arrears and must not cast their vote on anything related to KCC's budget or Council Tax.
- (2) Mr Wood, Corporate Director of Finance & Procurement, gave a presentation on the various changes to central Government grants insofar as they related to the County Council and other aspects relating to the budget process, including his advice on the level of reserves.
- (3) Mrs Stockell moved, Mr R King seconded that:
  - (a) Procedure Rule 1.12(2) be suspended in order that the meeting be extended to 5.00 pm, if necessary;
  - (b) Procedure Rule 1.30 be suspended in order that the Leader be allowed to speak for a maximum of 15 minutes, the Leader of the Liberal Democrat Group and the Leader of the Labour Group for 10 minutes each with the Leader being given a 5 minute right of reply and the seconder of the original motion to also speak for up to 5 minutes;
  - (c) Procedure Rule 1.30 be suspended after presentations by Cabinet Members on their portfolios in the period of general debate that follows in order that speeches can be limited to 3 minutes; and
  - (d) Procedure Rule 1.37(1) be suspended in order for the mover and seconder of the original motion to be permitted to speak on more than one occasion.

*Carried without a vote*

- (4) The Chairman also advised the County Council that should the period of general debate on each portfolio finish earlier than scheduled, the time for debate on amendments would be extended.
- (5) Mr Carter moved, Mr Simmonds seconded the approval of the contents of the attached 2012/13 Budget and Medium Term Financial Plan 2012-15 and to approve the following proposals:



- (a) the Revenue and Capital Budget proposals for 2012/13;
- (b) the Revenue Budget requirement of £904.321m;
- (c) the Capital Investment proposals of £692.469m over three years, together with the necessary use of borrowing, revenue, grants, capital receipts, renewals and other earmarked capital funds, external funding and PFI, subject to approval to spend arrangements;
- (d) the Prudential Indicators as set out in Appendix B of the attached Medium Term Financial Plan;
- (e) the revised Treasury Management Strategy as per section 5 of the MTFP
- (f) the overall Revenue and Capital Budget proposals as presented in the white combed version of the Budget Book and Medium Term Financial Plan for:
  - (i) Adult Social Care and Public Health;
  - (ii) Business Strategy, Performance and Health Reform;
  - (iii) Customer and Communities;
  - (iv) Democracy and Partnerships;
  - (v) Education, Learning and Skills;
  - (vi) Environment, Highways and Waste;
  - (vii) Finance and Business Support;
  - (viii) Regeneration and Enterprise;
  - (ix) Specialist Children's Services
  - (x) Localism & Partnerships;

and to delegate responsibility to the portfolio holders to deliver their responsibilities within the overall resources approved by the County Council subject to the outcome of detailed consultation.

- (g) delegate authority to the Cabinet Member for Finance and Business Support to make the necessary changes to the Revenue Budget requirement and spending plans in light of the final grant settlement
- (h) delegate authority to the Cabinet Member for Finance and Business Support to approve allocations from new Invest to Save Reserve
- (i) 1% pay award for all Kent Scheme staff
- (j) a total requirement from Council Tax of £577,914,417 to be raised through precept to meet the 2012/13 budget requirement; and
- (k) a Council Tax as set out overleaf, for the listed property bands:

Band								
Council Tax for Band	A	B	C	D	E	F	G	H
£	698.52	814.94	931.36	1,047.78	1,280.62	1,513.46	1,746.30	2,095.56

(6) Mrs Dean moved, Mr Prater seconded that the recommendation set out in paragraph 56(f) to be amended as follows:

- a. Increase the Youth Service budget by £0.2m (page 32 line 35 of the Budget Book) to re-instate the net reduction in the budget proposed as part of the change to a commissioning model.
- b. Increase the Early Years and Childcare budget by £1.2m (page 31 line 28 of the Budget Book) to re-instate the 23 advisor posts proposed to be deleted as part of the ELS restructure.
- c. Cancel the new charges for mental health clients (£0.16m) and day care placements/transport for all clients (£0.7m) due to be introduced from April 2012 following their deferral during 2011/12.
- d. Reduce the Debt Charges budget by £0.75m (page 41 line 116 of the Budget Book).
- e. Increase the underspend from 2011/12 to be rolled forward to support the 2012/13 budget by £1.51m (page 42 line 119 of the Budget Book).

There would be no impact on the budget requirement or Council Tax as a result of this amendment. Necessary changes would need to be made to individual budget lines and MTFP entries.

(7) Following the debate the Chairman put to the vote the amendment set out in (6) above, when the voting was as follows:

For (7)

Mr I Chittenden, Mr D Daley, Mrs T Dean, Mr G Koowaree, Mr T Prater, Mr M Robertson, Mr M Vye

Against (60)

Mrs A Allen, Mr R Bayford, Mr A Bowles, Mr D Brazier, Mr R Brookbank, Mr R Bullock, Mr R Burgess, Miss S Carey, Mr P Carter, Mr L Christie, Mrs P Cole, Mr B Cope, Mr G Cowan, Mr H Craske, Mr A Crowther, Mr J Cubitt, Mr M Dance, Mr J Davies, Mr K Ferrin, Mr T Gates, Mr G Gibbens, Mr R Gough, Mrs E Green, Mr M Harrison, Mr W Hayton, Mr M Hill, Ms A Hohler, Mrs S Hohler, Mr P Homewood, Mr E Hotson, Mr M Jarvis, Mr A King, Mr R King, Mr J Kirby, Mr J Kite, Mr P Lake, Mrs J Law, Mr R Lees, Mr J London, Mr K Lynes, Mr R Manning, Mr A Marsh, Mr M Northey, Mr R Parry, Mr K Pugh, Mrs J Rook, Mr A Sandhu, Mr J Scholes, Mr J Simmonds, Mr C Smith, Mr M Snelling, Mr B Sweetland, Mr R Tolputt, Mrs E Tweed, Mrs C Waters, Mr J Wedgbury, Mr M Whiting, Mrs J Whittle, Mr A Wickham, Mr A Willicombe

*Lost*

(8) Mr Cowan moved, Mr Christie seconded that the recommendation set out in paragraph 56(f) to be amended as follows:

The page references are drawn from the “Draft for County Council – white combed” edition of the Budget Book 2012/13

DELETE

Council Tax Freeze Grant £14.446m from line 13, p23, “Council Tax Freeze Grant”

ADD

- Council Tax £14.446m to line 16, p23, representing a 2.5% rate increase. This would release £7.50m from the Council Tax Equalisation Reserve to be reallocated as follows (changing recommending 56(f) accordingly):
- Youth Service £1.50m added to line 35, p32, “Youth Service” to prevent further cuts
- Concessionary Fares £0.50m added to line 92, p39 “Concessionary Fares” to commence the service at 9.00 am rather than at 9.30 am.
- Supporting People £2.00m added to line 23, p30 “Supporting People” to reduce the impact of the cuts
- Voluntary Organisations £1.00m added to line 16, p29 “Contributions to Voluntary Organisations” to help sustain voluntary organisations from cutbacks, particularly those supporting the frail elderly/dementia sufferers
- Highways £1.50m added to line 3, p63 “General maintenance and emergency response” to deal with the backlog
- Support Independence £0.5m added to line 57, p35, “Supporting Independence & Employment” to expand the number of apprenticeships for vulnerable learners, and £0.5m added to line 24, p30 to expand the number of trainees in employment

The increase in Council Tax would increase the precept on District Councils from £577,914,417 to £592,359,796 and would change recommendation 56(j) in the covering report and the Council Tax to be paid in each band in Recommendation 56(k) as follows:

	Band							
Council Tax for Band	A	B	C	D	E	F	G	H
Original £	698.52	814.94	931.36	1,047.78	1,280.62	1,513.46	1,746.30	2,095.56
Revised £	715.98	835.31	954.64	1,073.97	1,312.63	1,551.29	1,789.95	2,147.94

(9) Following the debate the Chairman put to the vote the amendment set out in (8) above, when the voting was as follows:

For (3)

Mr L Christie, Mr G Cowan, Mrs E Green

Abstain (2)

Mr I Chittenden, Mr G Koowaree

Against (63)

Mrs A Allen, Mr R Bayford, Mr A Bowles, Mr D Brazier, Mr R Brookbank, Mr R Bullock, Mr R Burgess, Miss S Carey, Mr P Carter, Mrs P Cole, Mr B Cope, Mr H Craske, Mr A Crowther, Mr J Cubitt, Mr D Daley, Mr M Dance, Mr J Davies, Mrs T Dean, Mr K Ferrin, Mr T Gates, Mr G Gibbens, Mr R Gough, Mr M Harrison, Mr W Hayton, Mr C Hibberd, Mr M Hill, Ms A Hohler, Mrs S Hohler, Mr P Homewood, Mr E Hotson, Mr M Jarvis, Mr A King, Mr R King, Mr J Kirby, Mr J Kite, Mr P Lake, Mrs J Law, Mr R Lees, Mr J London, Mr R Long, Mr K Lynes, Mr R Manning, Mr A Marsh, Mr M Northey, Mr R Parry, Mr T Prater, Mr K Pugh, Mr M Robertson, Mrs J Rook, Mr A Sandhu, Mr J Scholes, Mr C Smith, Mr M Snelling, Mr B Sweetland, Mr R Tolputt, Mrs E Tweed, Mr M Vye, Mrs C Waters, Mr J Wedgbury, Mr M Whiting, Mrs J Whittle, Mr A Wickham, Mr A Willicombe

*Lost*

(10) Mr Robertson moved, Mr Chittenden seconded that the recommendation set out in paragraph 56(f) to be amended as follows:

“Transfer £1m from Financing Items “other” (page 41, line 117 of the Budget Book) proposed as initiatives to boost the economy to be specifically used to support apprenticeship programmes for vulnerable adults and trainees in employment programmes.”

There would be no impact on the budget requirement or Council Tax as a result of this amendment. Necessary changes would need to be made to individual budget lines and MTFP entries.

(11) Following the debate the Chairman put to the vote the amendment set out in (10) above, when the voting was as follows:

For (10)

Against (58)

*Lost*

(12) Mr Prater moved, Mr Daley seconded that the recommendation set out in paragraph 56(i) to be amended to:

“Consult with staff on options to EITHER receive this £3m as a 1% increase OR a 1.8% pay award for all Kent Scheme staff on KR9 and below without increasing the top of the range for the KR9 grade (this amendment would cost the same as the £3m identified on page 65 of the Medium Term Financial Plan (appendix A ii) and individual portfolio budgets recalculated to comply with recommendation 56(f).”

There would be no impact on the budget requirement or Council Tax as a result of this amendment. Necessary changes would need to be made to individual budget lines and MTFP entries.

(13) Following the debate the Chairman put to the vote the amendment set out in (12) above, when the voting was as follows:

For (7)

Mr I Chittenden, Mr D Daley, Mrs T Dean, Mr G Koowaree, Mr T Prater, Mr M Robertson, Mr M Vye

Abstain (1)

Mrs J Whittle

Against (59)

Mrs A Allen, Mr R Bayford, Mr A Bowles, Mr D Brazier, Mr R Brookbank, Mr R Burgess, Miss S Carey, Mr P Carter, Mr L Christie, Mrs P Cole, Mr B Cope, Mr G Cowan, Mr H Craske, Mr A Crowther, Mr J Cubitt, Mr M Dance, Mr J Davies, Mr K Ferrin, Mr T Gates, Mr G Gibbens, Mr R Gough, Mrs E Green, Mr M Harrison, Mr W Hayton, Mr C Hibberd, Mr M Hill, Ms A Hohler, Mrs S Hohler, Mr P Homewood, Mr E Hotson, Mr M Jarvis, Mr A King, Mr R King, Mr J Kirby, Mr J Kite, Mr P Lake, Mrs J Law, Mr R Lees, Mr J London, Mr R Long, Mr K Lynes, Mr R Manning, Mr A Marsh, Mr M Northey, Mr R Parry, Mr K Pugh, Mrs J Rook, Mr A Sandhu, Mr J Scholes, Mr J Simmonds, Mr C Smith, Mr M Snelling, Mr R Tolputt, Mrs E Tweed, Mrs C Waters, Mr J Wedgbury, Mr M Whiting, Mr A Wickham, Mr A Willicombe

*Lost*

(14) Mrs Green moved, Mr Cowan seconded that the recommendation set out in paragraph 56(f) to be amended as follows:

DELETE

Boosting Economy                      £1.00m from line 117, p41, “Other”

ADD

Youth Service                              £1.00m to line 35, p32, “Youth Service” to prevent further cutbacks

There would be no impact on the budget requirement or Council Tax as a result of this amendment. Necessary changes would need to be made to individual budget lines and MTFP entries.

(15) Following the debate the Chairman put to the vote the amendment set out in (14) above, when the voting was as follows:

For (6)

Mr I Chittenden, Mr L Christie, Mr G Cowan, Mrs T Dean, Mrs E Green, Mr M Vye

Abstain (4)

Mr D Daley, Mr G Koowaree, Mr T Prater, Mr M Robertson

Against (56)

Mr R Bayford, Mr A Bowles, Mr D Brazier, Mr R Brookbank, Mr R Burgess, Miss S Carey, Mr P Carter, Mrs P Cole, Mr B Cope, Mr H Craske, Mr A Crowther, Mr J Cubitt, Mr M Dance, Mr J Davies, Mr K Ferrin, Mr T Gates, Mr G Gibbens, Mr R Gough, Mr M Harrison, Mr W Hayton, Mr C Hibberd, Mr M Hill, Ms A Hohler, Mrs S Hohler, Mr P Homewood, Mr E Hotson, Mr M Jarvis, Mr A King, Mr R King, Mr J Kirby, Mr J Kite, Mr P Lake, Mrs J Law, Mr R Lees, Mr J London, Mr R Long, Mr K Lynes, Mr R Manning, Mr A Marsh, Mr M Northey, Mr R Parry, Mr K Pugh, Mrs J Rook, Mr A Sandhu, Mr J Scholes, Mr J Simmonds, Mr C Smith, Mr M Snelling, Mr R Tolputt, Mrs E Tweed, Mrs C Waters, Mr J Wedgbury, Mr M Whiting, Mrs J Whittle, Mr A Wickham, Mr A Willicombe

*Lost*

(16) Mr Cowan moved, Mrs Green seconded that the recommendation set out in paragraph 56(f) to be amended as follows:

DELETE

Debt Charges                      £0.75m from line 116, p41, "Net Debt Costs (incl. Investment Income)"

Redundancy Fund                £0.75m from line 115, p41,"Modernisation of the Council"

ADD

Highways                            £1.50m to line 63, p36, "General maintenance and emergency response" to deal with the backlog

There would be no impact on the budget requirement or Council Tax as a result of this amendment. Necessary changes would need to be made to individual budget lines and MTFP entries.

(17) Following the debate the Chairman put to the vote the amendment set out in (16) above, when the voting was as follows:

For (3)

Mr L Christie, Mr G Cowan, Mrs E Green

Abstain (3)

Mr D Daley, Mr G Koowaree, Mr M Robertson

Against (60)

Mrs A Allen, Mr A Bowles, Mr D Brazier, Mr R Brookbank, Mr R Burgess, Miss S Carey, Mr P Carter, Mr I Chittenden, Mrs P Cole, Mr B Cope, Mr H Craske, Mr A Crowther, Mr J Cubitt, Mr M Dance, Mr J Davies, Mrs T Dean, Mr K Ferrin, Mr T Gates, Mr G Gibbens, Mr R Gough, Mr M Harrison, Mr W Hayton, Mr C Hibberd, Mr M Hill, Ms A Hohler, Mrs S Hohler, Mr P Homewood, Mr E Hotson, Mr M Jarvis, Mr A King, Mr R King, Mr J Kirby, Mr J Kite, Mr P Lake, Mrs J Law, Mr R Lees, Mr J London, Mr R Long, Mr K Lynes, Mr R Manning, Mr A Marsh, Mr M Northey, Mr R Parry, Mr T Prater, Mr K Pugh, Mrs J Rook, Mr A Sandhu, Mr J Scholes, Mr J Simmonds, Mr C Smith, Mr M Snelling, Mr R Tolputt, Mrs E Tweed, Mr M Vye, Mrs C Waters, Mr J Wedgbury, Mr M Whiting, Mrs J Whittle, Mr A Wickham, Mr A Willicombe

*Lost*

(18) The Chairman stated that the period of time for amendments had expired and, therefore, the Labour Amendment 4 could not be considered.

(19) The Chairman put to the vote the original Motion as set out in (5) above when the voting was as follows:

For (56)

Mrs A Allen, Mr A Bowles, Mr D Brazier, Mr R Brookbank, Mr R Burgess, Miss S Carey, Mr P Carter, Mrs P Cole, Mr B Cope, Mr H Craske, Mr A Crowther, Mr J Cubitt, Mr M Dance, Mr J Davies, Mr K Ferrin, Mr T Gates, Mr G Gibbens, Mr R Gough, Mr M Harrison, Mr W Hayton, Mr C Hibberd, Mr M Hill, Ms A Hohler, Mrs S Hohler, Mr P Homewood, Mr E Hotson, Mr M Jarvis, Mr A King, Mr R King, Mr J Kirby, Mr J Kite, Mr P Lake, Mrs J Law, Mr R Lees, Mr J London, Mr R Long, Mr K Lynes, Mr R Manning, Mr A Marsh, Mr M Northey, Mr R Parry, Mr K Pugh, Mrs J Rook, Mr A Sandhu, Mr J Scholes, Mr J Simmonds, Mr C Smith, Mr M Snelling, Mr R Tolputt, Mrs E Tweed, Mrs C Waters, Mr J Wedgbury, Mr M Whiting, Mrs J Whittle, Mr A Wickham, Mr A Willicombe

Against (10)

Mr I Chittenden, Mr L Christie, Mr G Cowan, Mr D Daley, Mrs T Dean, Mrs E Green, Mr G Koowaree, Mr T Prater, Mr M Robertson, Mr M Vye

*Carried*

(20) Resolved:

- (a) the Revenue and Capital Budget proposals for 2012/13;
- (b) the Revenue Budget requirement of £904.321m;

- (c) the Capital Investment proposals of £692.469m over three years, together with the necessary use of borrowing, revenue, grants, capital receipts, renewals and other earmarked capital funds, external funding and PFI, subject to approval to spend arrangements;
- (d) the Prudential Indicators as set out in Appendix B of the attached Medium Term Financial Plan;
- (e) the revised Treasury Management Strategy as per section 5 of the MTFP
- (f) the overall Revenue and Capital Budget proposals as presented in the white combed version of the Budget Book and Medium Term Financial Plan for:
  - (i) Adult Social Care and Public Health;
  - (ii) Business Strategy, Performance and Health Reform;
  - (iii) Customer and Communities;
  - (iv) Democracy and Partnerships;
  - (v) Education, Learning and Skills;
  - (vi) Environment, Highways and Waste;
  - (vii) Finance and Business Support;
  - (viii) Regeneration and Enterprise;
  - (ix) Specialist Children's Services
  - (x) Localism & Partnerships;

and to delegate responsibility to the portfolio holders to deliver their responsibilities within the overall resources approved by the County Council subject to the outcome of detailed consultation.

- (g) delegate authority to the Cabinet Member for Finance and Business Support to make the necessary changes to the Revenue Budget requirement and spending plans in light of the final grant settlement
- (h) delegate authority to the Cabinet Member for Finance and Business Support to approve allocations from new Invest to Save Reserve
- (i) 1% pay award for all Kent Scheme staff
- (j) a total requirement from Council Tax of £577,914,417 to be raised through precept to meet the 2012/13 budget requirement; and
- (k) a Council Tax as set out overleaf, for the listed property bands:

Band								
Council Tax for Band	A	B	C	D	E	F	G	H
£	698.52	814.94	931.36	1,047.78	1,280.62	1,513.46	1,746.30	2,095.56



**102. Her Majesty the Queen's Diamond Jubilee**

With the support of Members the Chairman stated that she would write formally on behalf of the Council to Her Majesty the Queen congratulating her on her Diamond Jubilee.

This page is intentionally left blank

**COUNTY COUNCIL****Thursday 29 March 2012****Question by Mike Harrison to****Bryan Sweetland, Cabinet Member for Environment, Highways and Waste**

Climate Change or What? Snow in Mumbai in January? One can only hope that Mr Sweetland's counterpart in Mumbai had the same support and expertise as he had here in Kent from our excellent KHS Team when we had an overnight fall of snow of up to 10 to 15 cm right across the county on 4 February. Here in Kent to the best of my knowledge ALL of our major highways and major routes were kept clear and Kent's traffic was able to keep moving. Within 24 hours I am told that most of Kent's secondary routes were also treated and even more of Kent's traffic was on the move. It would appear that the Grand winter Plan worked and that we (KHS) had the right amount and kind of equipment along with sufficient stockpiles of salt/grit to do the job.

My question to Mr Sweetland is that this was and is the last of the Big Snows for this winter and, on that basis, it may well be that he might well have an underspend on his emergency Winter Roads budget. If that does prove to be the case, may I make a plea on behalf of all Members and residents of Kent that at least some of that surplus can be used to refresh ALL of the Lines and Signs throughout the county?

**Answer**

The recent winter emergency that Mr Harrison refers to commenced on Saturday 4 February and concluded on Friday 10 February 2012.

KCC and Enterprise staff worked very hard to keep roads and where possible footways cleared.

During that week 12 primary runs and 9 secondary runs were carried out and approximately 6000 tonnes of salt were used.

Local plans prepared in consultation with district and parish councils were put into operation and priority was given to clearing agreed town centres, shopping centres, routes to secondary schools and other important areas.

Enterprise crews were put onto 12 hour shifts over the weekend to ensure continuity of service. They also deployed additional crews, and plant to keep footways and other areas clear which added to our costs. Many salt bins were also refilled during the week. The total final additional costs of these activities and materials relating to the snow emergency are estimated to be in the region of £700,000.

In addition our 153 farmers ploughed routes as agreed and were vital in keeping rural areas clear. The total cost of all this activity is in the region of £60,000 but I'm sure members will agree it was money well spent.

On the subject of funding for signs and lines, as Mr Harrison will know, there is no longer a separate signs and lines budget line as this now forms part of the overall highway maintenance budget. However, we have completed a great deal of signing and lining work in 2011/12 across the county, with the focus being on safety critical work mainly at junctions, mini roundabouts and pedestrian crossings.

**COUNTY COUNCIL**

**Thursday 29 March 2012**

**Question by Tim Prater to**

**Roger Gough, Cabinet Member for Business Strategy, Performance & Health Reform**

Given the Information Commissioner's concerns about Kent County Council's awareness of its responsibilities under the Freedom of Information Act, the Regulations, and the undertaking with the Information Commissioner's Office recently signed by the Cabinet Member for Business Strategy, Performance & Health Reform; can the Cabinet Member please say what additional resources and training, at what additional cost, are to be provided to meet those undertakings with the ICO; and when will these resources be in place to ensure we meet our undertaking, avoid formal action by the ICO and clearly demonstrate to Kent's citizens this council has embraced the culture of openness and transparency the legislation seeks to promote?

**Answer**

KCC has been making positive steps to embrace the culture of openness and transparency for some time by publishing a variety of information online, for example, expenditure over £500 (including costs, supplier and transaction information), senior management remuneration which includes CMT and Directors, the Kent Scheme salary structures and councillor allowances and expenses.

However, the Information Commissioner has raised concerns about the issue of timeliness in handling requests under FOI. It must be emphasised that this arose from statistics published on our website; the ICO had not received any actual complaints about timeliness.

The volume of FOIs we receive has grown steadily over the last few years; we dealt with 504 requests in 2005, but 1,539 requests in 2010. The figure for 2011 was 1,821. Meanwhile the cost of compliance has risen in step; the estimated total cost of dealing with requests, which includes staff time and on costs, has increased from £244,675 in 2005 to £444,675 in 2010.

The average number of requests for a County Council was 696 in 2009 and 957 in 2010. For KCC the figures were 1,450 for 2009 and 1,539 for 2010. Even allowing for differences in population, this suggests that our volume of requests is high.

When comparing this to other unitary/metropolitan/county councils and London boroughs, we do seem to get a much greater volume. For these authorities combined, the average number of requests received is almost half the number KCC receives (258 in 2005 and 858 in 2010).

We are seeking to address the ICO's concerns, and indeed work in this area was already under way. This has focused on seven steps to boost compliance with the Freedom of Information Act (and other related legislation) while making that compliance easier and more cost efficient. These measures include ensuring senior management responsibility for Directorates' timely response to FOI requests and an increasingly proactive approach to the publication of information.

In addition, Caroline Dodge (the Information Resilience & Transparency Team Leader) has been tasked to provide an additional report as a matter of urgency, identifying any weaknesses and failings in the current system for handling requests for information and whether or not the addition of extra staff in the IR&T Team will bring about the step change that is required, both in putting in place the "seven steps" and in improving FOI response times. The report will seek to address the following issues:

- what staff resources (skills, grades, costs, etc) would be appropriate
- what measurable and tangible difference such staff would make to KCC's compliance and resilience in this area
- how their performance would be measured and offset against their additional cost
- how work levels have increased since the current staff were first appointed under the old devolved arrangements.

Once this work is concluded, it will be possible to establish what additional expenditure, if any, is needed. Cabinet and CMT take the issue of transparency extremely seriously.

**COUNTY COUNCIL**

**Thursday 29 March 2012**

**Question by Richard Parry to**

**Bryan Sweetland, Cabinet Member for Environment, Highways and Waste**

Would the Cabinet Member for Environment Highways and Waste identify how well, or otherwise, KHS's preparations for adverse weather this winter had proved to be in practice when coping with the weekend snow fall earlier this year?

In his answer it would be very useful if the Cabinet Member would identify how KCC worked with Partner organisations and what activities these Partners undertook.

Additionally are there changes which will be incorporated into our Winter Preparation Plans as a result of this year's experiences?

**Answer**

I refer Mr Parry to the answer I gave Mr Harrison a few moments ago, which I think has answered the first part of his question.

As for working with partners, I would say that Parish councils played an important coordination role in Kent's rural areas. The one tonne salt/sand mix bags that we supplied to many of them in the autumn were again well received.

The arrangements with our district council colleagues worked well, with all districts working to pre-agreed plans to clear shopping areas, town centres and other busy pedestrian routes.

I have already mentioned that Kent's farmers also played an important role, clearing smaller roads.

For the first time, this year we worked in partnership with Southeast trains by filling salt bins at key railway stations across the county so that station forecourts could be kept clear of snow and ice.

The new Highways Management Centre also proved its worth during the bad weather and I must praise Donna Terry and her team for Keeping Kent moving throughout the very high winds followed by snow.

Our Highway Operations team will continue to improve the winter service and therefore this summer a review will be made of our policies and plans to take into account lessons learnt from this winter. The Winter Plan will also be reviewed at a future EHW Cabinet Committee.

The review will also take into account new Government guidance to local authorities in respect of salt usage, spread rates, and other factors that will enhance the service.

**COUNTY COUNCIL**

**Thursday 29 March 2012**

**Question by Leslie Christie to**

**Mike Whiting, Cabinet Member for Education, Learning and Skills**

Under current DfE guidance what would be, in the Cabinet Member for Education, Learning and Skills best judgement, the capital cost a) in total and b) to Kent County Council of providing 2 FE of selective secondary provision for boys and 2 FE of selective secondary provision for girls in the Sevenoaks South area.

**Answer**

Based on the assumption that two 2FE schools were co-located as part of a 4FE campus the capital cost of a new build solution is estimated to be £13-£15 million. This is based upon BB98 DFE guidelines, current market rates and includes an allowance for abnormals. This does not provide for costs associated with land acquisition. The cost however would reduce significantly if rather than a new build solution a refurbishment solution was possible.



**COUNTY COUNCIL MEETING**

**Thursday 29 March 2012**

**Question by George Koowaree to**

**Graham Gibbens, Cabinet Member for Adult Social Care and Public Health**

For more than 2 months (since 23 January 2012) I have been asking a relatively simple request\* – to be provided with details of the number of KCC funded clients in residential & nursing homes with details of those homes; will the Cabinet Member for Adult Social Care and Public Health give his personal assurance that KCC does know where all our clients are living even if KCC cannot provide me with the details and please inform me what the problems are preventing KCC from providing the information, when these will be sorted and when I will finally be provided with the details I have requested?

**Answer**

Thank you for your request for information, which I was first informed about last Friday. This information can be readily produced and I am of course happy to share it.

In summary, as of the week 5th - 11th March, KCC funded placements for 3233 older people and people with physical disabilities in 312 residential and nursing homes in Kent. Additionally KCC funded a further 178 placements in 154 homes outside Kent, where Kent residents have chosen to be in a home that, typically, is closer to their children.

I have arranged for officers to provide you with a full list, including details of all the homes, in writing today. I trust this will fulfil your request and I am happy to discuss it further if you would like.

**COUNTY COUNCIL MEETING**

**Thursday 23 March 2012**

**Question by Ian Chittenden to**

**Graham Gibbens, Cabinet Member for Adult Social Care and Public Health**

Given KCC should have regular care management reviews and contractual inspection visits to all residential and nursing homes with KCC funded residents; will the Cabinet Member inform the Council what went wrong to leave 24 KCC funded elderly residents at serious risk of harm in two Kent homes – The Oast in Maidstone\* (with 11 KCC funded residents) and The Gables in Wrotham\*\* (with 13 KCC funded residents) and what measure he has put in place to safeguard all KCC 's vulnerable adults in residential & nursing homes to ensure no one will be placed at such risk again?

\*The Oast – received four warning notices for urgent improvements following Care Quality Commission (CQC) inspection in January 2012 relating to breaches of:

1. regulations relating to care and welfare of people - including unsupervised for long periods of time with no mental stimulation, a lack of activities
2. meeting nutritional needs – including risk of inadequate nutrition and hydration
3. safety and suitability of premises – including maintenance not up to date, and parts of the home in need of urgent improvements
4. assessing and monitoring the quality of service provision – including care plans and risk assessments not up to date, and were sometimes found to be contradictory

A report published in October 2011 found major concerns over the quantity and quality of food and drink being provided to residents, a lack of privacy, and out-of-date care plans.

<http://www.cqc.org.uk/media/cqc-warns-oast-maidstone-it-failing-protect-safety-and-welfare-people>

\*\* The Gables – shut on 20 March 2012 following a string of alleged planning breaches and negative inspections:

- a number of reports by the CQC highlight health and safety concerns.
- the most damning, published in September 2011, found improvements were needed in every area

<http://www.cqc.org.uk/directory/1-140937060>

**Answer**

Members will know that I take KCC's safeguarding responsibilities very seriously. We work closely with the Police, Health and the Care Quality Commission, to ensure that the vulnerable and elderly are well cared for. We collate ongoing information on homes from multiple sources such as reviews, case manager and contractual

monitoring visits as well as feedback from residents and their families to maintain an up to date picture on the care that homes are providing. Where concerns are raised we act immediately and risk assess the best way to safeguard residents. In doing this we take into account that for the residents of such units the placement is "their home" and that emergency closure and forced moves can be very traumatic. Consequently, where it is safe to do so, the preferred option may be to work with the home to raise standards while not making any new placements.

With both the homes mentioned, it was KCC that first raised and acted on the safeguarding concerns. The subsequent CQC reports (mentioned in the written question) were part of the ongoing multi-agency process to monitor if sufficient progress was being made.

In the case of The Oast, progress is being made and the situation remains closely monitored. In the case of The Gables, progress was not sufficient and the home was closed. This happened in a planned way with all residents moving to new homes of their choice, with the full involvement of their families.

**COUNTY COUNCIL MEETING**

**Thursday 29 March 2012**

**Question by Trudy Dean to**

**Bryan Sweetland, Cabinet Member for Environment, Highways and Waste**

Can the Cabinet Member for Environment, Highways and Waste please say how many voluntary organisations/charities in Kent have:

- a) lost all of their 3<sup>rd</sup> party recycling credits
- b) retained fifty percent (50%) of their 3<sup>rd</sup> party recycling credits
- c) retained all (100%) of their 3<sup>rd</sup> party recycling credits

and describe the basis or the criteria used to allocate those voluntary organisations into one of the categories detailed?

**Answer**

Chairman, the answer to

- a) is 49;
- b) is 5; and
- c) is 51

and 'the criteria or basis used to allocate those voluntary organisations into the categories detailed' is informed by:

Section 52 of the Environmental Protection Act 1990

The Environmental Protection (Waste Recycling Payments) (England) Regulations 2006

The National DEFRA Guidance on the Third Party Recycling Credit Scheme 2006

And all these documents are published on the web and available in the public domain.

**COUNTY COUNCIL**

**Thursday 29 March 2012**

**Question by Elizabeth Green to**

**Roger Gough, Cabinet Member for Business Strategy, Performance & Health Reform**

Would the Cabinet Member for Education, Learning and Skills please inform us what the current proposals are for the Newington infant School site in Ramsgate, as this site has been derelict for several years.

**Answer**

The Newington infant school site is being disposed of in two parts:

1. Use on a Kent-wide housing PFI scheme
2. Disposal (for the remainder of the site)

The housing which is due to be developed on the site through the PFI project, will be extra care housing for older people from Thanet. The housing is being procured as part of a KCC project in partnership with five district councils. This part of the site was due to be handed over to the contractor to demolish the school building and start the construction of the housing at the end of 2011, however as a consequence of a central government review the project procurement has been delayed. The planning application for the housing is now due to be submitted in Autumn 2012 with the site being handed over to a contractor to start work in Spring 2013.

The disposal of the remainder will be marketed on an unrestricted basis. Initial feasibility work has just started with a view to commence marketing as soon as possible. In the meantime, the site is secured and maintenance is carried out, though these needs are minimal.

This page is intentionally left blank

By: Jenny Whittle, Cabinet Member for Specialist Children's Services  
Andrew Ireland, Corporate Director of Families & Social Care  
Maggie Blyth, Independent Chair of Kent Safeguarding Children Board

To: County Council – 29 March 2012

Subject: Kent Safeguarding Children Board - Overview Update Report (March 2012) and Annual Report for 2010/11

Classification: Unrestricted

---

Summary: Provides Members with an overview of the work undertaken by the Board since the October 2010, Ofsted inspection. It highlights the remaining challenges and risks for effective scrutiny of partnership safeguarding activity across Kent.

---

## **Introduction**

1. (1) In previous years the Kent Safeguarding Children Board's (KSCB) Annual Report was reported to the autumn cycle of the Policy Overview and Scrutiny Committee and then to County Council. Due to the need to draw upon data from the national statistical release (published on 30 September 2011), the annual report has been prepared for submission to Kent County Council in March 2012.

(2) It was agreed by the independent chair of the KSCB that the annual report should be accompanied by an updated report, reflecting progress since the Ofsted inspection in 2010 as this would more meaningfully reflect the current position regarding Safeguarding arrangements in Kent. This is attached as Appendix 1.

(3) The full annual report is attached as Appendix 2 for information.

## **Background**

2. (1) Statutory Government Guidance around Local Safeguarding Children Boards (*Working Together to Safeguard Children*, HM Government 2010, Chapter 3) identifies that the role of Local Authority Elected Members... "through their membership of governance bodies such as a cabinet of the LA or a scrutiny committee or a governance board, is to hold their organisation and its officers to account for their contribution to the effective functioning of the Local Safeguarding Children Board

## **Recommendations**

3. (1) The Council is asked to:

a) COMMENT on the progress that has been made since the inspection and the challenges that remain in relation to performance management, project management and business planning (as outlined in the progress report in Appendix 1)

- b) NOTE Business plan priorities for 2012/13 KSCB Business Plan as outlined in the progress report.
- c) NOTE the 2010-11 Annual report (attached as Appendix 2)

**Penny Davies**

Kent Safeguarding Children Board Manager

01622 694859

[penny.davies@kent.gov.uk](mailto:penny.davies@kent.gov.uk)

*Background documents:*

Appendix 1: KSCB Overview Progress Report (2011)

Appendix 2: Kent Safeguarding Children Board Annual Report 2010-11





**Kent Safeguarding Children  
Board**  
**Progress report (March 2012)**



## Introduction

An announced inspection of safeguarding and looked after children services took place in Kent between 11th and 22nd October 2010. The inspection concluded that the overall effectiveness of safeguarding services in Kent was inadequate and that capacity for improvement was inadequate. It concluded that the overall effectiveness of services for looked after children were also inadequate, while the capacity for improvement in this area was considered adequate.

The inspection identified concerns regarding a lack of effective partnership working in Kent, including a *“serious lack of concerted action by the partnership to address the disjointed arrangements between child protection services and other key services”*.

The inspection report also identified concerns regarding the effectiveness of the Kent Safeguarding Children Board. The report identified the need for improvements in respect of non-compliance with statutory guidance with not all agencies represented on the Board, work needed to re-align missing children guidance to clarify thresholds and most importantly to develop an effective quality assurance framework.

Ofsted’s judgement that the overall effectiveness of safeguarding services in Kent was inadequate and that capacity for improvement was inadequate was a significant issue for the Safeguarding Board. The Board had identified concerns regarding multi-agency working and safeguarding practice across Kent prior to Ofsted’s inspection, but had not been effective in challenging this and effecting change in the partnership to improve outcomes in respect of child protection practice.

The most significant factor for the Kent Safeguarding Children Board was not identified by Ofsted in its inspection report, but subsequently identified by the Board partners who concluded that the Board had been ineffective in delivering its scrutiny function.

This was of concern for the KSCB and its partners. The Board was determined to address the failures identified in the inspection report, but most importantly to strengthen its scrutiny function in order to ensure that in future safeguarding activity undertaken by partner agencies is of a good standard and contributes towards improved outcomes for Kent’s vulnerable children.

## Purpose of Report

This report aims to provide an overview of the work undertaken in the current reporting year subsequent to the Ofsted inspections and not therefore reflected in the 2010/11 Annual Report. It also goes on to highlight the remaining challenges and risks for effective scrutiny of partnership safeguarding activity across Kent.

## Actions taken in response to the inspection

In response to the inspection findings there was a significant and focussed response across the partnership. A Safeguarding Improvement Board was established to respond to an Improvement notice issued by the Minister of State for Children and Families, with an External Independent Chair (Liz Raillton), underpinned by a Multi-agency Improvement Plan. The Plan is scrutinised by the Board at a monthly meeting, attended by partners and also by the DfE to oversee progress, and to

monitor improvements in-line with the Improvement Plan. The Improvement Board expects to see improvements taking place in line with the actions and timescales laid out in the improvement plan and monitors to see that consistent progress has been made. Maggie Blyth, the new Independent Chair of the KSCB was appointed in April 2011, and is a member of the Improvement Board to ensure that there is KSCB input into the scrutiny and development of the Safeguarding Improvement Programme at all points.

**Securing more meaningful engagement from partners**

Maggie Blyth has moved quickly to strengthen the Board and there has been progress in consolidating the safeguarding partnership. Following recommendations from an independent review completed by Alan Simpson on 30 June 2011, KSCB has clarified its membership across the partnership with due consideration given to the size and complexity of Kent.

On 15<sup>th</sup> July 2011, the full Board of KSCB endorsed the independent review. It confirmed the membership of a streamlined Board, supported by a number of subgroups leading on key workstreams. Oversight of KSCB is through a small strategic executive, with close alignment to membership of the Improvement Board. The new arrangements clarify statutory representation from the health and education sectors and a representative from the voluntary sector.

The small Executive has representation at Director level from children’s social services, education, health, police, probation and the lead member for children as participant observer.

New subgroup chairs, have been appointed from the Board and are now held responsible for delivery of KSCB workplans and implementing the strategic priorities of KSCB:

- Serious Case Review Subgroup Director of Kent Probation
- Learning and Development Subgroup Chief Executive Connexions Kent
- Policy and Practice Subgroup Superintendent Kent Police
- Quality and Effectiveness Subgroup Managing Director, West Kent CHT
- Health Safeguarding Group Director of Nursing and Quality, NHS Kent & Medway
- Education Safeguarding Group Director of Education, Learning & Skills
- Trafficking & Sexual Exploitations Subgroup Superintendent Kent Police

Revised eligibility criteria for universal, targeted and specialist services was agreed by KSCB in May 2011. The new guidance sets out clear thresholds and criteria for access to Specialist Children Services which ensure that children at risk of harm receive appropriate intervention to minimise risk and that these thresholds and criteria are implemented by all partners and agencies across the County.

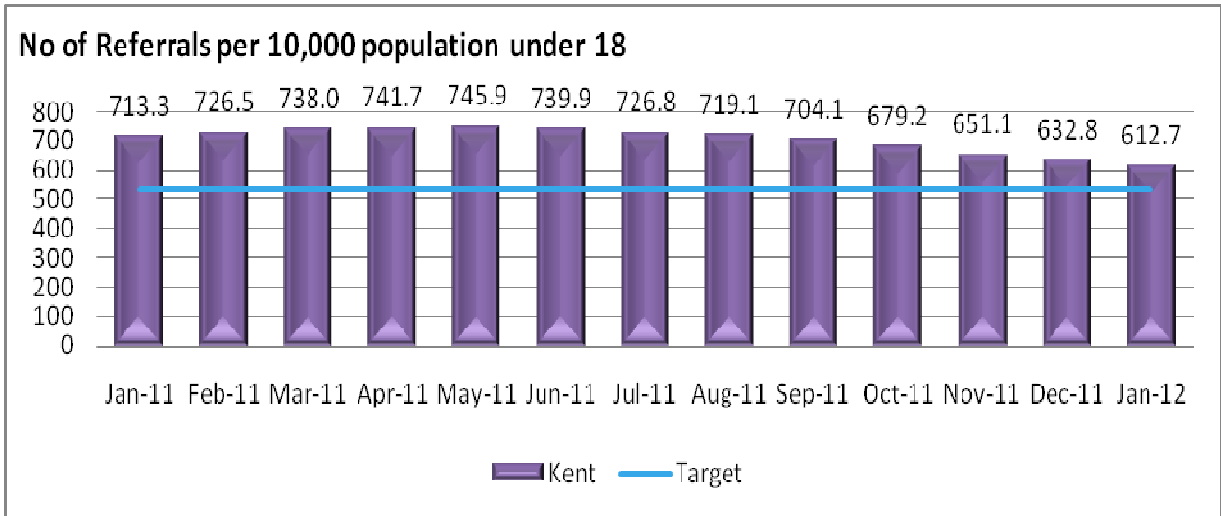
All partners signed up to ensuring that their staff were conversant with eligibility criteria and to providing appropriate levels of referral information. Staff from all agencies engaged in the launch of the eligibility criteria to secure understanding of

thresholds, eligibility and assessment processes (Including linkage with CAF) through the delivery of 30 multi-agency, District workshops between May and July 2011 to over 1360 staff across the partnerships.

**Thresholds/referral activity**

In addition to the work undertaken by partners and KSCB, Specialist Children Services has undertaken work to develop more consistent referral decision making, putting in place a county practice programme for Duty and Initial Assessment Teams, as well as developing a Central Duty Service to ensure one central hub for processing all referrals into Specialist Children Services.

This concerted effort has led to progress during 2011 in respect of a steady reduction in the number of referrals into Children’s Social Services throughout the year since the improvement work took hold.



As well as moving forward in regards to referral thresholds, the provisional national statistical figures released on the 30<sup>th</sup> September 2011, shows Kent making encouraging progress in comparison to national and statistical neighbours and performing well in respect of assessment activity including:

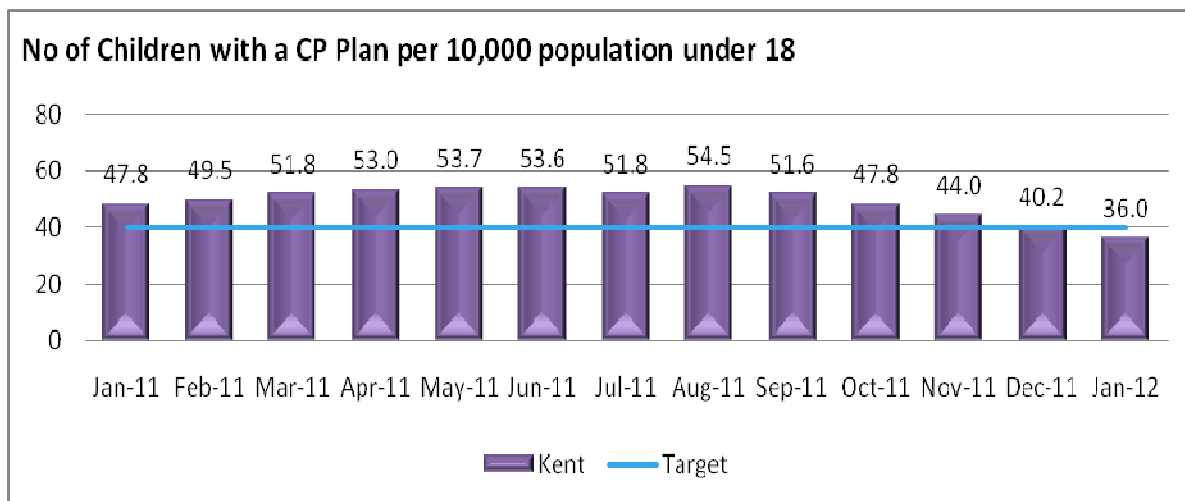
- Timeliness of initial assessments
- Referrals progressing to assessment
- Number of initial assessments
- Number of core assessments

**Review of the child protection process**

The 2010 Ofsted inspection highlighted concern regarding the “serious lack of concerted action by the partnership to address the disjointed arrangements between child protection services and other key services”. In response to the findings, significant work has been undertaken (from within Specialist Children Services and the KSCB) to review and make improvements to the child protection process. Work to date has included:

- Focus groups held with partners to review the child protection conference process.
- Child protection processes have been changed and procedures amended, including templates for reports, agendas, minutes and plans and increased focus on analysis and decision making. Core groups are now being held immediately after the conference so that families, children and professionals all leave the meeting clear about what happens next and what their role is in that change process.
- Improved engagement of families to enable them to contribute to plans regarding their children and getting their views on how best to help them.
- Partners now have access to a secure email account in Specialist Children Services to send copies of reports prior to conference.
- Training programme devised to support the amended processes as part of the multi-agency training programme.

The graph below shows there continues to be a reduction in the number of children subject to a child protection plan. This reduction has largely been achieved because of a sustained focus on ensuring that the right children have child protection plans. The biggest gain has been in terms of ensuring children are not subject to dual plans such as being Looked After and Child Protection.



This will be an area on which the KSCB will need to retain focus over the coming months in order to ensure progress, and will be subject to a further multi-agency audit in spring 2012.

### ***KSCB Business Plan 2012/13***

The findings of the QEF and multi agency audit support the analysis presented to the Improvement Board from health and social services agencies. On this basis, and using the findings from the QEF and the recent audit, the KSCB Board agreed the following three priorities for 2012/13:

- a) *a focus on a common understanding of thresholds across the partnership, including a reduction in the numbers of case re-referrals to children's social services*
- b) *Ensuring the right children are subject to child in need and child protection plans.*
- c) *increasing the numbers and quality of CAF in the context of the scrutiny of Kent's early intervention strategy*

The KSCB Business Plan will be presented to the April Executive and Improvement Board for endorsement and will be based on clear outcomes.

### **Areas of Risk**

The Independent Chair of KSCB has reported progress to the Improvement Board and in February 2012 highlighted two key remaining areas of risk for KSCB.

#### **Performance management and quality assurance**

The Quality and Effectiveness Framework is now operational across KSCB and supported by the newly appointed KSCB performance analyst who took up post mid January. Members will have sight of the first full quarterly report for the partnership at the June 2012 KSCB Board meeting. In addition to commentary on safeguarding performance across the partnership, the QEF will provide the qualitative analysis of child protection arrangements in Kent in line with phase 2 of the improvement plan.

The third quarter analysis of the QEF and the summary report presented in January 2012 to KSCB was lacking full intelligence from all statutory agencies and was therefore of partial use. It did indicate that the numbers of children on child protection plans in Kent still remains higher than statistical neighbours. It is clear that although there have been improvements to the appropriateness of referrals coming in to social care there remains district inconsistency and a need to reinforce a common understanding of thresholds across the partnership.

Close analysis of the recent KSCB multi agency audit in January 2012 to review the understanding of thresholds shows that 25% of cases into children's social services were still considered inappropriate. Furthermore, 46% of cases, highest in East Kent, were re-referrals. Children were only consulted in 10% of cases and parents in only 50%. Few cases were referred into social care supported by a CAF. This reinforces the need for KSCB business to focus on improved multi agency working to bring necessary improvement in these areas.

#### **Project Management and Business Planning**

The configuration of the KSCB Business Unit was determined in line with the development of other LSCBs across the country in 2006 and is arguably now outdated. In order to become a credible and forceful scrutiny body in Kent, it is vital that the support structures for KSCB have sufficient project management and business planning expertise. Work has now been completed to secure project management capacity within the Unit to address this deficit.

A financial review of the KSCB infrastructure has been undertaken, which has recommended that an Interim Programme Manager be funded through the Improvement Plan. The post was recruited to in early February 2012 to review the various work strands of KSCB, the functioning of the business unit and to ensure that there is a clear financial formula for 2012/13 onwards based on an accurate reflection of projected spend. An options report will be presented to the April KSCB Executive and Improvement Board for partnership approval of support functions for KSCB.

With new changes to Working Together expected by the end of 2011, the establishment of the Shadow Health and Wellbeing Board and the need to provide scrutiny of the delivery of the Kent Improvement Plan it is imperative that KSCB has robust support structures in place.

## Conclusion

There has been substantial activity to establish a strong partnership framework for child protection in Kent to ensure overall scrutiny of performance during 2011/12. There has been a strong strategic commitment from all statutory partners to ensure that the new quality and effectiveness framework is implemented. The next annual report for KSCB outlining details of all activity 2011/12 will be published in July 2012. Members are therefore required to note that the annual review 2010/11 attached to this paper will be soon replaced.

Penny Davies  
Kent Safeguarding Children Board Manager  
2<sup>nd</sup> March 2012



# Annual Report 2010 -2011



<b>Document Name &amp; File Location</b>	K:\SS Service Policy & Standards - C&F\KSCB\Annual Reports	
<b>Document Author</b>	Penny Davies	
<b>Document Owner</b> ©	Kent Safeguarding Children Board © Sessions House County Road, Maidstone. Kent. ME14 1XQ Email: kscb@kent.gov.uk	
<b>Summary of Purpose</b>	This report outlines the activity of the Board for 2010-11. It also outlines strategic priorities for 2011-13	
<b>Review date</b>	Annually	
<b>Accessibility</b>	This document can be made available in large print, or in electronic format  There are no copies currently available in other languages	
<b>How this document was created</b>	Draft 1 Document created by Author	
	Draft 2 Consultation with Executive Board Members October 2011	
	Draft 3 Consultation with Board Members 10th Nov 2011	
	Draft 4	
	Draft 5	
<b>Equalities Impact Assessment</b>	During the preparation of this annual report and when considering the roles & responsibilities of all agencies, organisations and staff involved, care has been taken to promote fairness, equality and diversity in the services delivered regardless of disability, ethnic origin, race, gender, age, religious belief or sexual orientation.	
<b>Circulation Restrictions</b>	Public Policy Document at Draft 4	
<b>Version</b>	Detail of change	Date
<b>1.0</b>	Document Created	September 2011
<b>2.0</b>		
<b>3.0</b>		

# Contents

Page

## Section 1

### The Kent Context

This section provides a picture of the characteristics of the population of Kent that are relevant to an understanding of safeguarding issues. There will be some geographical areas in local authorities where there will be a higher incidence of safeguarding concerns. This picture of “safeguarding need” is used to inform strategic planning and service development.

8

## Section 2

### Safeguarding Activity

This section presents quantitative data regarding the main forms of statutory safeguarding activity in Kent within the context of the population characteristics described in Section 1.

11

The figures used in this section (and Section 1) are the most recent available. This means, though, that they do not all cover the same time frame.

## Section 3

### Serious Case Reviews

Local Safeguarding Children Boards undertake Serious Case Reviews when children die or are seriously injured, and abuse and/or neglect are suspected or known to be a factor, and/or there are concerns about how local agencies worked together. This section reports on the progress in respect of Serious Case Reviews in Kent and the lessons learnt that improved local practice.

23

## Section 4

### Child Death Review Process

LSCBs have a responsibility – through the establishment of a Child Death Overview Panel – for reviewing the deaths of all children in their area (whatever the cause of death). The aim is to determine whether the deaths were preventable and whether there are any lessons to be learnt or issues of concern. This section summarises developments in respect of the Kent CDOP.

25

## Section 5

### Learning and Development

LSCBs have a responsibility for ensuring that inter-agency training on safeguarding is provided to meet local need and for evaluating its impact. This section provides an overview of safeguarding learning and development undertaken in Kent over the last year.

28

<b>Section 6</b> <b>Assurance and Evaluation</b>	32
This section describes how the Quality Assurance and Evaluation Group provides assurance to KSCB that the systems and processes put in place to safeguard children in Kent are working effectively across agencies.	
<b>Section 7</b> <b>Analysis of 2010/11</b>	38
Based on the previous sections, this section sets out the KSCB's strategic plans for 2011-13.	
<b>Section 8</b> <b>Strategic priorities 2011/12</b>	39
<b>Section 9</b> <b>Financial Report 2010/11</b>	40
<b>Appendix 1</b> <b>KSCB Membership 2010/11</b>	42

## Foreword by the Independent Chair

As the newly appointed Independent Chair of Kent Safeguarding Children Board I welcome the opportunity to work with key partners in rising to the challenges that lay ahead in improving outcomes for the most vulnerable children and young people in Kent. This Annual Report 2010/11 has been superseded by improvement activity to ensure that the child protection system in Kent is fit for purpose. As the new Independent Chair for KSCB I am a member of the Improvement Board established in Kent to drive up performance across all areas of multi-agency activity to ensure children are adequately protected.

During 2010/11 heavy criticism was directed by inspectors at the child protection system in Kent and for the failure of partner agencies to adequately protect children most at risk of harm. Taking up my new role in April 2011 I have been pleased with the progress KSCB has made in establishing itself as the partnership board with overall scrutiny of the child protection system. This has involved children's social services, education, health and criminal justice agencies working with the voluntary sector and district authority representatives to put in place stronger quality assurance of the child protection system, clearer understanding of the thresholds in place for children to access specialist support, more effective information exchange between partners and an overall focus on how to provide the right help at the right time.

As the annual report 2010/11 outlines, Kent is a large, complex and diverse county with a wider range of safeguarding concerns. As a port authority there are additional challenges for front line staff, associated with child trafficking. Moreover, a substantial number of children are placed in Kent by other local authorities seeking short term residential placements, which adds pressure on statutory and voluntary sector agencies. Recent Serious Case Reviews have continued to show the need for agencies to strengthen the ways in which they work together with a focus on quality assessment and intervention.

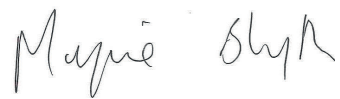
I have been reassured by the progress made by children's services in Kent as a result of the problems identified in 2010/11. Health, education, social care and criminal justice partners have responded swiftly to changing the way they assess children in need. And as a consequence services at the 'front door' are stronger and more accountable. But there is still much to be done to make sure that the most vulnerable children in Kent are adequately protected.

Firstly, there is recognition of the importance of valuing professional expertise, and as a consequence agencies in Kent have worked hard to strengthen the child protection workforce. This is supported by the findings of the national review of child protection services undertaken by Professor Eileen Munro in May 2011.

Secondly, children should be protected from abuse and neglect in the first place and local arrangements are being put in place in Kent to identify those children most at risk with offer of 'early help' through a new early intervention programme.

Thirdly, the 'challenge' role of Kent Safeguarding Children Board has been strengthened to ensure the ongoing statutory, multi-agency oversight of safeguarding. The government has stated that LSCBs have a 'unique, system-wide, role to play in protecting children and young people'.<sup>1</sup> KSCB must ensure that it performs this important role. I welcome the opportunity as Independent Chair to work with all partners in Kent to improve outcomes for the most disadvantaged young people

in this County. I also look forward to hearing from you about how well you think services are doing and the challenges you face in safeguarding children.



Maggie Blyth,  
Independent Chair

## Introduction

This report of the work of the Kent Safeguarding Children Board (KSCB) meets the requirement under the Apprenticeships, Skills, Children and Learning Act 2009 for LSCBs to produce and present to the Children's Trust Board (CTB) an annual report on the effectiveness of safeguarding arrangements in the local area.

This is the fourth Annual Report of the Kent Safeguarding Children Board (KSCB), covering the period of 2010-2011. The report covers a year that has been characterised by the implementation of significant change and development in the governance, structure, membership, and operation of the KSCB. This has been against a backdrop of substantially increased safeguarding activity in the County, a significant trend seen nationally.

The report summarises the activity of the KSCB during 2010/11, and its multi-agency work streams which report to the KSCB on a regular basis.

The aim of the Annual Report is to inform the staff of the KSCB partner agencies, their service users and the public, of its work. Moreover, it provides accountability to those who fund and support the KSCB; Kent County Council's Lead Member for children and the agencies represented on the Kent Children's Trust Board. This report will focus not only on achievements of the Kent Safeguarding Children Board during 2010/11, but also clearly identify where more progress needs to be made in 2011/12.

The Annual Report will be distributed and made available to all key agencies/stakeholders and is a public document. It will be accessible through the KSCB website [www.kscb.org.uk](http://www.kscb.org.uk)

## Section 1

### The Kent Context

Geographically, Kent is one of the largest local authorities in the United Kingdom. The total population is currently estimated to be in excess of 1.4 million. The general population is growing at a rate significantly in excess of the regional and national average. The child population is currently 350,000.

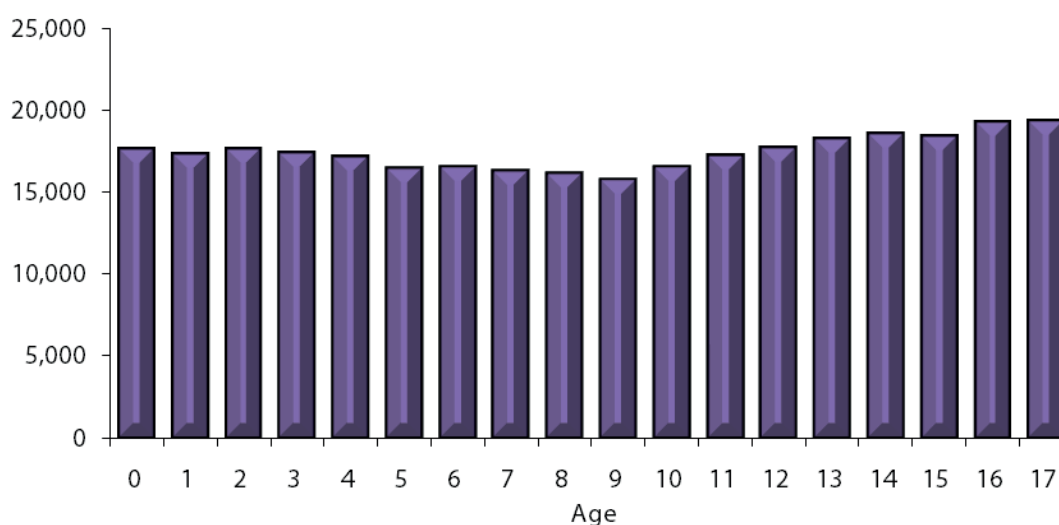
The County displays remarkable diversity and contrasts, including ethnic and linguistic diversity and wide socio-economic disparities. 77% of Kent people live in urban areas and towns and 23% in rural areas. Although the County is affluent with income levels and property values which are significantly higher than national averages, this disguises the fact that there are pockets of high deprivation. The most deprived areas of the county are the coastal fringes of Thanet, Dover/Deal, Shepway and Swale in the East, but also Dartford and Gravesend in the West. Kent is below the regional average for skills - 28% of the working population have no qualifications. The average household income in Kent is lower than in the rest of the South East.

#### Ethnicity

Based on the January 2011 pupils census, Kent has a predominantly White population of children, with 84.2% White British and 4.7% Any Other White. 3.6% were from Mixed/Dual Background, 3.1% Asian or Asian British, 1.4% Black or Black British. Some districts have greater variation of ethnicity, most notably Gravesham with a 12.3% Asian or Asian British pupil population.

There are an estimated 346,810 children and young people under the age of 19 in Kent; making up 24% of the population.

Children in Kent by age at mid-year in 2010





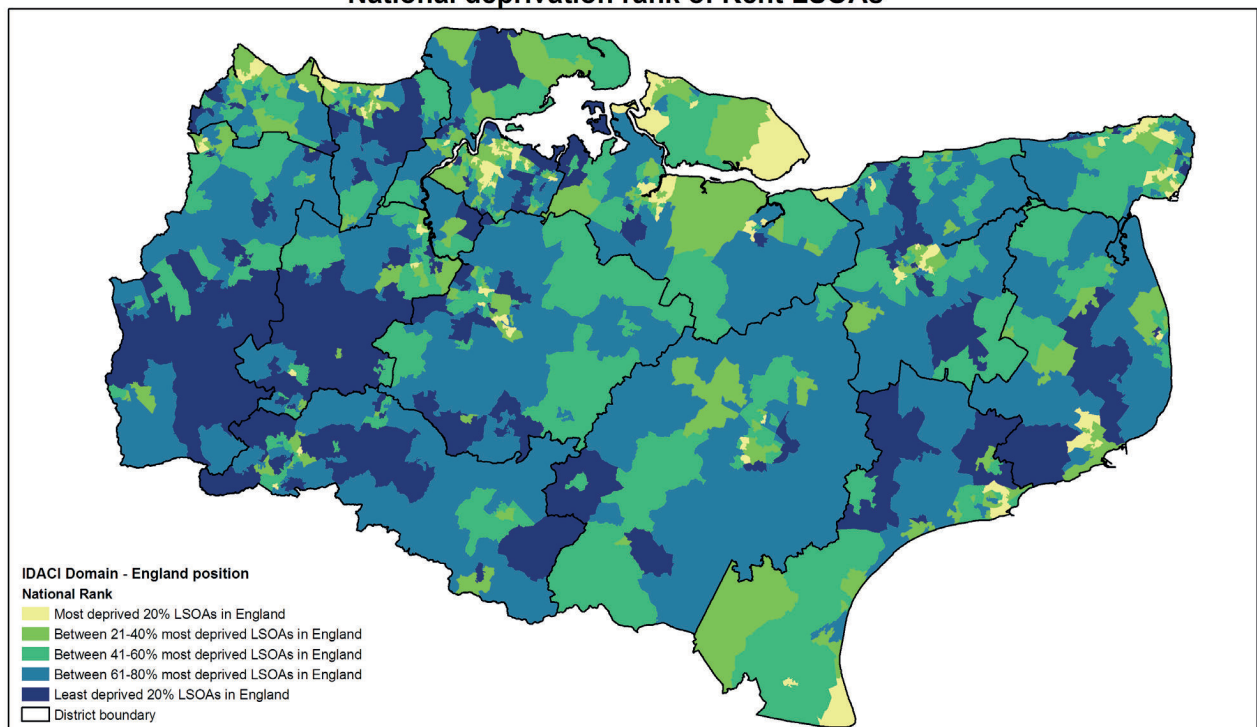
## Child Poverty

There were 52,870 Kent children living in poverty in 2010, which is the equivalent of 17% of all children. Almost 90% of these children were under the age of 16. Whilst this is lower than the national percentage of children living in poverty, which currently stands at 21%, figures for Kent were significantly higher than the South East region as a whole where 14.5% of children were living in poverty.

74.9% of children in poverty in Kent live in households claiming Income Support (IS) or Job Seekers Allowance (JSA). The majority of these children live in lone parent households. However, the largest increase in child poverty has been amongst children living in couple households where at least one adult is in work. This is in line with national figures.

The picture of poverty is illustrated on the map below. The spread of child poverty impacts across the county.

**IMD2010: Income Deprivation Affecting Children Index Domain (IDACI)**  
**National deprivation rank of Kent LSOAs**



Source: English Indices of Deprivation 2010, Communities and Local Government (CLG)  
LSOAs are Lower Super Output Areas

Produced by Research & Intelligence, Kent County Council. © Crown Copyright and database right 2011. Ordnance Survey 100019238



As can be seen, there is significant variation in deprivation across districts. Swale, Shepway and Thanet have over 20% compared to 11% in Sevenoaks, Tunbridge Wells and Tonbridge & Malling. However, there are also pockets of deprivation within areas of apparent affluence. This means that a coordinated approach to sharing practice and promoting change is essential as we know the outcomes for children living in poverty are much worse than for their peers.

## Education

There are 560 maintained schools within Kent, comprised of 446 primary schools, 72 secondary schools, 24 special schools, and 18 pupil referral units. A number of schools have recently acquired academy status, bringing the total number of academies to 32 as at January 2011, with further schools becoming academies next year. There are also 97 children's centres and a further 861 early years settings. In the most recent school census (January 2011), there were a total of 213,432 pupils attending maintained schools and academies.

Attainment at Key Stage 2 improved, with 70% of pupils achieving level 4 or higher in 2010, an increase on the previous year (68%). There were, however, areas of strength and weakness with the highest performing district achieving 79%, and the lowest performing only 63% during 2010/11. Key Stage 4 (GCSE level) results were also generally good, with the overall percentage of children achieving five or more GCSEs at grade A\*-C including English and Maths (NI75) at 56.8%. Again, the range at district level was significant, from 48.8% to 71.3%.

The proportion of young people Not in Education, Employment or Training (NEET) has remained consistently better than the national average. In 2009/10 4.9% of 16 to 18 year olds were NEET in Kent, compared to 6.4% nationally. Despite pressures from the downturn in the economy, NEET performance for Kent continued to improve during the first quarter of 2011. However, falling employment levels have impacted on 17 and 18 year olds which now make-up nearly half of the total (47.5% and 46.1%) NEET cohort in Kent, followed by 16 year olds (6.4%).

## Health and Wellbeing

The Joint Strategic Health Assessment (JSNA) is compiled annually by health professionals to give an overview of health and health related issues across the county. Whilst the majority of health outcomes for children and young people were good in Kent compared to nationally, there are a number of areas of specific need.

There was an increasing and above national rate of mothers smoking during pregnancy (17%) and at the time of delivery, particularly in more deprived areas. The rate of mothers' breastfeeding was below national average. Immunisation rates for young children were too low to provide adequate protection.

The proportion of children classified as obese in reception and year six in Kent has slightly increased in line with the national trend. However, obesity in both the reception year and year six has remained slightly below the national average for the last 3 years.

The emotional and mental health of young people in Kent was poorer than expected, with particular concern for older girls, young people from low income families, and children in care. Teenage conceptions remained high in some districts.

Excessive alcohol consumption by some young people remains a concern.

## Crime and Disorder

The trend of the county, and nationally, in the number of first time entrants to the youth justice system continued to be downward, although Kent remains higher than the national average. Kent Youth Offending Service was involved in the supervision of 133 Looked After Children in March 2011, over half of whom had been placed in Kent by other Local Authorities.

## Section 2

# Safeguarding Activity, Performance Monitoring and Evaluation

### Improving and Promoting Best Safeguarding Practice and Procedures

The KSCB has a role in co-ordinating and ensuring the effectiveness of local individuals' and organisations' work to safeguard and promote the welfare of children and young people. The Board consists of senior representatives from all the key agencies concerned with the safeguarding of children, including Kent County Council, Youth Offending, Police, Health, Schools, Probation, CAFCASS, Connexions and the Voluntary Sector. During 2010/11 KSCB was chaired by an Independent Chair, David Worlock, from November 2009 until his resignation, effective from the 1<sup>st</sup> November 2010. From November 2010 the Vice Chair, Oena Windibank, Operational Director, Eastern Coastal Kent Community Health, chaired the Board until the end of March 2011.

### External Inspections during 2010/11

#### Offender Management Inspection

An inspection of Kent Probation took place in June 2010. Whilst noting areas of positive practice the inspection report concluded: "Overall, we consider this a disappointing set of findings – our scores indicate that sufficient quality of practice is not currently being achieved often enough." Key comments included:

- "The Risk of Serious Harm (to others) screening was completed on time at the start of the order or licence but was incorrect in too many cases. This resulted in a full analysis not always being done when required".
- "Management oversight of Risk of Harm to others was ineffective in too many cases and not provided in half of the cases involving child safeguarding. Where the case was eligible for Multi-agency Public Protection Arrangements the correct management level was allocated and referrals were timely".
- "Few offenders were meaningfully involved in the development of their sentence plan".
- "Multi-agency child safeguarding procedures were not always used effectively, with insufficient contributions by offender managers and other staff. On the other hand, the Multi-agency Public Protection Arrangements were used well".
- "Staff reported high workloads and insufficient time to produce good quality assessments and plans".

The inspection identified that Kent Probation had focussed its attention on achieving transition to trust status, on re-organising its internal structure to meet government requirements and on achieving its performance objectives. These were achieved, but at some cost in terms of quality. Kent Probation had recognised the quality issues before the inspection, and had started the process of refocusing on quality and outcomes.



## **Emotional Wellbeing and Mental Health**

The children and young people's emotional well-being and mental health National Support Team (NST) from the Department of Health visited Kent in September 2010. One of the key issues identified was the large number of young people referred to a specialist CAMHS service at Tier 3, who could have been seen earlier and more effectively in Tier 2 services. Part of this is due to a lack of clarity for the current system of referral. The NST recognised that the challenge for Kent Children's Trust is to develop a strategic 'whole system' vision which maximises this, and provides a framework for commissioning and planning of all services, both local level and County-wide, and at every Tier.

The NST concluded that a whole system re-design was required to address these issues. Action is now being taken to ensure the improvement required through the CAMHS Action Plan and the Ofsted Improvement Plan.

## **Unannounced Inspection of Initial Contact, Referral and Assessment**

Ofsted conducted this inspection in August 2010 and found that the services were not meeting the statutory standards and identified a number of priority actions. Remedial action has been taken through the Ofsted Improvement Plan to address all deficits.

## **Safeguarding and Looked After Children Services**

The Ofsted inspection conducted in October 2010 and reported in November, judged safeguarding and Looked After Children services in Kent as inadequate. It highlighted a number of weaknesses in the way services were organised, managed and supported. Ofsted judged there to be limited development of preventative and early intervention services across the partnership, and a lack of consistent understanding of thresholds and eligibility for specialist social work services, with limited implementation of the Common Assessment Framework (CAF) and the team around the child (TAC) approach. It found that agencies did not ensure that their referrals contained accurate and sufficient information to enable informed responses to be made. In relation to Looked After Children it found that educational achievement needed to improve, school exclusions must be reduced and attendance be improved.

At the same time, the inspection by the Care Quality Commission (CQC) found that Health providers and commissioners needed to secure health assessments for Looked After Children; screen for substance misuse; and improve CAMHS support, particularly for young people aged between 16 and 18.

Following Ofsted's Improvement Notice Kent County Council and the NHS put in place an Improvement Board to work collaboratively to secure the impacts set out in the 'Putting Children First' Kent County Council Safeguarding and Looked After Children Improvement Plan and to embed the changed practices designed to ensure better and sustainable life chances for the children and young people of Kent.

Partnership members and agencies have developed new approaches to ensure:

- Effective multi-agency early intervention and prevention support for vulnerable children and their families
- Targeted support to narrow the educational gap of LAC and the health needs of LAC and other vulnerable groups
- Strengthened joint commissioning and increased levels of pooled and aligned budgets
- Workforce development to ensure improved levels of understanding and engagement in relation to thresholds, eligibility, assessment processes (including CAF) and pathways between universal, targeted and specialist services

A review of KSCB infrastructure and sub-groups was commissioned in 2010/11 and concluded in June 2011.

The key elements included:

- Review of governance and accountability arrangements
- The appointment of a new independent chair of the KSCB who would be a member of the Children's Trust and Improvement Board
- The E-safety and Communication sub-group would be disbanded
- The appointment of 2 lay members
- The appointment of a representative from the voluntary sector
- Development of a multi-agency performance framework

The KSCB fully endorses the areas for improvement identified by the Ofsted announced inspection in November 2010 and the multi-agency improvement plan that has been developed in the authority following the inspection. The KSCB is monitoring the progress against these plans.

## **Preventative Practice**

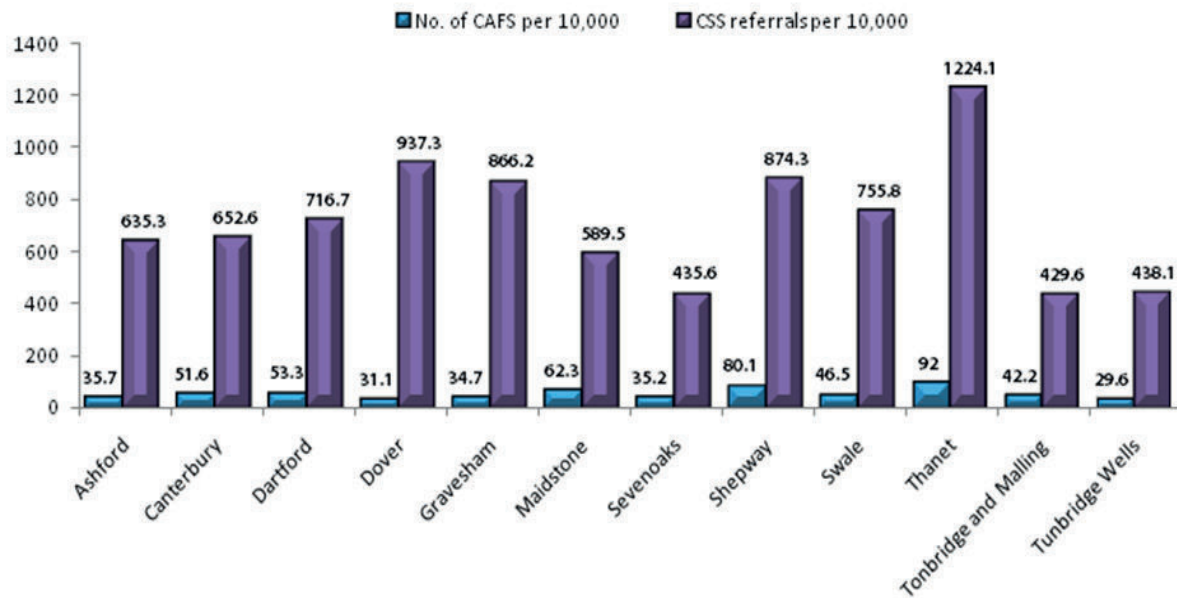
### **The Common Assessment Framework**

The Common Assessment Framework is a process to help identify and assess, at the earliest opportunity, if a child or young person needs some extra help. CAFs are important because they are a means of getting help to children early, before problems get worse. All agencies which have safeguarding responsibilities for children – including adult-focused services – have a responsibility to initiate CAFs. A CAF is a standardised assessment that can be undertaken by anyone who works with the child or young person and is used to identify a child or young person's needs and strengths, based on discussions with the child or young person and their family as appropriate. It uses a standard form to help record, and where appropriate, share with others, the information given during the assessment, and to plan the help needed.

During 2010/11 there was a 54.9% increase in the use of common assessments across Kent, from 947 in 2009/10 to 1467 in 2010/11 but these figures remain low for the size of the Kent population and number of referrals received by Children Social Care.

Schools continue to be the main initiators of common assessments, accounting for 84%. The number of common assessments completed by Children's Centre staff across the county, was a total of 43 from April 2010 to March 2011.

### Number of CAFS and CSS Referrals per 10,000 by District 2010/11



The number of CAF's completed by partners was very poor in 2010/11.

Information about how Kent compares with its statistical neighbours or nationally in terms of the implementation of the CAF was not available for this period.

The information also does not tell us about the quality of the assessments and whether the completed assessments resulted in children and young people's needs being met by services. A framework developed and endorsed by the Children's Trust to quality assure CAF assessments would help this analysis.

Inter-agency threshold criteria for services for children have been reviewed and, following extensive consultation, a new threshold document was drawn up and agreed by KSCB in January 2011. The document provides a framework for professionals and service users (in both Kent and Medway) to clarify thresholds for accessing different types and levels of children's services based on the degree of need. Effective operation of these criteria went live on 1st March 2011 to contribute to the early intervention agenda and effective implementation of CAF.



## Policies and Procedures

**Desired Outcome: processes are fit for purpose and promoting positive outcomes for vulnerable children**

### What did we do? How well did we do it?

The Policy and Procedure sub-group reviewed the entire contents of the Kent and Medway Safeguarding Children Procedures 2007 in light of the re-issued Working Together to Safeguard Children Guidance in March 2010.

A number of new Procedures and Protocols were introduced during the year, namely:

- Adolescent Risk Management Strategy (January 2011)
- Joint Guidance on Development of Local Protocols between Drug and Alcohol Treatment Services and Local Safeguarding and Family Services (June 2010)
- Kent and Medway Eligibility Criteria (January 2011)
- Pharmacological Management (January 2011)
- Risk Management for Adolescents

All of these have been widely disseminated and are available to view or download from the Kent Safeguarding Children Board website: [www.kscb.org.uk](http://www.kscb.org.uk).

During the year, the KSCB received briefings and/or was actively involved in consultations on the following areas:

- Working Together to Safeguard Children Consultation
- Munro Review

### On-going issues and challenges

The missing children procedure required review to encompass children missing from home and to update sections covering children missing from education and children missing from care.

The third edition of the Kent and Medway Safeguarding Children procedures will be published by the end of 2011/12 and will reflect the new national statutory guidance Working Together which is due to be reissued in December 2011. This will be a joint venture between both the Kent and Medway Safeguarding Children Boards and will ensure consistency in policy and practice across the area.

The Final Munro Report sets out strengths and weaknesses in the use of procedures to manage practice, and is mindful that too much prescription of practice can undermine professional's capacity to make judgements, to deal with exceptional scenarios, and develop expertise. The KSCB and the Policy & Procedures sub-group will need to respond positively to the Munro Report and the revised Working Together Guidance during 2011/12, and seek to ensure that safeguarding policies and procedures promotes as well as regulates practice.

## Safer Recruitment & Employment

### Desired outcome: The Kent children's workforce is competent and safe

The statutory guidance Working Together to Safeguard Children (2006: Chapters 3 and 12 and Appendix 5) places a duty on the KSCB to have effective arrangements in place to deal properly and quickly with all allegations of harm made against professionals who work with children. It should coordinate the investigations into these allegations and ensure that safer recruitment practices are established.

Dealing with allegations made against professionals is the role of individual employing agencies. All member organisations of the Safeguarding Board have a named senior officer with responsibility for dealing with allegations. However, the Local Authority is required to provide a co-ordinating role through the provision of a Local Authority Designated Officer, or 'LADO'. Individual agencies are required to notify the LADO of any allegations made.

### What did we do? How well did we do it?

The Local Authority Designated Officers (LADO's) received 500 allegations/concerns in relation to people who work with children between 1st April 2009 and the 31st March 2010. Of these 232 (46%) involved staff in schools. The DfE is currently finalising the annual reporting requirements (anonymous) with the development of a revised data set. Although the number of allegations against staff in schools appears high, this needs to be considered within the context of the size of the workforce. Kent has more than 550 schools (including Academies) and more than 100 Independent schools and the figure represents approximately 1% of the workforce.

49% of all allegations were physical in nature and this is recognised by the DfE as a consistent feature of allegations against teachers. This is being addressed with new guidance on behaviour management due to be published during 2011.

During the last year there were 17 cases of Risk by Association where the suitability and judgement of the professional had to be assessed due to their decision to remain with a convicted sex offender.

There were also 55 cases (11%) reported to the LADO involving allegations of a sexual nature and these primarily stemmed from professionals developing relationships with young people for whom they had a duty of care. Most of these cases were deemed to be an abuse of trust under the Sexual Offences Act 2003 as the age of consent is immaterial in such cases.

The data also identifies that there were 52 cases (more than 10%) of external factors affecting suitability. Examples of this include staff abusing their own children leading to those children being subject of a child protection plan or professionals perpetrating serious domestic violence



to a partner.

Category of Outcome	Dismissal	Resigned	Management Action	NFA	Total
<b>Substantiated</b>	26	17	92	0	<b>135</b>
<b>Unsubstantiated</b>	0	4	58	54	<b>116</b>
<b>Unfounded</b>	0	1	5	59	<b>65</b>
<b>Malicious</b>	0	0	0	6	<b>6</b>
<b>Other (e.g. deceased)</b>	0	0	0	63	<b>63</b>
<b>Ongoing Case</b>	0	0	0	115	<b>115</b>
<b>Total:</b>	<b>26</b>	<b>22</b>	<b>155</b>	<b>297</b>	<b>500</b>

## Missing Children

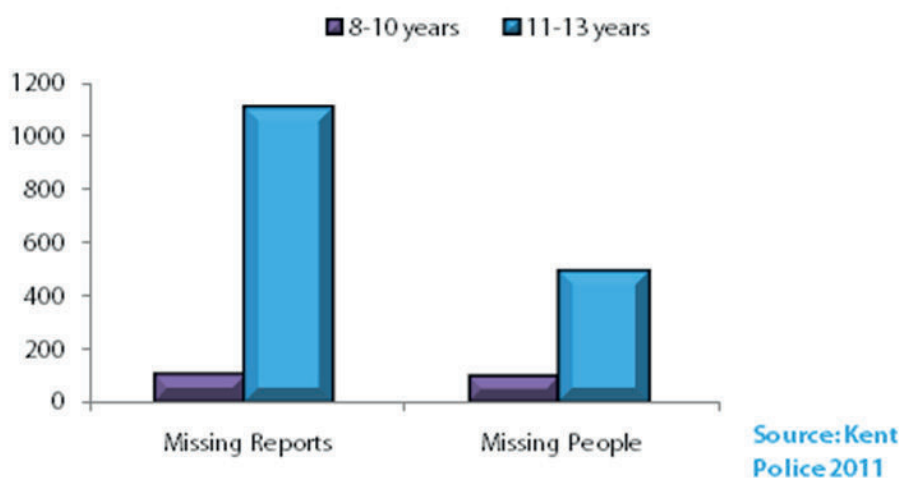
**Desired Outcome: Services are effective in establishing the identity and whereabouts of all children and young people aged 0-16**

Kent County Council leads the 'Missing Children Work Group'. This ensures effective multi-agency working between schools, Kent Police and a wide range of children's services and monitors the effectiveness of policy and guidance currently in place. This group also has a broader remit to monitor vulnerable groups of children, such as minority ethnic groups and travellers, and ensure the effectiveness of policy addressing children missing education.

### What did we do?

Following the introduction of COMPACT and the Storm interface, Kent Police improved their ability to conduct analysis of missing person reports. Of the 9246 reports made between April 2010 and April 2011, 74% related to children and concerned 2748 individual children<sup>2</sup>. Examples of data from this time period with regard to missing children can be seen below:

Reported Missing between April 2010 and April 2011 within Kent



<sup>2</sup>McKeeman, A. (2011) Missing Persons Reported to Kent Police

Between April 2010 and April 2011 575 separate children aged 8 to 13 years were reported missing and these were responsible for 1191 missing person reports<sup>3</sup>. Within current policing areas the majority of missing person reports made by Kent Police occur in East Kent (28%) and South Kent (28%). West Kent (9%) and North Kent (9%) have comparably few reports. The disparity in the volume of missing children between areas can in part be explained by the high numbers of children's homes in East and North Kent compared to other areas in the county.

Following the introduction of the COMPACT system, Kent Police now record all episodes when a child goes missing via the interface. This ensures that missing episodes are not viewed in isolation but rather as part of a recurring pattern allowing for a more holistic overview, a more comprehensive record of Returner Interviews and a better understanding of the individual child's situation and needs. This should enhance the ability of the police and other agencies to put the appropriate safeguarding responses into place.

KSCB is responsible for the completion and approval of a quarterly return to government to report on the new National Indicator NI71, which provides a self assessment on the extent to which local Children's Services and Police are collecting, sharing and analysing information regarding children who are reported missing, and establishing effective joint protocols and service delivery arrangements.

Kent Police's COMPACT system will automatically populate a NI71 return to assist Police and partner agencies to work more closely together in developing problem solving approaches in safeguarding vulnerable children. This information was not readily available before the introduction of Kent Police's COMPACT system. It allows for a more comprehensive understanding of the missing person's situation, particularly with regard to children and young people across the county. These figures can be used to inform policy and procedure

At present there are well established mechanisms for dealing with vulnerable children such as the Public Protection Unit referral process. However, the perceived 'streetwise' quality held by young people and the large amount of work created has often led to a lack of completion of these processes. Multi-agency training should be used to address this issue.

Children who do not meet the eligibility threshold criteria for Children's Social Services but are still considered at risk should be the subject of notification and engagement with Kent Police's Preventative Services Managers.

### **On-going issues and challenges**

There are a number of challenges that all agencies face when addressing the issue of missing children. 87% of missing person reports are resolved within 24 hours<sup>4</sup> and this has led to differing opinions on the best way to deal with reports, particularly within the Police. Similarly, opinion has differed as to the best way to deal with children that go missing regularly and for whom an 'absence' is not out of the ordinary.

For Kent Police, the introduction of the COMPACT system has resulted in a dramatic increase in the number of reports taken due to the interface and the recording of reports originally classified as an 'unauthorised absence'.

---

<sup>3</sup>McKeeman, A. (2011) Missing Persons Reported to Kent Police

<sup>4</sup>McKeeman, A. (2011) Missing Persons Reported to Kent Police

## Private Fostering

### **Desired Outcome: Private fostering arrangements are strengthened through coordination and effective implementation of statutory guidance**

Private fostering occurs when a child under the age of 16 years (or 18 years if a child is disabled) is cared for on a full-time basis, and provided with accommodation for more than 28 days, by an adult who is not a direct blood relative. It does not include children looked after by the local authority. It is usually arranged by the birth parent and is a private arrangement.

Examples of private fostering include:

- Child living with a family friend following family breakdown, divorce etc
- Child whose parents' study or work arrangements mean they are unable to care for the child
- Teenagers staying with a friend or boyfriend/girlfriend's family
- Asylum and refugee children
- Children brought to England by a friend of the family for the purposes of education

If such an arrangement comes to the notice of a professional it is the responsibility of that professional to inform the carer of the need to notify the local authority and if necessary follow this up by informing Children's Social Care themselves.

Nationally the number of children referred as privately fostered remains low and this is the case in Kent.

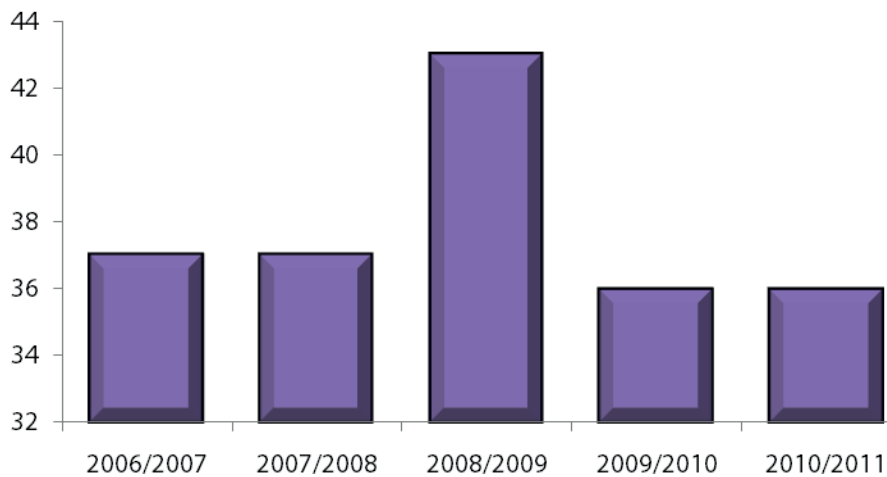
KSCB has received briefings from Children's Social Services on the status of private fostering arrangements in Kent. This is a key area of safeguarding performance and one that KSCB monitors closely.

Data collected between April 2010 and March 2011 gives a good overview of private fostering across the county and can be compared to data collected in previous years. All data is taken from Children's Social Services' Annual Report on Private Fostering 2010-2011.

During 2010/11 there were 56 new private notifications of private fostering compared to 69 the preceding year in Kent. This is opposite to the trend currently shown in England and the South East. Of these 56 notifications, 91% progressed to placement.

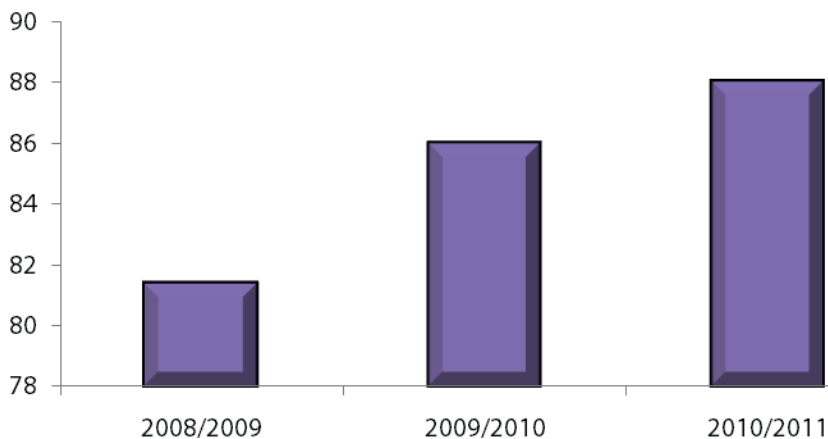
As a snapshot, on the 31<sup>st</sup> March there were 36 private fostering arrangements across the county. There has been little change in this figure over the last five years.

### Number of Placements on 31st March



Using the data compiled on the 31st March 2011, the cohort of children entering private fostering arrangements is dominated by older children, especially those in adolescence. Children aged 10 or more represent 88% of all new private fostering placements. This is an increase on the two previous years.

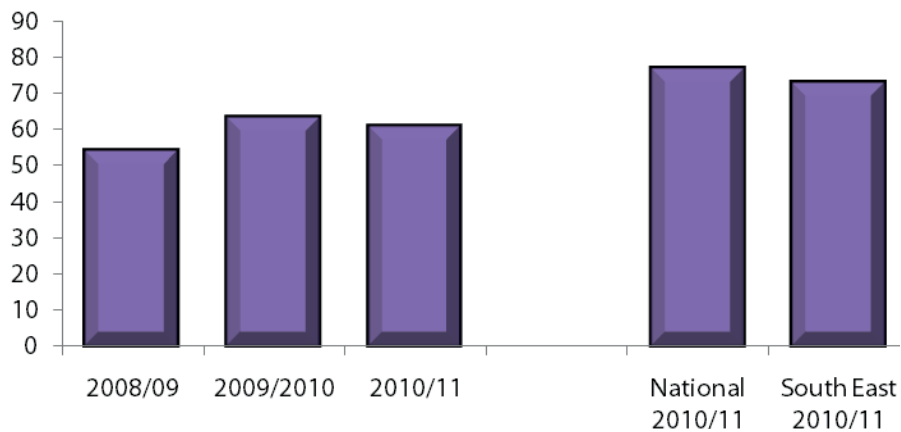
### Percentage of new notifications where children are aged 10 years or more on 31st March



The majority of children in private fostering arrangements across the County were born in the UK (82%). This is comparable to last year's figures.

The number of initial assessment visits undertaken within the required timescales has fallen slightly during 2010/11 to 61%, which is less than the national figure of 77%. This is an area that needs improvement and an action plan has been drawn up.

### Percentage of initial assessments undertaken within required timescales in Kent



Significant improvement has been made in the number of continuing visits in the first year of placement during 2010/11. 80% of visits during 2010/11 were made within the required timescales compared to 37% the previous year.

### On-going issues and challenges

An action plan has been formulated to address the fall in meeting the timescale for visits following notification that a private fostering arrangement has commenced. An interim system has been put in place, which should ensure that all private fostering referrals or notifications are passed to the social worker on the same day. Procedures will also be improved with regard to social worker sick leave and subsequent delegation of responsibilities.

Little improvement was made in raising the profile of private fostering and response rates for publicity events were poor. To combat this, awareness raising will take place at more targeted events e.g. Children's Centres, Family Liaison Officer conferences, district network meetings and education steering groups.

The continuing low notification of private fostering arrangements for children under 10 years of age is a concern. A more detailed cross-partner analysis is required to ensure a true reflection of the current situation for all privately fostered children in the County.

KSCB will report on the outcome of this analysis in 2011/12.

## Domestic Abuse

### What did we do? How well did we do it?

Domestic abuse is a high risk factor for the well-being and safety of children. It is therefore essential that partners have a good understanding of the nature and impact of domestic abuse and the effectiveness of responses to address it. A high proportion of Specialist Children's Services referrals are as a result of concerns about domestic violence where children are living in the household.

The Kent and Medway Domestic Violence Strategy Group was formed for the purpose of researching the multi-agency response to domestic violence and to make recommendations for the way forward. The 2010–2013 Strategy sets out a vision for effectively addressing the issue of domestic violence in the county and details the steps that will be taken to achieve this within individual agencies as well as on a multi-agency basis.

This includes a detailed delivery plan to:

- reduce domestic abuse and change attitudes;
- provide support to victims of domestic abuse;
- protect victims of domestic abuse; and
- improve multi-agency working arrangements

Kent has introduced Multi-Agency Risk Assessment Conferences (MARAC) to discuss cases of domestic violence where risk is escalating. These conferences identify ways to intervene and in particular safeguard children and young people who may be caught up in violent relationships.

During 2011/12 KSCB will report on the work undertaken between Kent Police and Children's Social Services to assist in the quality of referrals made as a result of domestic violence incidents.

### On-going issues and challenges

In partnership with the Kent and Medway Domestic Violence Strategy Group KSCB will update the training resource to address consistency issues and quality check the training that is delivered on domestic abuse across Kent. The training pack includes many training chapters including: Overview and Dynamics of Domestic Violence; Children and Young People and Domestic Violence; Perpetrators of Domestic Violence; Domestic Violence and Substance Misuse; Specialised Needs and Issues; Multi-agency Roles; Domestic Violence in the Workplace; What Health Professionals Need to Know about Domestic Violence; Domestic Violence and the role of Education; and Domestic Violence and Housing.

## Section 3

### Serious Case Review Processes

**Desired Outcome: SCR recommendations are effectively implemented to improve child safety, with reviews completed within time and judged to be of good quality.**

Local Safeguarding Children Boards are required to consider holding a Serious Case Review (SRC) when a child dies and abuse or neglect is known or suspected to be a factor in the death. In addition, Local Safeguarding Children Boards should always consider whether a Serious Case Review should be conducted where:

- a child sustains a potentially life-threatening injury or serious and permanent impairment of health and development through abuse or neglect
- or a child has been subjected to particularly serious sexual abuse or a parent has been murdered and a homicide review is being initiated
- or a child has been killed by a parent with a mental illness
- or the case gives rise to concerns about multi-agency working to protect children from harm

#### What is the purpose of a Serious Case Review?

The purpose of a Serious Case Review is to:

- establish whether there are lessons to be learnt from the case about the way in which local professionals and organisations work together to safeguard and promote the welfare of children;
- identify clearly what those lessons are, how they will be acted upon and what is expected to change as a result; and
- as a consequence, improve multi-agency working and better safeguard and promote the welfare of children.

Serious Case Reviews are not inquiries into how a child died, or who is culpable, that is a matter for coroners and criminal courts to determine as appropriate.

#### What did we do? How well did we do it?

During 2010/11, three SCRs have been completed. Two reviews were commenced jointly with a London LSCB.

Independent consultants were commissioned to write all the overview reports and in all cases, the parents were offered the opportunity to contribute to the report. KSCB monitors all actions arising from Serious Case Reviews.

During 2010/11 all of the Serious Case Reviews were evaluated by Ofsted, two were awarded 'good' and the other outstanding.

Key themes arising from the SCRs undertaken during 2010/11 were:

- Understanding the significance of hard to reach individuals and families
- Assessment and engagement with families with multiple and chronic difficulties
- Information sharing

- Compliance with procedures including professional disagreements, lead professionals and working with young people who are sexually active.
- All professionals will follow the requirements set out in the KSCB procedures regarding the “Resolution of Professional Disagreement”, whenever they are not satisfied that a child is being effectively safeguarded.
- Management and supervision within all agencies should be in place to ensure practitioners are able to discuss complex cases providing clarity on safeguarding, managing risk, methods of intervention and adequacy of progress.

The Board has maintained a focus on learning from these tragic cases and is committed to identifying how we can improve practice and share this across agencies. There is strong commitment from Serious Case Review core panel members and the agencies they represent within the Serious Case Review process.

It has to be remembered that the majority of children who have an agreed and co-ordinated multi-disciplinary child protection plan are generally well served by the child protection processes and the services involved. There are over 1200 children in these circumstances at any one time in Kent, out of the total child population of 327,000. The numbers of Serious Case Reviews constitute, therefore, a small but significant proportion of the child population being safeguarded. Furthermore, not all will have been identified as children about whom agencies have had safeguarding concerns or been assessed as children in need under the Children Act 1989 and therefore in receipt of services.

The Kent Safeguarding Children Board is clear that there must be a continuing focus ensuring that the findings of Serious Case Reviews are rigorously implemented, and on tackling the practice issues that this report has highlighted.

### **On-going issues and challenges**

During 2011/12 KSCB will respond to the expectations put forward by the Munro Review to implement a systems approach to completing Serious Case Reviews. KSCB is also committed to ensuring that SCRs are published and placed on the KSCB website to ensure accountability to the wider public over lessons learned.



## Section 4

### Child Death Review Processes

**Desired outcome: KSCB is compliant with statutory requirements and multi-agency collaboration reduces preventable child deaths in Kent**

#### What did we do? How well did we do it?

Child Death Reviews has been a statutory requirement since April 1st 2008. As part of the Children Act 2004 (Section 11) Safeguarding Children Board Functions Regulation, LSCB's are required to review the circumstances of all child deaths (up to the age of 18 years).

In line with Chapter 7 of Working together to safeguard children the Kent Child Death Overview Panel has oversight of the processes, ensuring:

- That reviews occur in a timely fashion
- That the information, support and investigation of each death is appropriate and compassionate
- That there is appropriate investigation or referral of any deaths where there are safeguarding or criminal issues
- That where issues or lessons emerge that have broader relevance, or public health implications, they are effectively disseminated
- That deaths are monitored so that trends or apparent associations can be identified and where appropriate investigated
- That information is appropriately collated and reported to the Department for Education (DfE) (formerly the Department for Children, Schools and Families)

During 2010/11 the CDOP met three times and attendance has been high. The Child Death Overview Panel is supported by an Expert Advisory Group (EAG) of practitioners who review all cases in detail. The CDOP was chaired by Oena Windebank, Vice Chair of KSCB and Operational Director of Eastern Coastal Kent Community Health Trust.

In 2010/11, there were 92 deaths of which 41 were unexpected deaths. This compares to 2009/10 when there were 94 deaths of which 35 were unexpected. The increase in the number of unexpected deaths is believed to be as a result of more accurate recording of the circumstances of the death and a better understanding of the process as a result of the training programme held during the year. In 2008/09 there were 99 deaths of which 29 were unexpected.

During 2010/11 the EAG met on 9 occasions and reviewed a total of 51 cases. These cases included cases from both 2009/10 and 2010/11. There are two cases still outstanding from 2009/10 which cannot be reviewed yet as they are still subject to inquests. This is in accordance with national guidance so as to enable the group to consider all the relevant information before coming to a conclusion regarding preventability.

The criteria provided by the DfE for the Panel to categorise deaths are:

<b>Modifiable factors identified</b>	The panel have identified one or more factors, in any domain, which may have contributed to the death of the child and which, by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths
<b>No Modifiable factors identified</b>	The panel have not identified any potentially modifiable factors in relation to this death
	Inadequate information upon which to make a judgement. <i>NB this category should be used very rarely indeed</i>

Of the 33 cases from 2009/10 that were reviewed by the EAG, 3 cases were deemed to be preventable.

### Key areas of progress and achievement during 2010/11

Significant progress has been made in embedding the Panel and its work. Kent CDOP benefits from active support across all agencies and has a standing membership bringing together representatives from:

- East Kent PCT
- East Kent Coastal Community health Trust
- West Kent PCT
- West Kent PCT
- South Eastern Coastal Ambulance Trust
- KCC Children, Families & Education Services
- 5 Consultant Paediatricians across Kent
- Kent Police
- Foundation for the Study of Infant Deaths

The child death review process is technically demanding, requiring the collection of sensitive data from across a range of services. Kent CDOP complies promptly with the reporting obligation placed on us by regional and national government: indeed it was recognised as the second best in the region in the year ending March 2009.

Work to develop a mechanism for informing bereaved parents about the work is nearing completion. This sensitive subject is necessarily taking some time to undertake properly. We have relied heavily on guidance from national organisations, such as the Foundation for the Study of Infant Deaths, to develop local information which will be shared with parents at the time of their loss by a lead professional supporting the family.

Five basic child death investigation and review courses have been held. The first course was of two hours duration. However, it was identified that this was insufficient time for the subject, so the remainder of the courses have been extended to three hours. These courses have been attended by 79 members of staff, the majority coming from Kent Police (31) Children Families and Education (18) and Health (28).

Seven intermediate training days have been held where 254 personnel have attended. The majority of staff attending this course has been from Kent Police (114) Children Families and Education (58) East Kent Health (33) and West Kent Health (42).

Three reflective sessions by the Child Bereavement Charity for the administrative staff involved in the CDOP process and members of the EAG and CDOP have been arranged. The administrative staff all concluded that the sessions were a good opportunity to reflect on their work and the impact that this difficult subject matter had upon them. There have also been 2 similar sessions for the members of the EAG and CDOP. Although the attendance by EAG and CDOP members has been poor with less than 50% attendance those that have attended have all been very positive about the sessions and found them beneficial. The Development Officer has spoken at a national conference organised by the Child Bereavement Charity regarding these sessions.

The KSCB Procedures for the Child Death Review Process and the Unexpected Death of a Child were re-written in light of *Working Together* (2010).

### **On-going issues and challenges**

At the time of reporting, there is some uncertainty about future child death review arrangements occasioned by the government's spending review and potential changes to national policy in light of the Munro review. The Panel will continue its work to review all child deaths in Kent in accordance with current guidance until any amendments emerge.

## Section 5

### Learning and Development

**Desired outcome: Ensuring that all staff serving children in public, private, voluntary, truth and community sectors are sufficiently trained in safeguarding awareness to play their part in protecting children from the risk of significant harm.**

#### What did we do? How well did we do it?

The assertion that 'safeguarding the children of Kent is everybody's business' must be supported by training. Staff within agencies and organisations need the opportunity to consider what this means for them, so that they can recognise when and how to intervene whatever their role.

Throughout 2010/2011, the multi-agency safeguarding children learning and development programme delivered a wide range of subjects including Raising Awareness, Keeping the Child in Focus, Advanced Course for Safeguarding Disabled Children, Supervision and Management of Complex Cases, Protection as a Need in Neglect and Emotional Abuse, Essential Children and Family Law for Non Social Workers, Lessons Learnt from Baby P, Risk: Analysis and Decision Making, Effects of Domestic Abuse on Children and Young People, Child Death Review Process and Understanding Fabricated and Induced Illness, to name a few. The programme is flexible and evolving, reacting to emerging issues, such as SCR's, as well as proactively identifying with the wider multi-agency children's workforce future training needs.

Over the last 5 years there has been a steady and significant increase in the amount and variety of individual training courses that KSCB has commissioned for the workforce within Kent. Since 2006, the amount of individual training courses that KSCB has facilitated has increased by 245%, from running 11 courses during 2006/07 to 44 different courses in 2010/11 (38 different courses during 2009/10). During 2006/07 the courses were scheduled 47 times during the year, whereas during 2010/11 the courses ran 100 times (95 times in 2009/10) in different areas of Kent, to cater for the varying needs of the workforce.

The expansion in the training provision in the 2010/11 period compared to the previous two years is therefore evident. This clearly demonstrates a year-on-year significant improvement for Kent in terms of both the opportunity to access training and also the rate at which available training is taken up.

Additionally, bespoke training has been provided to a total of twenty-five private and voluntary sector organisations delivering forty courses in comparison to the six the year before (covered below).

#### Bespoke Training

During 2010/11, KSCB has also delivered the following Bespoke Training to private and third sector organisations:

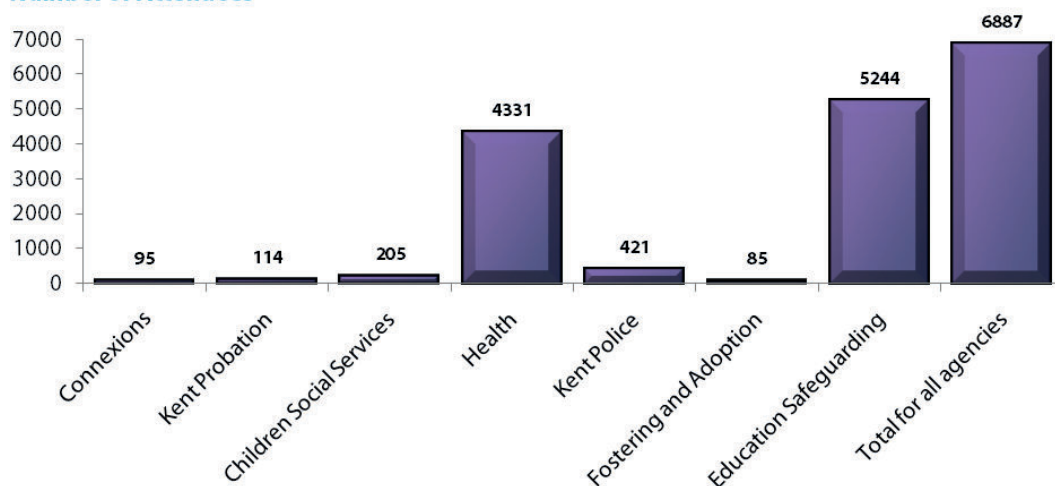
Number of Courses	40
Number of subjects	6
Number of attendees	936
Number of organisations	25

The number of private and voluntary sector organisations trained in 2009/10 was six.

## Single agency summary

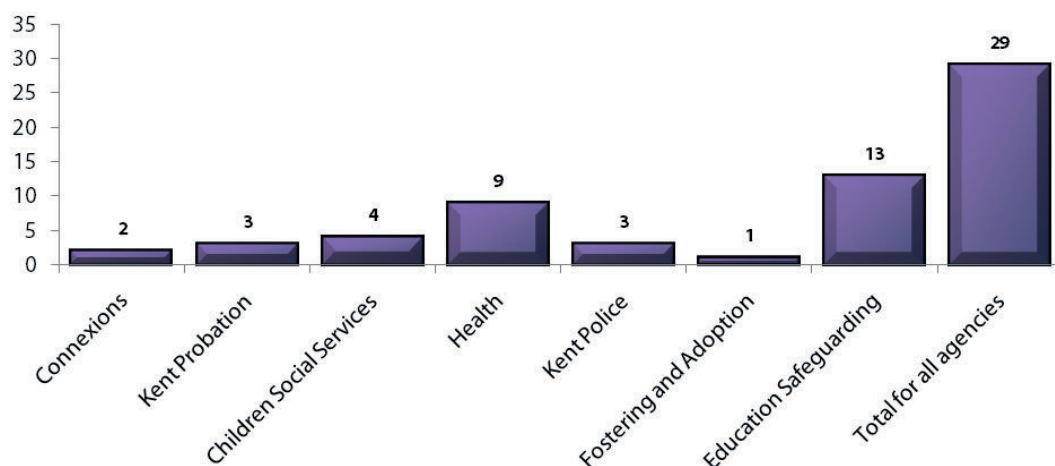
It is the responsibility of the KSCB Learning and Development sub-group to review, monitor and collate all single agency safeguarding training information. The graphs below show the single agency training figures as produced by those agencies represented on the Learning and Development sub-group. As a result of organisational changes, the agencies have been arranged under general headings.

### Number of Attendees



## E-Learning

### Number of Courses



In October 2010, KSCB and the Safeguarding Children e-Academy re-launched the e-learning programme with a multi-agency workshop re-advertising the existing modules and asking agencies to identify additional modules they would be interested in purchasing. As a result of this process, KSCB offer e-learning on the following subjects:

- Awareness of Child Abuse and Neglect – Introduction
- Awareness of Child Abuse and Neglect – Foundation
- Awareness of Child Abuse and Neglect – Core

- Awareness of Child Abuse and Neglect – Police
- Basic Awareness of Domestic Violence including the Impact on Children and Young People
- Early Child Development - Foundation
- Hidden Harm
- Parental Mental Health
- Safer Recruitment
- Safeguarding Children with Disabilities
- Safeguarding Children Refresher Training
- Safeguarding Children from Abuse by Sexual Exploitation
- E-Safety - Guidance for Practitioners
- Teenage Pregnancy

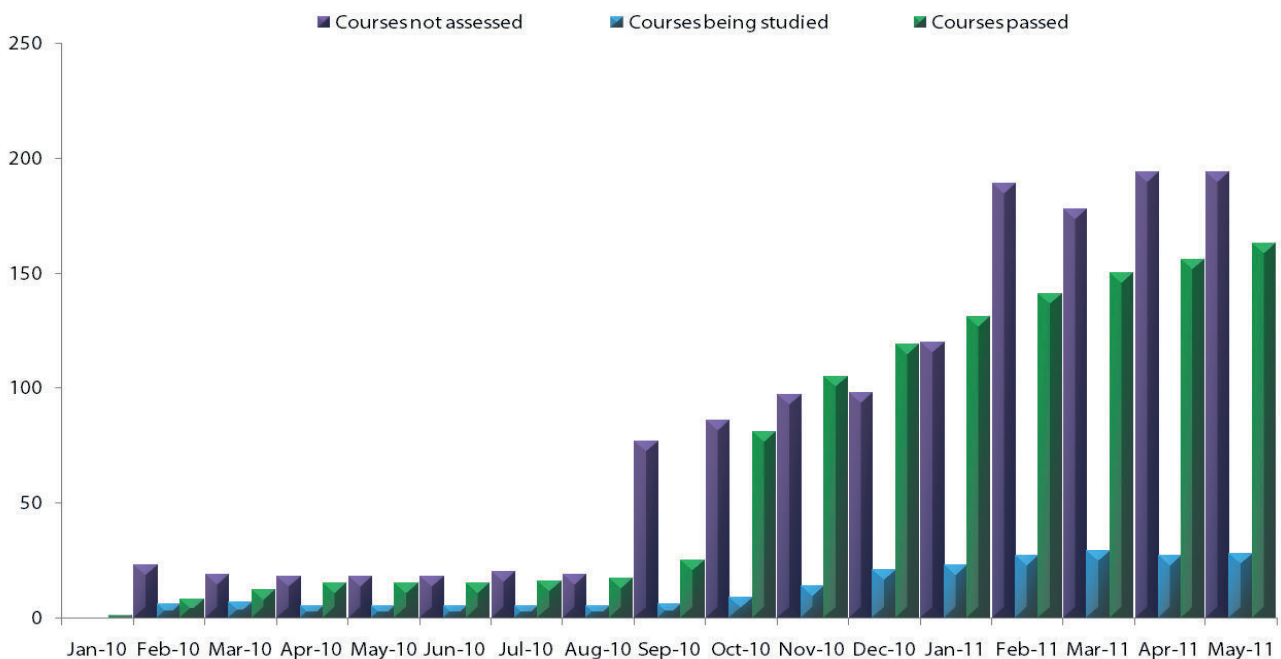
KSCB has also become a member of the development consortiums on Cultural Awareness and Leadership in Safeguarding, (this process gives us 5000 licences once each course has been published). We also have licences for the Section 11 Audit course although to date we have not taken up any of these.

The graph below shows the student progress of the Awareness of Child Abuse and Neglect modules.

Since the re-launch, the allocation of courses has improved, although more work is required in the chasing up of staff who have been allocated courses but who have not yet commenced the module.

KSCB Training subgroup is cautious about using e-learning as a stand alone solution to meeting safeguarding children training needs although it accepts this can have a place in a blended programme which includes class room based learning or managerial support.

**Safeguarding Children e-Academy - Kent SCB**  
**Student Progress - Awareness of Child Abuse and Neglect Modules**



## **KSCB Training College and External Consultant Trainers**

The Kent Safeguarding Children Board has continued to work on developing the 'KSCB Training College'.

In addition, working with Canterbury Christ Church University, we successfully applied for internal grant funding of £10,000 from the University to develop an accredited course for KSCB trainers, as well as a package of support for KSCB College of Trainers to enhance the quality, consistency and currency of safeguarding training. This included setting up trainer development meetings every 2 to 3 months, run jointly by academic staff from the university and members of the KSCB Learning and Development sub-group. Additional support is offered by way of annual refresher training days to provide policy, practice and training updates and a mentoring scheme.

This year with Christ Church University, we have accredited 10 members of the multi-agency workforce to become part of the KSCB College of Trainers to deliver Basic Child Protection Training on behalf of KSCB. The commitment undertaken by each person and their line managers was that the trainer would deliver 5 days of training on behalf of KSCB in repayment for the course. It was also accepted that the trainer could deliver in house safeguarding training for their own organisation.

The ongoing development of this project will have the potential to lead to further collaboration with the University and partner agencies.

Multi-agency training is monitored through feedback forms after each event, including an assessment of any changes needed to the materials and reflective feedback on the performance of facilitators/trainers.

Inter-agency training makes a substantial contribution to learning the skills and knowledge of the "Common Core" and therefore to the training of the children's workforce in general.

### **On-going issues and challenges**

The successes of the multi-agency training programme are set to continue into 2012/13 as a number of new developments have been added to the training schedule, for example:

- New e-learning courses, immersive learning events and podcasts;
- Identify further members to support the KSCB training college;
- Undertake a Training Needs Analysis to inform the updated Training and Development Strategy



## Section 6

### Assurance and Evaluation

This section of the annual report summarises Safeguarding activity in Kent between 1st April 2010 and 31st March 2011.

Working Together (2010) identified as a key function of a Safeguarding Children Board the need to “monitor and evaluate what is done by the Local Authority and board partners individually and collectively to safeguard and promote the welfare of children and advise them on ways to improve”. Furthermore, they should “have a particular focus on ensuring that those key people and organisations that have a duty under Section 11 of the Children Act 2004 are fulfilling their statutory obligations about safeguarding and promoting the welfare of children”.

During 2011/12 KSCB will report on how the Munro Review has strengthened its performance and scrutiny role.

#### Performance Indicators

Ref	Title	2009/10	2010/11	Target
NI 48	Children killed or seriously injured in road traffic accidents (0-15 yr olds, positive figure shows a reduction compared to previous period) (year?)	9.8%	To be confirmed	N/A
NI 59	Initial assessments for children’s social care carried out within 7 working days of referral	69.0%	54.0%	69.0%
NI 60	Core assessments for children’s social care that were carried out within 35 working days of their commencement.	80.4%	72.2%	80.4%
NI 62	Stability of placements for looked after children: number of moves (percentage of children looked after with 3 or more placements during the year)	8.2%	8.0%	8.2%
NI 63	Stability of care placements of looked after children: length of placement	72.1%	72.8%	72.1%
NI 64	Child Protection Plans lasting two years or more	12.7%	11.3%	6.0%
NI 65	Children becoming subject of a child protection plan for a second or subsequent time	16.0%	14.5%	13.4%
NI 66	Looked after children cases which were reviewed within required timescales	94.6%	94.5%	94.6%
NI 67	Child Protection cases which were reviewed within required timescales.	97.9%	96.3%	97.9%
N/A	Percentage of children adopted	9%	8%	11%
NI 68	Referrals to children’s social care going onto an initial assessment.	46.4%	57.0%	65.0%
NI 70	Hospital admissions caused by unintentional and deliberate injuries to children and young people (Rate per 10,000)	113.1	107.2	N/A
NI 71	Children who have run away from home/care overnight (score out of 15, higher is better)	12	To be confirmed	N/A
NI 69	Children who have experienced bullying	2007/08 28%	2009/10 26%	N/A

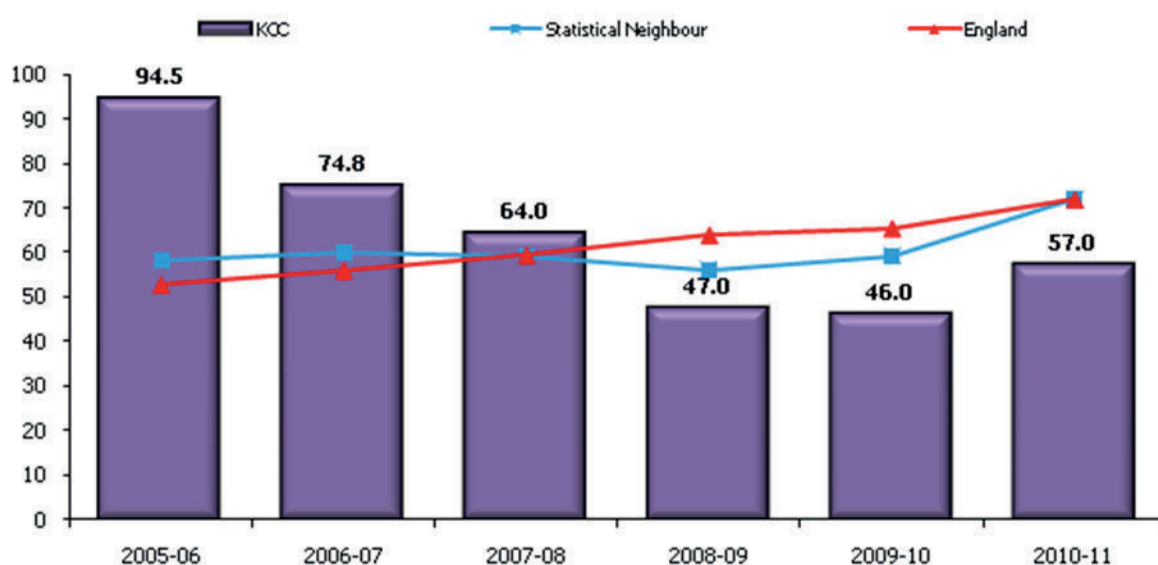


## Numbers of children in need of protection

The national indicators which are used as quantitative measures of the responsiveness of child protection services relate to the number of referrals into Children Specialist Services, the percentage of those referrals which go on to initial assessment and core assessments and the rate per 10,000 child population of children subject to a Child Protection Plan (CPP). In addition, the indicators relating to child protection reviews in timescale, the percentage of children subject to a plan for over 2 years and the rate of children subject to a plan for a subsequent time are all indicators of the effectiveness of intervention.

The percentage of referrals leading to initial assessments was reported as 57% for 2010/11 compared with statistical neighbours, which stood at 71.9% for 2010/11, the most recent comparative data. The evidence from inspection and internal audit is that the thresholds for initial assessment are generally too high.

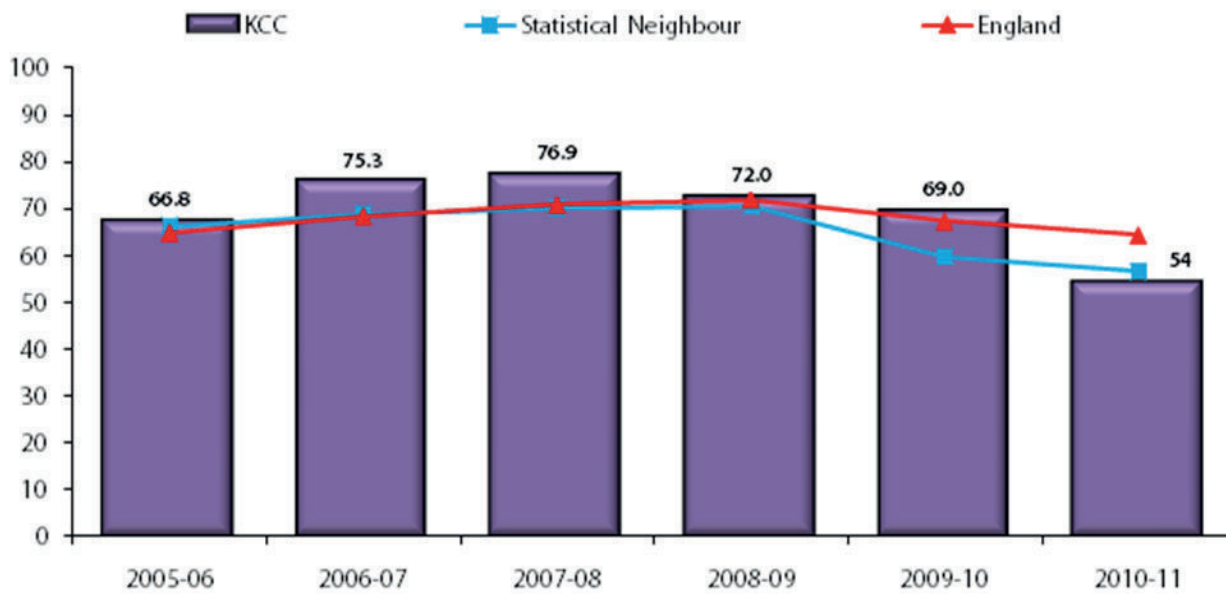
### Percentage of referrals of children in need that led to initial assessments



Initial Assessments are an important indicator of how quickly services can respond when a child is thought to be at risk of serious harm and indicates how well multi-agency working arrangements are established locally. Although, there had been a trend decline in timeliness since 2005/06, Kent is the 5th highest of its statistical neighbour group. Performance is better than both the national and statistical neighbour comparators. As of 1st April 2011 the timescale for initial assessment was within 10 days rather than 7 days.

National guidance requires that initial assessments should be completed within seven working days of receipt of the referral. Kent performs below national levels and there has been a further decrease in output with 54% of initial assessments being completed within this timescale. Indeed there has been a significant trend decline in timeliness since 2008/09.

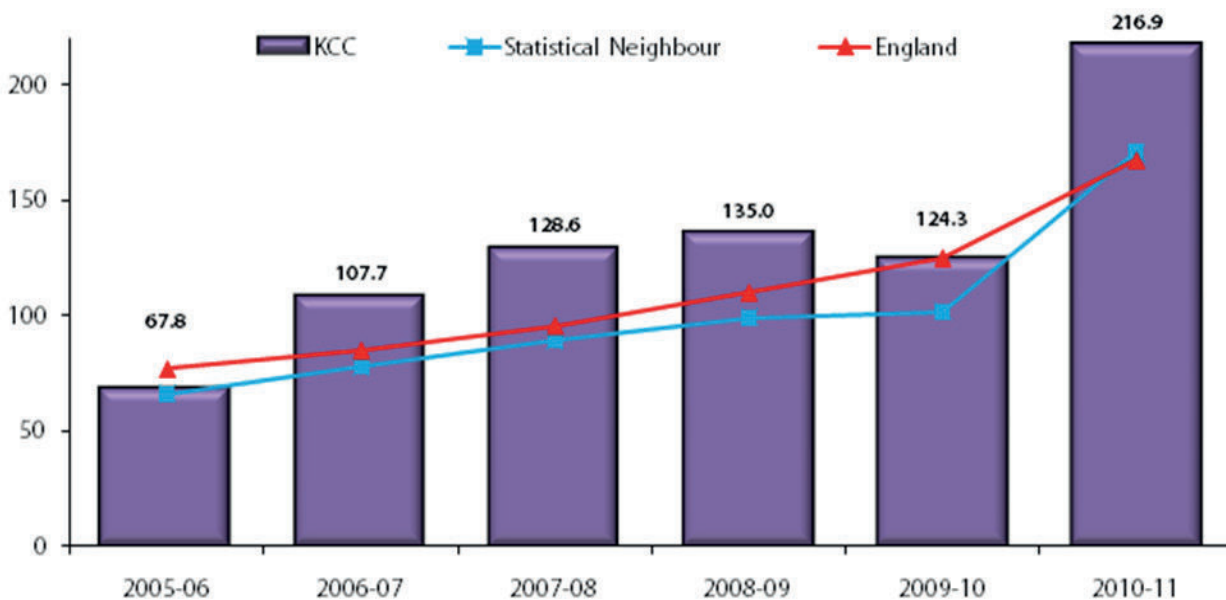
### Percentage of initial assessments completed within seven days of referral



A Core Assessment is a more in-depth assessment of a child or young person that addresses the most important aspects of a child's needs. The successful meeting of timescales can indicate effective joint working. Core Assessments are the means by which Section 47 (Child Protection) enquiries are undertaken.

The percentage of Core Assessments completed on time during the year was 72.2%, a decrease from 80.4% in 2009/10 and compared with 68.1% for statistical neighbours.

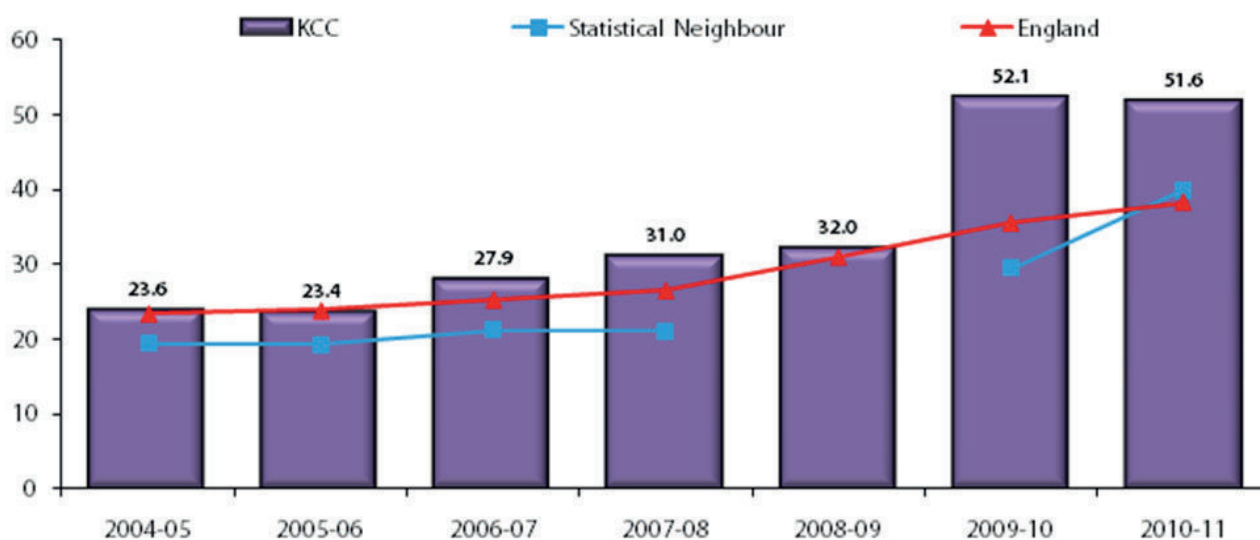
### Number of Core Assessments of children in need per 10,000 of the population aged under 18



Since April 2008 children are no longer placed on the child protection register but are referred to as children who are subject to a Child Protection Plan.

The graph below shows the number of Children and Young People who, as a result of a multi-agency child protection case conference, were considered to be in need of a formal multi-agency Child Protection Plan.

### Number of children subject to a Child Protection Plan at 31 March per 10,000 population aged under 18

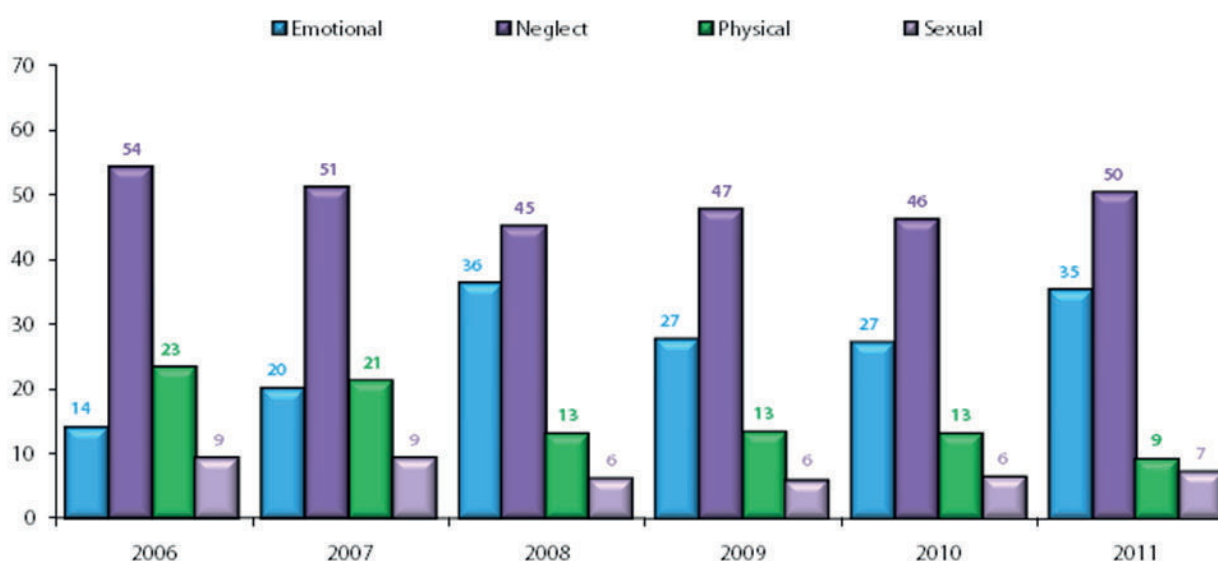


Plans for all such children are subject to statutory reviewing processes.

The 2010/11 year-end figure for the percentage of children who became subject to a Child Protection Plan during the year who had previously been registered was 14.5%, a 1.5% decrease from last year. We remain higher than our statistical neighbours for 2006/07 (14%) and the national average for 2006/07 (13.3%), which is 'acceptable'. It is recognised that there will be some situations where a second Child Protection Plan is required due to changing circumstances.

There are four categories of 'harm' as defined in the Children Act 1989 – Neglect, Physical Injury, Sexual Abuse and Emotional Abuse. The category children are placed under reflects the category professionals consider to most reflect the nature of the risks posed to them. Approximately 80% of all child protection plans are categorised by either emotional abuse or neglect. This reflects the increasing evidence base showing children who grow up in families where there is domestic violence and/or parental substance misuse are more likely to be at an increased risk of significant harm. There continues to be low numbers of children with plans relating to sexual abuse.

### Children subject to a Child Protection Plan as a percentage by category in the year



### Child protection reviews

In line with national guidance review, case conferences must be convened for all children subject to a Child Protection Plan initially after three months and then no less than every six months thereafter. During the period 1<sup>st</sup> April 2010 to 31<sup>st</sup> March 2011 initial reviews were held in relation to 107 children and there were a further 242 subsequent review conferences in respect of 143 children.

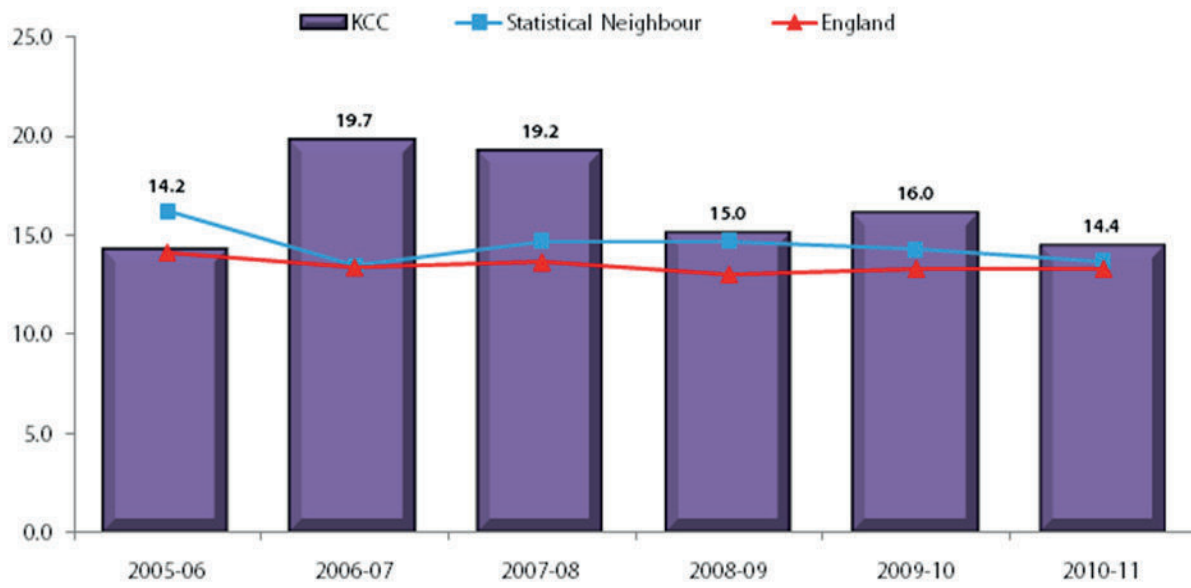
The DCSF measures the adequacy of review frequently by considering the reviews of children subject to a child protection plan at 31<sup>st</sup> March. 96.3% the children subject to a Plan at 31<sup>st</sup> March 2011 had been reviewed at an appropriate frequency.

Children and parents are actively encouraged to contribute their views and participate in the case conference process. For the period 1<sup>st</sup> April 2010 to 31<sup>st</sup> March 2011 the names of 1,515 Kent children were made subject to a Child Protection Plan following Initial Case Conference. Of those 219 (14.5%) had previously had their names subject to a plan. Being subject to a CPP should ensure that children are protected and that they and their families are receiving the necessary services to bring about specific outcomes set out in the Child Protection Plan. Planned outcomes should normally be delivered within two years but individual family circumstances may dictate longer duration where the best interest of the child can only be met by continued use of the Plan.

In the same period the names of 1,115 children were removed from a Plan of which 126 (11.3%) had been subject to a plan for longer than two years. As at 31<sup>st</sup> March 2011 of the 1,614 children whose names were subject to a Plan 112 (6.9%) have been on it for more than two years.

The percentage of children who have been re-registered to a child protection plan in the year measures whether children and their families are receiving the necessary services to bring about required changes. Implemented effectively, it should lead to children not needing to be subject to a Child Protection Plan for more than 2 years.

### Percentage of children who have been re-registered to a Child Protection Plan in the year



## Section 7

### Analysis of 2010/11

It is clear that during 2010/11 there was a steep decline in performance in safeguarding children in Kent. The parlous state of safeguarding children in the County has throughout the year been exposed by a series of inspections including those of Children Social Services, Health, Probation and CAF/CASS. It has become clear that the safeguarding children system had a number of defects. For example; high workload; inadequate appreciation of risk; assessments which lacked rigour and detail; processes not adhered to; and a lack of involvement by partner agencies.

Whilst the “Baby Peter effect” appears to have increased risk aversion amongst professionals across the country as a whole, it is possible that the high referral rate in Kent may also reflect an approach which appears to favour higher numbers of cared for children rather than “managing” them through a range of appropriate interventions. Possibly for similar reasons the number of referrals to Children’s Services has surged.

All agencies need to ensure that child protection concerns are referred in line with the KSCB procedures. However, opportunities for universal services to engage families and offer safeguarding support at an earlier stage are essential in order to reduce the need for child protection intervention. The KSCB believes that children have a right to be supported by universal services particularly if this will reduce the possibility of formal intervention in their lives – especially when this is not necessary.

Early intervention is key to the protection of children and young people. Successful application of the Common Assessment Framework is a crucial element in early identification of concerns. Much work has been undertaken to embed the CAF process across agencies. It is clear that staff in all agencies will only embrace CAF if this is driven and supported at all levels of management. It is apparent that further work is required before agencies can feel confident in its use and effectiveness. It highlights the need for effective leadership and regular monitoring by managers to measure impact.

During 2010/11 KSCB continued to deliver a well regarded multi-agency training programme and Serious Case Reviews have consistently been externally judged as ‘Good’.

The primary aim of the Board is to become clear about the effectiveness of arrangements for safeguarding children and then focus relentlessly on the necessary improvements. It is clear from all inspections that KSCB should develop a much more effective and comprehensive quality assurance framework to enable it to perform its scrutiny role.

A challenging Improvement Plan has been drawn up to tackle the deficiencies identified by the inspections which will be vigorously implemented by partner agencies over the coming months and monitored by the Improvement Panel and the Kent Safeguarding Children Board.

Enhancing the competence and confidence of professionals across the whole system of safeguarding children to accept responsibility for, and work with partners to manage risk is the single biggest challenge we face.

## Section 8

### Looking Ahead to 2011/2012:

A number of priorities for the future have been identified as a result of activity over the last year.

#### **Focus on Child Protection**

Given the problems identified within child protection services in Kent, KSCB is prioritising a work plan to ensure common understanding of thresholds and levels of need across agencies in Kent.

#### **Developing a Safeguarding Quality Assurance Framework**

KSCB has now developed an extensive and comprehensive quality and effectiveness framework which ensures that clear analysis is reported on a single agency basis to provide detailed and headline messages about safeguarding concerns in Kent.

The alignment of missing from care and missing from education policies with the missing children policy.

#### **Improved Governance and Accountability Arrangements**

KSCB has reviewed its constitution during 2011/12 and has put in place new governance arrangements. It will report on these in 2011/12 and respond swiftly to new expectations arising from the Munro Review and the government response.

#### **Recruitment of Lay Members**

Two new lay persons have been recruited during 2011 to ensure more effective public accountability of safeguarding performance in Kent.

#### **Strengthen engagement of KSCB with Voluntary Sector and Schools**

KSCB has worked with umbrella organisations to ensure that third sector representation is included in its membership and contains representation from early years, primary and secondary schools and further education establishments.

#### **Reform of the Public Sector**

Changes to the public sector, including the outcome of the reforms to the health economy and police commissioning will impact on safeguarding activity. KSCB will ensure that all new arrangements take account of these pressures and monitor carefully all associated risks.

## Section 9

# Financial Report 2010/11

The KSCB is funded under arrangements arising from Section 15 of Children Act 2004. The budget for each LSCB and the contribution made by each member organisation is agreed locally.

### Income

KSCB is funded largely from agency contributions. These contributions were established during the days of the Kent Child Protection Committee in 2005 and have not increased since. Therefore there has been no annual uplift to contributions during the last five years.

In addition to agency contributions, KSCB receives a Child Death Overview Panel (CDOP) grant from the Department for Children, Schools and Families (DCSF). It has also attracted some income through its training functions.

<b>Kent Safeguarding Children Board</b>	<b>2010/11 *</b>
<b>Income</b>	<b>£</b>
CFE	241,327
CDOP Grants	185,000
EKPCT	39,664
WKPCT	50,710
Kent Police Authority	56,484
Kent Probation Service	6,276
Connexions	10,000
CAFCASS	750
YOS	8,000
<b>Total Income</b>	<b>598,211</b>

### Expenditure

During 2010/11 the biggest area of expenditure was on its establishment and infrastructure costs. There was no increase in contributions from agencies since 2005 but the board has been able to secure some additional income from grants such as the Child Death Overview Panel and Safeguarding Grants to fund activity as well generating income from training delivery.

<b>Kent Safeguarding Children Board</b>	<b>Actual Spend 2010/11</b>
KSCB Staffing	282,295
Independent Chair	24,679



Training programme and subgroups (includes conferences, meetings, seminars & expenditure as a result of Phase 2)	77,916
Serious case reviews	7,103
Child Death Overview Panel	6151
Printing and publications (includes training materials, conference materials and leaflets, & reports commissioned externally)	2,974
IT and other office equipment	1,815
<b>TOTAL</b>	<b>402,933</b>

### What next

During 2011/12 KSCB will review its funding arrangements, establish a funding formula and ensure that the partnership is fit for purpose in delivering its strengthened scrutiny role. This will involve a greater focus on project management and business planning.

## Appendix 1

### Papers to the Board: 1<sup>st</sup> April 2010 – 31<sup>st</sup> March 2011

- Adolescent Risk Management Strategy (January 2011)
- An Overview of Safeguarding Issues (April 2010)
- Business Plan Objectives (September 2010)
- Children Young People's Plan (June 2010)
- Children's Services Restructuring Proposals (April 2010)
- Eligibility Criteria Dissemination (March 2011)
- How Safe are Looked After Children in Thanet? (January 2011)
- Impact of Domestic Abuse (April 2010)
- Inspection of Safeguarding and Looked After Children Services – Recovery and Improvement Plan (January 2011)
- Joint Guidance on Development of Local Protocols between Drug & Alcohol Treatment Services & Local Safeguarding & Family Services (June 2010)
- KCC Audit Report – Governance of Partnerships (January 2011)
- Kent & Medway Eligibility Criteria (January 2011)
- Kent and Medway Domestic Abuse Strategy 2010 – 2013 (September 2010)
- Kent Hidden Harm Strategy 2010 - 2013 (June 2010)
- KSCB Annual report, Review/Business Plan 2009 – 2010 (June 2010)
- KSCB Awareness Morning in November 2009 (April 2010)
- KSCB Current Aims & Objectives/Business Plan (March 2011)
- KSCB Proposals for KSCB Structure & Update on Independent Chair & Membership (January 2011)
- MARAC Information Sharing Agreement Policy (March 2011)
- Membership/Structure: Possible Models (April 2010)
- Messages from Kent's SCR's – Edinburgh Report (April 2010)
- Multi Agency Audit of Private Fostering Awareness in the Ashford 1 partnership area (June 2010)
- Needle Exchange Provision (January 2011)
- Pharmacological Management (January 2011)
- Putting Children First: Kent County Council Safeguarding and Looked After Children Improvement Plan (March 2011)
- Report of an Audit by KSCB of Referrals to Kent Children's Social Services by Health and Education Agencies (September 2010)
- Report of the Eligibility and Access to Children's Social Services (September 2010)
- Report on the working group's findings in relation to the development of secure referral processes for the inter-agency referral form (June 2010)
- Risk Management for Adolescents – The Northumberland Experience (January 2011)
- SCR 'Daniel': Overview Report and Executive Summary (September 2010)
- SCR Child A – London Borough of Bexley – OR / ES / Bexley Action Plan & KSCB Action Plan (June 2010)
- Specialist Community Substance Misuse (January 2011)
- Think Child, Think Parent, Think Family: Adult Mental Health (April 2010)
- Think Family and Substance Misuse (April 2010)

## Board Attendance Figures

The following attendance figures are based on the minutes. Attendance and contributions to Board and Sub-Groups is a key demonstration of duties under Section 11 of the Children Act 2004.

### 1) Members Attendance during April 2010 – March 2011

- 19 April 2010
- 17 June 2010
- 9 September 2010
- 18 November 2010
- 14 January 2011
- 10 March 2011

Title	Representing	Present	%
KSCB Independent Chair	KSCB	4	67
Kent Safeguarding Children Board Manager	KSCB	6	100
Head of Service	CAFCASS	4	67
Acting Director Child Health	Children's Health	4	67
Chief Executive	Connexions	5	83
District Crown Prosecutor	Crown Prosecution Service	3	50
Director of Nursing	Dartford & Gravesham NHS	3	50
Chief Executive Tonbridge & Malling	District Council	4	67
Chief Executive Shepway	District Councils	3	50
Director of Nursing	East Coastal Kent PCT	6	100
KSCB Vice Chair / Operations Director	East Coastal Kent PCT	6	100
Head of Children's Services East Kent	KCC Children Social Services	5	83
Corporate Director, Children Social Services	KCC Children Social Services	4	67
Kent Adult Services	Kent County Council	6	100
Director of Children Social Services	Kent County Council	5	83
Safeguarding Manager, Children Social Services	Kent County Council	4	67
Head of Service, Community Service	Kent County Council	1	17
Head of Children's Services West Kent	Kent County Council	6	100
Performance & Standards Officer	Kent County Council	6	100
Kent Director of Public Health	Kent County Council	6	100
Deputy Cabinet Member for CFE	Kent County Council	5	83
Director of Youth & Community	Kent County Council	5	83
Head of Corporate Parenting	Kent County Council	5	83
Director of Commissioning	Kent County Council	5	83
Lead Member	Kent County Council	6	100
Head of Children's Services Mid Kent	Kent County Council	5	83
Head of Safeguarding	Kent Mental Health Trust	5	83
Superintendent, Police Public protection Unit	Kent Police	5	83
Director of Operations	Kent Probation	6	100

Consultant Paediatrician	Maidstone Tunbridge Wells NHS	5	83
Head Teacher	Primary Heads	1	17
Safeguarding Children & Adults Manager	South Eastern Coastal Ambulance Service	1	17
Strategic Lead of Children & Young People	Strategic Health Authority	4	67
Managing Director	West Kent Community Health	5	83
Director of Nursing and Quality	West Kent PCT	3	50



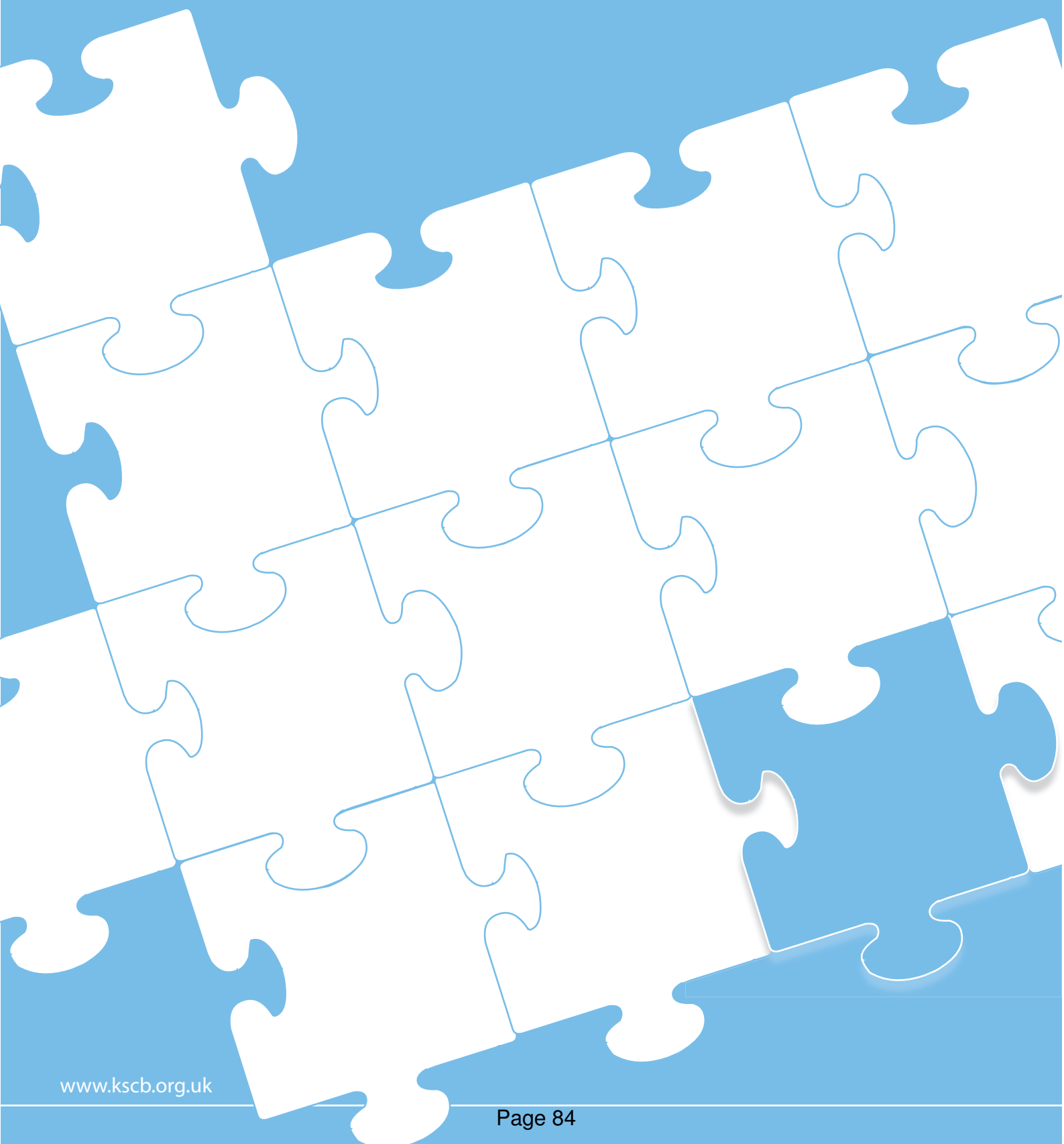
Notes



Kent Safeguarding Children Board  
Sessions House  
Maidstone  
Kent

01622 694659  
[www.kscb.org.uk](http://www.kscb.org.uk)

Written by Penny Davies, Kent Safeguarding Children Board Manager





By: Graham Gibbens, Cabinet Member for Adults Social Care and Public Health  
Meradin Peachey, Kent Director of Public Health

To: County Council – 29 March 2012

Subject: Health Inequalities Action Plan

Classification: Unrestricted

---

Summary: **Mind the Gap: Building Bridges to Better Health for All** is the Kent Health Inequalities Action Plan, produced with partners, aligning the Joint Strategic Needs Assessment priorities, Public Health Outcomes Framework and Marmot Life-course approach. The document demonstrates the Actions that contribute towards reducing inequalities and illustrates what more needs to be done to ensure that Kent can pro-actively meet the impending Health Premium criteria. There is a clear role for all sectors under the new Public Health arrangements from 2013 and this Action Plan along with the screening and engagement tool developed as part of Kent's 4 Point Approach has gained significant support as a way forward. It also provides a template for local councils and agencies to identify their own local actions to ensure that a collaborative effort to reduce inequalities can put Kent ahead of the game.

## For Information

---

### 1. Introduction

**1.1** The current transition to transfer Public Health responsibility into Local Authorities by 2013 is a timely opportunity for Public, Private, Voluntary sectors and social enterprises to work collaboratively and join forces to reach a variety of aspects of people's lives to improve health and lifestyle outcomes. The Action Plan provides a framework of the roles and priorities for the Local Authority, Health and Wellbeing Board and Clinical Commissioning Consortia and make head-way into meeting the awaited guidance for Health Premiums.

**1.2** Mind the Gap has been produced in partnership with KCC Directorates, NHS Public Health and local districts to build a shared commitment to reducing inequalities. The Action Plan is aligned to existing national programmes, Kent's JSNA, Marmot's objectives for reducing inequalities and the recent Public Health Outcomes Framework to ensure that priorities and commitment are owned and achievable.

**1.3** The aim of Mind the Gap is to provide a clear, visual and succinct picture of Kent's approach to reducing health inequalities and identify, collaboratively, what more needs to be done.

**1.4** The 4 Point Approach explains what needs to be done to breath life into the Action Plan, ensuring it is an active document that constantly challenges health inequality outcomes. It also provides opportunities to evidence and up-scale good practice. More about this approach is detailed below.

**1.5** It is intended that district councils and their partners will use the framework of this plan to identify their own local actions that will impact on inequalities throughout the life course. Different functions such as Housing, Mental Health and Tobacco Control can do the same. Some districts in Kent are proposing Locality Board arrangements to form relationships with the Health and Wellbeing Board. Links to the Locality Boards are important, reflecting the complexities of health and social care needs across Kent.

## **2. The Action Plan**

**2.1** The Action Plan is defined by the 6 Chapter Headings representing the Marmot Policy themes to progress away from silo-d delivery and promote the 'life-course' approach. This encapsulates wider social determinants such as Housing, Transport, Education and Employment.

**2.2** Under each Life-Course theme, a set of priorities have been identified; reflected from the Joint Strategic Needs Assessment (JSNA). The Actions listed below each Priority demonstrate Kent's commitment to reduce health inequalities. Only actions linked to health inequality outcomes have been included, but the list is by no means exhaustive. Conditions that are not fundamentally entrenched in inequalities (such as dementia for example) and are prevalent across all social groups are better placed in health promotion strategies and have not been prioritised in this plan. Seated within each chapter one Action has been highlighted as potentially making the greatest impact in reducing health inequalities. These priority Actions are also summarized within local profile charts to indicate where performance needs to be improved and provides opportunities for up-scaling good practice.

**2.3** In Kent we want to be clear about our aims and we want to challenge ourselves and partners to reverse the national trend of increasing health inequalities. The Plan includes a commitment of activities to reduce the inequalities gap by a default 1% per annum in most cases and a more aspiring improvement rate for some of the most difficult priorities. Further detail illustrated in the Aspirations table where we share our vision of **What Good Will Look Like in 2015**.

## **3. Developing the Action Plan**

**3.1 What do we need to do:** Kent Public Health are working with national experts to develop a single screening and assessment tool designed to measure the impact of activities on inequalities in Kent. This puts Kent in a unique driving position and has the support of Chris Bentley from HINST Associates. The Screening and Assessment tool is encapsulated in the 4 Point Approach.

#### **Deliver this 4 POINT APPROACH:**

- i) **Target the population appropriately** by using local intelligence, data from the JSNA, health profiles. The intensity of focus of response strategies, both County and locality based, should be targeted in accordance with the principles of equity: greater attention and investment to areas and issues of greater need in order to maximise and improve overall outcomes.
- ii) **Apply the HINST Christmas Tree Tool** to the commissioning cycle to ensure interventions are delivered effectively. The tool models the potential contribution of interventions necessary to achieve targets and ensure that local people have a voice.
- iii) **Assess impact** on health inequalities by applying the wellbeing screening tool and by listening to local communities. The health inequalities wellbeing screening tool will provide a model for assessing and measuring interventions which are integral to cost effective commissioning and delivering targets and positive outcomes for the population.
- iv) **Ownership** and delivery of priorities through locally agreed action plans.

**3.2** This Health Inequalities Action Plan will be active, promoted and owned by us all. Contributions have been made by Public Health Consultants, Specialists and Local Government Officers and District Authorities, with additional representation from the voluntary sector.

**3.3** The monitoring and progress of the Health Inequalities Action Plan will be overseen by the Kent Health Inequalities Group which will provide regular updates to Public Health DMT and to POSC as and when required.

**3.4** The Action Plan is also to be closely aligned to the priorities of Vision For Kent, giving particularly support to Ambition Board 2, Tackling Disadvantage

#### **4. Recommendation**

County Council are asked to:

- (i) NOTE and SUPPORT the contents of the report.
- (ii) Adopt the report as the Health Inequalities Action Plan for Kent County Council
- (iii) Note that the Health Inequalities Action Plan will support the Health Inequalities agenda for the Health and Wellbeing Strategy and Ambition Board 2, Tackling Disadvantage.
- (iv) Agree that the Kent Health Inequalities Steering Group be responsible for overseeing performance and report progress to the Public Health Directorate Management Team on a quarterly basis.

- (v) Support and agree that Districts use the template of this Action Plan to develop localised specific Health Inequalities Action Plans relevant to each District. The template can also be adopted for specific subject areas such as Housing and Mental Health if required.
- (vi) Agree to the development of mainstreaming a single assessment tool for policy, planning and commissioning. This process (the 4 point approach) will screen for impact on health inequalities and demonstrate that the County Council has considered and addressed health inequalities at every available opportunity.

**Contact Officer:**

Deborah Smith

Policy Manager

Kent Public Health Department

Tel: 01622 696176



Kent's Health Inequalities Action Plan

**MIND THE GAP** Building bridges to better health for all

2012/15





# Foreword



**Graham Gibbens**  
*Cabinet Member for Adult Social Care and Public Health*

We live in an age where everyone's health is improving and we are all living longer. Only 100 years ago, the average lifespan was 47 years – and now it is 80 years.

However, just like 40 years ago, if you are wealthier you are likely to live longer and have better health.

What happens to you during your lifetime has a huge impact on your health. Poor health is linked to whether you drink or smoke, what you eat, your qualifications, the job you do, how much you earn and where you live.

With so many factors having an affect on our health, central government has put responsibility for public health back in the hands of local authorities. The reasoning is that councils have local influence over many of those things that affect our health, from housing, regeneration and planning to education, leisure and road safety. Of course, services for children, young people and vulnerable adults also play a vital part.

Taking on these responsibilities is something I am pleased to do because tackling disadvantage – and unfairness – in our communities is one of our three ambitions. Indeed, it is part of our Community Strategy – the Vision for Kent.

We want all residents in Kent to live longer, healthier lives, regardless of where they live or how much money they have. We want the lives of the poorest to improve fastest so that the inequality that exists between the richest and poorest in our communities is reduced. This is especially important at a time when more people are finding it harder to make ends meet.

This plan sets out what we are going to do to fulfill our new responsibilities to tackle health inequalities in our communities and to help keep us all – especially those with fewer advantages – to feel well and stay healthy.

I welcome and recommend this action plan to you and look forward to seeing the difference we can make to the lives of the people of Kent.

**Meradin Peachey**  
*Director for Public Health*



This Action plan sets out how partners- Health, Districts, the 3<sup>rd</sup> Sector and others across Kent –will fulfill our responsibilities and it refreshes the commitment and strengthens the contributions made by all key stakeholders. It has a wider and more collective ownership and commitment to health inequalities, so that we can all work together to really make a difference. This will require a focused, targeted approach to inequalities and strong partnerships with the Kent Community to gain insight into attitudes and behaviours that prevent lifestyle change.

The priorities and actions come from National Programmes and our Joint Strategic Needs Assessment and guidance such as the Healthy Child Programme, Health and Social Care Bill and the Public Health Outcomes Framework are referenced throughout.

Our aspirations to achieve a measure of good practice are described under the 'What Good Will Look Like in 2015' section. This is where the scaling up and systematic delivery of effective programmes with robust outcomes will come into effect and where challenges, risks and innovation will need to be applied.

This Action Plan, driven by the Joint Strategic Needs Assessment and Marmot's Life-course objectives provides a clear, focused commitment to how and by when we will see outcomes to reduce to the inequalities gap.

Kent County Council is committed to delivering services that will support this action plan but success will depend on all our partners' ongoing commitment and support. Together we can make a difference.

# Contents

## What people in Kent think

### Introduction

1. Health Inequalities in Kent
2. Who Will do what
3. What this Plan will do to tackle Health Inequalities in Kent
4. The Tools We Use

Pg 4

*"It's great we now have something that says how things should be happening"*  
*"we can use this to ask our council and local services why they are not doing what it says"*

### Objectives

1. Give every child the best start in life
2. Enable all children, young people & adults to maximise their capabilities and have control over their lives
3. Create fair employment & good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health Prevention

Pg 10

*"It's about personal choice, and how the agencies that are around 'pitch' their services at you..... they don't offer us the right stuff at the right time, and then wonder why things go wrong"*

Pg 23

Pg 33

*"They ( council services ) shouldn't decide how locally they can do this, people like us should be spoken with so we can tell them... we want to be involved"*

Pg 39

Pg 44

Pg 52

*"It's a tool to make sure we don't just get the scraps, but have a fair shot too"*

# Introduction

## 1. Health Inequalities in Kent

Health inequalities are the result of a set of complex interactions, including:

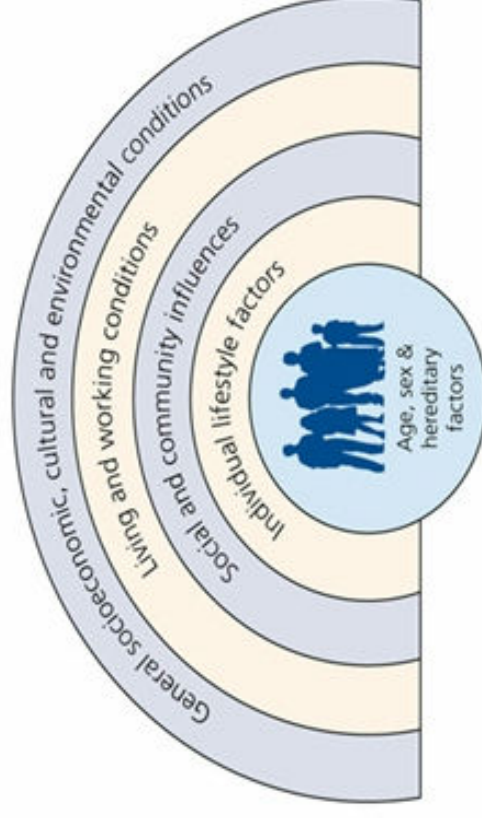
- the long-term effects of a disadvantaged social position
- differences in access to information, services and resources
- differences in exposure to risk
- lack of control over one's own life circumstances
- a health system that may reinforce social and economic inequalities.

Page 92

These factors all affect a person's ability to withstand the stressors – biological, social, psychological and economic – that can trigger ill health. They also affect the capacity to change behaviour.

Measures of health inequality are not primarily about health but of socio-economic status which has an impact on health and can lead to disease. Relative deprivation impacts on a person's ability to participate in or have access to employment, occupation, education, recreation, family and social activities and relationships which are commonly experienced by the mainstream. People in deprived circumstances often do not present with major health problems until too late. Barriers to presentation include structural issues such as poor access and transport; language and literacy problems; poor knowledge; low expectation of health and health services; fear and denial and low self esteem.

All age all cause mortality is the accepted convention for measuring overall health status of communities. By showing mortality rates charted to deprivation we can demonstrate that the overall mortality gap between the richest and poorest in Kent is increasing over time and that there is a highly significant correlation between relative deprivation and life expectancy across the county as a whole and for many of the district council areas. Poverty exists all over Kent and is not confined to specific areas. Although Kent has a better than England average inequality in male life expectancy (8.2years) it is still worse than the South East region average of 7.3years and there is still a lot more to be done to tackle the life expectancy of the most to the least deprived (*Health Inequalities in Kent – Two Years on from Fair Society Healthy Lives (The Marmot Review – February 2012)*)



*Dahlgren and Whitehead (1991)*

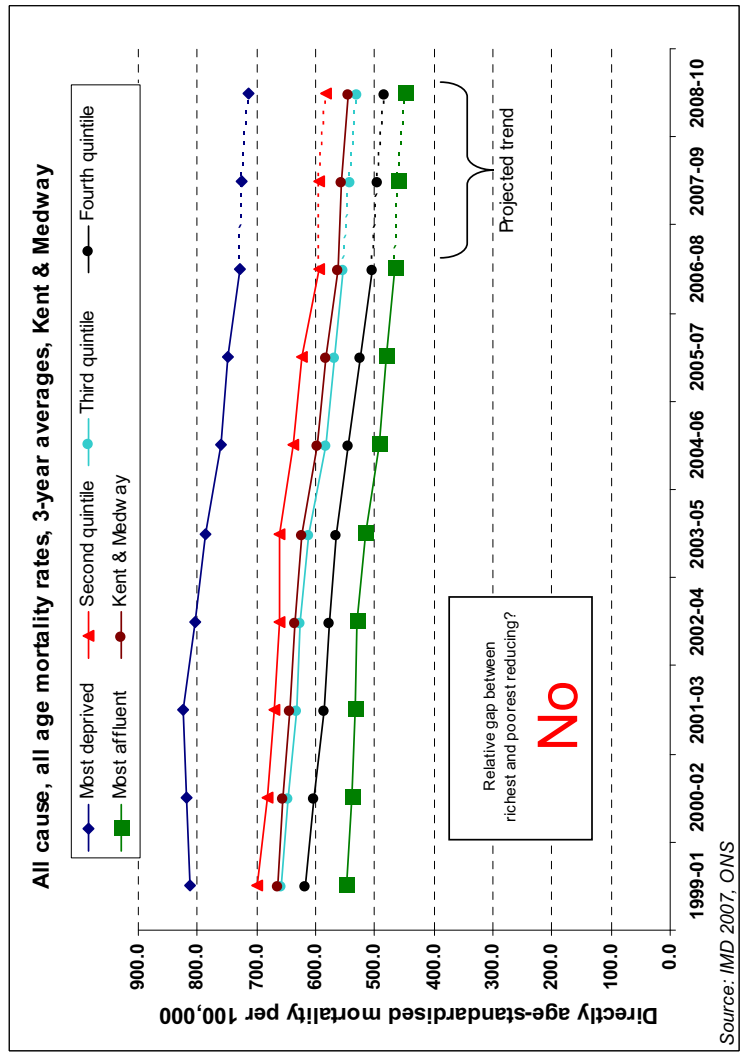


Slope Index of Inequality for Life Expectancy 2005-2009

	Males Slope Index of Inequality (years)	Females Slope Index of Inequality (years)
Slope Index score represents the gap in years of life expectancy at birth between the most deprived and least deprived in the local authority area.		
Kent CC	8.1	5.0
Ashford	4.3	2.2
Canterbury	6.8	4.7
Dartford	8.1	5.7
Dover	8.0	2.3
Gravesham	9.1	4.2
Maidstone	7.2	5.9
Sevenoaks	4.3	1.6
Shepway	8.4	7.1
Swale	7.7	4.9
Thanet	12.3	7.2
Tonbridge and Malling	7.2	5.4
Tunbridge Wells	4.9	0.6

Source: APHO 2012; see also Objective 4

All age, all cause mortality rates, 3-year averages, Kent & Medway



For more information at a District level Trends in Health Inequalities in Kent and Medway 2010 (Dr J. Sexton) is available at [www.kmpho.nhs.uk/health-inequalities/life-expectancy/?assetdet957414=96348](http://www.kmpho.nhs.uk/health-inequalities/life-expectancy/?assetdet957414=96348)

**2. What this Plan will do to tackle Health Inequalities in Kent**

We will transform health inequalities in Kent by reducing the gap in health status between our richest and poorest communities.

Most importantly we will improve health and wellbeing for everyone in Kent but we will “improve the health of the poorest fastest” so that more people will live longer in better health and the difference in life expectancy within and between communities in Kent will reduce.

### **What we will achieve by 2015:**

- Increase breast-feeding initiation rates and prevalence at 6-8 weeks in all parts of Kent
- Roll out Total Child Pilot to schools to help schools identify health and wellbeing issues for pupils
- Increase proportion of Young People (16-18) & (18-24) in full time education or employment
- Reduction in the levels of inequalities for Life Expectancy for Males and Females
- Reduce homelessness and its negative impact for those living in temporary accommodation
- Reduce the rate of deaths attributable to smoking in all persons

**The Economic Benefit of Reducing Inequalities** will yield tangible results for individuals, families and communities. For example, each teenage pregnancy avoided will save a total of £400,000 in extra costs to the taxpayer in health, benefits, tax from earnings and lost productivity. 9417 more people in Kent will be helped to stop smoking this year (2011/12) and on average every smoker who quits will save over £2000 pa. Every pound invested in tobacco control and smoking cessation will save £11 in health, social care and related costs.

### **3. Who will Do What**

The Action Plan provides a framework and tools to identify, analyse and evaluate actions that can contribute to reducing health inequalities.

#### **Local Authority**

Kent County Council is taking on new responsibilities for Public Health and for tackling the social determinants of health inequalities. However we will only succeed if all local authorities and our partners across Kent are engaged and committed to reducing health inequalities in their areas.

The objectives and priorities are set by the Marmot review and the Kent Joint Strategic Needs Assessment but the actions can be changed to suit different organisations, districts and localities, functions or issues. We are hoping that district councils and their partners will use the framework of the plan to identify their own local actions that will impact on inequalities throughout the life course. Different functions such as Housing, Mental Health and Tobacco Control can do the same.

Some districts in Kent are proposing Locality arrangements. As these arrangements evolve alongside new Clinical Commissioning groups this action plan will play an important role in informing planning, commissioning priorities and decisions.

*‘People’s health and well-being will be at the heart of everything local councils do. It’s nonsense to think that health can be tackled on its own. Directors of public health will be able to champion local co-operation so that health issues are considered alongside housing, transport, and education.’*

*Andrew Lansley, Secretary of State for Health, November 2010*

### **Partnership Working**

Kent has embraced this challenge through the Sustainable Community Strategy *Vision for Kent 2012-2022*. The Vision for Kent sets out three Countywide Ambitions that will guide the direction of public services in Kent for the next ten years:

- Ambition 1 - To grow the economy
- Ambition 2 - To tackle disadvantage
- Ambition 3 - To put citizens in control

It puts emphasis on economic regeneration, work creation, supporting vulnerable people, a good standard of living and the development of healthy and sustainable places and communities. This Action Plan is sponsored by Ambition Board 2 and is integral to work in Kent to tackle disadvantage.

### **Primary Care and Clinical Commissioning Groups (CCGs)**

The NHS Commissioning Board and CCGs will need to adopt a process that demonstrates what they have done to fulfill their health inequalities duties on an annual basis including ensuring that access to NHS care is demonstrably fair and equitable across different groups, e.g. age, sex, social class, geography. The Four Point Approach (see page 8) developed to deliver this Action Plan is recommended as a robust screening and assessment tool that can detail a plausible audit trail to addressing inequalities. Emphasis on reducing inequalities should be focused on delivering screening and prevention programmes including Health Checks, immunisations, early diagnosis and reducing the burden of Long Term Conditions to the right populations not just those that present themselves.

### **Acute Services**

The NHS Outcome Framework defines and supports clinical outcomes, including the reduction of health inequalities for NHS commissioners, encouraging them to work in partnership with the public health system to improve health and wellbeing and reduce health inequalities, underpinned by NICE quality standards or other accredited evidence. In particular, the outcomes frameworks should be aligned, with further shared outcomes across the NHS and public health system ([http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_132085.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_132085.pdf)) This should also be demonstrated through “make every contact count” a key component of the NHS Future Forum’s SIX POINT PLAN to use every contact with an individual to maintain or improve their mental and physical health and wellbeing where possible. This will be included in the NHS Constitution.

## 4. The Tools we Use

**What do we need to do:** The Action we need to take is summarised in this Four Point Approach.

### **Deliver this 4 POINT APPROACH:**

- i) **Target the population appropriately** by using local intelligence, data from the JSNA, health profiles
- ii) **Apply the HINST Christmas Tree Tool** to commissioning to ensure interventions are delivered effectively to achieve population outcomes.
- iii) **Assess impact** on health inequalities by applying the wellbeing screening tool and by listening to local communities
- iv) **Ownership** and delivery of priorities through locally agreed action plans

Page 96

#### **I. Targeting the population** - Understanding the needs of our communities.

The focus of response strategies, both county and locality based, should be targeted in accordance with the principles of equity (greater attention and investment to areas and issues of greatest need) in order to maximise and improve overall outcomes.

There is a wealth of research, information, data and sophisticated profiling tools available in Kent to help identify those areas and issues of greatest need.

- o Joint Strategic Needs Assessment and Social Care maps ([www.kmpho.nhs.uk/jsna/](http://www.kmpho.nhs.uk/jsna/))
- o District and Kent Health Profiles from the Department of Health ([www.apho.org.uk/resource/view.aspx?QN=HP\\_RESULTS&GEOGRAPHY=29](http://www.apho.org.uk/resource/view.aspx?QN=HP_RESULTS&GEOGRAPHY=29))
- o Key facts about the County of Kent including Deprivation, population, employment, housing can be found at KCC Research and Intelligence Unit website ([www.kent.gov.uk/your\\_council/kent\\_facts\\_and\\_figures.aspx](http://www.kent.gov.uk/your_council/kent_facts_and_figures.aspx))

## II. Strategic Commissioning – using the HINST Christmas Tree Model (right)

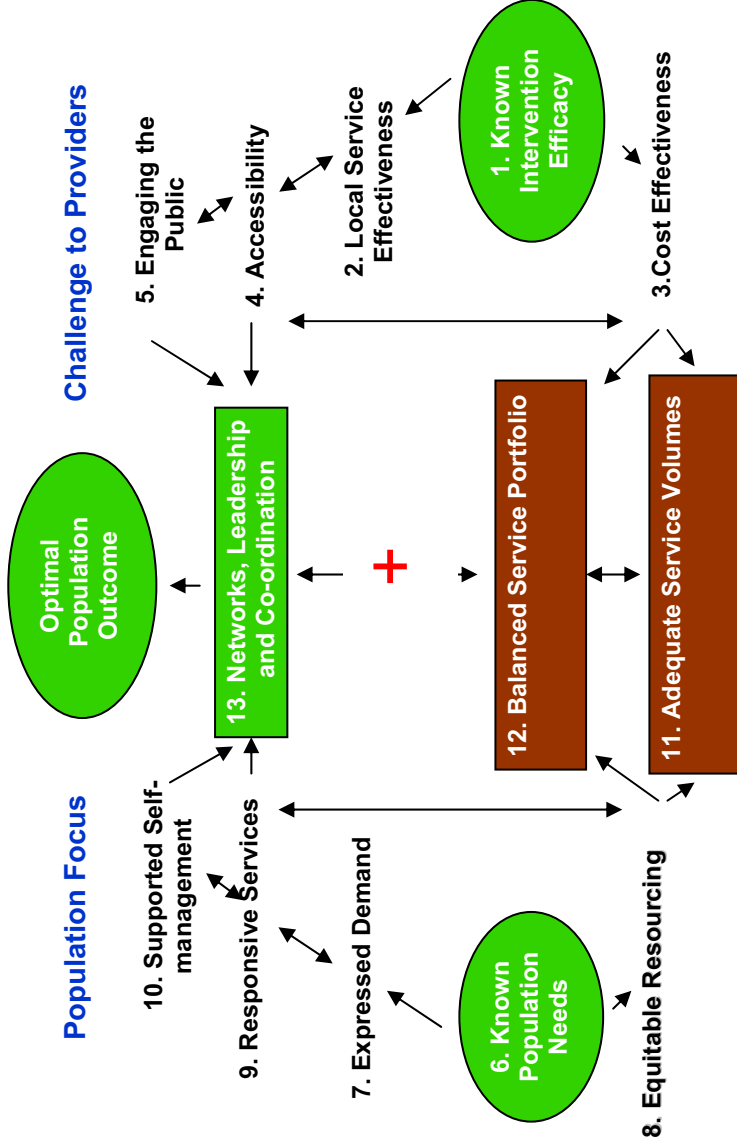
The Department of Health Health Inequalities National Support Team (HINST) developed the Christmas Tree model to introduce greater emphasis on the Population Focus (left hand side of the model) that is needed to fully achieve effective outcomes. It has the potential to support commissioners to engage in the systematic delivery of the best health outcomes from a given set of interventions and ensure that local people have a voice.

## III. Impact Assessment - Supporting Operational effectiveness

through the development of a health inequalities wellbeing screening tool will provide a model for assessing and measuring the impact of interventions which are integral to cost effective commissioning and delivering targets and positive outcomes for the population. This approach will also provide the Health and Wellbeing Board with evidence of improvements to facilitate access to the health premiums that the Government is proposing to use to reward progress on specific public health outcomes.



## Commissioning for Best Outcomes



The screening tool developed by the National MWIA Collaborative (England) and published in May 2011 will put wellbeing at the centre of our planning as a key part of addressing inequalities.

Commissioners should be aware of a range of tools available to help them assess cost benefits. The National Institute for Health and Clinical Excellence (NICE) proposed a three step approach to determine the benefits of public health interventions (2010) and recommended the need for benefits to be reported in 'natural units', such as life years saved and reductions in hospital admissions as well as through financial modeling.



# 1: Give every child the best start in life

Improving health in the early years of life contributes considerably to better health outcomes in later life, with reduced levels of diabetes, coronary heart disease and hypertension, all of which have a significant impact on the NHS as well as wider society, children and their families.

## **Life-Course 1: Key Priority for Making a Difference in Kent**

Increase breast-feeding initiation rates and prevalence at 6-8 weeks in all parts of Kent

*The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. (Marmot Review 2010)*

# Objective 1A: Give every child the best start in life (Conception-9 months)

Delivered through Maternity Matters; Infant Feeding Action Plan

## Priorities

1A: Support good health and wellbeing in pregnancy and the newborn

1a.1 Help increase the number of healthy births

1a.2 Increase breast-feeding initiation rates and prevalence at 6-8 weeks in all parts of Kent - **Priority Issue for Kent**

## Actions

1a.1.1 Strengthen midwifery and stop smoking resources to reduce smoking in pregnancy

1a.1.2 Strengthen buddy role through Midwifery

1a.1.3 Campaign to promote good health in pregnancy

1a.1.4 Ensure teenage mothers have additional support

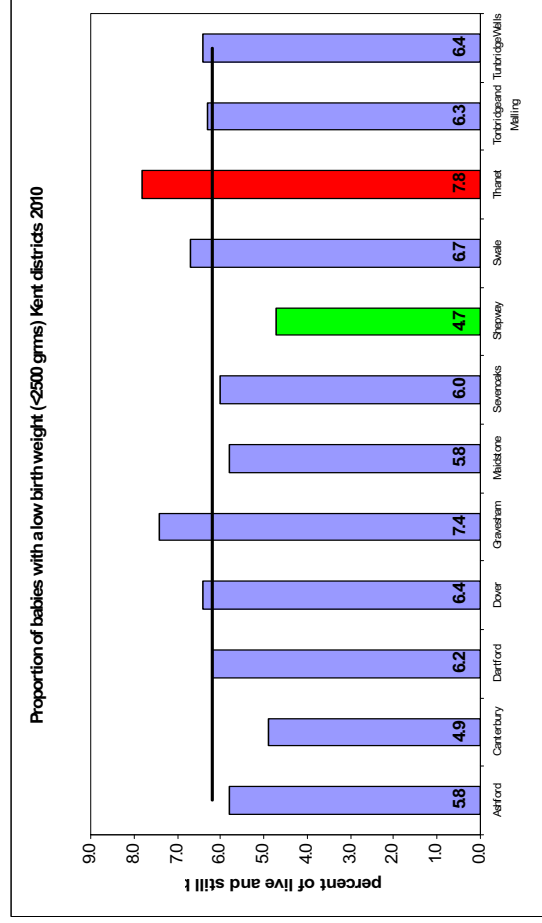
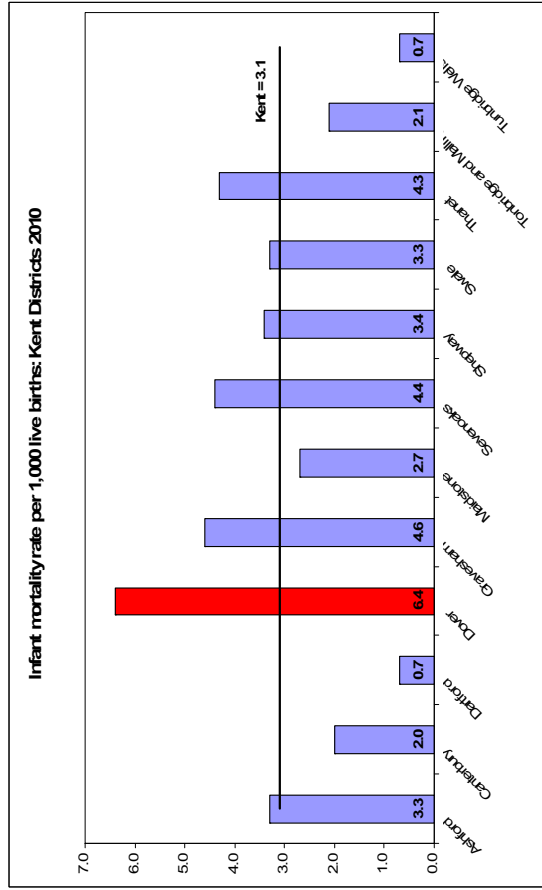
1a.1.5 Supporting pregnant women who are experiencing domestic violence

1a.2.1 Support infant feeding by achieving UNICEF's Baby Friendly accreditation and by putting the infant feeding action plan in place

1a.2.2 Develop a needs assessment for breastfeeding to support targeting and commissioning of services

## Objective 1A. Give every child the best start in life

### Priority 1a.1 Help increase number of healthy births



The NHS Information Centre for health and social care. © Crown Copyright.

- The overall rate for infant mortality for Kent has been consistently lower than the England and Wales rate. However there are differences in infant mortality rates which could point to a health inequality based on socio-economic circumstances. There are a higher number of infant deaths in East Kent and latest data indicates that Dover far exceeds the Kent average.
- Low birth weight has serious consequences for health in later life. Increased viability and survival of very pre-term infants due to advances in medical technology will account for some of the very low birth rate weights.
- Smoking in pregnancy is known to affect both birth weight and incidence of infant mortality and continues to impact on the health of a child.
- Domestic violence is more likely to occur to women in their reproductive years, from lower socio-economic areas and often increases during pregnancy.
- A particularly vulnerable group is teenage mothers who are much more likely to be posing considerable risk to both themselves and their babies. They are also highly likely to access services late, potentially further compromising their care. Teenage mothers had a statistically significant higher rate of stillbirths. Postnatally they had much lower rates of breastfeeding at both birth and at 6-8 weeks.

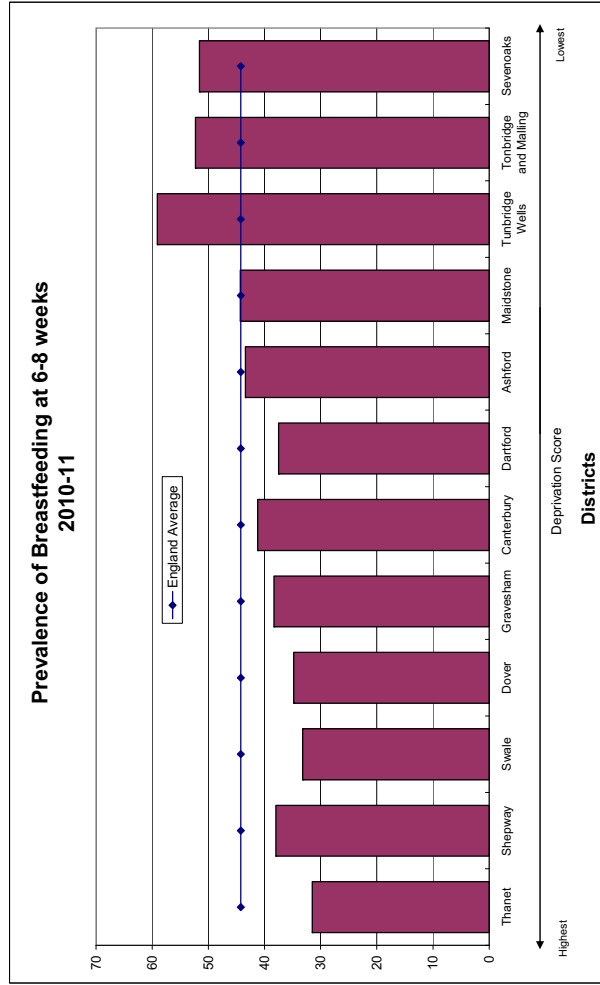


### Priority 1a.2 Support infant feeding by achieving UNICEF's Baby Friendly accreditation

Breastfeeding makes an important contribution to the health of mothers and infants. The Government has committed to increase support for breastfeeding as part of its strategy to reduce health inequalities and has set a target to increase breastfeeding initiation rates by 2% per year, focusing particularly on women from disadvantaged groups. In Kent averages in breastfeeding at birth mask significant disparity between Hospital Trusts. For example in two Kent hospitals from April- June 2011 65% of new mothers breastfed at the Darent Valley Hospital, 78% did so at Maidstone and Tunbridge Wells. This translates to PCTs as:

Initiation Rates	Eastern and Coastal Kent	West Kent PCT	England Average
Breastfeeding at birth %	69.22	71.46	74.6

CHIMAT breastfeeding profile East & West Kent 2011 child profile- chimat



The rate of exclusive breastfeeding at birth and at 6-8 weeks confirms that women in the most deprived areas are less likely to breastfeed. The biggest drop off in breast feeding occurs by the fourth day after birth.

## Local Profile

Setting Local Priorities: addressing inequalities at a district level. National target for coverage 95%. National target for prevalence 46%.

### 6-8 week breast feeding status by mother's Local Authority of residence 2011

Area	Number of Maternities	Prevalence of Breast feeding	% coverage The number of children with a breastfeeding status recorded as a percentage of all infants due for a 6-8 week check during the quarter
Ashford	1458	36.1%	83.2%
Canterbury	1475	38.8%	82.6%
Dover	1169	34.4%	87.6%
Shepway	1188	35.9%	87.4%
Swale	1715	27.9%	84.1%
Thanet	1667	31.1%	83.2%
Dartford	1436	33.4%	85.9%
Gravesham	1348	34.1%	87.2%
Maidstone	1969	42.1%	92.1%
Sevenoaks	1337	51.2%	90.1%
Tonbridge & Malling	1434	44.8%	92.0%
Tunbridge Wells	1395	54.1%	91.6%

Source: KMPHO

## The Aspirations

Planners and Commissioners should

- i) Use local intelligence data from the JSNA, health profiles and from local communities to influence service delivery.
- ii) Apply the HINST Diagnostic Tool into the commissioning cycle to ensure interventions are delivered effectively
- iii) Assess impact on health inequalities by applying the Impact assessment tool

Action	What good will look like in 2015	Aspirational Targets
<b>1a.1 Increase Numbers of Healthy Births</b>		
All women are supported throughout their pregnancy, know how and when to access services and can easily find support in their community. They have access to help and information about avoidable risks and lifestyle choices to keep their baby healthy. Women in deprived areas or in at risk groups receive additional targeted support in ways that suit them and they access services in good time.		<ul style="list-style-type: none"> <li>• Reduction in Infant mortality</li> <li>• 50% reduction in smoking in pregnancy by 2015</li> <li>• 1% reduction in low birth weight</li> </ul>
1a.1.1 Strengthen midwifery and Smoking Cessation resources to reduce smoking in pregnancy	Provide a whole systems approach to engaging with and supporting pregnant smokers. Linking pathways between acute, primary and community interventions.	<ul style="list-style-type: none"> <li>• 50% reduction in smoking in pregnancy by 2015</li> </ul>
1a.1.2 Strengthen midwifery resources to provide health buddy support through pregnancy	Giving priority to pre and post natal interventions including intensive home visiting with outreach to increase take-up from the most disadvantaged families Health buddy support -repeated broad based contacts with either a professional or peer educator both before and after birth to assist in take up of breast feeding and smoking cessation	
1a.1.3 Deliver effective campaign to promote good health and wellbeing in pregnancy	All women have access to good information and signposting to support lifestyle choices and wellbeing	
1a.1.4 Ensure teenage mothers have additional support	New ways of working: Children's Centres taking on the main role for providing tailored support to teenage parents including the facilitation of provision of specific education programmes within the young parent support groups. Commissioning of improved transition support onto longer term education and training programmes once input from young parent support groups has ceased.	<p>For teenage mums-</p> <ul style="list-style-type: none"> <li>• 1% reduction in low birth weight</li> <li>• 75% Increase breast feeding initiation rates by 2015</li> <li>• 55% Increase in breast feeding prevalence 6-8 weeks after birth by 2015</li> </ul>

	Reduction in greater prevalence of smoking among teenage mums in areas of deprivation. Smoking cessation support is available in new non medical places targeted to where mums will go- soft play centres, libraries, children centres.	<ul style="list-style-type: none"> <li>Reduce greater prevalence of smoking amongst teenage Mums in areas of deprivation</li> </ul>
1a.1.5 Support pregnant women who are experiencing domestic violence	Front line staff are given training and awareness raising about domestic violence, how to recognise it and what support is available. NICE Guidelines for women with complex social circumstances implemented	
<b>1a.2 Increase breast-feeding initiation rates and prevalence at 6-8 weeks in all parts of Kent</b>		
	The Baby Friendly Initiative works with the health-care system to ensure a high standard of care for pregnant women and breastfeeding mothers and babies.  In whatever way a woman chooses to feed her baby health care professionals will make sure mums are supported and confident	<ul style="list-style-type: none"> <li>2% Increase breast feeding initiation rates</li> <li>2% Increase in breast feeding prevalence 6-8 weeks after birth</li> </ul>
The Kent and Medway Infant feeding plan will be fully implemented.		
1a.2.1 Support infant feeding by achieving Unicef's Baby Friendly accreditation and by putting the infant feeding action plan in place	Working through maternity units, hospitals, children centres, midwives and Health Visitors to achieve Unicef's baby friendly accreditation. Best practice is in place in a range of medical and community settings and Unicef's assessment and accreditation process is in progress recognising those that have achieved the required standard There will be a quarter on quarter increase in the uptake of the Healthy Start scheme-a statutory scheme providing a nutritional safety net and encouragement for breastfeeding and healthy eating for pregnant women and children under 4 in low income and disadvantaged families across the UK.	
1a.2.2 Develop a needs assessment for breastfeeding to support targeting and commissioning of services	The needs assessment is being used to identify groups or areas where targeted support will increase breastfeeding	2% increase in breastfeeding rates in the most disadvantaged groups

# Objective 1B: Give every child the best start in life (From 9 months)

Delivery through- Early Intervention and Prevention Programme; Healthy Child Programme; Healthy Schools; Putting Children First- Safeguarding and Looked After Children's Services Improvement and Development Plan; Action plan for children's emotional wellbeing and mental health; CYPP; Hidden Harm strategy ; smokefree homes initiative

## Priorities

1b. 1 Support parents so that they can raise emotionally and mentally healthy children

1b.2 Encourage access to health services for all

1b.3 Promote Healthy Weight for Children

1b.4. Increase childhood immunisations in groups of children in whom uptake is identified as being below average

## Actions

1b.1.1 Provide clear and quick access through a redesign of child and adolescent mental health services (CAMHS),

1b.2.1 Make Information available about finding and registering with a G.P. and dentist through community settings

1b.3.1 Implement new recommendations for physical activity for under 5s in early years settings

1b.4.1 increasing childhood immunisations among Gypsy and Traveller children

1b.1.2 Targeted intervention through family nurse partnerships and commissioned support around High Need Families

1b.2.2 Families or young people who do not traditionally engage with services are supported to access health professionals

1b.3.2 Implement Healthy Weight Care pathway

1b.4.2 Introduce new ways and different settings to promote take up of childhood immunisations

1b.1.3 Identify and improve access to services for substance misusing parents

1b.3.3 Support access to physical activity and sport into adolescence

1b.1.4 Targeted campaign to reduce children's exposure to secondhand smoke

## Objective 1B: Give every child the best start in life (9 months+)

### Priority 1b.1 Support parents so that they can raise emotionally and mentally healthy children

The role parents play in the health and wellbeing of their children cannot be overstated. Assisting parents to make the right choices to support healthy outcomes is a key part of tackling health inequalities for young people. The county council and districts are uniquely placed to communicate with and support parents through children centres, schools, council services, libraries and Gateways. The Children's JSNA recommends that

- All agencies should target their approach to focusing on the **family** as a whole rather than children's behaviour
- Commissioning of services should recognise **home visiting** as a key intervention to addressing inter-generational improvements in parenting, child behaviour and cognitive development.

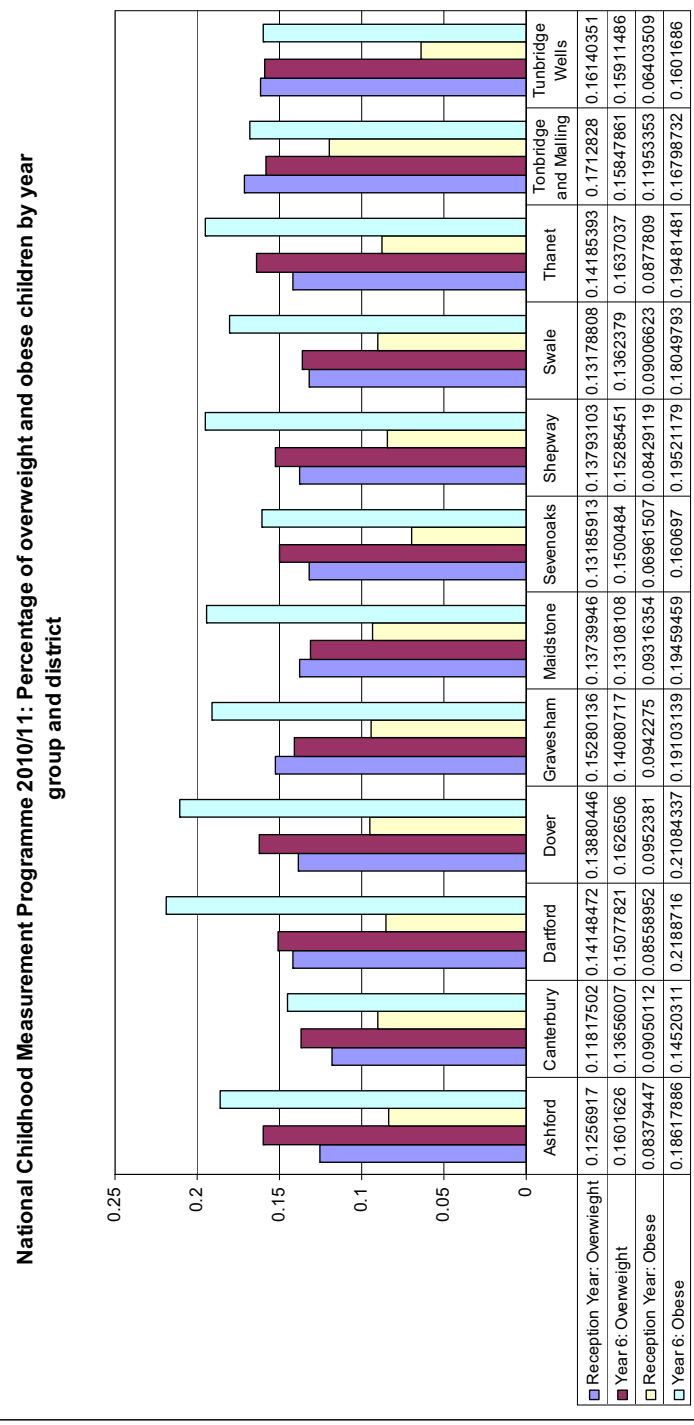
### Priority 1b.2 Encourage access to health services for all

GP and Dentist registrations- access to health professionals is vital to support good health outcomes and finding and visiting a GP can be more difficult for those experiencing disruption in their lives- including looked after children and the homeless.

### Priority 1b.3 Promote Healthy Weight for Children

Mounting evidence suggests that a critical period during which to prevent childhood obesity and its related consequences is before the age of five. The best thing we can do for children from 0-5 is create ways of life which continue to make obesity unlikely. Children who live in more deprived areas are more likely to be overweight and obese than those from the most affluent areas. Making what may seem like simple changes to daily habits (physical and nutritional) is sometimes simply too difficult given all the other difficulties many families have to confront.

Centre, Lifestyle Statistics / Department of Health Obesity Team NCMP Dataset





### Priority 1b.4 Increase childhood immunisations

The national immunisation programme is an essential part of protecting children's health. Low vaccine uptake puts children at risk. Measles has made resurgence in the UK and the rate of take up of the MMR vaccine in Kent whilst improving, is not at the 95% level recorded by the World Health Organisation as being necessary to prevent an outbreak.

Percentage of children immunised by their 5 <sup>th</sup> birthday 2010-11	DTP		Hib		DTPP		MMR	
	Primary %		Primary %		Booster %		First dose %	First and second dose %
West Kent PCT	93.7		94.9		91.4		92.3	87.4
Eastern & Coastal Kent PCT	96.3		96.7		90.1		93.5	87.0
England	94.7		94.2		85.9		91.9	84.2

Diphtheria Tetanus, Polio (DTP) Diphtheria Tetanus, Polio, Pertussis (DTPP) Mumps, Measles and Rubella (MMR). Information Centre 2011

### Local Profile

Setting Local Priorities: addressing inequalities at a district level. Target 95% coverage rate of childhood MMR immunisations.

Local Authority	MMR immunisation rates for children by local authority* - 2010-2011			Percentage of Children immunised against MMR by 5th birthday
	Number of children in cohort	Number of Children immunized against MMR by 5th birthday		
Ashford	1189	1030		86.6%
Canterbury	1631	1464		89.8%
Dartford	1323	1133		85.6%
Dover	1026	921		89.8%
Gravesham	1385	1246		90.0%
Maidstone	1758	1606		91.4%
Sevenoaks	1200	1048		87.3%
Shepway	1015	895		88.2%
Swale	1055	976		92.5%
Thanet	1324	1076		81.3%
Tonbridge & Malling	1560	1375		88.1%
Tunbridge Wells	1365	1213		88.9%
<b>Kent</b>	<b>15831</b>	<b>13983</b>		<b>88.3%</b>

\*derived from child's registered GP practice: Source: CarePlus, Child Health System

## The Aspirations

Planners and Commissioners should

- i) Use local intelligence data from the JSNA, health profiles and from local communities to influence service delivery.
- ii) Apply the HINST Diagnostic Tool into the commissioning cycle to ensure interventions are delivered effectively
- iii) Assess impact on health inequalities by applying the Impact assessment tool

Action		What good will look like in 2015	Targets and achievements
<b>1b. 1 Support parents so that they can raise emotionally and mentally healthy children</b>			
<p>All our children have a right to a good childhood and a positive future. Parents and carers will feel supported to bring up their children to be physically, mentally and emotionally healthy, to help them fulfill their potential and equip them to contribute to society. Services will offer targeted support to those families that are finding it hard to cope or face challenging situations.</p>			
1b.1.1 Provide clear and quick access through a redesign of child and adolescent mental health services (CAMHS)	CAMHS are easily accessible with short waiting times and improved access to psychological therapies	Routine support to meet social need via outreach to families is available through schools, parenting programmes, children's centres and key workers	Access to and effective treatment from Camhs outcomes indicator
1b.1.2 Targeted intervention through family nurse partnerships and commissioned support around High Need Families	Family nurse prevention and the community budgets model are used to engage families in deprived areas or those facing additional challenges There is access to effective parenting programmes Children are ready for school and families are supported through the transition to school	We will prioritise parents in specialist community treatment	Crude rate of hospital admissions caused by unintentional and deliberate injuries in age 0-17 per 100,00 resident population Childhood development at 2-2.5 years Parents - % increase in the number of clients exiting treatment successfully Parents - % increase of new treatment journeys engaged in effective treatment (rolling year to end of quarter)
1b.1.3 Identify and improve access to services for substance misusing parents	Reduced amount of secondhand smoke that children are exposed to by making smoking outside the home the acceptable social norm amongst families who smoke; via A comprehensive and consistent approach across all partners to promote awareness of the damage caused by secondhand smoke to children.		Increased number of reported smokefree homes (especially amongst targeted groups)



<b>1b.2 Encouraging access to health services for all</b>		
1b.2.1 Information is available about finding a G.P. and dentist through community settings	Health Trainers making Information about finding a G.P. and dentist and how to register available at Gateways, Children's centres, schools and libraries. Health Trainers engaging with Gypsy and Travellers to increase numbers registered with GP & Dentist	<ul style="list-style-type: none"> <li>All Looked After Children (LAC) having an annual health check</li> <li>Rate of tooth decay in children aged 5 years</li> <li>Increasing immunisation to 95% rate</li> </ul>
1b.2.2 Families or young people who do not traditionally engage with services are supported to access health professionals	Children and Young People from the following groups are able to get access to health services: <ul style="list-style-type: none"> <li>People with a learning disability</li> <li>Looked after children</li> <li>Homeless or in temporary accommodation</li> <li>Gypsies and travellers</li> </ul>	
<b>1b.3 Promote Healthy Weight for Children</b>		
Measures for early intervention should be targeted universally. Parents and carers are supported and informed in the early years about adopting good habits - how breast feeding and the introduction of good eating habits, physical activity and sleeping routines are likely to prevent the development of obesity. Children and young people have access to physical activity, sport at school and healthy food at school, affordable leisure activities and places to play.		From the 11/12 trend baseline we will aim to reduce the percentage increase in obesity from Reception year to year 6 by 1% per annum
1b.3.1 Implement new recommendations for physical activity for under 5s in early years settings	Healthy Schools Team working in new ways with early years settings and rolling out the effective early years pilot to areas of deprivation Once a child is mobile (under 5s) should be physically active daily for at least 180 minutes spread throughout the day	
1b.3.2 Implement Healthy Weight Care pathway	Improved referral rates to programmes from health care professionals to family healthy weight programmes such as MEND	
1b.3.3 Provide access to physical activity and sport into adolescence for all	Continue to develop opportunities and programmes with partners and the 3 <sup>rd</sup> Sector for young people to take part in sport – such as Sportivate and use the legacy of the 2012 Olympics and Para Olympics to promote the benefits of sport i.e. through the Kent school games Revise and promote the Active Kent website to provide information on local activities & services	<a href="http://www.kentsport.org/">http://www.kentsport.org/</a> <a href="http://www.activekent.co.uk/">http://www.activekent.co.uk/</a>

<b>1b.4 Increase childhood immunisations among most vulnerable groups</b>		95% coverage of immunisations take up by age 5 in groups with low take up rates
New, non medical places will be promoting and offering immunisations with specialist targeting to groups with low take up rates		
1b.4.1 Increasing childhood immunisations among Gypsy and Traveller children		
1b.4.2 Introduce new ways and different settings to promote take up of childhood immunisations	<ul style="list-style-type: none"> <li>Promoting take-up in children's centres</li> <li>Start in school programme as part of primary school registration in most deprived areas</li> <li>Targeted Opportunistic Vaccinations for children presenting at A&amp; E</li> </ul>	

## 2. Enable All Children, Young People and Adults to Maximise Their Capabilities and Have Control Over Their Lives

*Central to our vision is the full development of people's capabilities across the social gradient.  
Without life skills and readiness for work, as well as educational achievement, young people will not be able to fulfil their full potential, to flourish and take control over their lives  
(Marmot review 2010)*

**Life-Course 2: Key Priority for Making a Difference in Kent**  
Roll out Total Child Pilot to schools to help schools identify health and wellbeing issues pupils

# Objective 2: Enable all children, young people and adults to maximise their capabilities and have control over their lives

Delivery through – Kent Teenage Pregnancy Strategy; Adult Social Care Transformation Programme; 14-24 Strategy; Primary and Secondary Improvement Strategy; Youth Justice Plan; Anti-social behaviour Strategy; CYPP; Falls Strategy; Active Lives Now; Valuing People Now

## Priorities

2.1 Improve educational attainment particularly at GCSE level

2.2 Reduce risk taking behaviours in young people

2.3 Support older people to live safe, independent and fulfilled lives and support disabled people to live independently at home

## Actions

2.1.1 Roll out Total Child Pilot to schools to help schools identify health and wellbeing issues pupils are dealing with to target interventions to help narrow the gap. – **Priority issue for Kent**

2.1.2 To maximise children's attainment and development by improving housing conditions

2.2.1 Reduce teenage conceptions

2.2.2 De-normalise attitudes of smoking among young people

2.2.3 Improve sexual health

2.2.4 Reduce risk taking behaviour in vulnerable groups including tackling the harmful affects of alcohol

2.3.1 Support self management of long term conditions

2.3.2 Deliver effective local services for falls, falls prevention and fractures

2.3.2 Provision of adaptations and equipment to the home to prevent accidents with associated costs, and improve quality of life of recipients and carers

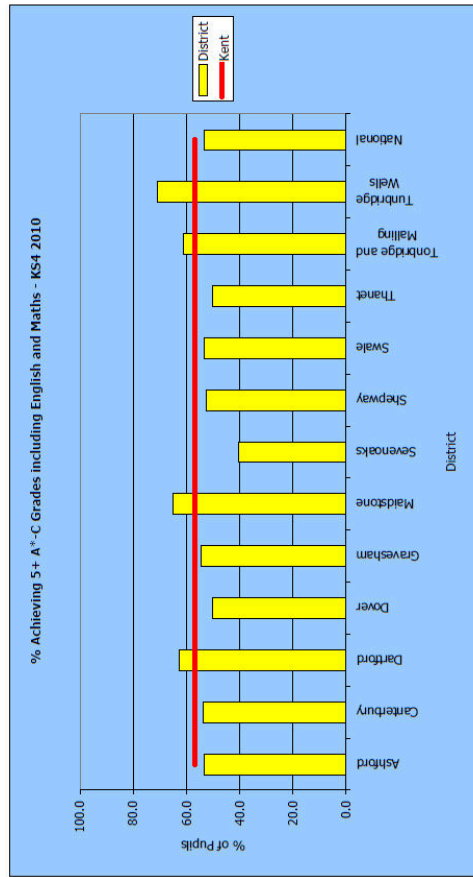
2.3.3 Support people with Learning Disabilities with housing, employment, access to health services and leisure activities

## Objective 2: Enable all children, young people and adults to maximise their capabilities & have control over their lives

### Priority 2.1 Improve educational attainment particularly at GCSE level

There is a clear relationship between low educational attainment and poor health over a lifecourse. For young people educational attainment supports economic wellbeing- the ability to get and keep a job which indicates better mental wellbeing and health outcomes for the rest of their lives.

In 2009-10 GCSE statistics showed that around a third of pupils who had been receiving free school meals in the previous six years achieved five or more A\*-C grades, compared to more than two thirds of their fellow pupils. In Kent, children who take free school meals experience marked inequality in comparison to the achievement of their peers- including significantly lower outcomes at GCSE. Those children achieving 5+ A\*-C GCSEs are more likely to experience longer term employment and have the capability to retrain at least twice during a working life.

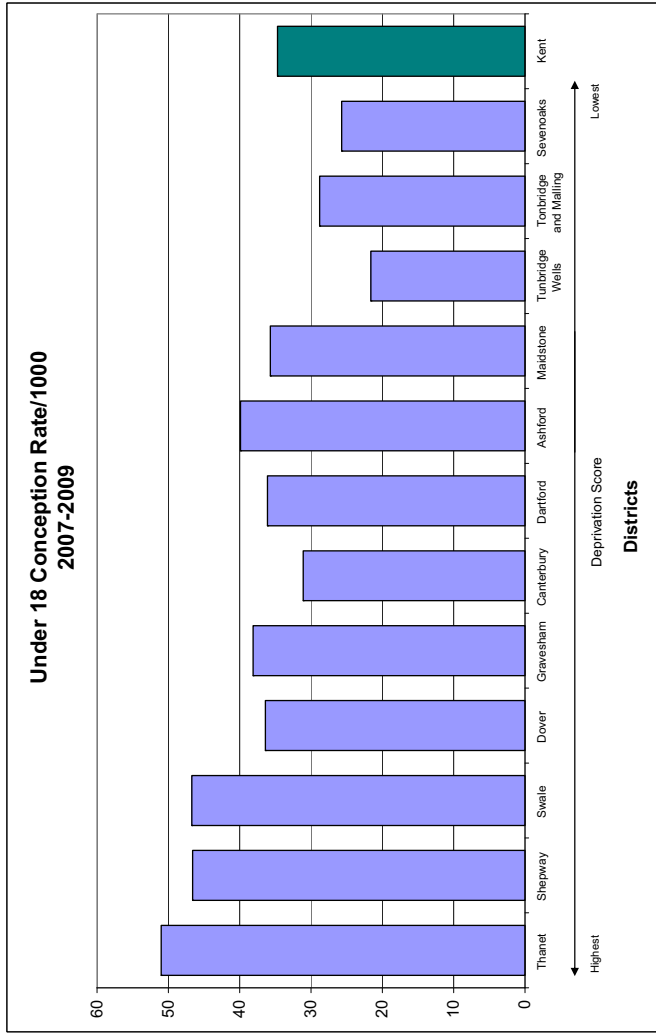


At present, the data derived from Department of Education returns reveal that Kent's position is currently good. 64.8% of children receive a good level of development at age five compared to the England average (58.8%) and is also significantly better than the region as a whole (61.1%)

Whilst schools serving areas with significant concentrations of relative deprivation mainly do well against the England average they struggle to match the outcomes of the most affluent areas.

### Priority 2.2 Reduce risk taking behaviours in young people

Teenage mothers and their children face particular inequalities. The link with a lack of aspiration is significant, young people need the motivation as well as the means to prevent pregnancy and engagement in education through the teenage years is a strong protective factor. Kent Teenage Pregnancy Strategy has mainstreamed much of the work needed to continue to reduce teenage pregnancy rates in Kent. There is evidence to show that providers of services to adolescents need to continue to focus on ensuring good quality information, advice and guidance on relationships, sex and contraception is available to those who need it including those who are most vulnerable and that schools and colleges need to ensure that girls and young women with poor academic achievement receive an educational offer which they find to be relevant and engaging.



In Kent the teenage pregnancy rate is 34.7 per 1000 females 15-17 years (2009) which compares favorably to an England rate of 38.

There is however significant difference in progress to reduce rates across the districts of Kent, with Canterbury having achieved the best reduction of 19% while Maidstone has demonstrated an increase of 10%.

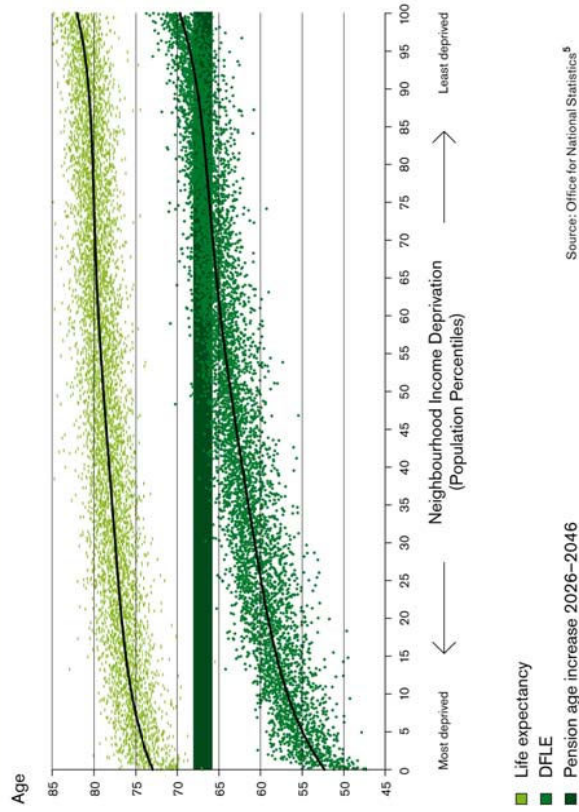
(To avoid annual fluctuations rates are calculated on three year rolling averages.)

**Sexual health:** Sexually transmitted infections particularly affect young people and 15 to 24 year olds, particularly young women, continue to be the group most affected by sexually transmitted infections (STIs) in the UK or the group that most present for treatment. Untreated infection can lead to serious health problems, including infertility. Acute STIs diagnosed between 1998 and 2009, increased by 100% in the east Kent and west Kent clinics. Late diagnosis of HIV is a problem in some areas of Kent, for example almost 55% of HIV diagnoses in West Kent are classified as late diagnosis.



## Priority 2.3 Support older and disabled people to live independently

Figure 1 Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003



**Inequality in Disability Free Life Expectancy (DFLE)**  
 DFLE is the average number of years a person could expect to live without an illness or health problem that limits their daily activities. For males the Kent figure is 11.4 years difference. This is worse than the England value (10.9). It is also significantly poorer than the regional value of 8.9years. For females, the Kent figure is 9 years difference. This is marginally worse than the England figure (9.2 years) but significantly poorer than the regional average (7 years).

### Long Term Conditions

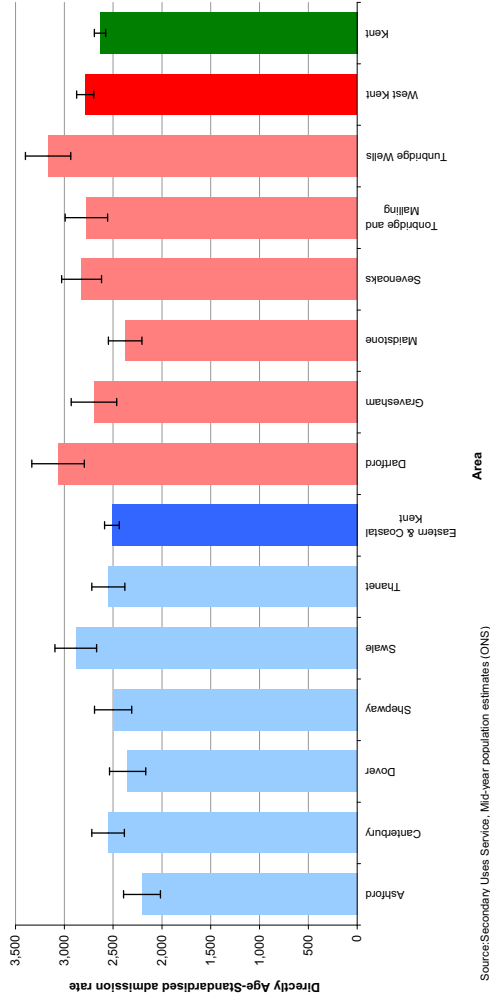
- Older people with multiple long term conditions are the main driver of cost and activity in the NHS as they account for around 70% of overall health and social care spend.
- They are disproportionately higher users of health services – representing 50% of GP appointments, 64% of outpatient attendances, 70% of inpatient bed days, 58% of A&E attendances and 59% of practice nurse appointments.
- The average cost per year of someone without a long term condition is around £1,000 which rises to £3,000 for someone with one condition and to £8,000 for people with 3 or more conditions.
- Patients universally say that they wish to be treated as a whole person and for health and social care services to act as one team. Despite this, those people who have more than one condition, particularly older people, face an increasingly fragmented response.
- The following principles have been agreed as national LTC model of care:
  - Using validated risk profiling to support commissioners to understand the needs of their population and manage those at risk to prevent disease progression and allow for interventions to be targeted and prioritised.
  - Integrated health and social care teams based around a locality (or neighbourhood) to provide joined up and personalised services to treat patients holistically.

- Empowering patients to maximise self-care, self-management and choice, through shared decision making and motivational interviewing, for example use of appropriate assistive technologies.

## Falls and Fractures

Falls and fractures are a major cause of disability and the leading cause of mortality due to injury in older people aged over 65 in the UK, with large implications for the quality of life of older people who survive a fall.

Directly Age-Standardised hospital admission rate per 100,000 population aged 65+ between 01/04/2010 and 31/03/2011



Hip fracture is the most serious injury related to falls in older people, and can lead to loss of mobility and loss of independence, forcing many to leave their homes and move into residential care. Mortality after hip fracture is high: around 30% after one year. Current specialist services, particularly in West Kent, are not adequately resourced enough to risk assess all fallers (early enough) and provide or refer them to suitable interventions such as community exercise, adaptations at home and assistive technologies like telecare.

The lack of timely specialist risk assessment represents an important inequity in service leading to health inequalities both geographically as well as by age. For example the graph above suggests higher falls admission rates in West Kent compared to East Kent because of the lack of suitable specialist services in the hospital and community to deal with at risk fallers.

CCGs therefore need to commission the expansion and integration (with acute trust, social services and other partner organisations) of existing community rehabilitation teams particularly in West Kent to provide comprehensive timely falls and / or fracture risk assessments to elderly fallers who are seen by ambulance and A&E services

## Support for People with a Learning Disability

People with learning disabilities have poorer health than their non-disabled peers. These differences are to an extent avoidable, and as such represent health inequalities. The impact of these inequalities is serious. The research indicates that people with moderate to severe learning disabilities are three times as likely to die early than the general population.

*Improving Health and Lives – implications for social care commissioning and practice: A discussion paper Sue Turner September 2011*



People with learning disabilities have a wide range of social and health care needs. This reflects the spectrum of severity for learning disabilities and the different conditions that may co-exist. People with learning disabilities also have needs generated by social exclusion, such as poverty, lack of housing and unemployment. Those with mild learning disabilities may need specialist support in mainstream education while they are children. Subsequently, they may need the same support/benefits as others in socially excluded groups, rather than specialist services. At higher levels of disability, however, many individuals will have lifelong needs for health and social care.

The Joint Strategic Needs Assessment identifies that people with a learning disability in Kent are more likely to be obese, have dementia, mental health problems, physical disability, sight and hearing impairments than the general population. They are less likely to access general health services resulting in low rates of health screening take up and poorer dental health. They often have communication difficulties or impairment of social ability. In 2007 46,700 people in Kent were believed to have a learning disability, 42,000 persons with a moderate learning disability and approximately 4,700 with a severe learning disability. Only a small proportion of these are in contact with Social Care Services. Having a learning disability can lead to restriction in participation in society- not only for the person with a disability but also their families and carers.

## Local Profile

### Setting Local Priorities: addressing inequalities within Districts

	Implementation of Total Child to identify health and wellbeing issues
Ashford	√ (7 Schools)
Canterbury	√ (1)
Dartford	√ (5)
Dover	
Gravesham	√ (1)
Maidstone	√ (2)
Sevenoaks	
Shepway	√ (7)
Swale	
Thanet	√ (3)
Tonbridge & Malling	√ (4)
Tunbridge Wells	√ (3)

### The Aspirations

Planners and Commissioners should

- i) Use local intelligence data from the JSNA, health profiles and from local communities to influence service delivery.
- ii) Apply the HINST Diagnostic Tool into the commissioning cycle to ensure interventions are delivered effectively
- iii) Assess impact on health inequalities by applying the Impact assessment tool

Action	What Good Will Look like in 2015	Targets and achievements
<b>2.1 Improve educational attainment particularly at GCSE level</b>		
2.1.1 Roll out Total Child Pilot to schools to help schools identify health and wellbeing issues pupils are dealing with to target interventions to help narrow the gap.	<ul style="list-style-type: none"> <li>Extending the role of schools in supporting families and communities and taking a 'whole child' approach to education</li> <li>Consistently implementing the full range of extended services in and around schools</li> <li>Developing the school-based workforce to build their skills in working across school— home boundaries and addressing social and emotional development, physical and mental health and well-being.</li> </ul>	<ul style="list-style-type: none"> <li>Narrowing the gap between pupils on free school meals and their peers achieving 5* A-C</li> <li>Narrowing the gap between achievement across Districts</li> </ul>
2.1.2 To maximise children's attainment and development by improving housing conditions	<ul style="list-style-type: none"> <li>Children's Centres to liaise with the local housing authority regarding any concerns with the children's housing conditions.</li> <li>Develop a single point referral system to health related services across Kent for all key agencies involved in Children's Services, for example the Thanet system</li> </ul>	The number of properties with children aged 9 months+ where housing action taken
<b>2.2 Reduce Risk taking Behaviours in young people</b>		
2.2.1 Continue to reduce teenage pregnancies	<ul style="list-style-type: none"> <li>Health services are young people friendly and accessible</li> <li>Children's Centres have a relevant offer for all very young parents which helps them to access education as well as providing care for their child/ren</li> <li>All providers of services to adolescents screen for and engage in preventative work to reduce risk taking behaviours</li> <li>The most vulnerable groups receive effective outreach services</li> </ul>	<ul style="list-style-type: none"> <li>Reduce rate of teenage conceptions in all districts to less than 40 per 1,000 by 2015</li> <li>No of GPs with You're Welcome Standard</li> </ul>
2.2.2 De-normalise attitudes and halt uptake of smoking among young people	<ul style="list-style-type: none"> <li>Kent schools to adopt a comprehensive tobacco education programme that meets individual school's needs.</li> <li>Develop a youth advocacy campaign which empowers young people with a wider knowledge base about all tobacco control issues and capitalises on their energy and enthusiasm.</li> </ul>	<ul style="list-style-type: none"> <li>Reduce smoking prevalence rates among under 15 year olds</li> <li>Reduce illicit tobacco and supply of tobacco to under 18s</li> </ul>
2.2.3 Improve sexual health by reducing late diagnosis of HIV in Kent and increase Chlamydia screening	<p>A range of targeted work will increase HIV testing</p> <ul style="list-style-type: none"> <li>For Black African women</li> <li>Through MSM to increase early testing</li> <li>in high prevalence areas in Kent</li> </ul> <p>Health care professionals will receive training to broach the topic of risk factors for STIs and work to increase Chlamydia screening in poor performing areas</p>	<ul style="list-style-type: none"> <li>Reduction in late diagnosis of HIV by 1%</li> <li>Increase in take up of Chlamydia screening in Primary care</li> <li>In partners</li> <li>In young males</li> </ul>

<p>2.2.4 Reduce risk taking behaviour in vulnerable groups including tackling the harmful affects of alcohol</p>	<p>Targeted work focused on young people who have complex or multiple needs- i.e. they are looked after, young offenders, have a mental health problem, are substance or alcohol misusers</p>	<ul style="list-style-type: none"> <li>• Reduction in risk taking behaviour in vulnerable groups</li> <li>• Penetration of early intervention services into populations of vulnerable young people</li> <li>• Commission IBA in a variety of clinical settings for at least 10% of dependent drinkers in Kent, increasing to 20% over the next two years using referral tools and pathways already agreed by commissioners and providers</li> </ul>
<p><b>2.3 Support older or disabled people to live independently</b></p>		
<p>2.3.1 Support self management of long term conditions</p>	<ul style="list-style-type: none"> <li>• Risk Profiling – All CCGs have agreed and are using a common approach towards identifying individuals at high risk requiring complex care by using risk prediction tools and electronic searches applied to local health and social care datasets and sharing this (real time) information with those who need it so that care can be pro active, moving from a treatment system to a preventive system. CCGs will also ensure clinical access to real time urgent care data sources in a combined dashboard.</li> <li>• CCGs will have implemented effective primary / community / secondary / social care infrastructures including single point of access and target those identified at high risk then tailor their care through a case /care management / holistic approach using neighbourhood health and social teams.</li> <li>• CCGs will have implemented a shared decision making process with patients such as negotiated agenda setting, information sharing, supporting autonomy, supporting goal setting and action planning. Priority should be given to empowerment of patients to self manage their conditions with support from carers and families.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in proportion of elderly living independently in their own home</li> <li>• Reduction in demand for residential care / nursing home admissions including admissions direct from hospital</li> <li>• Increase in number and use of personalised care management plans linking into integrated personal budgets</li> <li>• Reduction in admissions to residential / nursing care</li> <li>• Reduction in emergency admissions (up to 20%)</li> <li>• Reduction in emergency bed days (up to 25%)</li> <li>• Reduction in proportion of inappropriate admissions (from current 9%) and inappropriate hospital bed days where no acute care was given (from current 50%) (as measured by Utilisation Review of hospital beds)</li> </ul>

<p>2.3.2 Deliver effective local services for falls, falls prevention and fractures</p>	<ul style="list-style-type: none"> <li>• Development of integrated falls and fracture prevention services by existing intermediate care / rehab teams (in KCHT) and geriatricians (from acute trusts) with support and partnership from other organisations i.e. GPs, ambulance, adult social services, district councils, community pharmacists and voluntary organisations. This is needed more in West Kent than East Kent.</li> <li>• Ensure risk assessment is carried out as early as possible by targeting fallers non conveyed to A&amp;E (by ambulance), and fallers conveyed to and discharged from A&amp;E (but not admitted).</li> <li>• Community based therapeutic exercise programmes (postural stability) run by voluntary organisations or district authorities for elderly fallers who are formally assessed, referred and followed up by the Falls preventions services mentioned above.</li> <li>• Industrialise use of assistive technologies and adaptations such as telecare and telehealth to support people at home who have been formally risk assessed by Falls Prevention Service. Use of Disabled Facilities Grant.</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in the proportion and number of ambulance callouts related to falls in the &gt; 65 yrs age group.</li> <li>• Reduction in the proportion and number of falls related admissions including fractures in the &gt;65 yrs age group.</li> </ul>
<p>2.3.3 Provision of adaptations and equipment to the home to prevent accidents with associated costs, and improve quality of life of recipients and carers</p>	<p>Improved joint working and timely delivery of adaptations through the Disabled Facilities Grant. Telehealth and telecare considered automatically in this process</p>	
<p>2.3.4 Support people with Learning Disabilities with housing, employment, access to health services and leisure activities</p>	<p>Valuing People Now Partnership continues to work towards</p> <ul style="list-style-type: none"> <li>• ensuring people have more choice and control over what they do during the day</li> <li>• they do not feel excluded from the wider community and its opportunities</li> <li>• finding ways to help people with learning disabilities get real jobs</li> <li>• making it easier to get better housing with appropriate levels of support;</li> <li>• Advocacy is available so that people can communicate their wishes</li> </ul>	

### 3. Create fair employment & good work for all

Page 121

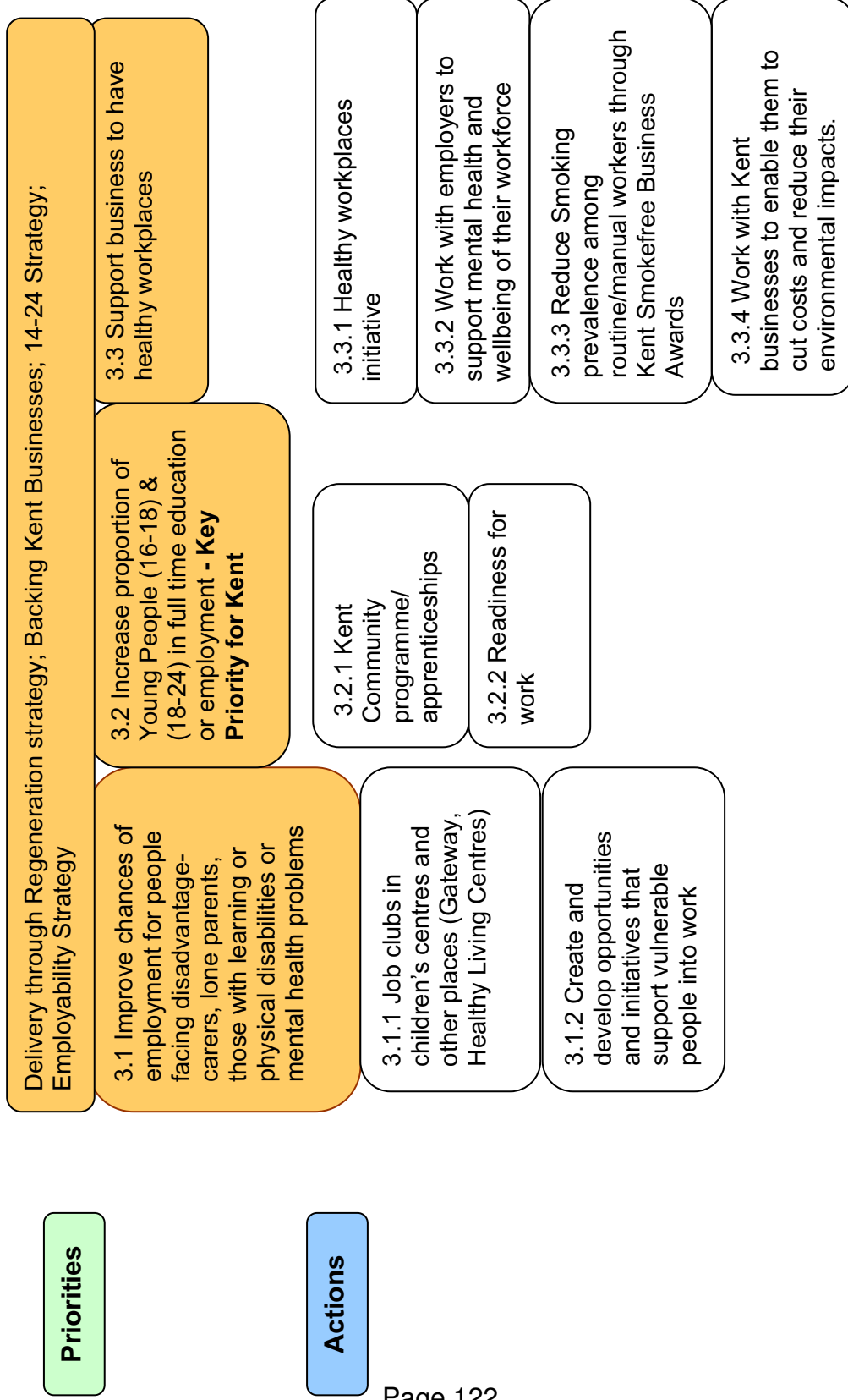
*The recession is leading to increasing unemployment across Kent. Marmot says that work is good – and unemployment bad – for physical and mental health.*

*However the quality of work is also important with underlying low levels of stress connected to low paid and insecure work in poor conditions contributing to poorer health outcomes. Work cannot provide a sustainable route out of poverty if job security, low pay and lack of progression are not also addressed*

#### **Life-Course 3: Key Priority for Making a Difference in Kent**

Increase proportion of Young People (16-18) & (18-24) in full time education or employment

# Objective 3: Create fair employment & good work for all





## Objective 3: Create fair employment & good work for all

### Priority 3.1 Improve chances of employment for people facing disadvantage- carers, lone parents, those with learning or physical disabilities or mental health problems

Disabled workers, those with low or no qualifications and lone parents are among the groups of people most likely to find themselves long-term unemployed. (Begum 2004) With fewer jobs available it is likely that unemployment rates for all vulnerable groups will increase- causing an increase in demand for support from Health, Welfare and Social Care services

Adults with mental health problems employed:	Eastern and Coastal Kent	West Kent PCT	England Average
% of adults with mental health problems aged 18-69 in contact with secondary mental health services who were known to be in paid employment at the time of their assessment or latest review. 2009	5.2%	5.8%	7.9%

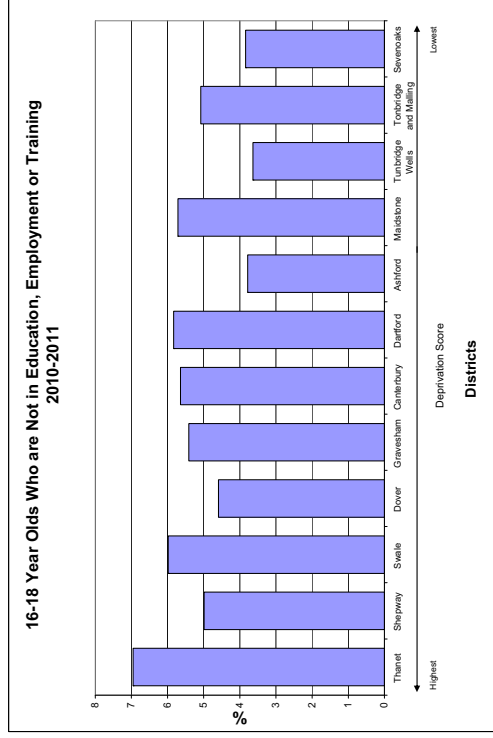
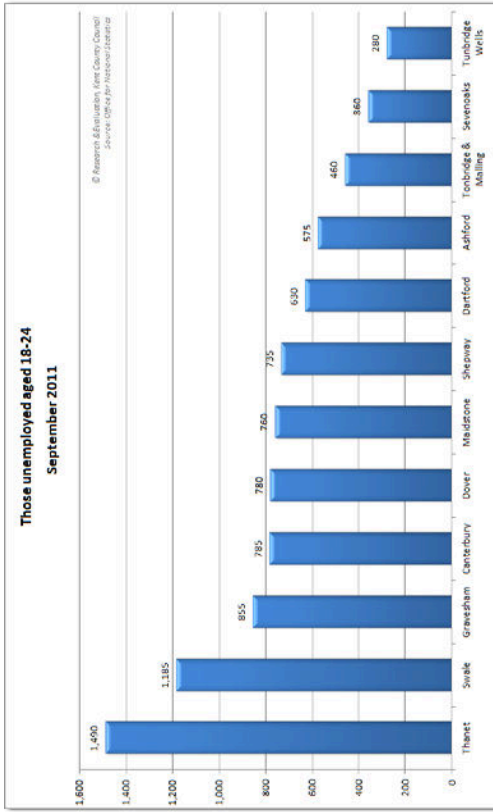
The employment rate for people who are disabled in the KCC area is 51.9%. This is lower than the employment rate for people without a disability which is 78.4% in the KCC area. This is below the South East average rate of 55.7% but above the national average rate of 48.8%.

The difference in employment rates also varies across the KCC area. In Ashford the employment rate for people with a disability is 69.0% and for those without the rate is 79.3%, however in Thanet only 42.2% of disabled people are in employment as opposed to 80.0% of people without a disability.

As of May 2011 nearly 34,000 lone parents were claiming income support. (11,000 men, 22,000 women) Benefit reforms are expected to have the most impact on unemployed, lone, female parents causing them to be worse off financially.

### Priority 3.2 Increase proportion of Young People (16-18) & (18-24) in full time education or employment

Young people continue to be disproportionately affected by the economic downturn with those aged 18-24 making up the biggest proportion of unemployed in the KCC area. Again areas of deprivation are experiencing the biggest impact and the social gradient can be clearly demonstrated



Research has shown that being not in employment, education or training (NEET) between the ages of 16 and 18 is a major predictor of future unemployment, low income, teenage parenting and poor health. Young people who are NEET are also 5 times more likely to enter the criminal justice system, with the life-time cost to the state of each young person who is NEET standing at £97,000.

Latest figures show that numbers of NEETs in Kent are increasing. In Kent the position is 5.9% of young people not in employment, education or training. In England the percentage is 6.7% and the regional position is 6.1%. Performance varies across Districts, with Thanet, Maidstone, Swale and Shepway historically having higher numbers of NEET (16-18). Young people with special educational needs (SEN), offending behaviour, and health issues, teenage mothers and looked after children (LAC) all perform poorly in comparison with their peers.



## Local Profile

Setting Local Priorities: addressing inequalities within Districts

**The percentage of 16 to 18 year olds who are not in education, employment or training (NEET)**

	2010-2011
Ashford	3.8
Canterbury	5.6
Dartford	5.8
Dover	4.6
Gravesham	5.4
Maidstone	5.7
Sevenoaks	3.8
Shepway	5.0
Swale	6.0
Thanet	7.0
Tonbridge & Malling	5.1
Tunbridge Wells	3.6
Kent	4.9

## The Aspirations

Planners and Commissioners should

- i) Use local intelligence data from the JSNA, health profiles and from local communities to influence service delivery.
- ii) Apply the HINST Diagnostic Tool into the commissioning cycle to ensure interventions are delivered effectively
- iii) Assess impact on health inequalities by applying the Impact assessment tool

Action	What Good will look like in 2015	Targets and achievements
<b>3.1 Improve chances of employment for people facing disadvantage- carers, lone parents, those with disabilities or mental health problems</b>		
3.1.1 Job clubs in children's centres and other places (Gateways, Healthy Living Centres )	Employers have been encouraged/ incentivised to create or adapt jobs that are suitable for lone parents, carers and people with mental and physical health problems	Employment of people with long term conditions
3.1.2 Create and develop opportunities and initiatives that support vulnerable people into work	<ul style="list-style-type: none"> <li>• Maximise opportunities to support people into work through initiatives such as                             <ul style="list-style-type: none"> <li>○ Kent Supporting People</li> <li>○ Kent Supported Employment</li> </ul> </li> <li>• Support development of Social Enterprises with the voluntary sector</li> </ul>	Employment of people with mental health problems

	<ul style="list-style-type: none"> <li>Work with employers and service users to support sustainable employment for people with mental health problems</li> </ul>	
<b>3.2 Increase proportion of Young People (16-18) &amp; (18-24) in full time education or employment</b>		
3.2.1 Kent Community programme/ apprenticeships	Supporting vulnerable learners into apprenticeships	Year on year reduction in NEETs
3.2.2 Readiness for work	Partners have worked with employers to gain an understanding of what skills the employers of Kent want and educational settings have come together to ensure training, work opportunities or further education is targeted to these skills  Providing support and advice for 16–25 year olds on life skills, training and employment opportunities, delivered through centres that are easily accessible to young people  Development of employability programmes and progression pilots that focus on vulnerable learners.	Rate of young people who are NEETs
<b>3.3 Support business to have healthy workplaces</b>		
3.3.1 Healthy workplaces initiative		
3.3.2 Work with employers to support mental health and wellbeing of their workforce	Wellbeing of staff is a priority, especially in the context where many are being made redundant and workloads are increasing.	
3.3.3 Reduce Smoking prevalence among routine/manual workers through Kent Smokefree Business Awards	Provide organisations with an economic assessment of the cost of smoking to their organisation, and support the development of comprehensive smokefree policies (promoting wellbeing for staff and adherence to smokefree legislation). The scheme will reward organisations and ensure relationships are forged with the Stop Smoking Services. (see also section 6.2.3)	Reduction in smoking prevalence of routine and manual workers
3.3.4 Work with Kent businesses to enable them to cut costs and reduce their environmental impacts		

## 4: Ensure healthy standard of living for all

Page 127

*Having insufficient money to lead a healthy life is a highly significant cause of health inequalities*

(Marmot Review 2010)

**Life-Course 4: Key Priority for Making a Difference in Kent**  
Reduction in the levels of inequalities for Life Expectancy for Males and Females

# Objective 4: Ensure healthy standard of living for all

Delivery through Backing Kent People Programme; District Community Strategies; CYPP  
Kent's Poverty Strategy

## Priorities

4.1 Support financial capacity and inclusion

4.2 Promote opportunities to support families in poverty

## Actions

4.1.1 Continue to promote Kent Credit Savers Union to enable people to smooth their incomes and have access to affordable credit

4.1.2 Provide financial advice as to how best to manage debts and household budgets in general.

4.1.3 Campaigns to highlight the pitfalls of doorstep lending and loan sharks

4.2.1 Access to free or affordable childcare places to help people work

4.2.2 Enable Kent Population to access information and advice about benefits and available financial support in places where they go

4.2.3 Provide information and signposting for older people who may be struggling to heat their homes

## Objective 4: Ensure healthy standard of living for all

Financial security is recognised within the Marmot Review as a social determinant of health, specifically through the concept of the 'social safety net'. The nationwide Health Survey 2010 identified that for both men and women well-being increased with household income. Those on the highest income level scored more than five points higher than those on the lowest income level according to the Warwick-Edinburgh Mental Well-being Scale.

Deprivation is associated with a cluster of health problems including higher levels of unhealthy weight and obesity, physical inactivity, smoking, poor blood pressure control, and other factors that effect physical health. It is also integral to lower educational attainment, lack of employment opportunities, poor housing status, poor access to services, referral differences of practitioners and poor compliance with disease management

### Priority 4.1 Support financial capacity and inclusion

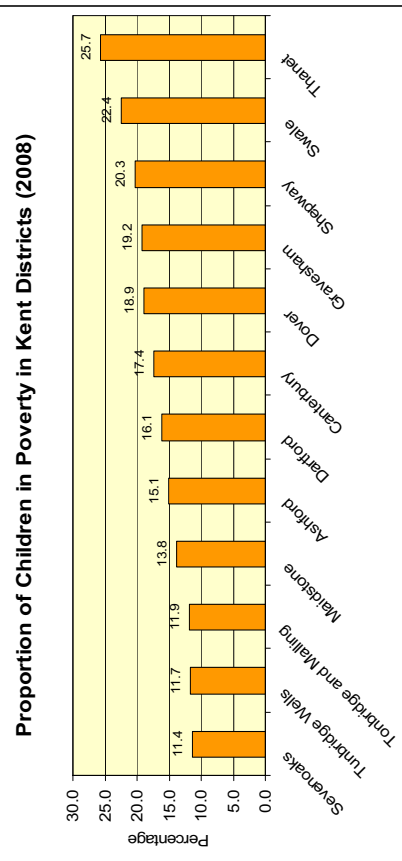
This is particularly relevant now when greater financial responsibility and engagement is being asked of people, whether that is managing care needs in retirement or managing personalised health and social care budgets.

A credit union provides access to fair and affordable credit that allows people to smooth peaks and troughs of income. Conversely, overindebtedness is causing real misery for households and communities. 8 in 10 financially excluded individuals live in social housing.

Poor financial skills can result in debt:

*"It is due to negligence on my part and not having enough experience of handling money when I moved out of my parents' home."*  
from A Life in Debt- The profile of CAB debt clients in 2008

### Priority 4.2 Promote opportunities to support families in poverty



The most recent data available at a local level is for child poverty in 2008. This shows 17% of children living in Kent as living in poverty, compared to a national figure of 21%, and equates to over 53,000 children. Within Kent there is considerable variation across districts ranging from 11% in Sevenoaks to 26% in Thanet.

Childcare availability, cost and quality, can be an issue for parents, particularly those of young children. Cost can make low-paid work financially unviable; care is also sometimes not flexible enough, with parents unable to find care for evenings, weekends, at short notice, and in school holidays. In Kent it is estimated that a total of 4,409 additional childcare places are required across Kent and the most significant need for additional places occur within the most deprived areas of Kent.

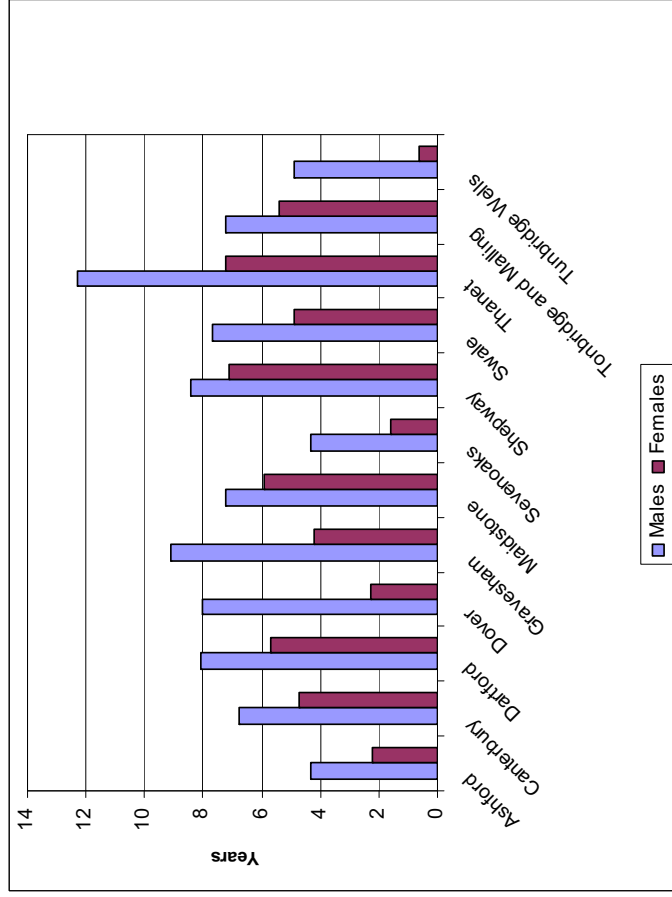
## Local Profile

Setting Local Priorities: addressing inequalities within Districts

### Table and Chart Showing Slope Index of Inequality for Life Expectancy by Deprivation Deciles – 2005-09

	<b>Males</b>	<b>Females</b>
	<b>Slope Index of Inequality (years)</b>	<b>Slope Index of Inequality (years)</b>
Kent CC	8.1	5.0
Ashford	4.3	2.2
Canterbury	6.8	4.7
Dartford	8.1	5.7
Dover	8.0	2.3
Gravesham	9.1	4.2
Maidstone	7.2	5.9
Sevenoaks	4.3	1.6
Shepway	8.4	7.1
Swale	7.7	4.9
Thanet	12.3	7.2
Tonbridge and Malling	7.2	5.4
Tunbridge Wells	4.9	0.6

Source: APHO 2011



Slope Index score represents the gap in years of life expectancy at birth between the most deprived and least deprived in the local authority area.

## The Aspirations

Planners and Commissioners should

- i) Use local intelligence data from the JSNA, health profiles and from local communities to influence service delivery.
- ii) Apply the HINST Diagnostic Tool into the commissioning cycle to ensure interventions are delivered effectively
- iii) Assess impact on health inequalities by applying the Impact assessment tool

Action	What Good will look like in 2015	Targets and achievements
<b>4.1 Support financial capacity and inclusion</b>		
4.1.1 Continue to promote Kent Credit Savers Union - Kent's credit Union, to enable people to smooth their incomes and have access to affordable credit	Kent credit union is being used by local people with regular promotions to everyone in the County.	
4.1.2 Provide financial advice as to how best to manage debts and household budgets in general	Money management for Vulnerable Young people extended from schools to HOUSE & Youth Hubs – possibly delivered by Healthy Schools Team.  Continue to provide free hosting for CAB at Gateways	
4.1.3 Campaigns to highlight the pitfalls of doorstep lending and loan sharks	Signposting, advice and guidance available from kent.gov.uk and partners sites.	
<b>4.2 Promote opportunities to support families in poverty (support implementation of Kent's family poverty strategy)</b>		
4.2.1 Access to free or affordable childcare places to help people work	Increase in affordable child care places	Reduction of number of children in poverty
4.2.2 Enable Kent Population to access information and advice about benefits and available financial support in places where they go		
4.2.3 Provide information and signposting for older people who may be struggling to heat their homes	Keep Warm in Winter campaign signposting to benefits and energy saving measures	

## 5. Create and Develop Healthy and Sustainable Places & Communities

Page 132

*Dream with me of a fairer world, but let us take the pragmatic steps necessary to achieve it*

*Sir Michael Marmot October 2011*

**Life-Course 5: Key Priority for Making a Difference in Kent**  
Reduce homelessness and its negative impact for those living in temporary accommodation



# Objective 5: Create and Develop Healthy and Sustainable Places & Communities

Find ways to integrate planning, transport, housing, environmental and health policies to address the social determinants of health in each locality. Delivery through Kent housing strategy, Supporting people, Regeneration strategy; District Community Strategies; Keep Warm Keep Well and Warm Homes Healthy people

## Priorities

5.1 Reduce homelessness and its negative impact for those living in temporary accommodation - **Key Priority for Kent**

5.2 Develop our communities to be healthy places

5.3 Support safe communities

5.4 Reduce Fuel Poverty by supporting development of warm homes

## Actions

5.1.1 Enable and support a young person aged 16/17 at risk of homelessness to remain within or return to a family network wherever possible and appropriate

5.2.1 Rollout initiatives such as House and ACTIV Mobs that help to develop community capacity and sustain positive community outlook.

5.3.1 Working with Fire Service and local housing authority to target most vulnerable households to reduce risk of fire

5.4.1 Update, reissue and promote strategic tools that support the build of warm homes- Kent Health and Affordable Warmth Strategy and the Kent Design Guide

5.1.2 Continuation of the Youth Homelessness Education Programme

5.2.2 Continue to support affordable ways for people to travel in the community

5.3.2 Reduce demand and supply of cheap and illicit tobacco in our communities

5.4.2 Local housing authorities will continue to ensure housing is decent and not subject to excess cold.

5.1.3 Kent Housing Group and Public Health team will promote HI agenda with Housing Providers

5.2.3 Develop public rights of way, parks, green spaces and places to play

5.3.3 Reduce number of children and young people injured on the highway

5.2.4. Reduce the impact of poor housing on health be it physical or mental well being

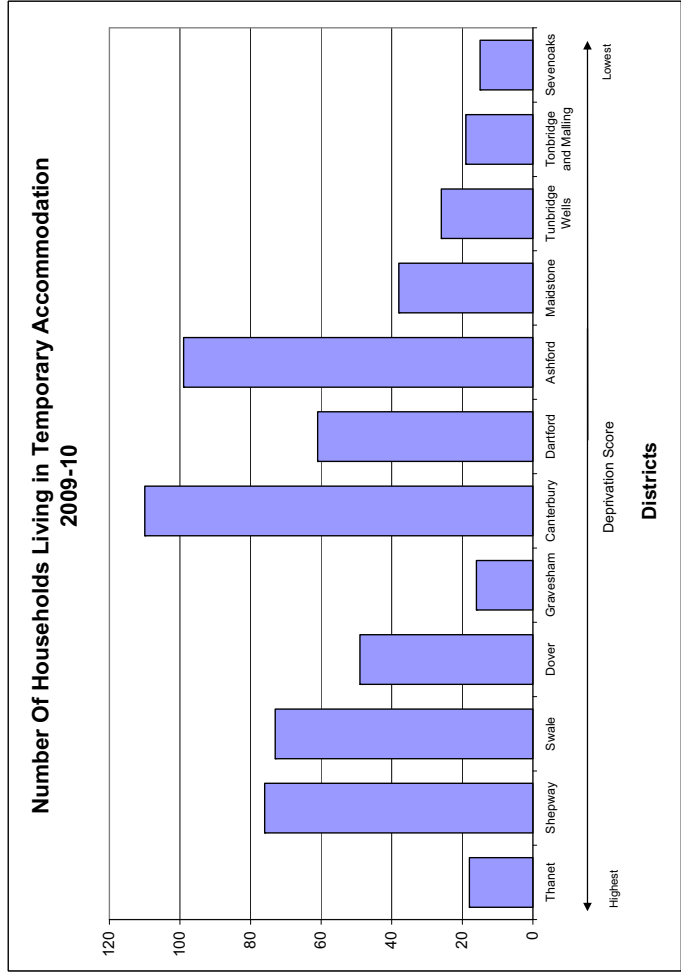
5.2.5 Reduce air pollution

## Objective 5: Create and Develop Healthy and Sustainable Places & Communities

Promoting wellbeing is at the heart of what local government is about: supporting a better life for its citizens and helping to build resilient communities, now and over the longer term

### Priority 5.1 Reduce homelessness and its negative impact for those living in temporary accommodation

- Changes to the welfare system are already impacting on people in London and this is leading to migration to surrounding counties, particularly Kent, putting additional pressure on housing and other resources.
- The number of households being made homeless is increasing in Kent due to the recession, rising unemployment and cost of living so that families are finding themselves unable to meet the cost of mortgages and rent. From April to June 2011 Kent local authorities made 588 decisions on applications for housing assistance. This is 43% higher than the same quarter in 2010. Of the 588 decisions 229 households were accepted as homeless, an increase of 13% compared to one year ago
- Districts have made significant improvements from more than 1,800 households living in temporary accommodation in 2004/05 to 583 in 2009/10
- Many homeless young people are placed in temporary accommodation, including Bed & Breakfast. Homeless young people are often very vulnerable, have multiple needs and are in need of support as well as accommodation. Most recent data shows that young people leaving care in Kent (2009-10 data) and young offenders (2008-9) are less likely to find suitable accommodation than is the case nationally and across our statistical neighbours



### Shelter Living in limbo: Survey of homeless households living in temporary accommodation 2004

- Over half of people said that their health or their family's health had suffered due to living in temporary accommodation
- Children had missed an average of 55 school days due to the disruption of moves into and between temporary accommodation
- Two thirds of respondents said their children had problems at school; and nearly half described their children as 'often unhappy or depressed'
- Over three quarters of households (77 per cent) had no family member working. The reasons for this included health or mobility problems, the insecurity of their accommodation, high rents and worries about changes to benefits

### **Priority 5.2 Develop our communities to be healthy places**

Within our county there are health inequalities that are differentiated geographically. Local authorities are the planning authorities for their areas and, as such, have huge opportunities to influence both the infrastructure and the services provided in an area.

Data for Kent shows that 20.5% of lower super output areas in Kent (181 small areas) are within England's most deprived 20% of areas; experiencing barriers to housing and services. This situation is made worse by the number of rural areas in Kent and that in general 20% of households cannot afford a car to access essential services such as GP, primary school, post office and supermarkets. Housing and transport can affect key opportunities to accessing fresh food, employment and maintaining social networks.

The effects of air pollution are distributed unequally within society, and widen the inequalities in health. Those populations at greater vulnerability to the effects of exposure to air pollutants are the young and elderly, those with pre-existing cardiopulmonary disease and those who live near or work with other toxic material. These groups tend to represent the socioeconomically deprived communities. Individuals closest to sources of air pollution (near busy roads) are likely to be from lower socioeconomic class and are at greatest risks from the effects of air pollution. Interventions to reduce air pollution may help reduce health inequalities. It is estimated that there are 963 excess deaths per year due to long term exposure, and 91 excess deaths per year due to short term exposure to air pollution in Kent and Medway.

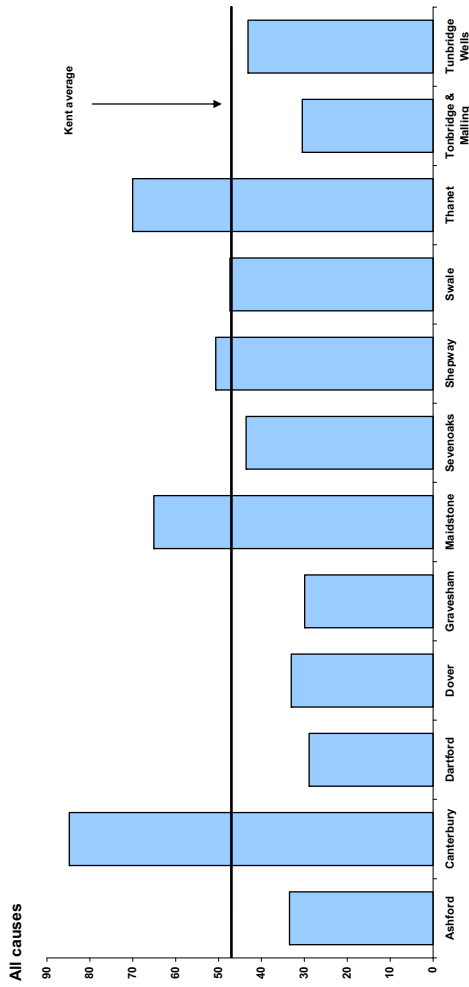
### **Priority 5.3 Support safe communities**

- **Road Safety:** Injury is not only most often the cause of child death in the UK, but also has a steeper social class gradient than any other cause of child death. Casualty rates for child pedestrians are estimated to be five times higher in the most affluent than least affluent wards (Social Exclusion Unit 2003). Traffic calming, design which encourages cycling and discourages car use and parking in the least affluent areas are all part of the contribution local government can make to improving health and reducing health inequalities.
- **Fire Safety:** In 2010-11 Kent Fire and rescue services attended 677 accidental dwelling fires. 2 people died and 77 people were injured as a result of accidental fires. In Kent there are on average 46 fires per year in households and household dwellings caused by smoking. This results in a total cost of £1,150,000 pa in Kent. A child from the lowest social class is nine times more likely to die in a house fire than a child from a well off home.

### **Priority 5.4 Reduce Fuel Poverty by supporting development of warm homes**

Fuel poverty, is said to occur when people in a household need to spend more than 10 percent of their income total in order to heat their home. 6% of households in the KCC area are estimated to be living in fuel poverty. This is approximately 33,000 households. This proportion is higher than the South East average (5.7%) but slightly lower than the national average (6.1%). Of all Kent districts, Thanet has the highest number and proportion of households estimated to be living in fuel poverty, (3,654 Thanet households, which is equivalent to 6.6% of all Thanet households). Dover (6.5%), Swale (6.3%) and Shepway (6.2%) also have a higher estimated proportion of households in fuel poverty compared to the national average.

Average annual number of excess winter deaths for all causes for each district in Kent between August 2002 and July 2010



Source: Kent and Medway Public Health Observatory

The people most likely to die or become ill during the cold weather are those least able to afford to heat their homes. For every one degree Celsius that the outdoor temperature falls below the winter average, there are an 8,000 extra winter deaths in England. This would equate to an estimated 240 deaths across Kent. Living in a cold home can lead to or worsen a large number of health problems including heart disease, stroke, respiratory illness, falls, asthma and mental health problems

## Local Profile

Setting Local Priorities: addressing inequalities within Districts

Number of Households living in temporary accommodation 2009-10	
Ashford	99
Canterbury	110
Dartford	61
Dover	49
Gravesham	16
Maidstone	38
Sevenoaks	15
Shepway	76
Swale	73
Thanet	18
Tonbridge & Malling	19
Tunbridge Wells	26

Source: KCT Facts and Figures

## The Aspirations

Planners and Commissioners should

- i) Use local intelligence data from the JSNA, health profiles and from local communities to influence service delivery.
- ii) Apply the HINST Diagnostic Tool into the commissioning cycle to ensure interventions are delivered effectively
- iii) Assess impact on health inequalities by applying the Impact assessment tool

What Good will look like in 2015		Targets and achievements
<p><b>5.1 Reduce homelessness and its negative impact for those living in temporary accommodation</b></p> <p>5.1.1 Enable and support a young person aged 16/17 at risk of homelessness to remain within or return to a family network wherever possible and appropriate</p>	<ul style="list-style-type: none"> <li>• Joint Policy &amp; Planning Board to monitor and review Dartford pilot on joint preventative services between housing and Families &amp; Social Care children's department re homeless 16/17 year olds and roll out across Kent</li> <li>• Fewer young people becoming looked after at age 16/17</li> <li>• Reduced dependency on the state at age 19</li> <li>• Strengthen positive relationships within family and social networks</li> </ul>	<p>Reduction in numbers living in temporary accommodation with an ambition of 1% pa reduction for those aged 16/17</p> <p>Outcomes of Child in Need (CIN) assessment by SCS to LA Housing Departments within 10 working days.</p> <p>Number of homeless 16/17 year olds found to be CIN.</p> <p>Length of time support administered by SCS to CIN (refers to the 16/17 year old Homeless Protocol).</p> <p>Ambition of 1% pa reduction in numbers of those aged 16-17 living in temporary accommodation</p>
<p>5.1.2 Continuation of the Youth Homelessness Education Programme</p>	<p>Currently being delivered by Porchlight and funded by Kent Local Authorities the Youth Education Programme aimed at preventing young people from becoming homeless continues to be rolled out in schools across the county, highlighting the reality of homelessness, signposting to support agencies, developing young people's financial awareness and working to change negative attitudes.</p>	



<p>5.1.3 Kent Housing Group and Public Health team will promote HI agenda with Housing Providers</p>	<p>Recognising the influence housing has on health outcomes and inequalities seek to maintain relationship with Kent Housing Group and to influence strategy and planning to address health inequalities</p>	
<p><b>5.2 Develop our communities to be healthy places</b></p>		
<p>5.2.1 Rollout initiatives such as House and ACTIV Mobs that help to develop community capacity and sustain positive community outlook.</p>	<p>Relatively small scale interventions designed in partnership with local residents, forming part of wider good quality and sustained neighbourhood working, (family poverty Report recommendation)</p>	<p>House and House on the Move available to young people in town centres</p>
<p>5.2.2 Continue to support affordable ways for people to travel in the community</p>	<ul style="list-style-type: none"> <li>• Increasing active travel across the social gradient and ensure health inequalities are being addressed by this initiative by</li> <li>• Analysis of postcodes data for purchasing the Kent Freedom Pass and in the future concessionary bus passes.</li> <li>• Evaluation and outcomes of Cycle Instruction and Walking Schemes targeted to schools in deprived areas, including bike loan/and or repair</li> </ul>	<p>Take up of Freedom passes, concessionary bus passes.</p>
<p>5.2.3 Develop public rights of way, parks, green spaces and places to play</p>	<p>Improving access and quality of public rights of way, open and green spaces available across the social gradient. Through the Explore Kent website people are signposted to accessible places to go and free events such as guided walking so everyone can get involved</p>	<p>Utilisation of Green space for exercise/health reasons</p>
<p>5.2.4 Reduce the impact of poor housing on health be it physical or mental well being'</p>	<ul style="list-style-type: none"> <li>• To reduce the numbers of category 1 hazards for falls related hazards, crowding and space, damp and mould, and carbon monoxide HHSRS hazards in the home.</li> <li>• To support a referral system to the local housing authority for raising poor housing concerns.</li> </ul>	<p>Reduce number of homes with serious health and safety hazards</p>
<p>5.2.5 Reduce air pollution</p>	<p>Working in partnership to put in place interventions to reduce air pollution that will have co-benefits on health, climate change and the economy.</p>	<p>Air quality action plans in place</p>
<p><b>5.3 Develop our communities to be safe places</b></p>		
<p>5.3.1 Working with Fire</p>	<p>Increase the number of above and well above average risk home safety</p>	<p>Reduction in accidental</p>

Service to target most vulnerable households to reduce risk of fire	visit referrals from partner agencies Increase No. of sprinkler installations in vulnerable homes	fires in dwellings
5.3.2 Reduce demand and supply of cheap and illicit tobacco in our communities	Reduction in demand of cheap and illicit tobacco through increased public awareness and community-led initiatives. Reduction in the supply of cheap and illicit tobacco through i) increased intelligence sharing with Trading Standards, HM Revenues and Customs, UK Boarder Agency and the Police / Regional Intelligence Unit; and ii) increased capacity of partners to identify and address illicit tobacco in the community	1% Reduction in the health inequalities gap in Smoking Prevalence rate per annum
5.3.3 Reduce number of children and young people injured on the highway	Walking and cycling initiatives, including walking and cycling to school projects and campaigns Continuing programme of targeted Road Safety projects that have been reviewed and evaluated as effective-e.g. Small Steps – pedestrian training Cycle Instruction B-Viz – campaign to improve visibility especially in winter months Schools continue to produce and promote travel plans	Reduction in road accidents to children
<b>5.4 Reduce Fuel Poverty by supporting development of warm homes</b>		
5.4.1 Update, reissue and promote strategic tools that support the build of warm homes- Kent Health and Affordable Warmth Strategy and the Kent Design Guide	Better/improved joint working between housing and health partners to ensure that homes are warm and safe leading to prevention of falls/COPD/Heart problems, good mental health	Reduction in Excess winter deaths Proportion in fuel poverty
5.4.2 Local housing authorities will continue to ensure housing is decent and not subject to excess cold.	<ul style="list-style-type: none"> <li>• Reduce Category 1 hazards for excess cold (as assessed using the Housing Health and Safety Rating System)</li> <li>• Incorporate energy efficiency into the referral system of key agencies to increase vulnerable residents' access to available grant/discount schemes.</li> </ul>	

## 6. Strengthen the role and impact of ill health prevention

Page 140

*Many of the key health behaviours significant to the development of chronic disease follow the social gradient: smoking, obesity, lack of physical activity, unhealthy nutrition.*

*(Marmot Review 2010)*

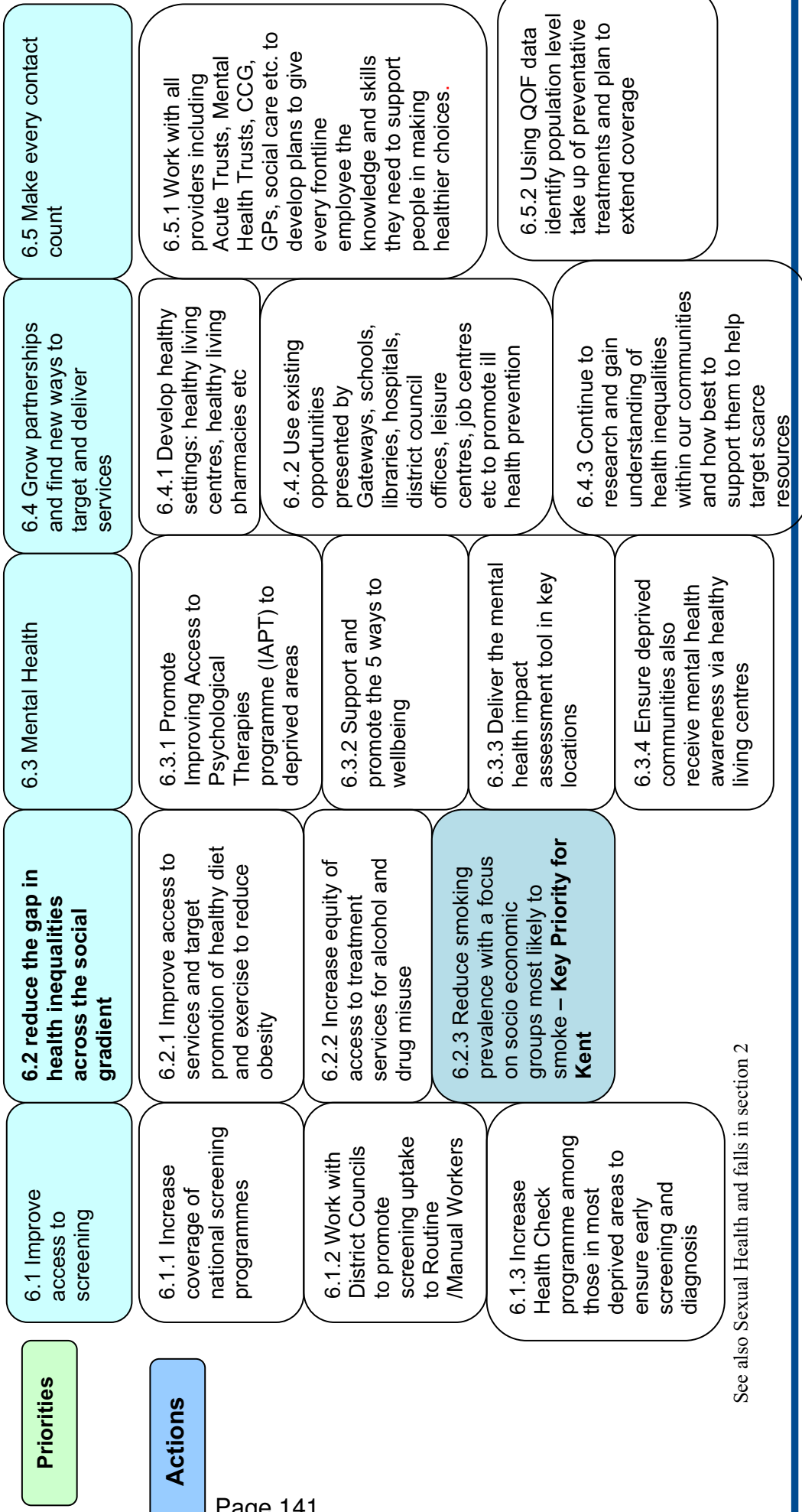
**Life-Course 6: Key Priority for Making a Difference in Kent**

Reduce the rate of deaths attributable to smoking in all persons



# Objective 6: Strengthen the role and impact of ill health prevention

Delivery through- NHS Future Forum; Health Checks; QIPP; Live it Well; No Health Without Mental Health; Tobacco Control Plan; Healthy Weight Strategy; Kent Sport Framework; Alcohol Plan



See also Sexual Health and falls in section 2

## Objective 6: Strengthen Ill Health Prevention

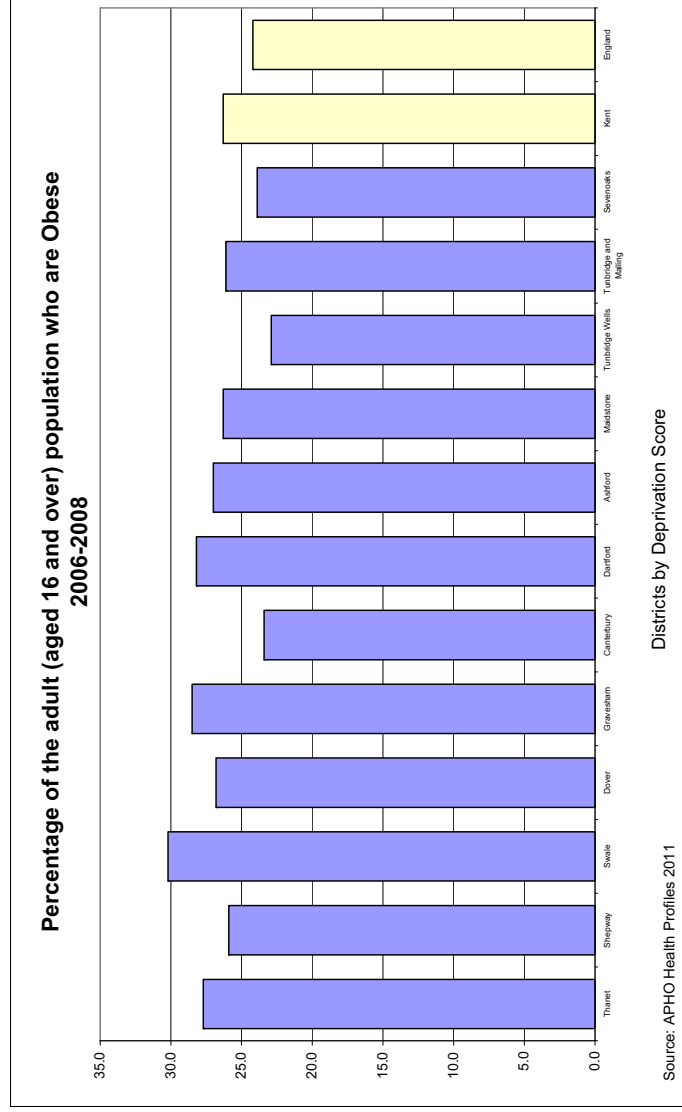
### Priority 6.1 Improve access to screening

The aim of national screening is to reduce the amount of disease in a population, or to detect disease at an early stage to improve patient outcome. The most deprived and ethnic minority groups are less likely to take up screening.

The incidence and prevalence of vascular diseases reflect health inequalities in the UK and the widening gaps in life expectancy between the most and the least disadvantaged in society. Gaps in life expectancy across west Kent, for example, can be as high as 14 years. There are also inequalities in the uptake of cervical cancer screening through low uptake amongst younger women with only 69% coverage across Kent for those aged 25-29.

### Priority 6.2 Focus public health interventions to reduce the gap in health inequalities across the social gradient

**Obesity:** Adult obesity is far more prevalent in socially disadvantaged groups. It is estimated that approximately 28% of the Kent population is obese (354,022).



Cost burden of obesity to SEC PCTs 2006

PCT	NHS Cost of principle diseases related to obesity (millions)
Eastern and Coastal Kent	279.2
West Kent	221.4

**Smoking:** Smoking prevalence in Kent is 24.9%; however there is a significant amount of variation across Kent and it is a major reason for our health inequalities. Routine and manual smokers represent the single biggest group of smokers –half of all smokers belong to the routine and manual group

Of the 11,250 deaths of Kent residents aged 35 and over in 2008, approximately 2,250 (20%) can be attributed to smoking. Approximately 10,300 hospital admissions of Kent residents aged 35 and over in 2008 can be attributed to smoking (5% of the total 205,932 admissions). The majority of these are due to lung cancer, chronic airway obstruction and ischaemic (coronary) heart disease.

**Alcohol Misuse:** The impact of alcohol misuse is widespread; it encompasses alcohol related illness and injuries as well as significant social impacts including crime and violence, teenage pregnancy, loss of workplace productivity and homelessness. Health inequalities are clearly evident as a result of alcohol-related harm; national data indicates that alcohol-related death rates are about 45% higher in areas of high deprivation. It is estimated that 259,103 adults in Kent are drinking at ‘increasing risk’ levels or ‘high risk’ levels. In 2009-10 the equivalent of 24,682 people in Kent were admitted to hospital for alcohol related harm, costing over £45 million.

**Substance Misuse:** There are strong links between levels of deprivation, prevalence of problem drug use, drug related hospital admissions and mortality. Estimates indicate that there are between 3640 and 7591 problem drug users in Kent and that a further 2500 problem drug users are not engaged with services. Hospital admissions continue on an upward trend.

Drug-specific admissions (primary diagnosis) per 100,000	2006/7	2007/8	2008/9	2009/10	2010/11
All Kent	14.21	16.72	10.14	15.81	16.77
East Kent	14.84	17.75	11.36	16.67	18.20
West Kent	12.86	15.26	9.36	14.53	15.79

### Priority 6.3 Mental Health

‘Mental Health, Resilience and Health Inequalities’ by Dr Freidli lays down the basic premise and research for what became the government’s strategy for mental health in 2011, “No Health without Mental Health”. Endorsed by the WHO, Faculty of Public Health and Child Poverty Action Group it describes what we all know in our bones, that without our sense of well being, without our ability to be resilient to life’s slings and arrows *and* without understanding that chronic stress literally gets under our skin in the form of illness – we will become sick. Sadly, although money can’t buy us happiness- it does by and large buy us security and ability to mitigate against some unexpected life events e.g. unemployment. Communities that exist in areas of greater deprivation need more than ever, the tools (both collective and individual) to cope with stresses and life events. It is fine to ask people to give up smoking, eat healthily, drink less and go to the gym more, but some of the reasons that people in more deprived areas engage in behaviours that on the surface are worse for health, are because they are struggling to find ways to cope with stress.

Chronic stress impacts on long term relationships and can even lead to violence, isolation and neglect. This is why mental well being is a core issue in tackling health inequalities. What is the antidote from a health perspective? Well obviously creating more jobs and being able to have skills to gain employment are central to this, and these are a key part of the wider Kent Strategy to tackle disadvantage. But from a well being and health perspective there are things we can do too: building social support and networks are essential for building communities (echoed in

the Big Society), having good access to psychological support and places to go where you can find a shoulder to cry on, just by recognising ones emotional health and finding ways of coping can be the difference between suicide and hope. This links to the new health service mantra “make every contact count”. Everyone can do their bit.

In addition: people who have mental health problems, who are depressed or who have a more serious condition like schizophrenia face discrimination, stigma and poorer health outcomes. People with a mental illness can suffer name calling, poorer access to routine services and on average live 15 years less life than other people.

So in summary health inequalities and mental health are linked in two ways, firstly if you live in a deprived area you are (by and large) likely to experience more life events and stresses which can be hard to cope with and which can make you ill faster and secondly poorer areas are more likely to have higher crime and violence – which in turn can feel stressful and make us feel depressed. To echo both Dr Freidll’s report and the sentiment in the Big Society “no one survives without community and no community thrives without the individual”.

[http://www.euro.who.int/\\_data/assets/pdf\\_file/0012/100821/E92227.pdf](http://www.euro.who.int/_data/assets/pdf_file/0012/100821/E92227.pdf)

#### **Priority 6.4 Grow partnerships and find new ways to deliver services in places where people go**

Reducing barriers so that everyone, but especially those dealing with stigmatization or discrimination is able to access health services as locally as possible. Bringing services closer to patients and communities may substantially improve uptake, presentation and utilisation. Patient pathways should be designed with this in mind.

#### **Priority 6.5 Make every contact count**

The NHS Future Forum recommended in January 2012 that

*Every healthcare professional should “make every contact count”: use every contact with an individual to maintain or improve their mental and physical health and wellbeing where possible, whatever their specialty or the purpose of the contact.*

The NHS’s role in the public’s health: A report from the NHS Future Forum Jan 2012

In Kent we want to support this approach and ensure it is extended through our health and social care workforce as we move towards integrated services.

## Local Profile

Setting Local Priorities: addressing inequalities within Districts

Smoking attributable mortality		Year	Baseline	Target improvement	Rate in 2015	Projected				Actual		Performance against target
						Year 1	Year 2	Year 3	Year 4	Year 1	Year 1	
Ashford		2007-2009	183.9	1% year on year reduction	176.6	182.1	180.2	178.4	176.6	170.7		-6.4%
Canterbury		2007-2009	198.4	1% year on year reduction	190.6	196.4	194.5	192.5	190.6	192.6		-2.0%
Dartford		2007-2009	220.9	1% year on year reduction	212.2	218.7	216.5	214.3	212.2	219.9		0.6%
Dover		2007-2009	225.7	1% year on year reduction	216.8	223.4	221.2	219.0	216.8	208.3		-7.0%
Gravesham		2007-2009	211.3	1% year on year reduction	203.0	209.2	207.1	205.0	203.0	200.2		-4.4%
Maidstone		2007-2009	195.7	1% year on year reduction	188.0	193.7	191.8	189.9	188.0	198.5		2.5%
Sevenoaks		2007-2009	172.2	1% year on year reduction	165.4	170.5	168.8	167.1	165.4	158.6		-7.2%
Shepway		2007-2009	219.6	1% year on year reduction	210.9	217.4	215.2	213.1	210.9	205.1		-5.8%
Swale		2007-2009	227.8	1% year on year reduction	218.8	225.5	223.3	221.0	218.8	230.4		2.2%
Thanet		2007-2009	277.0	1% year on year reduction	266.1	274.2	271.5	268.7	266.1	245		-11.0%
Tonbridge and Malling		2007-2009	180.9	1% year on year reduction	173.8	179.1	177.3	175.5	173.8	176.1		-1.7%
Tunbridge Wells		2007-2009	168.7	1% year on year reduction	162.0	167.0	165.3	163.7	162.0	163.9		-1.9%
England		2007-2009	216.0			213.8	211.7	209.6	207.5	N/A		

Source: Baseline and projected Local Tobacco Profiles, Jan 2012; Actual: KMPHO calculated



## The Aspirations

Planners and Commissioners should

- i) use local intelligence data from the JSNA, health profiles and from local communities to influence service delivery.
- ii) Apply the HINST Diagnostic Tool into the commissioning cycle to ensure interventions are delivered effectively
- iii) Assess impact on health inequalities by applying the Impact assessment tool

Action	What Good Will Look Like in 2015	Targets and achievements
<b>6.1 Improve access to screening</b>		
6.1.1 Increase coverage of national screening programmes	There will be increasing take up from groups who traditionally do not attend screening in addition to greater uptake overall. Health Equity Audits focusing on patterns of uptake and coverage will be a basis for action.	Kent's screening programmes will be well regarded with relatively high coverage levels.
6.1.2 Work with District Councils to promote screening uptake to Routine/Manual Workers		
6.1.3 Increase Health Check programme among those in most deprived areas to ensure early screening and diagnosis	NHS Health Check programme having both a universal and a more targeted delivery via a plurality of providers, including those from non-clinical, non-NHS sites, so that those with the greatest health needs are effectively reached by the programme	Health checks' are to be provided to people between 40 and 74 years across Kent. With full roll out 880,211 checks are to be delivered across Kent on an annual basis from 2013
<b>6.2 Focus public health lifestyle interventions to reduce the gap in health inequalities across the social gradient</b>		
6.2.1 Improve access to lifestyle self support and dedicated services	The Health Trainer service had been developed to target those in areas of high deprivation. Pathways from services into lifestyle behaviour programmes are clear and easily accessible so that people at risk following a health check or coping with chronic conditions where diet and physical activity would make a difference have improved outcomes. Services have been reviewed, are fit for purpose and provide quality interventions.	Slow the increase in obesity in adults by 1% per annum in the health inequalities gap  Number of adults classified as overweight or obese

<p>6.2.2 Increase equity of access to treatment services for alcohol and drug misuse</p>	<ul style="list-style-type: none"> <li>Industrialising opportunistic Identification and Brief Advice (IBA) for those at risk through alcohol misuse as part of Healthy Lifestyles services through local authority commissioning for prevention.</li> <li>Increased awareness and support to veterans regarding substance and alcohol misuse and mental health</li> <li>For problem drug users structured counselling, intensive family based interventions, practical group work activities and better links with mental health services will be used to develop relevant social skills that increase service users capacity to sustain long term improvements in terms of substance use and their health and social functioning. Recovery focused intensive keyworking will also provide a specific focus throughout the treatment journey (JSNA)</li> </ul>	<p>1% reduction in mortality from liver disease. 1% reduction in drug misuse. Commission IBA in a variety of clinical settings for at least 10% of dependent drinkers in Kent, increasing to 20% over the next two years using referral tools and pathways already agreed by commissioners and providers</p>
<p>6.2.3 Reduce smoking prevalence with a focus on socio economic groups most likely to smoke (see also objective 3)</p>	<p>Assessment of risk factors for early identification of people with COPD and Lung cancer has led to more effective targeting of services leading to evidence of smoking prevalence reduced in cohorts:</p> <ul style="list-style-type: none"> <li>- Routine/Manual workers in Kent</li> <li>- Prison population in Kent</li> <li>- Pregnant women</li> <li>- Families who smoke in areas of deprivation</li> </ul> <p>Stop smoking services should aim to treat at least 5% of the local smoking population each year. In Kent, this equates to at least 14,000 smokers</p>	<p>1% reduction per annum in the health inequalities gap of smoking prevalence rates 1% reduction in the health inequalities gap in the rate of deaths attributable to smoking in all persons Mortality from lung cancer directly ASR for persons &lt;75*+slope index</p>
<p><b>6.3 Mental Health</b></p>		
<p>There is an embedded approach across partners to improve mental well-being that also addresses the broader determinants of mental health and can measure the impact of changes to well being. There can be no health without mental health and those experiencing stigma or discrimination will be supported.</p>		
<p>6.3.1 Promote Improving Access to Psychological Therapies programme (IAPT) to meet demand</p>	<p>Training for staff and access to new or improved services to help children, young people and adults with depression or anxiety within their own communities.</p>	
<p>6.3.2 Support and promote the 5 ways to wellbeing</p>		<p><a href="http://www.liveitwell.org.uk/">http://www.liveitwell.org.uk/</a></p>
<p>6.3.3 Deliver the mental health impact assessment tool in key locations</p>	<p>Mental Wellbeing Impact Assessment (MWIA) enables local service commissioners and community organisations to assess and measure the impact of their interventions on their</p>	

	population's mental health and wellbeing. It will provide an effective approach to creating policy and services that have the best possible impact on mental well-being	
6.3.4 Ensure deprived communities also receive mental health awareness via healthy living centres		
<b>6.4 Grow partnerships and find new ways to target and deliver services in places where people go (Asset based community development)</b>		
6.4.1 Develop healthy settings: healthy living centres, healthy living pharmacies etc.	Partner organisations including the 3rd sector come together to tackle broad health issues within a community. Such hubs promote good health and well being by encouraging healthy lifestyle choices and provide tailored support, advice and guidance to tackle local issues, such as debt, family relationships etc	
6.4.2 Use existing opportunities presented by Gateways, schools, libraries, hospitals, district council offices, the 3 <sup>rd</sup> Sector, leisure centres, job centres etc to promote ill health prevention	A range of services and information are being delivered and signposted through a range of providers in places where the public consider key touch-points of their lives. This brings partner agencies together and enable people to have a comfortable experience and positive interaction with services	
6.4.3 Continue to research and gain understanding of our communities and how best to support them to help target scarce resources	More accurate understanding of prevalence by district has influenced commissioning of targeted services leading a reduction in the social gradient (the gap has narrowed between the health of the richest and the poorest)	
<b>6.5 Make every contact count</b>		
6.5.1 Work with all providers including Acute Trusts, mental health trusts, CCG, GPs, social care etc. to develop plans to give every frontline employee the knowledge and skills they need to support people in making healthier choices	The Kent health and social care workforce is competent to provide advice and support about staying healthy at key life stages or times when people are more likely to be open to change and in touch with services (such as pregnancy, starting or leaving school and entering or leaving the workforce, caring for a sick relative or experiencing ill health)	Workforce plans and training in place
6.5.2 Using QOF data identify population level take up of preventative treatments and plan to extend coverage	QOF data is interrogated and used to support CCGs in identifying gaps in take-up of preventative treatment leading to targeting and intervention with individuals and communities at high risk.	Mortality from causes considered preventable



## References

### Kent's Joint Strategic Needs Assessment 2011 available at <http://www.kmpho.nhs.uk/jsna/>

- Campbell F. (ed) 2010. *The Social determinants of health and the role of local government*. Improvement and Development Agency. [Online] Available from <http://www.idea.gov.uk/idk/aio/17778155> [accessed November 2011]
- Department of Health. (2010) *Health Profile 2010: Kent* [Online] Available from <http://www.apho.org.uk/resource/view.aspx?RID=92221> [accessed February 2012]
- Department of Health (2010) *Healthy Lives, Healthy People* [Online] Available from [http://www.dh.gov.uk/en/Aboutus/Features/DH\\_122253](http://www.dh.gov.uk/en/Aboutus/Features/DH_122253) [accessed September 2011]
- Department of Health (2010) Health Inequality National Support Team – [Online] Available from [http://www.dh.gov.uk/en/PublicHealth/NationalSupportTeams/HealthInequalities/DH\\_108954](http://www.dh.gov.uk/en/PublicHealth/NationalSupportTeams/HealthInequalities/DH_108954) [accessed September 2011]
- Friedli, L. (2009) *Mental health, resilience and inequalities – a report for WHO Europe and the Mental Health Foundation*. London/Copenhagen: Mental Health Foundation and WHO Europe [Online] Available from [http://www.euro.who.int/data/assets/pdf\\_file/0012/1100821/E92227.pdf](http://www.euro.who.int/data/assets/pdf_file/0012/1100821/E92227.pdf)
- Marmot M. (Chair). 2010. *The Strategic Review of Health Inequalities: Fair Society, Healthy Lives. Strategic review of health inequalities in England post-2010*. Published by The Marmot Review Team February 2010.
- Kent County Council (2009) Health Inequality Strategy [Online] Available from <http://democracy.kent.gov.uk/mgConvertPDF.aspx?ID=1333&ISAT=1#search=%22health%20inequality%22> [accessed August 2011]
- National Institute for Health and Clinical Excellence (2010) *Using evidence on cost effectiveness, cost impact and return on investment to inform local commissioning*. [Online] Available from <http://www.nice.org.uk/ourguidance/otherpublications/costimpactinvestmentreturn.jsp> [accessed October 2011]
- National MWIA Collaborative (England) 2011. *Mental Well-being Impact Assessment* – [Online] Available from <http://www.apho.org.uk/resource/item.aspx?RID=95836> [accessed October 2011]
- NICE 2007 *Behaviour change at population, community and individual level-* <http://guidance.nice.org.uk/PH6/Guidance/pdf/English>
- Kent County Council (2010) *Bold Steps for Kent* [Online] Available from [http://www.kent.gov.uk/your\\_council/priorities\\_policies\\_and\\_plans/priorities\\_and\\_plans/bold\\_steps\\_for\\_kent.aspx](http://www.kent.gov.uk/your_council/priorities_policies_and_plans/priorities_and_plans/bold_steps_for_kent.aspx)
- Kent Public Health (2008) *KCC and NHS Public Health Annual Report 2008*. [Online] Available from <http://www.kmpho.nhs.uk/EasysiteWeb/getresource.axd?AssetID=86075&type=Full&servicetype=Attachment> [accessed 1 February 2011]
- KMPHO and NHS (2009) *Smoking in Kent: Deaths, disease and economic loss attributable to tobacco smoking* [Online] Available from <http://www.kmpho.nhs.uk/lifestyle-and-behaviour/smoking/> [accessed 18 February 2011]
- Sexton J. Dr, Barlow J. 2010. *Trends In Health Inequalities In Kent And Medway: Convergence And Divergence 1999-2010*. Eastern and Coastal Kent PCT, NHS. (PDF) [Online] Available at <http://www.kmpho.nhs.uk/health-inequalities/life-expectancy/?assetdetesct12264893=96348> [accessed 9 December 2010]
- Sutania S Dr. *Estimation of the burden of disease caused by air pollution across Kent and Medway* Eastern and Coastal Kent Primary Care Trust

**For Further Information please contact:  
Deborah Smith, Policy Manager  
Kent Department of Public Health  
Kent County Council  
[Deborah.Smith@kent.gov.uk](mailto:Deborah.Smith@kent.gov.uk)**

By: Alex King, Deputy Leader  
Amanda Beer, Corporate Director of Human Resources  
Peter Sass, Head of Democratic Services  
Coral Ingleton, Training Manager

To: County Council – 29 March 2012

Subject: Member Development Policy

Summary: The County Council is invited to approve the updated Member Development Policy for incorporation in the County Council's Constitution.

---

## Introduction

(1) In December 2008, Kent County Council committed to the South East Employers' (SEE) Member Development Charter. In September 2010, the Charter was awarded to Kent County Council and a commitment made to the Charter Plus for early in 2011.

### **Member Development Steering Group: Member Development**

(2) Preparation for the Member Development Charter Plus was overseen by the cross-party Member Development Steering Group, chaired by Mr Alex King and supported by Mrs Coral Ingleton, Learning and Development Manager and officers in the Democratic Services division.

(3) The Member Development Steering Group consists of Member Champions and continues to have the role of keeping Members of their political groups involved, engaged and committed to the process.

(4) A self-assessment improvement plan was agreed and put in place by the Group, following feedback from the SEE Assessment Panel. This improvement plan became the strategy designed to enable the County Council to continue to hold the Charter status. As an initial step to securing and maintaining Charter Plus status, the Member Development Group drafted an updated Member Development Policy for approval by the Selection and Member Services Committee.

(5) All Members will now be aware that, on 21 September, 2011, Kent County Council was awarded the Charter Plus based on the implementation of the key strategies underpinned in this draft Member Development Policy. KCC is the first County Council to achieve Charter Plus and only the second local authority in the South-East region to do so. This is a tremendous achievement for the officer team and all Members.

(6) A copy of the draft updated Member Development Policy is attached at **Appendix 1**, which includes a number of changes requested by the Selection and Member Services Committee arising from its meeting on 18 November 2011. The Member Development Group's Terms of Reference are attached at **Appendix 2**.

**Recommendation**

(7) The County Council is invited to approve the draft updated Member Development Policy for incorporation in the Constitution.

Peter Sass  
Head of Democratic Services  
Tel: (01622) 694002  
[peter.sass@kent.gov.uk](mailto:peter.sass@kent.gov.uk)

Coral Ingleton  
Learning and Development Manager  
Tel: (01622) 694532  
[coral.ingleton@kent.gov.uk](mailto:coral.ingleton@kent.gov.uk)

**KENT COUNTY COUNCIL**  
**MEMBER DEVELOPMENT POLICY**



**This page is intentionally left blank**

## **INTRODUCTION**

This Policy is a key part of our commitment to providing development opportunities for elected Members to enable them to fulfil their role(s) effectively, now and in the future.

To demonstrate this commitment we have achieved the South East Charter for Elected Member Development and also attained the Charter Plus in September 2011.

This Policy has been developed by the cross-party Member Development Steering Group on Member Development as part of our action plan to continue with the charter and maintain the Charter Plus status.

## **PRINCIPLES/STANDARDS**

The Council is committed to:

- Continue to develop elected Members to assist them fulfil their responsibilities to the local community, provide clear leadership and contribute to the achievement of the Council's aims and objectives.
- Ensuring equality of opportunity and access to training and development for all Members.
- Performance assessment of Members through an annual review of activity, ongoing development needs analysis and annual personal development planning meetings
- Ensuring adequate resources are available to meet Members' knowledge, training and development requirements.
- Working with partners to develop and deliver training for Members.
- Using varied and innovative methods of delivering training and development that make the best use of technology and meet the individual needs of Members.
- Defining general and specific mandatory training and development requirements relating to the roles of Members.
- Evaluating the impact and added value of training and development activity at an individual and organisational level.

## **PURPOSE OF ELECTED MEMBER DEVELOPMENT**

The purpose of elected Member development is to ensure all Members have the knowledge, skills and behaviours they need to undertake their various roles effectively.

We will achieve this through a programme that:

- Develops Members' knowledge and awareness of local and national issues and legislation
- Develops Members' skills and behaviours across a range of areas, including personal development; leadership, political and communication skills, **research skills**, **ICT skills** and in particular in relation to the increasingly involved local representative role, i.e. as a member of partnership bodies, including Locality Boards, etc

- Provides opportunities to network with each other, other local authorities and partners
- Provides opportunities to learn from innovative training and development both from across the UK and overseas
- Provides internal and external mentoring support
- Provide Members and partners with the opportunity to develop the skills necessary for effective partnership working and exploring the opportunity of targeted local service delivery
- Provide Members with the skills for the holding to account of decision makers across all sectors in the locality they represent

## **INDUCTION**

A comprehensive induction programme will be provided for all Members following County Council elections and by-elections. The programme will be developed in conjunction with the Member Development Steering Group and include:

- Knowledge based learning
- Skill based learning
- Community issues including leadership, planning and public engagement
- Regulatory functions
- Overview and Scrutiny
- Decision making
- Ethical standards
- The Personalisation agenda
- How to deliver tailored services more effectively working in partnership across a locality.
- Individual induction to all new Members who join the County Council, or change roles at any other time.
- Officer and Member Mentors offered to support all County Councillors who have been elected for the first time

## **MANAGEMENT**

Each political group will be invited to nominate a Member to be the 'Member Development Champion' for the group and a member of the Member Development Steering Group. The Council will nominate officers as members of the IMG Steering Group.

Reporting to the Selection and Member Services Committee, the Member Development Steering Group will have responsibility for approving the annual development programme and providing a steer for future requirements. In addition, the Steering Group is able to seek the support and guidance of the Independent Remuneration Panel in relation to the completion and review of Members' Annual Reports

## **EVALUATION**

All training and development events for Members will be evaluated through individual feedback, achievement of planned outcomes and the overall contribution to the achievement of the Council's aims and objectives and those of our partners.



Regular reports will be presented to the Member Development Steering Group to inform future planning of programmes and events. This report will form part of the annual Report to the Selection and Member Services Committee.

**This page is intentionally left blank**

**Members Development Steering Group**

**Terms of Reference**

1. To champion and promote the development of all Members.
2. To agree the Members' annual Learning and Development Plan, including induction programmes in appropriate years, working in partnership with other local authorities and public, private and voluntary bodies.
3. To monitor and evaluate the Member Development Policy on an annual basis.
4. To support and encourage Members in maintaining the Charter and Charter Plus for Member Development and Investors in People.
5. To report to the Selection and Member Services Committee on progress of Member development on an annual basis.

This page is intentionally left blank

By: Roger Gough – Cabinet Member for Business Strategy, Performance and Health Reform  
Amanda Beer – Corporate Director of Human Resources

To: County Council – 29 March 2012

Subject: Localism Act: Openness and accountability in local pay

Classification: Unrestricted

---

Summary: This paper addresses the actions the Authority is required to make on pay as part of delivering its responsibilities under the Localism Act 2011.

---

## **1. Background**

- 1.1 An objective of the Localism Act is to increase transparency of local pay. This requires councils to publish the salaries of senior officials, enabling local people to better understand how public money is being spent in their area.
- 1.2 The Act requires a local authority pay policy to be openly approved by democratically elected councilors.
- 1.3 Personnel Committee has considered and endorsed the attached Pay Policy (Appendix 1) on 25 January 2012 and recommends it to Council for approval.

## **2. Content of Required Statements**

- 2.1 Pay policy statements must be in place by 31 March 2012 and be published annually. The statement relates to:-
  - (a) the level and elements of remuneration for each chief officer
  - (b) remuneration of chief officers on recruitment
  - (c) increases and additions to remuneration for each chief officer
  - (d) the use of performance-related pay (PRP) for chief officers
  - (e) the use of bonuses for chief officers
  - (f) the approach to the payment of chief officers on their ceasing to hold office under or to be employed by the authority
  - (g) the publication of and access to information relating to remuneration of chief officers.

For the purpose of the Localism Act, a Chief Officer in KCC is defined as being at 'Director level'. This includes the County Council's Corporate Directors and Directors.

- 2.2 The provisions do not apply to the staff of local authority schools.

## **3. Pay Multiple**

3.1 A pay multiple can be calculated in order to measure the difference in pay between the norm and highest salary. This can also be used to show the relative change in pay levels over time. The definition of pay multiple as defined in the 'Code of Recommended Practice for Local Authorities on Data Transparency' document is the ratio between the highest paid salary and the median average salary of the authority's workforce.

3.2 KCC's current Pay Multiple figure is 7.4: 1. This excludes schools.

#### **4. Guidance**

4.1 The policy is compliant with expectations and guidance in the Code of Recommended Practice along with supplementary updates which have been received since Personnel Committee on 25 January 2012.

#### **5. Recommendation**

5.1 County Council endorses the attached Pay Policy Statement.

**Colin Miller**  
**Reward Manager**  
**Ext 6056**

**Kent County Council Pay Policy Statement 2012-13**

The Authority seeks to be able to recruit and retain staff in a way which is externally competitive and internally fair. The Kent Scheme pay policy applies in a consistent way from the lowest to the highest grade.

- The pay policy is influenced by a number of factors which include local pay bargaining, market information, market forces, economic climate, measures of inflation and budgetary position.
- The policy referred to in this Statement is relevant to Council employees generally. The scope of this Statement does not include all Terms and Conditions as some are set on a national basis. These include Teachers covered by the school teachers pay and conditions in (England and Wales) document, Soulbury Committee, Adult Education, National Joint Council (NJC), Joint National Council (JNC) and the National Health Service (NHS).
- The Kent scheme pay range consists of grades KR2 – KR20; details of which are attached.
- The details of the reward package for all Corporate Directors and Directors are published and updated on the County Council's web site.
- KCC will publish the number of people and job title by salary band. This is from £58,200 to £59,999 and then by pay bands of £5,000 thereafter. This will include elements made on a repeatable or predictable basis such as market premium payments.
- Returning Officer responsibilities are a specified element of the designated senior officer's duties for which there will be no additional payment beyond their pay range.
- The appropriate grade for a job is established through a job evaluation process which takes into account the required level of knowledge, skills and accountability required for the role.
- The lowest point of KCC's grading structure (bottom of grade KR2) is set such that the hourly rate is above the National Minimum Wage.
- Staff who are new to the organisation must be appointed at the minimum of the grade unless there are exceptional reasons to appoint higher. These must be based on a robust business case in relation to the level of knowledge, skills and experience offered by the candidate and consideration is given to the level of salaries of the existing staff to prevent pay inequality. For senior staff any such business case must be approved by the relevant Corporate Director.
- Council signs off the pay structure. The subsequent appointment of individuals, including those receiving salaries in excess of £100k, are in accordance with the pay structure and the principles outlined in the pay policy.

- Staff who are promoted should be appointed to the minimum of the grade. However their pay increase should equate to at least 2.5%.
- All progression within a grade is subject to performance as assessed through Total Contribution Pay (TCP) process and a percentage awarded for each appraisal level. This applies to all levels in the Authority and there are no additional bonus schemes for senior managers.
- The award for each appraisal rating is set annually following the outcome of the appraisal process.
- People at the top of their grade have the opportunity to receive a pay award which is consistent with others who have the same appraisal rating. This amount will be paid separately and not built into base pay.
- The 'Lowest' paid employees are defined as those employees on the lowest pay point of KCC's lowest grade, KR2 (£12,903 for 2011-12). They receive relevant benefits and are remunerated in the same proportionate way as others.
- In order to establish the pay difference and the relative change in pay levels over time, a pay multiplier can be calculated. This is the base pay level of the highest paid employee shown as a multiple of the median Kent Scheme salary. This multiplier will be published on the County Council's website annually.
- KCC recognises that managers need to be able to reward performance in a flexible and appropriate way to the particular circumstances.
- Should it be shown that there is specific recruitment and retention difficulties, the Market Premium Policy may be used to address these issues.
- The Council would not expect the re-engagement of an individual who has left the organisation with a redundancy, retirement or severance package.
- Managers have delegated powers to make cash awards and ex-gratia payments when necessary and where not covered by any other provision as defined in the Blue Book Kent Scheme Terms & Conditions.
- Policies about termination payments and employer discretions under the Local Government Pension Scheme will be reviewed annually and published for all staff. These will be produced with the intention of only making additional payments when in the best interests of the Authority and maintaining consistency through all pay grades.





This page is intentionally left blank

From: Alex King – Deputy Leader  
Peter Sass – Head of Democratic Services

To: County Council – 29 March 2012

Subject: Petition Scheme Debates

Classification: Unrestricted

Summary: Details of Petitions received, which will be the subject of debates in accordance with the County Council’s Petition Scheme.

For Decision

---

## **Introduction**

1. (1) In accordance with the Petition Scheme agreed at the County Council meeting on 22 July 2010, any petition on a County Council matter relating to a specific District Council area that has more than 1,000 signatures will trigger a debate at County Council.

(2) The process for the each debate is that the Lead Petitioner(s) will be invited to speak to the petition for up to 5 minutes in total. There will then be a debate of up to 35 Minutes (with each Member speaking for 3 minutes) before the Cabinet Member is invited to respond for a maximum of 5 minutes. As the subject matters for these petitions relate to matters that are the responsibility of the Council’s Executive, the County Council may decide whether to make a recommendation to the relevant Cabinet Members to inform the decision-making process.

### **Petition 1 – Requesting the County Council to establish a grammar school in Sevenoaks**

2. (1) The above E-Petition has been available on KCC’s website for signature for 3 months. The petition attracted 2620 signatures and therefore has triggered a County Council Debate. A statement from the Lead Petitioners, Mr & Mrs Shilling is attached (**Appendix 1**). Mr and Mrs Shilling will be attending the meeting and Mr Shilling will be speaking to the petition.

(2) A briefing report from the Cabinet Member for Education, Learning and Skills in relation to the petition is attached. (**Appendix 2**)

### **Petition 2 - Requesting the County Council to save Ramsgate Youth Clubs**

3. (1) A paper Petition was submitted to the Head of Democratic Services on 13 March 2012 requesting the retention of the Concorde and Artwise Youth Centres in Ramsgate and the rejection of the proposal for the Quarterdeck in Margate to be the only Youth Centre Hub in Thanet. The petition contains 1417 signatures and therefore has triggered a County Council Debate. An earlier e-petition attracted 68

signatures. A statement from the Lead Petitioners is attached (**Appendix 3**). Mr Redmond (Thanet Wanderers Rugby Club) and Thanet District Councillor Will Scobie will be attending the meeting and speaking to the petition.

(2) A briefing report from the Cabinet Member for Customer and Communities in relation to the petition is attached. (**Appendix 4**)

### **Petition 3 – opposing the closure of Richborough Household Waste Recycling Centre**

4. (1) A paper Petition was submitted to the Head of Democratic Services on 16 March 2012 requesting the County Council to decide to keep the household and recycling facility at Richborough near Sandwich. The petition contains 1302 signatures (there is also a similar e-petition which has attracted 554 signatures (as at 19 March). A statement from the Lead Petitioners will follow and it is expected that the Lead Petitioners will wish to attend the meeting and speak to the petition, but at the time of writing, this had not been confirmed.

(2) A briefing report from the Cabinet Member for Environment Highways and Waste in relation to the petition will follow.

#### **RECOMMENDATION**

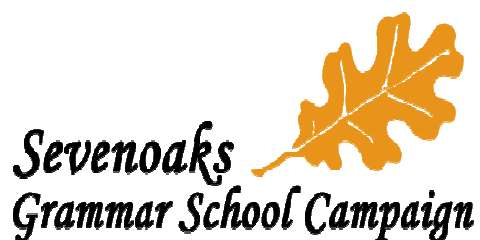
5. (1) The County Council is invited to respond to the Cabinet Member for Education, Learning and Skills in relation to Petition 1.

(2) The County Council is invited to respond to the Cabinet Member for Customer and Communities in respect of Petition 2.

(3) The County Council is invited to respond to the Cabinet Member for Environment Highways and Waste in respect of Petition 3.

**Peter Sass**  
**Head of Democratic Services**  
**01622 694002**

Background Documents: None



### PETITION FOR A SEVENOAKS GRAMMAR SCHOOL

We, the undersigned (over 2,600 people), petition the Council to establish a grammar school in Sevenoaks.

Sevenoaks does not have a grammar school at present. Instead, every day, 1,150 Sevenoaks children travel to grammar schools in Tonbridge and Tunbridge Wells, a round trip of up to 25 miles. Many of these children spend up to two hours commuting each day from a young age. This has a negative effect on their learning, on their opportunities for hobbies and sport, on their opportunities to develop friendships, and on the time they spend with their families.

The law was recently changed to enable grammar schools to expand and to establish new sites in nearby towns. We, the undersigned, therefore urge the Council to take advantage of the new law by establishing a grammar school in Sevenoaks, to provide a local grammar education for local boys and girls.

#### Population Growth

The school age population in Sevenoaks is growing rapidly: at Sevenoaks state primary schools there are currently 530 children in year 6 (11 year olds), and 724 children in reception year (5 year olds) – a 37% increase. The same situation is occurring across West Kent

The Council's population projections (published in October) predict that by 2018 there will be 1,100 more children aged 10 and 11 in West Kent (Sevenoaks, Tonbridge & Malling and Tunbridge Wells districts). This means that 550 extra secondary school places will be needed at West Kent schools per academic year by 2018.

Approximately 35% of West Kent children pass the 11+ test. Consequently, by 2018, around 200 extra grammar school places per academic year will be needed in West Kent. This is too large an increase for the existing West Kent grammar schools to accommodate via expansion at their existing sites.

Furthermore, this year's allocation of secondary school places announced on 1<sup>st</sup> March, where around 100 West Kent children (mostly from Sevenoaks) passed the 11+ but were not offered West Kent grammar school places, provided a frightening glimpse of the near future when all Sevenoaks children will be outside the catchment areas of the Tonbridge and Tunbridge Wells grammar schools, meaning that super-

selective grammar schools will be their only option. Our children will then be directly competing for grammar school places with children from London, Surrey and Sussex – with the very highest scorers gaining the coveted places, and everyone else losing out.

Our 2,600 supporters believe that the solution is for the Council to establish a Sevenoaks grammar school that operates a catchment area-based admissions policy, and not super-selection. The (shortly to be vacant) Wildernesse site in Sevenoaks appears to be the only suitable location large enough to accommodate the required extra grammar school places.

A Sevenoaks grammar school would ensure that all Sevenoaks and West Kent children who pass the 11+ test would receive the grammar school places they deserve, and not just the very highest scorers from across South-East England. We therefore petition the Council to support this proposal.

**[www.sevenoaksgrammar.com](http://www.sevenoaksgrammar.com)**

## APPENDIX 2

By Mike Whiting, Cabinet Member for Education, Learning and Skills  
Patrick Leeson, Corporate Director for Education, Learning and Skills

To County Council

Date 9 March 2012

Subject Grammar School Provision in Sevenoaks

Classification Unrestricted

Summary	Following an ePetition from residents in Sevenoaks, KCC is considering whether Grammar School provision could be provided for the young people resident in the Sevenoaks District.
---------	--

### 1. Introduction

(1) The purpose of this paper is to inform Council Members of the future need for additional secondary places in the Sevenoaks district in the context of the ePetition.

### 2. Background

(1) Within the Sevenoaks district, in respect of school planning provision, the district can be divided into two parts (See Annex A).

(2) The Sevenoaks north area is in a Comprehensive Scheme of education. There are two secondary schools, with no selective provision. There are 2488 students in years 7 to 11 resident in Sevenoaks north.

(3) The Sevenoaks south area is in a Grammar scheme of education. There is one secondary school, with no selective provision. There are 2533 students in years 7 to 11 resident in Sevenoaks south.

(4) A Kent County Council online ePetition requesting the council to establish a grammar school in Sevenoaks, has acquired 2620 signatures. This petition has the backing of the local MP.

(5) Parents can make representations about the supply of school places and local authorities have a statutory duty to respond to these representations. Further statutory guidance on this duty is available in "Duty to Respond to Parental Representations about the Provision of Schools". It is for local authorities, in partnership with other stakeholders, to plan for the provision of places.

(6) Local authorities are under a statutory duty to ensure that there are sufficient school places in their area, promote high educational standards, ensure fair access to educational opportunity and promote the fulfilment of every child's educational potential. They must also ensure that there are sufficient schools in their area, promote diversity and increase parental choice.

### **3. Analysis of Secondary Provision in Sevenoaks**

*(January 2011 School Census)*

#### **Sevenoaks North**

(1) There are two secondary schools in Sevenoaks north. The Orchards Academy is a 4 FE non-selective government sponsored Academy, offering 120 mixed Year 7 places every year. Hextable School is a 5FE non-selective community comprehensive school offering 150 mixed Year 7 places every year.

(2) The total number of Year 7 – 11 students resident in Sevenoaks north was 2488 in January 2011.

(a) 771 students remained in the Sevenoaks north area and were educated at:

- (i) Orchard Academy (412 students)
- (ii) Hextable School (359 students)

(b) 282 students travelled to Sevenoaks south, to attend the Knole Academy.

(c) 986 students travelled to Dartford district

- (i) 575 students attended selective provision
- (ii) 411 students attended non selective provision.

(d) 449 students attended a selective or non-selective provision outside of Sevenoaks or Dartford.

(3) The number of Year 7 students resident in Sevenoaks north was 491. Of these:

(a) 125 students remained in the Sevenoaks north area and were educated at:

- (i) Orchard Academy (62 students)
- (ii) Hextable School (63 students)

(b) 64 students travelled to Sevenoaks south, to attend the Knole Academy.

(c) 204 travelled to the Dartford district

- (i) 108 students attended selective provision
- (ii) 96 students attended non selective provision.

(d) 98 travelled outside Sevenoaks and Dartford districts to attend secondary provision elsewhere.

#### **Sevenoaks South**

(4) There is one secondary school in Sevenoaks south. The Knole Academy is a 8FE non-selective school, offering 240 mixed Year 7 places every year.



(5) The total number of Year 7 – 11 students resident in Sevenoaks south was 2533 in January 2011.

(a) 601 students remained in the Sevenoaks south area and were educated at the Knole Academy.

(b) 9 students travelled to Sevenoaks north to attend either the Orchard Academy or Hextable School.

(c) 1887 students travelled to the Tonbridge & Malling or Tunbridge Wells districts. Of these:

- (i) 1151 students attended selective provision
- (ii) 736 students attended non selective provision .

(d) 36 students travelled outside a secondary provision outside of Sevenoaks, Tunbridge Wells or Tonbridge and Malling.

(6) The number of Year 7 students resident in Sevenoaks south was 557. Of these:

(a) 126 students remained in the Sevenoaks south area and were educated at the Knole Academy.

(b) 1 student travelled to Sevenoaks north to attend Hextable School.

(c) 424 students travelled to the Tonbridge & Malling or Tunbridge Wells districts. Of these:

- (i) 180 students attended selective provision
- (ii) 244 students attended non selective provision

(d) 6 students travelled outside a secondary provision outside of Sevenoaks, Tunbridge Wells or Tonbridge and Malling

(7) For the purposes of this paper, the ePetition relates to provision in Sevenoaks south.

#### **4. Analysis of Forecasts for Secondary Provision**

(1) Forecasts indicate that by September 2016, year 7 numbers will have increased by an additional 6 FE in Sevenoaks south, Tonbridge and Royal Tunbridge Wells.

#### **5. National Policy**

(1) Ministers have resisted pressure to extend selection in the state system. The Government declined to support a Conservative backbencher's amendment to the 2011 Education Bill, calling for Independent schools to be allowed to select pupils on ability, even if they convert to become Academies.

(2) However, in response to a question (Q96) about Grammar schools seeking to expand, the Secretary of State at the Education Select Committee on the 31<sup>st</sup>

January 2012, referred to the West Kent case. He said that “Kent is experiencing a significant increase in population overall and that it has been accepted by the last Government, as it has been by this one, that if you have population growth in an area where there is selective provision, you should allow schools in that area to expand to take account of it.” He went on to say that “in a selective area, if provision needs to grow in order to take account of population growth, that is absolutely fine, but it is not our intention to extend selection beyond those areas where it currently exists.”

(3) The new School Admissions Code gives greater freedom for good schools – including Grammar schools – to expand. However, the law introduced, in 1997 remains unchanged and no new grammar schools can open (School Standards and Framework Act 1998, Section 104). A recent statement by the Minister for Schools made clear that no school will be allowed to expand by more than 25% without the approval of the Secretary of State for Education.

## **6. The Legal Framework**

(1) Under current Government legislation, it is not possible to establish a new school which has selective admission criteria (Education and Inspections Act 2006). This applies to any type of new state funded school, including Free Schools and Academies.

(2) Statutory guidance provides for expansion of any maintained school, including Grammar schools. The 'School Organisation and Governance (Amendment) (England) Regulations 2009' applies to Grammar Schools as well, but there is no presumption of approval from the local authority.

(3) The process for enlargement could also apply to an off site enlargement or satellite provision. The Statutory process for proposing a prescribed change must be followed.

(4) DfE advice suggests the conditions for expansion would be the same catchment area or reasonable distance from the main school, such as 2 to 3 miles.

(5) Any expansion would need the agreement of the schools concerned.

(6) To-date no agreements have been reached.

## **7. Matter for Kent County Council as the Local Authority**

(1) Kent County Council is considering an ePetition submitted on the Council's website from 2,576 parents, asking the council to establish a Grammar School in Sevenoaks.

(2) The ePetition is to be considered by County Council on the 29 March 2012.

(3) Below we set out the issues in relation to school places and demand in the local area for both additional selective and non-selective provision to be commissioned, that may enable pupils resident in the Sevenoaks South area to attend a Grammar School in the Sevenoaks District.

## **8. Provision Planning Analysis**

(1) There is a case for more selective and non-selective secondary provision in Sevenoaks South. Data shows that over the next seven years (2011-2018), the Sevenoaks South Year 7 student population will increase from 495 to 681.

(2) In response to the ePetition, this would require the expansion of two, separate grammar schools as all grammar schools in West Kent are single sex. It could be proposed that KCC agree to consider increasing selective provision by 4 forms of entry in total, from September 2015 (2FE for girls and 2FE for boys), recruiting at Year 7 and building incrementally. The proposal would also incorporate establishing a 6<sup>th</sup> Form when required.

(3) This additional selective provision could be proposed to be located on a single satellite site in southern Sevenoaks. Each annexe would retain its own school's individuality.

(4) There is also a case to propose that KCC consider commissioning at least 2 forms of entry of mixed non-selective provision.

(5) Members should note that there is an application for a free school currently under Secretary of State consideration. The proposal is to establish a new free school to be called 'The Sevenoaks Christian School'. The proposal, if given authority to proceed, would establish a 4FE non-selective provision that would likely be sited in the Sevenoaks south area. This would impact on the level of new provision required in the area.

## **9. Kent County Council Action**

(1) Senior KCC Members and Officers consulted with the Secretary of State in February 2012 to discuss options.

(2) Future discussions would need to take place to discuss funding options. According to the DfE Guidance on Expanding Maintained Mainstream School by Enlargement, para. 22 states 'In accordance with the Government's position that there should be no increase in academic selection, the expansion of grammar schools, and selective places at partially selective schools, are excluded from any capital incentive schemes.' This guidance dated 1<sup>st</sup> February 2010 is currently being revised but is not yet out for consultation. It would be important that KCC discuss the funding of this proposal with the Department for Education.

(3) Expansion of selective education on a new satellite site has not happened since the 1960s, although Torquay Boys' Grammar School (a selective Academy) in Devon initiated talks in 2011 to create a satellite school seven miles away. The outcome of these talks is not yet known.

(4) Expanding school provision by enlarging the school premises under Section 19 of the Education and Inspections Act 2006, is undertaken by observing the procedures described in the School Organisation (Prescribed Alteration Regulations to Maintained Schools) (England) Regulations 2007 (SI 2007/1289. KCC Officers would take the lead on this process, if required.

(5) Section 21 of the Education and Inspection Act 2006 provides for regulations to set out who must decide proposals for any prescribed alterations (i.e. expansions).

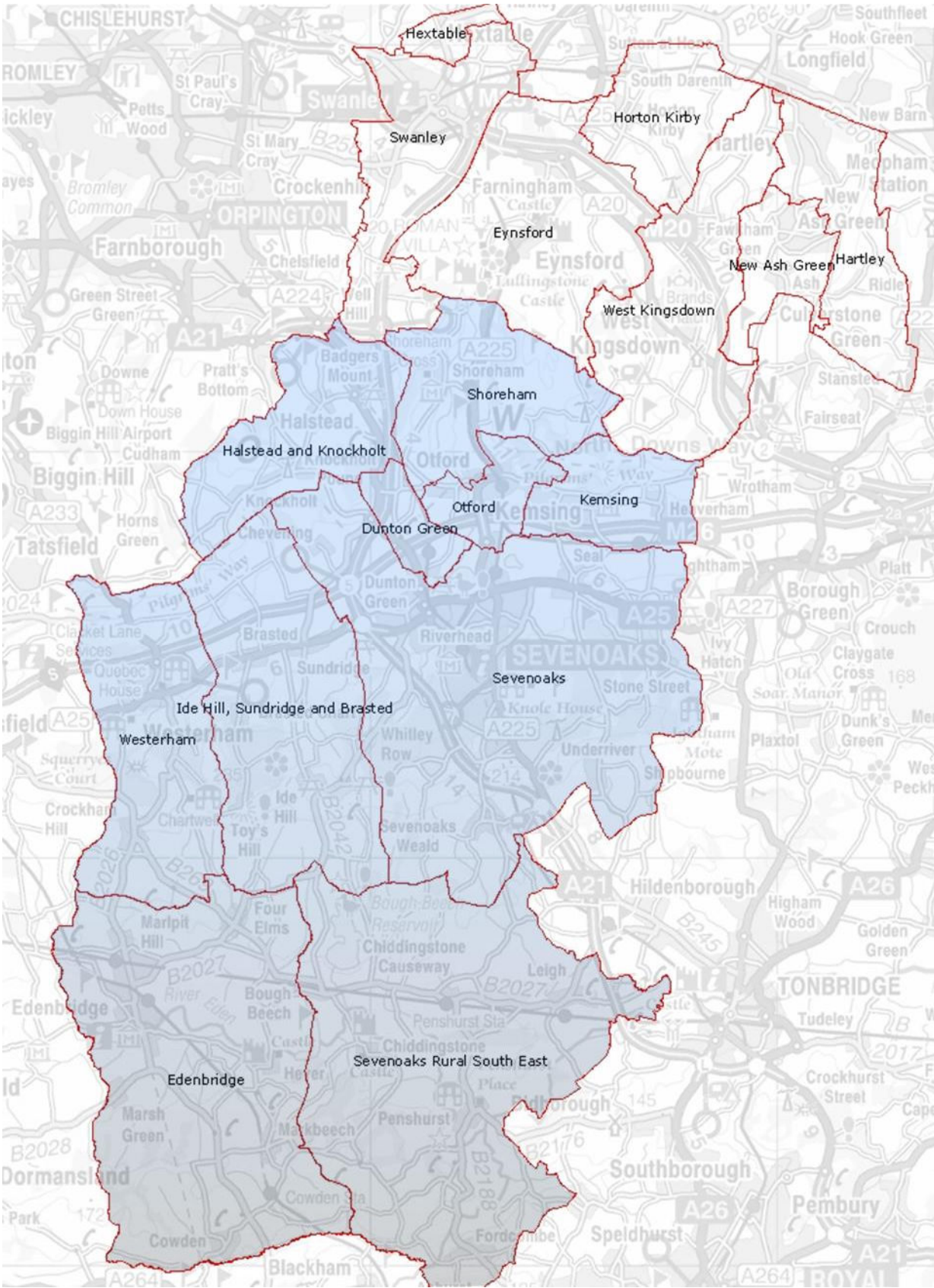
(6) The Secretary of State does not decide statutory proposals relating to schools. The Decision Maker in respect of these school organisation proposals is KCC, with some rights of appeal to the Schools Adjudicator. The DfE does not prescribe the process by which KCC carries out the decision-making function (e.g. full Cabinet or delegation to Cabinet Member or Officials). This is a matter for KCC to determine, whilst having regard to the statutory guidance. Any clear proposal for additional selective provision in Sevenoaks is dependent on consultation with schools and the agreement of selective schools to expand, within the legal framework that exists for such expansion.

## **10. Recommendation**

The recommendation is that in response to an ePetition, Kent County Council pursues proposals to provide 2FE of selective secondary provision for boys, 2FE of selective secondary provision for girls and 2FE of mixed non-selective provision for students resident in the Sevenoaks south area, that would meet legal requirements.

Simon Webb  
Area Education Officer, West Kent

**Annex A – Sevenoaks Planning areas, showing those shaded areas that are in the Grammar Scheme of Education**



**This page is intentionally left blank**

## APPENDIX 3

The petition before you shows that local people share concerns regarding the proposed down grading of Ramsgate's Youth Clubs, Artwise and Concorde.

However, the petition is not about changing Kent's policy. These are difficult times, savings have to be made, and there is merit in the policy's aim of attempting to involve the third sector more in the provision in youth work.

The petition concerns the impact of Kent's preferred model of future youth provision on Thanet, and on Ramsgate in particular. Thanet is unique in Kent in consisting of three major towns. It suffers from deprivation indices that rank as some of the worst in the country. Cliftonville West and Margate Central being two of the most deprived wards in England. However, this deprivation is not unique to Margate, four wards in Ramsgate; Newington, Northwood, Eastcliff and Central Harbour are also in the bottom 10%. This is a unique situation in Kent which needs to be recognised.

The new Kent model proposes for Thanet:

A KCC professional youth work delivery, with a building base at Quarterdeck and a senior Youth Work Practitioner being based here responsible for all training and quality assurance.

A Community Youth Tutor operating from the Marlowe Academy on the outskirts of Ramsgate.

A Thanet street-based project which will be operating from a base within Margate's Quarterdeck and working with the Margate Task Force.

Commissioned youth work activities, commissioned from local providers to a total value of £207,000 per annum for an initial three year period.

There is a local consensus that Ramsgate requires its own KCC owned youth centre as a base with professional KCC staffing. There is scope to test the commissioning model at the other KCC owned centre in Ramsgate within whatever overall commissioning budget is agreed for Thanet.

**This page is intentionally left blank**



Report to: County Council – 29 March 2012

Report from: Mike Hill, Cabinet Member for Customer and Communities

Subject: Youth Service Provision in Ramsgate

Classification: Unrestricted

---

In March 2012 a petition was submitted to Kent County Council with 1417 signatures referring to the provision of Youth Services in Ramsgate. As a consequence, this matter is referred to County Council. The wording of the petition was as follows:

*'We the undersigned petition Kent County Council to retain Concorde and Artwise Youth Centres in Ramsgate as KCC owned and staffed youth centres, and reject the proposal for Quarterdeck in Margate to be the only Youth Centre Hub in Thanet'*

The petition has presumably been raised as a response to the public consultation on the future of Youth Services in Kent which took place from 1<sup>st</sup> August 2011 to 29<sup>th</sup> October 2011. The proposal for consultation was to deliver a core service level in each district of KCC staff delivering building-based, school-based and street-based provision and for this to be supplemented by the commissioning of youth work services at a local level to extend the delivery of youth work opportunities.

The proposal offers the opportunity for Kent County Council to continue to deliver a first class Youth Service for the young people of Kent whilst working closely with local communities and Locality Boards to make decisions on what youth provision would best serve local communities.

The intention of the proposals has always been to look for new opportunities for communities to have a greater role in shaping and even running their own services. We recognize that local communities are rightly very proud of their local youth service provision, which is why I am taking the time to personally meet with Locality Boards to ensure that we commission exactly the right kind of services for communities like Ramsgate.

KCC retains the statutory duty to provide youth services in the county, and the new model delivers this duty through a blend of directly delivered services and those provided by commissioned organisations; both are subject to the same measures of quality assurance, and stringent mechanisms will be in place to monitor performance.

A meeting of local KCC and Thanet District Council Members was held on Friday 2 March in Margate to discuss proposals for future service provision in Thanet. The Members are asking 'that there are two building provisions under KCC control, one in Margate and one in Ramsgate, that offer equality of service'. This has been agreed and will be recognised within my Key Decision scheduled for late April.

This page is intentionally left blank

By: Mr Paul Carter – Leader of the Council  
Mr Peter Sass – Head of Democratic Services

To: County Council – 29 March 2012

Subject: Quarterly Report on Urgent Key Decisions – Sheerness Gateway

Classification: Unrestricted

---

Summary: To report an urgent Key Decision taken in the last quarter.

---

1. The Constitution requires the Leader to provide a quarterly report to the County Council of any Key Decisions which were taken as urgent matters during the previous three months.
2. The urgent Key Decision on the Purchase of 38-42 High Street, Sheerness, ME12 1NL (Sheerness Gateway) was taken in the last quarter as set out below. This was an exempt matter.

#### **Purchase of 38-42 High Street, Sheerness, ME12 1NL (Sheerness Gateway) (12/01873)**

An urgent exempt key decision was taken on 24 February 2012, by Mr Roger Gough, Cabinet Member for Business Strategy, Performance and Health Reform to authorise the Director of Property and Infrastructure Support to purchase the freehold interest of 38-42 High Street, Sheerness.

This matter was deemed urgent as the property, in respect of which KCC were committed to a 20 year lease expiring in 2030, was being sold for investment at auction. Substantial cost savings to be made from purchasing the property included negation of ongoing rental liabilities, dilapidation liabilities, the write off of capital works, having the flexibility of use and the freehold ownership of the building.

#### **Consultations**

The Chairman and Spokespersons of the Cabinet Scrutiny Committee were consulted about this matter and agreed that the decision should be taken as a matter of urgency.

#### **Recommendation**

3. The County Council is requested to note this report.

P B Carter  
Leader of the Council

Enquiries: Peter Sass  
Head of Democratic Services  
(01622) 694002, [peter.sass@kent.gov.uk](mailto:peter.sass@kent.gov.uk)  
*Background documents: Records of Decision 12/01873*

This page is intentionally left blank

## KENT COUNTY COUNCIL

---

### GOVERNANCE AND AUDIT COMMITTEE

MINUTES of a meeting of the Governance and Audit Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Tuesday, 29 November 2011.

PRESENT: Mr R L H Long, TD (Chairman), Mr M V Snelling (Vice-Chairman), Mr B R Cope, Mr K A Ferrin, MBE, Mr C Hibberd, Mr D A Hirst, Ms A Hohler, Mr R J Parry, Mr T Prater and Mr R Tolputt

ALSO PRESENT: Mr A H T Bowles, Ms S J Carey, Mr R W Gough and Mr J D Simmonds

OFFICERS: Mr A Wood (Corporate Director of Finance and Procurement), Mr G Wild (Director of Governance and Law), Mr N Vickers (Head of Financial Services), Mrs A Beer (Corporate Director of Human Resources), Ms J Foster (Director of Business Strategy), Mr M Hardie (Interim Senior Risk Manager), Ms S Buckland (Acting Head of Internal Audit), Mr P Rock (Counter Fraud Manager) and Mr A Tait (Democratic Services Officer)

ALSO IN ATTENDANCE: Mr D Wells and Mrs E Robinson from the Audit Commission.

#### UNRESTRICTED ITEMS

##### **46. Minutes - 14 September 2011**

*(Item 4)*

RESOLVED that, subject to an amendment to Minute 37 (2) clarifying that the report on the maladministration case would be made to the next appropriate meeting of the Committee, the Minutes of the meeting held on 14 September 2011 are correctly recorded and that they be signed by the Chairman.

##### **47. Committee Work Programme**

*(Item 5)*

(1) The Acting Head of Internal Audit presented a forward work programme to the Committee for approval.

(2) RESOLVED that the forward work programme for 2012 be agreed.

##### **48. Bribery Act Policy**

*(Item 6)*

(1) The Director of Governance and Law presented a report reviewing the County Council's Bribery Act policy and consequential amendments to the Constitution.

(2) The proposed amendments to the Constitution were tabled at the meeting.

(3) The Director of Governance and Law proposed a further modification to the suggested amendment to the proposed Terms of Reference of the Governance and Audit Committee to read "(j) monitor the implementation of the Bribery Act Policy to ensure that it is followed at all times." This was agreed.

(4) RESOLVED that subject to (3) above, the County Council be recommended to approve the draft Bribery Act Policy together with the consequential changes to the Constitution.

#### **49. Update on Change to Keep Succeeding** *(Item 7)*

(1) The Corporate Director of Human Resources gave an update on the "Change to Keep Succeeding" programme of organisational change. The report covered progress on populating the senior level of the new operating framework, the changes to staffing across the Authority since April 2011 and other key organisational development activity since the previous report in September 2011.

(2) The Committee congratulated Mr A Wood on his appointment as Corporate Director of Finance and Procurement. The Corporate Director of Human Resources agreed to ensure that all Members of the County Council were notified of all such appointments as soon as they were made.

(3) RESOLVED that the report be noted for assurance.

#### **50. Update on Savings Programme** *(Item 8)*

(1) The Corporate Director of Finance and Procurement reported on progress towards achieving the savings target of £95 million in 2011/12 through the savings Project Initiation Documents (PID) process, which was being continually monitored to ensure that savings targets were met or that alternatives were found.

(2) RESOLVED that the report be noted for assurance.

#### **51. Review of KCC's Risk Management Framework** *(Item 9)*

(1) The Director of Business Strategy presented the revised Risk Management Policy for approval and asked the Committee to note progress. She also introduced the Interim Senior Risk Manager, Mr Michael Hardie.

(2) RESOLVED that:-

- (a) the progress and planned activity on risk management presented in the report be noted;
- (b) approval be given to the Risk Management Policy for the year 2011/12; and
- (c) a further report giving an update on risk management be made to the Committee at a future date.

## **52. Treasury Management 6 month review 2011/12**

*(Item 10)*

- (1) The Head of Financial Services presented the half-yearly update of Treasury Management.
- (2) The Head of Financial Services agreed to inform the Committee about the missing text in paragraphs 2.2 and 2.3 of the report. The figure of £7 million set out in paragraph 2.2 was later confirmed, whilst the two market loans with RBS (paragraph 2.3) had been arranged in May 2010.
- (3) RESOLVED that subject to (2) above, the report be endorsed for submission to the County Council.

## **53. Debt Management**

*(Item 11)*

- (1) The Head of Financial Services reported on the County Council's debt position and agreed to provide Members of the Committee with the details relating to an invoice raised in September 2010 to a Primary Care Trust.
- (2) RESOLVED that the report be noted for assurance.

## **54. Audit Commission Draft Annual Audit Letter**

*(Item 12)*

- (1) Mr Darren Wells from the Audit Commission highlighted key issues and his conclusions on relevant aspects of the audit. He clarified that he was considering an objection made to the County Council's accounts and that he was expecting to be able to reach a conclusion on this objection in January 2012. He would report on this matter once he had done so and, if necessary, the Committee would be invited to consider the implications of his findings. The objection had not prevented him from issuing an opinion on the Statement of Accounts.
- (2) RESOLVED that the Annual Audit letter be received for assurance and that:-
  - (a) it be noted that the requirement of the External Auditors to prepare and issue an Annual Audit letter to the Council has been met; and
  - (b) the proposed actions for publication of the Annual Audit Letter be noted.

## **55. Effectiveness of Internal and External Audit Liaison**

*(Item 13)*

- (1) The Acting Head of Internal Audit reported on the effectiveness of the liaison arrangements between External and Internal Audit. She said that liaison between them was in place and that synergy would be sought by both parties between the two audit plans to be presented to the Committee in 2012.

- (2) RESOLVED that the annual update on liaison arrangements between Internal and External Audit be noted for assurance.

## **56. Internal Audit Progress Report**

*(Item 14)*

(1) The Acting Head of Internal Audit summarised the outcomes of Internal Audit activity since the previous meeting of the Committee.

(2) Members of the Committee discussed the overall assessment of the Kent County Council Elections for 2005 and 2009. It was agreed that the assessment should be amended from “not applicable” to “non compliant” in order to clarify the level of assurance available.

(3) The Director of Governance and Law explained that the issues raised in the Kent County Council Elections audit were being examined as part of a wider review of election arrangements being carried out by the Electoral and Boundary Review Committee. An update on that Committee’s conclusions would be presented to the Committee in due course.

(4) RESOLVED to note:-

- (a) the amendments to and progress against the 2011/12 Audit Plan;
- (b) the assurance provided in relation to the Council’s control environment as a result of Internal Audit work completed to date; and
- (c) that a further report will be submitted to the Committee on the Electoral and Boundary Review Committee’s work on Kent County Council elections once that Committee has completed its work.

## **57. Anti Fraud and Corruption progress report**

*(Item 15)*

(1) Counter Fraud Manager gave a summary of progress of anti-fraud and corruption activity since the Committee’s last meeting in September 2011.

(2) RESOLVED to note:-

- (a) the progress of anti-fraud and corruption activity; and
- (b) the assurance provided in relation to the anti-fraud culture and fraud prevention and investigation activity.



## KENT COUNTY COUNCIL

---

### PLANNING APPLICATIONS COMMITTEE

MINUTES of a meeting of the Planning Applications Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 6 December 2011.

PRESENT: Mr J A Davies (Chairman), Mr C P Smith (Vice-Chairman), Mr R E Brookbank, Mr A R Chell, Mr T Gates, Mr W A Hayton, Mr C Hibberd, Mr P J Homewood, Mr J D Kirby, Mr S J G Koowaree (Substitute for Mr M B Robertson), Mr R F Manning, Mr R J Parry, Mr K Smith (Substitute for Mr J F London) and Mr A T Willicombe

ALSO PRESENT: Mr L B Ridings, MBE

IN ATTENDANCE: Mrs S Thompson (Head of Planning Applications Group), Mr J Crossley (Team Leader - County Council Development), Mr R Maloney (Minerals Technical Adviser), Mr R White (Development Planning Manager) and Mr A Tait (Democratic Services Officer)

#### UNRESTRICTED ITEMS

##### **63. Membership** *(Item 2)*

The Committee noted the appointment of Mr S C Manion in place of Mr R E King.

##### **64. Minutes - 8 November 2011** *(Item A4)*

RESOLVED that the Minutes of the meeting held on 8 November 2011 are correctly recorded and that they be signed by the Chairman.

##### **65. Site Meetings and Other Meetings** *(Item A5)*

(1) The Committee noted that the site visit in respect of the Dungeness shingle recycling operation would take place at 3pm on Tuesday, 17 January 2012. This would be followed by a public meeting at Lydd Community Hall commencing at 6.30pm.

(2) The Head of Planning Applications Group provided each Member of the Committee with the DCLG's plain English Guide to the Localism Act. It was agreed that there would be a short presentation to Members on the planning implications of the Act following the Committee meeting on Tuesday, 14 February 2012.

##### **66. Application DO/11/339 (KCC/DO/0069/2011) - Temporary change of use of agricultural land to allow drilling of an exploratory borehole at land adjacent to A257 Sandwich Road, north of Woodnesborough; Coastal Oil and Gas Ltd** *(Item C1)*

(1) Mr K Smith informed the Committee that he was acquainted with some of the people who had corresponded about the application. None of these acquaintanceships was a close association. He was therefore able to approach the application with a fresh mind.

(2) Mr R J Parry made a declaration of Personal Interest in that the company which employed him was located near to the site of the application.

(3) Mr L B Ridings was present for this item pursuant to Committee Procedure Rule 2.21 and spoke.

(4) The Head of Planning Applications Group informed the Committee of three late representations from local residents in objection to the application.

(5) The Head of Planning Applications Group explained to the Committee that Planning Policy MPS1 stated that an application of this nature should be considered on its own merits, which should not include any hypothetical future proposal for development of the oil or gas resource.

(6) Mr Andrew Ogden from CPRE addressed the Committee in a personal capacity. He spoke in opposition to the application, as did Mrs Rosemary Rechter from "Deal With It". Mr Gerwyn Williams (Chief Executive Officer – Coastal Oil and Gas Ltd) spoke in reply.

(7) RESOLVED that:-

- (a) permission be granted to the application subject to Conditions including Conditions covering the development being carried out in accordance with the submitted plans and any approved pursuant to the conditions set out below; operations commencing within 5 years; the applicant providing written confirmation of the start date on site; the temporary use once commenced on site ceasing within 12 weeks, unless otherwise agreed in writing by the County Planning Authority; use of the borehole being restricted to obtaining core samples only; all structures and materials being removed from site within two weeks of the cessation of operations; the prior submission and approval of a scheme and timetable for the reinstatement of the site, including the replacement of any topsoil and re-seeding; the prior submission and approval of external lighting details; the implementation of the recommendations set out within the Ecological Scoping and Phase 1 Habitat Survey; a control on night-time noise to ensure it does not exceed the background noise levels; all liquid and solid waste generated by the proposed operation being captured and stored until it can be disposed of within an appropriately licensed waste disposal facility; the maintenance of sight lines at the access from the A257; the provision of vehicle parking on site; a restriction on HGV movements to avoid peak travel times; measures to ensure that mud and debris is not tracked onto the highway; the borehole being drilled in accordance with the principles of the methodology received; the borehole being completely backfilled and sealed in accordance with the principles of the methodology received; geological survey information obtained from the core samples (excluding any commercially sensitive data) being

made available to the County Planning Authority; and copy of decision and approved documents being available on site; and

- (b) the applicant be advised by way of Informatives (amongst other matters) of:-
  - (i) the views of the Environment Agency and the Health and Safety Executive; and
  - (ii) the Committee's recommendation that (as agreed) during the set up and decommissioning periods of the site, the applicant should route large delivery vehicles via the A265 outside the identified peak travel times.

**67. Proposal TM/11/2523 ( KCC/TM/0393/2011) - 18 new caravan pitches and redevelopment of 8 pitches at Gypsy and Traveller Site, Coldharbour Lane, Aylesford; KCC Gypsy and Traveller Unit**  
*(Item D1)*

(1) Mr J D Kirby and Mr S J G Koowaree made declarations of Personal Interest as Members of the Gypsy and Traveller Advisory Board. They did not speak and took no part in the decision making for this item.

(2) Mr C P Smith informed the Committee that he was a Member of Tonbridge and Malling BC. He had not, however, taken part in any considerations of the proposal in that capacity and was therefore able to approach it with a fresh mind.

(3) In agreeing the Head of Planning Applications Group's recommendations, the Committee asked for an additional Informative advising the applicants that it would not be permissible to develop the original permission (TM/09/1900) as well as the one here proposed.

(4) RESOLVED that:-

- (a) permission be granted to the proposal subject to conditions, including conditions covering the standard time limit; the development being carried out in accordance with the permitted details; the amenity units being built using the specified materials; the submission of details of the design of the static units (should they be provided); the submission of the colour finish and fence specification; the 3 metre high acoustic barrier being provided prior to occupation of the development and thereafter retained and maintained at all times; noise monitoring being undertaken upon completion of the construction, to demonstrate that noise levels at Plot 13 are within those predicted, i.e. 51 dB  $L_{Aeq, 16 \text{ hr}}$  during the day time (NEC A) and 47 dB  $L_{Aeq, 8 \text{ hr}}$  at night (lower NEC B boundary noise level). Should these noise levels not be achieved, further mitigation being employed to achieve such noise levels, e.g. the installation of the western barrier return; details of all external lighting, including that to the public footpath; a scheme of landscaping, including details of ecological

enhancement measures, planting to the northern boundary to screen the acoustic barrier (as far as this would be practicable), the provision of a hedgerow behind plots 7-12, maintenance details for the swale, hard surfacing, its implementation and maintenance for no less than 3 years; measures to protect those trees which are to be retained; no tree removal taking place during the bird breeding season unless supervised by an experienced ecologist; the development according with the recommendations of the ecological surveys and strategies; the submission and implementation of a detailed mitigation strategy/method statement, incorporating all necessary avoidance and mitigation measures, timing of works and long term habitat management measures; the submission of a detailed surface water drainage scheme; the submission of a scheme to deal with the risks associated with land contamination; hours of working during construction and demolition being restricted to between 0800 and 1800 Monday to Friday and between 0900 and 1300 on Saturdays, with no operations on Sundays and Bank Holidays; a construction management strategy, including access, parking and circulation within the site for contractors and other vehicles related to construction and demolition operations; and measures to prevent mud and debris being taken onto the public highway; and

(b) the applicants be advised by Informative that:-

- (i) account should be taken of the Environment Agency's advice relating to drainage and the storage of fuel, oil and chemicals;
- (ii) they should seek advice from their ecologist to ensure that the type and positioning of bollard lighting to the public footpath is sensitive to the requirements of roosting, commuting and foraging bats;
- (iii) they must ensure that there is adequate school provision in the area to accommodate any educational need created by expanding the Coldharbour site;
- (iv) they should be fully satisfied that all Crime and Disorder issues have been taken into account and that the detailed design reflects good practice;
- (v) a letting and allocations plan must be secured in order to manage the occupancy of the site, so that it provides for locally generated need for Gypsy and Traveller accommodation and meets identified requirements in Tonbridge and Malling; and
- (vi) the development hereby permitted cannot be implemented in conjunction with the previous planning permission for the redevelopment of the site (TM/09/1900).

**68. Proposal SH/11/911 (KCC/SH/0369/2011) - Variation of opening hours at New Romney Children's Centre, Craythorne Lane, New Romney; KCC Children's Services**

*(Item D2)*

- (1) The Committee noted correspondence from the Local Member, Mrs C Waters raising no objection to the proposal.
- (2) Mrs K Knight, Mr J Cooper and Mr D Gatterby addressed the Committee as local service users in support of the proposal. Ms E Hamilton, the Children's Centre Manager spoke in reply.
- (3) In agreeing the recommendations of the Head of Planning Applications Group, the Committee specified that the closing time for the Children's Centre should be 10pm on those days when the opening hours were to be extended.
- (4) RESOLVED that permission be granted to the proposal subject to conditions including conditions covering the hours of use and a closing time of 10pm for the Children's Centre on no more than 6 evenings during a calendar year; the hours of use being varied to include Saturdays between 09.00 and 16.00hrs; and the re-imposition of all other relevant conditions of the earlier planning consent.

**69. Proposal TW/11/3044 (KCC TW/0421/2011) - Demolition of modern extension and construction of replacement extension to form house master's accommodation at Cranbrook School, Waterloo Road, Cranbrook; Governors of Cranbrook School**

*(Item D3)*

- (1) Mr R F Manning, the Local Member declared his support for the application before leaving the meeting.
- (2) RESOLVED that permission be granted to the proposal subject to conditions, including conditions covering the standard time limit; the development being carried out in accordance with the permitted details; the external materials used being in accordance with those specified within the application; the replacement tree planting being completed within the first planting season following completion of the development; precautions to prevent the deposit of mud on the highway; and controls on the hours of operation during construction work.

**70. Matters dealt with under delegated powers**

*(Item E1)*

RESOLVED to note matters dealt with under delegated powers since the last meeting relating to:-

- (a) County matter applications;

- (b) consultations on applications submitted by District councils or Government Departments (None);
- (c) County Council developments;
- (d) Screening opinions under Environmental Impact Assessment Regulations 1999; and
- (e) Scoping opinions under Environmental Impact Assessment Regulations 1999 (None).

## PLANNING APPLICATIONS COMMITTEE

MINUTES of a meeting of the Planning Applications Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 17 January 2012.

PRESENT: Mr J A Davies (Chairman), Mr C P Smith (Vice-Chairman), Mr R E Brookbank, Mr A R Chell, Mr T Gates, Mr C Hibberd, Ms A Hohler (Substitute for Mr P J Homewood), Mr J D Kirby, Mr R J Lees, Mr J F London, Mr S C Manion, Mr R F Manning, Mr R A Pascoe, Mr M B Robertson and Mr A T Willicombe

ALSO PRESENT: Mrs T Dean

IN ATTENDANCE: Mrs S Thompson (Head of Planning Applications Group), Mr J Crossley (Team Leader - County Council Development), Mr J Wooldridge (Team Leader - Mineral Developments), Mr R White (Development Planning Manager) and Mr A Tait (Democratic Services Officer)

### UNRESTRICTED ITEMS

#### 1. Minutes - 6 December 2011

*(Item A3)*

RESOLVED that the Minutes of the meeting held on 6 December 2011 are correctly recorded and that they be signed by the Chairman.

#### 2. Site Meetings and Other Meetings

*(Item A4)*

(1) The Committee noted the final arrangements for the site visit and public meeting on 17 January 2012 concerning the Dungeness Borrow Pit application. It was also confirmed that there would be a short presentation to Members on the planning implications of the Localism Act following the Committee meeting on Tuesday, 14 February 2012.

(2) The Committee also agreed to hold a site visit (and possibly a public meeting) in late February in respect of planning application KCC/SW/0502/2011 at Cryalls Lane, Sittingbourne.

#### 3. Application TM/11/2635 - Metals recycling facility at New Hythe Lane, Aylesford; Aylesford Metals Company

*(Item C1)*

(1) Mrs T Dean was present for this item pursuant to Committee Procedure Rule 2.21 and spoke.

(2) Correspondence from East Malling and Larkfield Parish Council had been circulated to the Committee before the meeting.

(3) The Committee noted an amendment to paragraph 71 of the report which deleted reference to a low bridge near Snodland.

(4) In agreeing the recommendations of the Head of Planning Applications Group, the Committee asked for the inclusion of Informatives asking the applicant to give further consideration to rail and river transportation and to make all reasonable efforts to ensure that traffic associated with the development would use new Hythe Lane (north of its junction with Leybourne Way) and Leybourne Way to access the site.

(5) The Development Planning Manager confirmed that he would draw his Highways and Transportation colleagues' attention to the Bellingham Way roundabout and parking bay issues referred to by Mrs Dean but advised that there would need to be concrete evidence of actual problems before action could follow.

(6) RESOLVED that:-

- (a) permission be granted to the application subject to the prior completion of a Section 106 Agreement (Unilateral Undertaking) to secure the cessation of all metals recycling operations at the applicant's existing facility at Mill Hall, Aylesford and to conditions, including covering a maximum throughput of 100,000 tonnes per year (tpa); a maximum number of operational vehicle movements associated with the MetRF being limited to 172 per day (86 in / 86 out); measures to prevent mud or other materials being deposited on the highway; parking, loading and turning areas being paved, drained and maintained for the life of the facility; the hours of construction being 0700 to 1700 hours Monday to Saturday unless otherwise approved by the County Planning Authority; the hours of operation being 0700 to 1800 hours Monday to Friday and 0700 to 1300 hours on Saturdays with no working on Saturday afternoon, Sundays, Bank and Public Holidays unless otherwise approved by the County Planning Authority; vehicles additionally being permitted to enter and leave the site between 0600 and 0700 hours on those days that the site is operational; any unexpected ground contamination; groundwater protection; a foul and surface water drainage scheme to be approved by the County Planning Authority; dust control measures; the rating noise level emanating from the facility at nearby residential premises being restricted to no more than the existing background noise level when assessed in accordance with BS 4142; the use of the proposed container inverter being precluded (unless otherwise agreed by the County Planning Authority); the use of cladding material for the proposed sheds meeting a 34dB criteria; a 3m high noise barrier on the east and south east site boundaries; the shed door containing the wood chipper remaining closed during its operation; the wood chipper not operating on Saturdays; non-tonal reversing alarms (e.g. variable level broadband white-noise directional signals) being used where possible to minimise the use of tonal alarms; a lighting scheme being submitted to the County Planning Authority for approval prior to the commencement of the development, with the lighting being designed, maintained and used to minimise adverse impacts; details of building materials, design and colour being approved by the County Planning Authority; details of the 3m high acoustic fence



being approved by the County Planning Authority; the height of material stockpiles and skip storage being restricted to no more than 5m above ground level, with the plant and machinery being operated from ground level rather than from on stockpiles; materials being handled and stored in accordance with the proposed site layout unless otherwise approved by the County Planning Authority; the implementation of a scheme of archaeological work approved by the County Planning Authority, if any excavations are required; the implementation of a biodiversity enhancement scheme approved by the County Planning Authority; and scrub clearance being implemented as proposed (i.e. outside the bird nesting season); and

- (b) the applicant be advised by Informative that it should give further consideration to rail and river transportation and make all reasonable efforts to ensure that traffic associated with the development will use New Hythe Lane (north of its junction with Leybourne Way) and Leybourne Way to access the site.

**4. Proposal DO/11/956 - Single-storey pre-school building at St Richard's Catholic Primary School, Castle Avenue, Dover; Federation of Dover Catholic Schools**  
*(Item D1)*

(1) In agreeing the recommendations of the Head of Planning Applications Group, the Committee decided to clarify the restriction on pupil numbers condition by inclusion of the words “unless otherwise agreed in writing by the County Planning Authority.” It also clarified that details of the staggering of opening times and travel plan were to be agreed prior to commencement of use of the building.

- (2) RESOLVED that permission be granted to the proposal (as now amended) subject to conditions, including the standard time condition for implementation; the development being completed in accordance with the approved plans; pupil numbers being limited to 16 attending any one session, unless otherwise agreed in writing by the County Planning Authority; the existing boundary hedging being maintained; tree protection measures being implemented before construction starts (as shown on the relevant plan); opening times being staggered to set times to be agreed in consultation with the Development Planning Manager (Highways and Transportation) prior to commencement of use of the site; and a Travel Plan being submitted to and approved by the County Planning Authority prior to commencement of use of the site.

**5. Matters dealt with under delegated powers**  
*(Item E1)*

RESOLVED to note matters dealt with under delegated powers since the last meeting relating to:-

- (a) County matter applications;
- (b) consultations on applications submitted by District Councils or Government Departments (None);
- (c) County Council developments;
- (d) Screening opinions under Environmental Impact Assessment Regulations 1999; and
- (e) Scoping opinions under Environmental Impact Assessment Regulations 1999 (None).

## PLANNING APPLICATIONS COMMITTEE

MINUTES of a meeting of the Planning Applications Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 14 February 2012.

PRESENT: Mr J A Davies (Chairman), Mr C P Smith (Vice-Chairman), Mr R E Brookbank, Mr A R Chell, Mr T Gates, Mr W A Hayton, Mr C Hibberd, Mr P J Homewood, Mr J D Kirby, Mr R J Lees, Mr J F London, Mr S C Manion, Mr R F Manning, Mr R J Parry, Mr R A Pascoe, Mr M B Robertson and Mr A T Willicombe

ALSO PRESENT: Mr M J Whiting

IN ATTENDANCE: Mrs S Thompson (Head of Planning Applications Group), Mr J Crossley (Team Leader - County Council Development), Mr J Moat (Planning Officer), Mr R White (Development Planning Manager) and Mr A Tait (Democratic Services Officer)

### UNRESTRICTED ITEMS

#### **6. Minutes - 17 January 2012**

*(Item 4)*

RESOLVED that the Minutes of the meeting held on 17 January 2012 are correctly recorded and that they be signed by the Chairman.

#### **7. Site Meetings and Other Meetings**

*(Item A4)*

(1) The Committee noted that it would receive training on the implications of the Localism Act following the meeting.

(2) The Committee also agreed to hold a site meeting concerning the Cryalls Lane, Sittingbourne planning application on Wednesday, 4 April 2012 and a site visit on Tuesday, 10 April 2012 at the land off Pluckley Road, Charing that was the subject of a sand extraction and processing application.

#### **8. Proposal SH/11/969 (KCC/SH/0418/2011) - Change of use from A2 to D1 within Use Classes Order to provide educational facility for up to 20 students at 106 Cheriton Road, Folkestone; KCC Property Group**

*(Item D1)*

(1) In agreeing the recommendations of the Head of Planning Applications Group, the Committee clarified that the limit on the number of students would be 20.

(2) RESOLVED that permission be granted to the application subject to conditions, including conditions covering a 5 year implementation period; the permitted change of use being only the change of use applied for; no external changes being made to the appearance of the building; the facility only being

occupied during normal school hours and term time, with no use during evenings and weekends; a limit on the number of students to a maximum of 20; and no amplified music being played within the premises.

**9. Proposal TH/11/587 (KCC/TH/0257/2011) - Artificial sports pitch and 4-court Multi-Use Games Area with floodlighting and grass cycle circuit and cycle challenges on existing sports field adjacent to Ursuline College for use by Ursuline College at King Ethelbert School, Canterbury Road, Birchington; Governors of Ursuline College**  
*(Item D2)*

(1) Mr C Hibberd informed the Committee that he was the Local Member in the neighbouring constituency and that his wife had been a member of Ursuline College's Governing Body until five years earlier. This did not constitute a personal or prejudicial interest and he was also able to approach the determination of this application with a fresh mind.

(2) The Committee noted that the first word of line four of paragraph 24 of the report should read "Countryside."

(3) RESOLVED that:-

- (a) subject to the conclusion of the agreement set out in the report between Ursuline College and Kent County Council Highways and Transportation regarding the transfer of funds for any required highway improvement works to the A28, permission be granted to the proposal subject to conditions, including conditions covering a 3 year time limit for implementation; the development being carried out in accordance with the permitted details; fencing and surfacing being installed in accordance with the submitted details; precise details of the cycle sports challenges being submitted; the protection of those trees which are being retained; the precautionary approach with regard to the clearance of undergrowth in order to safeguard reptiles being adhered to; the conclusions and recommendations made within the submitted Ecological Survey Report being adhered to; hours of use during out of school hours being restricted to between 1800 and 2100 Mondays to Fridays, and between 0900 and 1900 on Saturdays, Sundays & Bank Holidays; the site being vacated within 15 minutes of its last use; the site being secured when not in use; all lighting on site being extinguished by 2100 on Mondays to Fridays, 1900 on Saturdays, Sundays and Bank Holidays, or 15 minutes after last use of the facility if this is earlier; the extinguishment of lighting when the pitch/MUGA is not in use; the level of use of the facilities according with the submitted details; lighting being installed in accordance with the approved details, and checked for compliance on site; lighting levels not exceeding those specified within the application; no further lighting being installed without planning permission; the acoustic barrier being erected in accordance with the submitted details prior to first use of the facility, and being retained and maintained thereafter; the Ursuline College Site Parking and Management Strategy being adhered to; parking being available during out of school hours for use associated with the school

and wider community use; the submission of a sustainable surface water drainage scheme; the implementation of a programme of archaeological work, in accordance with a written specification and timetable; details of foundations and below ground excavations being submitted for consideration prior to commencement of the development; hours of working during construction being restricted to between 0800 and 1800 Mondays to Fridays and 0900 and 1300 on Saturdays, with no operations on Sundays and Bank Holidays; measures to prevent mud and debris on the highway; and the submission of a Construction Management Strategy; and

- (b) the applicant be advised by Informative that:-
- (i) account should be taken of the Environment Agency's advice relating to drainage and soakaways; and
  - (ii) Ursuline College should adhere to the terms detailed within their statement dated 22 November 2011 and their subsequent agreement with Kent County Council Highways and Transportation, to provide a £6000 contribution to Kent County Council Highways and Transportation prior to the facility being used for wider community use.

**10. Proposal GR/11/961 (KCC/GR/0437/2011) - Change of use of the Chestnut Room in The Visitors Centre to permit dual use for both educational activities and functions at Shorne Woods Country Park, Brewer Road, Shorne; KCC Country Parks**

*(Item D3)*

- (1) The Committee noted correspondence from the Local Member, Mr M V Snelling raising no objection to the proposal.
- (2) RESOLVED that permission be granted to the proposal subject to conditions, including conditions covering the standard time limit; the development being carried out in accordance with the permitted details; the uses of the Chestnut Room being solely for those applied for, with no other uses taking place unless otherwise agreed in writing by the County Planning Authority; and hours of use of the Chestnut Room being limited to 0800 to 2200 hours seven days a week (including Bank/Public Holidays).

**11. Proposal SW/11/1451 (KCC/SW/0410/2011) - Retention of single and double classroom buildings and temporary PTA store at Tunstall CE (Aided) School, Tunstall Road, Tunstall, Sittingbourne; Governors of Tunstall CE (Aided) School**

*(Item D4)*

- (1) Mr A T Willicombe informed the Committee that he was a Member of Swale Borough Council but had taken no part in its discussions of the proposal. In addition, he was the Local Member and was acquainted in that capacity with a number of his

constituents who had corresponded with the Planners on this matter. None of these acquaintanceships constituted a close personal relationship and he was therefore able to approach the determination of this proposal with a fresh mind.

(2) Mr M J Whiting was present for this item pursuant to Committee Procedure Rule 2.24 and spoke.

(3) Correspondence from Mr D Nutting (Chairman of the Tunstall Village Memorial Hall Management Committee) and from Mrs A Spicer and Mr and Mrs J Mills (local residents) had been circulated to all Members of the Committee before the meeting. In addition, photographs provided by Mrs Mills were placed on display in the Council Chamber and were referred to in the Head of Planning Applications Group's presentation to the Committee.

(4) Mr F Panton (Chairman of Tunstall Parish Council) and Mr D Nutting (Chairman of the Tunstall Village Memorial Hall Management Committee) addressed the Committee in objection to the proposal. Mr B MacQuarrie (KCC Capital Strategy Manager – Business, Strategy and Support) spoke in reply.

(5) The Committee agreed that the Chairman should write to the Cabinet Portfolio holder for Education, Learning and Skills in the terms set out in (6) (c) below.

(6) RESOLVED that:-

- (a) a temporary permission be granted to the proposal for a period of no longer than 2 years subject to conditions, including conditions covering the development being completed in accordance with the approved plans; the mobile units being repainted in dark green within 6 months; and the submission of evidence of a strategy for a permanent solution within 6 months;
- (b) the applicants be encouraged by an Informative to reconvene the car parking working group; and
- (c) the Chairman write to the Cabinet Portfolio Holder for Education, Learning and Skills to urge him to:-
  - (i) strongly support the bid by the County Council and the Canterbury Diocesan Board of Education for funding for new accommodation to address the harm that is being caused to the Tunstall Conservation Area from the existing mobile accommodation on the site;
  - (ii) take active measures to minimise the impact of school traffic on the locality including the immediate review and subsequent implementation of the School's Travel Plan; and
  - (iii) actively support the preparation and submission to the Planning Authority of a Strategy for a permanent solution to the planning issues raised on the site.

**12. Proposal TW/10/4051/R16 & R23 - Details of site fencing, gates and railings, hard surfaces and acoustic fencing for the development of Site 2 pursuant to Permission TW/10/4051 for the redevelopment of the Skinners Academy, Blackhurst Lane, Tunbridge Wells; KCC Building Schools for the Future and Academies Team**

*(Item D5)*

(1) The Chairman informed the Committee that he was involved with the Skinners Academy in his capacity as the local Member. He had also previously expressed a view on the substantive application. He therefore vacated the Chair and took no part in the decision-making process for this item.

(2) The Vice-Chairman, Mr C P Smith chaired the meeting for this item.

(3) On being put to the vote, the recommendations of the Head of Planning Applications Group were carried by 12 votes to 2 with 1 abstention.

(4) RESOLVED that:-

(a) approval be given to the details of fencing, gates and railings (Condition 16 (c)), details and specifications of hard surfaces (Condition 16 (e)) and details of acoustic fencing (Condition 23) pursuant to Permission TW/10/4051 for the redevelopment of The Skinners Kent Academy, permitted on 30 March 2011; and

(b) the applicants be advised by way of Informative of:-

(i) their existing requirement, under the terms of Condition (38) of permission TW/10/4051 to carry out any works in proximity to existing trees strictly in accordance with the requirements of British Standard 5837:2005 'Trees in Relation to Construction'; and

(ii) the views received from residents relating to landscape planting, and that they be advised to take these into account when designing the landscaping and boundary treatment scheme for Site 2, as required by Condition (16) of Permission TW/10/4051.

**13. Matters dealt with under delegated powers**

*(Item E1)*

RESOLVED to note matters dealt with under delegated powers since the last meeting relating to:-

(a) County matter applications;

(b) consultations on applications submitted by District Councils or Governments Departments (None);

(c) County Council developments;

- (d) Screening opinions under Environmental Impact Assessment Regulations 1999; and
- (e) Scoping opinions under Environmental Impact Regulations 1999 (None).



## KENT COUNTY COUNCIL

---

### REGULATION COMMITTEE

MINUTES of a meeting of the Regulation Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 24 January 2012.

PRESENT: Mr M J Harrison (Chairman) Mr A D Crowther (Vice-Chairman) Mr R E Brookbank, Mr H J Craske, Mr J A Davies, Mr T Gates, Mr W A Hayton, Mr P J Homewood (Substitute for Mr C J Capon), Mr S J G Koowaree, Mr R J Lees, Mr S C Manion, Mr J M Ozog, Mr R A Pascoe and Mr J N Wedgbury

ALSO PRESENT: Ms S J Carey, Mr A Sandhu, MBE and Mr M J Whiting

IN ATTENDANCE: Mr M Overbeke (Head of Regulatory Services), Ms S Coventry (Public Rights Of Way Officer ( Definition )), Miss M McNeir (Public Rights Of Way and Commons Registration Officer), Mrs S Thompson (Head of Planning Applications Group), Mr R Gregory (Principal Planning Officer - Enforcement), Mr G Rudd (Assistant Democratic Services Manager) and Mr A Tait (Democratic Services Officer)

### UNRESTRICTED ITEMS

#### 1. Membership

*(Item 1)*

The Committee noted the appointment of Mr W A Hayton in place of Mr M J Whiting.

#### 2. Minutes

*(Item 4)*

RESOLVED that the Minutes of the Committee meeting held on 7 September 2011 and of the Member Panel meetings held on 11 November 2011, 15 November 2011 and 13 December 2011 are correctly recorded and that they be signed by the Chairman.

#### 3. Home to School Transport

*(Item 5)*

(1) The Assistant Democratic Services Manager informed the Committee that future meetings would receive an updated table on the annual Home to School Transport appeals position.

(2) Mr M J Whiting, the Cabinet Portfolio Holder for Education, Learning and Skills offered to write to Mr W A Hayton setting out the position if a child became statemented during the school year.

(3) RESOLVED that the report be noted.

#### **4. Update from the Commons Registration Team**

*(Item 6)*

(1) The Public Rights of Way and Commons Registration Officer agreed to send all Members of the Committee the hyperlink (once it was published) containing all responses to the DEFRA consultation on its proposals to reform the system for registering new Town or Village Greens.

(2) RESOLVED that the report be received.

#### **5. Town and Country Planning Act 1990 - Public Rights of Way Diversions and Extinguishment Orders: Service Level Agreement with District and Borough Councils**

*(Item 7)*

(1) The Chairman introduced the new Head of Regulatory Services, Mr Mike Overbeke to the Committee.

(2) The Committee noted that the date set out in paragraph 5 of the report should read "18 May 2011" and that all references to "I" in the report should read "the Head of Regulatory Services."

(3) RESOLVED that approval be given to the Head of Regulatory Services to enter into a Service Level Agreement on behalf of the County Council with any of the District and Borough Councils who express an interest in order to undertake the making of all Orders under the Town and Country Planning Act 1990 on their behalf.

#### **6. Update on Planning Enforcement Issues**

*(Item 8)*

(1) Miss S C Carey, Mr A V Sandhu and Mr M J Whiting were present for this item pursuant to Committee Procedure Rule 2.21 and addressed the Committee on the active enforcement sites in their constituencies.

(2) The Head of Planning Applications Group reported correspondence from Mr K A Ferrin and Mr R W Gough supporting the actions taken and contemplated in respect of active enforcement sites in their constituencies.

(3) The Committee agreed to visit Shaw Grange, Charing before its next meeting.

(4) RESOLVED that the report be noted and that the actions on the respective cases set out in paragraphs 5 to 34 of the report be endorsed together with those contained within Schedules/Appendices 1,2 and 3 of the report.

#### **7. Mr Alan Goodison**

The Committee put on record its grateful appreciation of the work of Mr Alan Goodison, the Senior Planning Enforcement Officer. It wished him great success in all his future endeavours.

## KENT COUNTY COUNCIL

---

### SUPERANNUATION FUND COMMITTEE

MINUTES of a meeting of the Superannuation Fund Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Friday, 18 November 2011.

PRESENT: Mr J E Scholes (Chairman), Mr M Baker (substitute for Mr S Richards), Mr J Burden, Ms S V Carey, Mr D Carr, Mr P Clokie, Mr D S Daley, Mr J A Davies, Mrs J De Rochefort, Ms A Dickenson, Mr M J Jarvis, Mr J F London, Mr R A Marsh, Mr R J Parry, Mr M V Snelling and Mrs M Wiggins.

IN ATTENDANCE: Mr A Wood (Acting Corporate Director of Finance and Procurement), Mr N Vickers (Head of Financial Services), Ms A Mings (Treasury & Investments Manager), Ms K Gray (Senior Accountant Investments) and Mr G Rudd (Assistant Democratic Services Manager).

#### UNRESTRICTED ITEMS

##### A. COMMITTEE BUSINESS

**52. Declarations of Interests by Members in items on the Agenda for this meeting.**  
*(Item A2)*

There were none.

**53. Minutes**  
*(Item A3)*

RESOLVED that the Minutes of the meeting held on 2 September 2011 are correctly recorded and that they be signed by the Chairman.

##### D. MATTERS FOR REPORT/DECISION BY THE COMMITTEE

**54. Fund Position Statement**  
*(Item D1- report by the Chairman of the Superannuation Fund Committee and the Acting Corporate Director of Finance and Procurement)*

RESOLVED that the report be noted.

**55. Collaborative Working**  
*(Item D2- report by the Chairman of the Superannuation Fund Committee and the Acting Corporate Director of Finance and Procurement)*

RESOLVED that the report be noted

**56. Changes to the LGPS**

*(Item D3-report by the Chairman of the Superannuation Fund Committee and the Acting Corporate Director of Finance and Procurement)*

RESOLVED that the report be noted.

**57. CIPFA Code of Practice On Public Sector Pensions / Finance Knowledge And Skills**

*(Item D4 - report by the Chairman of the Superannuation Fund Committee and the Acting Corporate Director of Finance and Procurement)*

RESOLVED that the Training Plan be agreed.

**58. Application For Admission To The Fund**

*(Item D5-report by the Chairman of the Superannuation Fund Committee and the Acting Corporate Director of Finance and Procurement)*

RESOLVED that:-

- (a) the details of the cessation report for Turner Contemporary Centre be noted, and
- (b) Admitted bodies be made aware that the new bond levels recommended by Barnett Waddingham will be applied.

**C. MATTERS FOR REPORT/DECISION BY THE COMMITTEE**

**59. Minutes**

*(Item C1)*

RESOLVED that the exempt Minutes of the meeting held on 2 September 2011 are correctly recorded and that they be signed by the Chairman.

**60. Baillie Gifford**

*(Item C2)*

(1) Mr N Morecroft and Mrs L Dewar, of Baillie Gifford were in attendance for this item to give a presentation and answer Members questions.

(2) RESOLVED that the report be noted.

**61. DTZ**

*(Item C3)*

(1) Mr P O’Gorman, of DTZ was in attendance for this item to give a presentation and answer Members questions.

(2) RESOLVED that the report be noted.

**62. Fund Structure**

*(Item C4- report by the Chairman of the Superannuation Fund Committee and the Acting Corporate Director of Finance and Procurement)*

The Committee agreed a number of issues relating to the structure and management of the Fund.

This page is intentionally left blank

## KENT COUNTY COUNCIL

---

### SUPERANNUATION FUND COMMITTEE

MINUTES of a meeting of the Superannuation Fund Committee held in the Medway Room, Sessions House, County Hall, Maidstone on Friday, 10 February 2012.

PRESENT: Mr J E Scholes (Chairman), Cllr J Burden, Mr D C Carr, Mr P Clokie, Mr D S Daley, Mr J A Davies, Mrs J De Rochefort, Ms A Dickenson, Mr M J Jarvis, Mr J F London, Mr R A Marsh, Mr R J Parry, Mr M V Snelling and Mrs M Wiggins.

IN ATTENDANCE: Mr N Vickers (Head of Financial Services), Ms A Mings (Treasury & Investments Manager), Mrs S Surana (Senior Accountant - Investments), Andrew Swan (Democratic Services) and Mr A Ballard (Democratic Services - Business Support Officer).

#### UNRESTRICTED ITEMS

##### A. COMMITTEE BUSINESS

###### 1. Minutes

*(Item A3)*

RESOLVED that the minutes relating to unrestricted items of the meeting held on 18 November 2011 are correctly recorded and that they be signed by the Chairman.

##### C. MATTERS FOR REPORT/DECISION BY THE COMMITTEE

###### 2. Minutes

*(Item C1)*

RESOLVED that the minutes relating to exempt items of the meeting held on 18 November 2011 are correctly recorded and that they be signed by the Chairman.

###### 3. Impax Asset Management

*(Item C2)*

Mr Ian Simm, Mr Bruce Jenkyn-Jones, and Mr Adrian Cornwall of Impax Asset Management were in attendance for this item in order to give a presentation and answer questions from Committee members.

###### 4. Partners Group

*(Item C3)*

Mr Michael Barben and Ms Sarah Brewer of Partners Group were in attendance for this item in order to give a presentation and answer questions from Committee members.

## **5. Fund Structure**

*(Item C4 - Report by the Chairman of the Superannuation Fund Committee and the Corporate Director of Finance and Procurement)*

The Committee NOTED the content of the report and discussed a number of issues relating to management of the Fund.

## **D. MATTERS FOR REPORT/DECISION BY THE COMMITTEE**

### **6. Pensions Administration**

*(Item D1 - Report by the Chairman of the Superannuation Fund Committee and the Corporate Director of Finance and Procurement)*

(1) This report was introduced by Patrick Luscombe (Pensions Manager), and provided members with an update on a range of issues relating to the administration of the Kent Pension scheme.

(2) Mr Luscombe highlighted in particular the current picture in relation to opt-outs from the scheme, advising members that this will be closely monitored over the next twelve months in terms of reasons and age analysis.

(3) Mr Luscombe also advised members that KCC are hoping to lead a group of local authorities in pursuing a single framework tender in relation to pension administration software, and members were in agreement that this matter should come back to the Committee when firm proposals have been developed and before any decision is made to proceed.

(4) The Committee RESOLVED to note the content of this report, and that any firm proposals in relation to the single framework tender for pension administration software should come back to the Committee before any decision is made to proceed.

### **7. Admissions to the Fund**

*(Item D2 - Report by the Chairman of the Superannuation Fund Committee and the Corporate Director of Finance and Procurement)*

(1) This report related to an application to join the Pension Fund, the extension of two admission agreements, and the termination of an admission agreement.

(2) The Committee RESOLVED to:

(i) Agree to the admission to the Kent County Council Pension Fund of Total Catering Solutions Limited

(ii) Agree that a Deed of Modification can be entered into in respect of Avenues Trust Community Support Services Limited

(iii) Agree that a Deed of Modification can be entered into in respect of Quadron Services Limited



(iv) Note the withdrawal of APCOA Parking UK Ltd as a participating employer in the Pension Fund

(v) Agree that once legal agreements have been prepared for the above matters, the Kent County Council seal can be affixed to the legal documents

This page is intentionally left blank